The Exoma Press, Ltd., 255 Liverpool Rd., N.1.

SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

APRIL 1942

VOL. 3 No. 7.

INDEX

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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Vol. 3. APRIL 1st, 1942. No. 7

PREPARING THE MEMORANDUM

By the time this number of the JOURNAL is published, the preparation of the Memorandum on Medical Education will be in full swing. Although students voted by a large majority in favour of producing this memorandum, few men have been found willing to devote time or energy to its production. Volunteers have been called for, but, especially among second and third year clinical students, few have come forward. We find it difficult to believe that this reluctance has been due to a single-minded devotion to the textbooks, but to pursue this train of thought further would be rude.

The scheme for obtaining the opinions of students and preparing the memorandum will be as follows:—

The memorandum will be prepared in three sections—one from Cambridge, one from Hill End, and one from Bart.'s and Friern jointly. The men at Cambridge will be concerned mainly with the pre-medical course, those at Hill End with the preclinical course and with the correlation of preclinical and clinical work, and those at Bart.'s and Friern will deal with the clinical teaching. The reports on preclinical teaching will eventually come before the students at Bart.'s and Friern for their criticisms and suggestions. Finally the three reports will be correlated into a single memorandum.

At Bart.'s the volunteers have formed themselves into a Memorandum Committee consisting of members from Bart.'s and Friern. The subject of clinical teaching has been divided, as a working basis, into a number of sections, such as General Surgery, Surgical Special Departments, General Medicine, Medical Special Departments and Pathology, Extra-curricular Activities of Students, and so forth.

If a few more men can be persuaded to volunteer it will be possible to allocate two students to each section; these students will then find out the facts about the pre-war and war-time courses in their various subjects, as far as they are available. They will also read up, in the various memoranda and reports on medical education already published, the suggestions which have already been put forward about their subject, so that when the matter comes up for discussion at a meeting of those interested in the memorandum, they will be able to summarise the present position and past history relevant to each proposed reform. Only in this way will it be possible to produce a well-balanced and valuable series of suggestions. Certain students will also examine the more general problems of medical education such as the advantages and disadvantages of living in the Hospital, the possibility of future consultation between Staff and Students about methods of teaching, the use made of courses and clinical material outside the Hospital, and the present system of examinations.

It was originally hoped that a few Housemen might have been willing to play an active part on the Committee, but the more immediate call of duty has in every case been too strong. Posterity's feeble cry has gone unanswered.

At Hill End the preparation of the report is well advanced, and at least one very successful meeting has been held to discuss the curriculum of preclinical and premedical training. Those of our teachers who were present at this meeting are reported to have been considerably impressed by the quality of the discussion and the value of the suggestions made. If this is a fact, it seems to dispose of the arguments adduced by Mr. Mann in our Correspondence columns this month.

It is hoped that the Planning Commission of the B.M.A. will be willing to wait four or five months for the final memorandum to be presented. However, the correlation of the reports from the various Medical Schools will be a very large task, and in order to allow time for this to be done with the necessary care we must hurry on as fast as possible with our own contribution.

Inevitably at some point our die-hard colleagues will say that the report is being prepared by a group of discontented enthusiasts

and is not representative of the opinion of the students as a whole. We would therefore make a special appeal to these gentlemen to turn up in all their true-blue glory at the meetings which will discuss the memorandum, so that their solid contentment may be given due weight in the final report.

At the forthcoming election to the Council of the Royal College of Surgeons, Sir Harold Gillies will be the only candidate from St. Bartholomew's. We wish him every success.

News comes to us that Doctor Philip Gosse, who was at St. Bartholomew's before entering on his distinguished career as an author, has left his Sussex home for Cambridge. He has been admitted a Fellow-Commoner of Trinity.

All contributions for the May number must be sent in before April 9th.

A MINOR MEDICAL MYSTERY

I do not know whether the medical profession as a whole is very concerned about its food. But it is a noticeable fact that clinicians are in the habit of likening a swelling or a sympton to some more or less savoury article of diet. I would not have raised this somewhat indelicate matter had not I come across a striking example of this a few days ago; but perhaps I had better start the story from the beginning, rather than say how curious the whole business was before I tell it.

My surgery, which is equipped with all the latest apparatus, had nearly emptied, when the patient in question came in. She came from Tooting Bec, a fact that struck me as sufficiently remarkable at the time, and was complaining of breathlessness and a congenital Hallux Valgus. Although at first I found some difficulty in correlating these two disorders, the picture was clarified when she told me that she had had to lend her false teeth to her twin brother, who was going to Sheerness for his yearly holiday.

I took the usual routine Electrocardiogram and Erythrocyte Sedimentation Rate, during the course of which I noticed that her chest was barrel-shaped and her sputum beer coloured two more facts the significance of which will be appreciated later. I then gave her a bottle of medicine and told her to return in two days' time.

The reader may well imagine my indignant surprise when next day she was brought into my surgery in extremis. I again examined the patient, but before I had had time to test the Babinski responses, she had died. I should inform the already bewildered reader that criminal detection is one of my many interests, so that I was acutely suspicious of the motive of the visit of the patient's brother to Sheerness, which had necessitated the loan of her false teeth. I therefore demanded that an autopsy be performed.

So far the case had presented few remarkable characteristics, but the findings at autopsy confirmed my wildest suspicions.

The patient had mustard coloured hair, spoon nails, and a dinner fork fracture of the right arm. The left radial artery was of the goose trachea type; and she had a cauliflower ear and a potato tumour of the carotid sinus. The abdominal viscera showed some noteworthy changes. The spleen was half of the sago and half of the hardbake type. There was a strawberry gall bladder, a roly-poly rectum, and some diffuse swellings the size of mulberry seeds on the colon. There was cheesy caseation of the lungs, with fine millet seed granulations. She had a peau d'orange of the breast, and her Adam's apple was enlarged. There was a swelling the size of a small Spanish chestnut on her left leg.

The reader will understand that I was also not the least surprised to find the ominous word "Sheerness" engraved on her heart.

D. V. B.

THE AURICULO-TEMPORAL SYNDROME

By Arthur E. Jones

It is well known that flushing of the face may occur in normal persons after the ingestion of certain substances, such as curries and spices, and in those in whom this response is well developed, the vasodilatation and hyperaemia may be associated with sweating, which may be general or localised to the head and neck. Some have this response developed to an abnormal degree, and the effect is usually most marked on taking acid or sweet foods. Thus, a lemon drink may result in a profuse perspiration over the whole of the head. Brown-Séquard, who responded in this way, gave a demonstration to the Société de Biologie in Paris on 21st July, 1849, and brought on the effect by eating chocolate. "Une secretion très-abondante de sueur au visage (lèvres, nez, front) a lieu toutes les fois qu'il excite ses nerfs du goût par un aliment très-salé, très-épicé, ou très-sucré, en un mot d'une saveur très vive. . . . En moins de cinq minutes, son visage a été baigné de sueur."

Hyperhidrosis of this kind may follow certain disease processes in the head and neck, when it is usually localised to certain areas, commonly the cutaneous area of the auriculo-temporal nerve, and a case of this type was seen recently at St. Bartholomew's Hospital.

CASE-REPORT

W. H., a war reserve policeman, aged 47, came under observation in May, 1941, complaining of sweating of the face while eating. His symptoms followed an illness starting in August, 1915, when appendicectomy was performed at a military hospital in England, followed three months later by a further operation for suppuration within the abdomen. Two weeks later he developed scarlet fever, and an operation was performed within a week for cervical "periadenitis," a drainage tube being left in each side of the neck. The cervical incisions healed satisfactorily, but a fæcal fistula remained in the abdomen until August, 1916. Within six months of the operation on the neck, and while still in hospital, the patient noticed that on eating, his face became hot, and sweating occurred on both sides. The condition persisted, worse on the left side than on the right (mastication was carried out chiefly in the left side of the mouth), and sweating was excited most easily by acid foods and cheese. During the last six months the symptoms had become worse, so that he had to mop his face several times during a meal, and the social inconvenience had made him seek advice. Since the operation his mouth had felt dry, and he drank much water with his meals. There was no history of typhoid or typhus fever.

On examination, the patient was a healthy-looking man, but appeared over-concerned with his symptoms. The face was rather highly coloured, and behind the angle of the mandible on each side was a vertical scar, an inch in length. The parotid glands appeared normal on palpation, and secreted normally, and the buccal mucosa presented no abnormality. The pupils were equal and active, the palpebral fissures equal, and no abnormality was detected in the motor divisions of the cranial nerves. There was, however, impairment of sensation to light touch and pinprick over an area roughly triangular in front of each auricle, but more extensive on the left than on the right side.

On chewing a bland substance, no change was observed in the skin of the face, but drinking an acid solution produced slight flushing of the area in front of each auricle. When an apple was chewed, reddening of the skin appeared within a minute, extending on the left side from the front of the auricle posteriorly, to the outer canthus and almost to the angle of the mouth anteriorly, and extending upwards to just above the zygoma, while on the right side the area affected was smaller, its upper and posterior limit being the outer canthus. The skin then became moist, and droplets of sweat appeared (Figs. 1 and 2), and if chewing continued the drops coalesced and streamed down the face. The areas of sweating were rather less than those of hyperæmia; the signs disappeared within five minutes after mastication ceased. The effect of pilocarpine was not investigated.

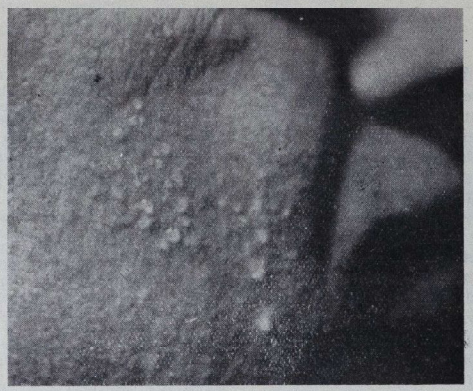
Treatment. Tincture of belladonna was given in 15 minim doses thrice daily before food, but the sweating was unaffected, and because of dryness of the mouth, belladonna was discontinued after 7 days.

The effect of radiotherapy was then investigated, the left side only being irradiated, and a three-quarter erythema dose at 200 Kv. was administered in turn to the left stellate, otic, and superior cervical ganglia at intervals of a week. No improvement resulted, and the physical signs remained constant. The patient declined to undergo any operative procedure, and when seen recently the condition was unchanged.

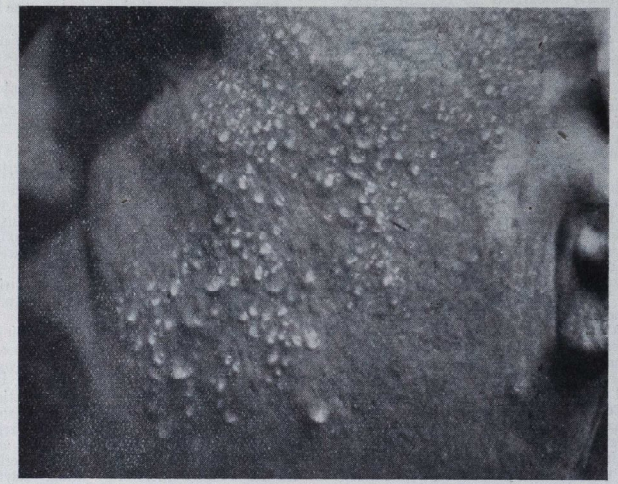
HISTORICAL

This condition, although rare, is well recognised, at least fifty cases having been reported, but very few bilateral cases have been found in the literature. It is recorded that Henle, the anatomist, was thus affected as the result of a parotitis occurring in the course of typhoid fever. The earliest account appears to be that of Baillarger (1853) who described the case of a woman admitted to the Salpêtrière in 1840; the condition followed abscesses in the parotid region, and Baillarger considered that occlusion of the parotid duct resulted in the secretion finding its way to the exterior. Bergouhnioux (1859), describing a case from Nélaton's clinic in which the symptoms came on a few weeks after parotitis, showed, however, that the fluid on the face had an acid reaction, and was, in fact, sweat. The condition was studied at St. Petersburg by Pokroffsky (1875), who reported a case following incision for parotitis in 1844, and by Botkin (1875), and was mentioned by Bouveret (1880) in his thesis on disorders of sweating. Raymond (1888) pointed out that hyperhidrosis of the face, which might follow disease of the central nervous system, the cervical sympathetic, or the facial and trigeminal nerves, might also occur reflexly by irritation of other nerves, such as those of taste, smell, and touch.

An interesting case having a rather different history was described by Haynes (1897) in a female child,



The areas of hyperhidrosis. The scar can be seen behind the angle of the mandible on the left side.



aged 19 months, with congenital hemifacial hypertrophy, and whose neuropathic ancestry included two cases of epilepsy and two of other nervous instability in near relations. The sweating was accompanied by swelling of that side of the face, and also occurred momentarily on yawning; Haynes termed the condition an "angioneurosis of the face." Parkes Weber (1897) gave an account of a typical bilateral case, which came on six months after incisions for suppurative parotitis; the subject was reviewed by the same author in 1905, mentioning Ringer's case (1897) which occurred after worry, and was controlled by belladonna. Kinnier Wilson (1940) recalled having seen a typical case when house-physician in 1906, and was told of a case in which the area involved was that of the great auricular and second cervical nerves.

During the Great War, many cases of typhus and typhoid fever occurring on the Eastern Front were complicated by parotitis; suppuration often followed gun-shot wounds of the parotid region, and many cases reported after the war emphasised the relationship between the auriculotemporal syndrome and lesions of the parotid gland.

C.-J. and C. Parhon (1920) described a bilateral case occurring in a woman of 45 following bilateral parotitis in typhoid fever at the age of 3; New and Bozer (1922) reported three unilateral cases from the Mayo Clinic, two of which were typical, but in the third (which followed injury) the sweating occurred without mastication, and the area felt numb and occasionally ached; cases were also described by Lipztat (1922) and Enzière et al (1923).

The account given by Mme. Lucie Frey (1923) attracted considerable attention, and the condition has since been known as "Frey's Syndrome." Her case had a wound of the parotid region, followed by typhoid and typhus; there was hyperæsthesia of the affected area and dilatation of the homolateral pupil, and on injecting pilocarpine sweating over the affected area was excessive. In the case described by Vaughan (1925) there was tenderness of the teeth on the affected side, and these were found to be eroded half way down to the gums. Parotid secretion was absent, and it was suggested that there was failure to neutralise the acid secretion of the glands in the gums. Typical cases were reported by Higier (1926), and Noica and Bagdasar (1926), and Trioumphoff (1926) reported 14 cases to the Russian Congress of Neurologists in 1924.

The auriculotemporal syndrome has been described in association with lesions in other parts of the nervous system, notably in syringomyelia. André-Thomas' case (1926) presented dissociated anæsthesia in the upper limbs, while syringomyelia was present in the case described by Kaminsky (1929), and in one discussed by Wilson (1936). Fridberg (1931) reported three cases of the syndrome, one of which was bilateral, and Bassoe (1932) gave an account of two cases, one occurring after operation for mixed parotid tumour, the other after incision of a post-operative parotitis, and both had facial nerve palsies. More recently, Payne (1940) described a typical post-parotitic case which developed pneumococcal parotitis on the opposite side 30 years after the initial parotitis. Other cases have been reported by Aldama Truchuelo (1929), Rappaport (1929)—bilateral, Rebierre (1930 and 1931), Albrecht (1931), and Lemaitre and Baudouin (1934).

PATHOGENESIS

The auriculo-temporal nerve, in addition to supplying sensory fibres to the skin in front of the ear, contains vasodilator fibres from the cervical sympathetic to the blood-vessels of the skin, secretomotor fibres to the sweat-glands, and parasympathetic fibres which are secretomotor to the parotid gland. Salivation occurs in response to reflex stimuli which ascend from the posterior third of the tongue along the glossopharyngeal nerve to the inferior salivary nucleus in the medulla, and efferent impulses travel by the tympanic nerve and plexus and the lesser superficial petrosal nerve to the otic ganglion, where the fibres relay, and the grey excitor fibres arising here join the auriculo-temporal nerve to reach the parotid gland. In the auriculo-temporal syndrome, parotid salivation is associated with sweating, and it would appear that secretomotor fibres to the parotid have established abnormal connections with other fibres in the vicinity, which may be the vasomotor and sweat secretory fibres also running in the auriculo-temporal nerve. As the nerves to the sweat glands are cholinergic, it would be possible for such stimulation to result in sweat secretion.

Ford and Woodhall (1938) believe that the condition results from injury to the auriculo-temporal nerve between the parotid and the point at which it receives its communication from the ninth nerve, and the fibres which have been severed become misdirected during regeneration along other pathways. Wilson (1936) has shown that the sweat glands of the face have a double nerve supply, by sympathetic and by accessory fibres. The part which these accessory fibres play in the mechanism of the auriculo-temporal syndrome is undecided.

Kaminsky (1929) has discussed the occurrence of the syndrome in syringomyelia, which he regards as providing a link between the condition following parotid lesions and that occurring in the normal state. He has suggested that the condition appears when inhibition of a supposed normal and latent salivation-sweating reflex is removed, either centrally or peripherally. Parkes Weber compared the phenomenon with the reflex sneezing which appears in some people on exposure to a bright light.

The association between the syndrome and the reflex flushing and sweating which may occur in normal persons suggests that a little-used pathway may become popular when a lesion in the parotid sets up abnormal nerve contacts (Bassoe), and the cases of Haynes and Ringer, the latter following worry, do support the view that nerve contacts already present may become manifest under certain conditions in neuropathic subjects.

PROGNOSIS AND TREATMENT

The condition may persist for 30 years or more, and in the case described, it has been present for over 25 years. Trioumphoff (1926) reported recovery in one case at the end of three years; he also showed that belladonna in ordinary doses had no effect, and this was confirmed in the present case. In Frey's case the auriculotemporal nerve was injected with alcohol in mistake for the facial, and was followed by a temporary relief from symptoms. Division of the auriculo-temporal nerve has been tried in a few cases, but the presence of scar tissue renders this operation difficult. Fridberg (1931) recommended that the fibrous tissue should be softened by physiotherapy and iodine ionisation before surgery. In the present case irradiation of the sympathetic and parasympathetic ganglia produced no effect, and it was deemed inadvisable to irradiate the sweat-glands directly.

SUMMARY

A bilateral case of the auriculo-temporal syndrome is described following suppuration with incisions in the region of the parotid glands 25 years previously. The typical symptoms of hyperaemia and hyperhidrosis in the area of the auriculo-temporal nerve were present on eating, and there was hypoaesthesia and hypoalgesia of the areas involved. Radiotherapy to the autonomic ganglia had no effect on the condition.

The explanation of these phenomena is obscure, but it may be that a severe lesion of the parotid gland increases the irritability of nerve fibres within its substance, and that salivation brings on sweating by a local reflex. It has long been suggested that the condition follows misdirected regeneration of fibres of the auriculo-temporal nerve, and that the reflex occurs by way of the inferior salivary nucleus in the medulla; another view is that the response is latent in normal subjects, and becomes manifest as the result of organic or functional disorder of the nervous system.

My thanks are due to Mr. Rupert Corbett and Dr. Gow for permission to publish this case, to Mr. Ralph Phillips, Dr. T. Parkinson and Dr. George Discombe for their assistance and encouragement, and to Mr. W. M. Tucker for the photographs.

* * * *

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BACTERIOLOGY FOR BEGINNERS.

"When you drink polluted water after immunisation with T.A.B., you get typhoid, but only very mildly, and they call that paratyphoid."

—*Home Guard First Aid Lecturer.*

CORRESPONDENCE

OUT-PATIENTS

To the Editor, St. Bartholomew's Hospital Journal

Sir,

As Medical Education has been a lot in our minds lately, may I make a suggestion?

I think everyone will agree that Out Patient teaching, more especially in Medical Out Patients, is far from perfect. The only way the average student can have a chance of observing any physical sign is by joining in what amounts to a life and death scramble round the patient. Usually, even then, he eventually has to wait outside in the dressing room, thus missing the history of the next case. As a result, by the time he has finished, most patients are reduced either to tears or oaths according to their sex and upbringing.

Surely patients could be asked to come up on a particular day, with the express intention of being examined by students. They could be offered a small remuneration, such as 2s. 6d., for their trouble (which, doubtless, many would refuse). It would then mean that students could examine them at their leisure, the patients feeling rather flattered that their case was sufficiently interesting for them to be asked to come up and be shown to students, instead of feeling, as many must do, that they have been got there under false pretences.

I am, yours faithfully,

J. N. ASTON.

THE COW AND THE CHICKEN

To the Editor, St. Bartholomew's Hospital Journal

Sir,

In case one of the Hospital pathologists, deeply versed in farm-yard produce, has not already solved the problems raised by the untimely deaths of the cow and the chicken which were so amusingly related in the February JOURNAL, I send you an extract from a letter I have received from the editor of the *Field*, to whom I forwarded my copy with a request for an opinion. It runs as follows: "Our expert says that whatever the yearling heifer died of yew poisoning can certainly be ruled out on the evidence. The young pullet was probably suffering from the leuchæmia form of Fowl Paralysis; certainly the lesions in the liver were not due to carcinoma and 'Swerdna' can study his sections without fear of deleterious consequences to his own carcase."

Incidentally may I congratulate you on the excellence of the February number? Not a dull page in it from cover to cover.

Yours faithfully,

PERCY TATCHELL.

MAELSTROM

To the Editor, St. Bartholomew's Hospital Journal

Sir,

After reading your inspiring article I happened to be chipping the black paint off the windows at Friern when I noticed two men in the garden below. They were arguing angrily with a male nurse, saying that they were Alexander and Pitt. It seemed a pity they had strayed into the wrong part of the hospital. Incidentally I heard it said that a certain von Sacher-Masoch had been detained under Regulation 18b. Some people are always looking for trouble.

Outside on the rolling downs I thought to myself what a great difference there is between a doctor's life and that of other men. Whereas a soldier's name is eternal if he conquers the enemy at the price of the greater part of his own army, it is otherwise with the doctor whose responsibility is to his patients. As long as the doctor's training is devised primarily for the benefit of sick people, its organisation must lie in the hands of those who understand sick people best. Where it concerns matters of detail students can approach their teachers directly.

Nevertheless some students feel their position so acutely that they wish to band themselves together in order that their united cries may enable them to strike a better bargain. They forget that one day this mob, torn by internal strife, will fall an easy prey.

Once our individuality has been drawn into the maelstrom, never again will it emerge.

Yours,

JUNIOR.

[*This conception of students banding together in order to avoid falling an easy prey to their teachers is one which enjoys a purely subjective reality in the minds of Junior and his brothers.—Ed.*]

NOT A MASOCHIST

To the Editor, St. Bartholomew's Hospital Journal

Sir,

When the gauntlet of controversy has been flung so plainly into the arena of public debate it would scarcely be polite to fail in attempting some return.

Sir Thomas Browne once wrote "I have no Genius to disputes in Religion, and have often thought it wisdom to decline them, especially upon a disadvantage, or when the cause of Truth might suffer in the meekness of my patronage." I myself take courage in this case from the views expressed in the penultimate paragraph of your March editorial. These appear to differ in degree rather than kind from the main proposition which I wish to urge.

Perspective, accurate knowledge and clarity of thought form the tripod upon which all useful opinion must be based. Just as Sir James Jeans' celebrated monkeys must ultimately have written the plays of Shakespeare if left to hammer upon typewriters for Eternity, so a group of even the most prejudiced, ill-informed and muddle-headed observers might finally, by expressing every possible opinion on a given subject, also express all those opinions which were of any value. In practice we must restrict ourselves to the finite, and so find it useful to select our observers for their capabilities before attempting to base any action upon their opinions.

The quality of perspective must inevitably be lacking in the medical student who attempts to promulgate the reform of that system of medical education which is still operating upon him. Until his clinical training is well advanced, or even completed, I submit that it would be premature for the student to demand the reform of medical education upon the basis of his own opinions. By all means let the student note his impressions as he passes from stage to stage in his education, let him discuss the problem with all and sundry; but let him suspend final judgment till his training is complete and he stands in a position to review the part in relation to the whole.

This in no way implies inert assent to conditions as they stand, but it does repudiate entirely any attempt to form student associations for the purpose

of noising abroad student opinion without reference to, and it may be in defiance of, that constituted authority which supplies the perspective that tempers youthful enthusiasm.

As to the suggestion that a proper respect for one's elders and betters smacks of masochism, I see little here save a mischievous intention to misunderstand, coupled with a contentiousness that is quite Shavian in its unscrupulous and persuasive use of the *non sequitur*. This letter is already over-long, but I may perhaps close by adding a few observations short of arguing the whole case.

Government "of the people, for the people, by the people" is something very different from government of the people, for the people, by all of the people. The assertion that all men's opinions are of equal worth and that Authority should be set aside as merely irksome is a curious but common error that does little to promote the cause of Democracy. In a society so highly organised and straitly confined as that which obtains in England to-day it is a great pity that more general attention is not paid to the Church Catechism, in particular to that section which outlines our duty towards our neighbour.

I remain, Sir,

Yours faithfully,

P. G. MANN.

OBITUARY

DOCTOR W. KENT HUGHES

News has reached us of the death of Doctor Wilfred Kent Hughes, at his Warrandyte, Melbourne, home on Saturday, November 8th, 1941.

A great athlete—he was second in the half-mile world championship in 1888—Doctor Kent Hughes devoted many years of his life to extending facilities for sport to the children of Melbourne. As chairman of the Parks and Gardens Committee he was mainly responsible for the opening of some 200 playgrounds in the city area. And thanks to his unremitting efforts an Infantile Paralysis Committee was formed, which served the out-of-door needs of crippled children.

His work as a doctor began at this Hospital when he graduated in 1892. During the Great War he was Surgeon-in-Chief of the Anglo-Russian Hospitals in Russia, and on his return to Australia resumed his honorary appointments in the Melbourne Hospital, the Children's Hospital and St. Vincent's Hospital.

A correspondent writes:—

To Bartholomew's men of the decade 1885-1895, the name of Kent Hughes was almost a household word. He and the late Colonel B. O. Green, who was in command of the 1st Batt. London Scottish in the war of 1914-1918, could be relied upon to win half the events in the Inter-Hospital Athletic sports. Cups for various events which stood on a round table in the Old Library have the names of these "athletic heroes" engraved. They have changed hands many times since those days.

Kent Hughes, whom I, as a "minion" athlete, knew fairly intimately, was a man of strong personality. I did not know the Australian character then as I do now, but Kent Hughes was a "real Aussie," fearless in action and speech.

I saw him last about 6 years ago. We talked over old Bart.'s days and his athletic victories at Bart.'s and in the Antipodes—both Australia and New Zealand.

He was very proud of the large family he had reared and provided with a good education and start in life.

W. B. M.

DOCTOR T. G. WAKELING

Dr. Thomas George Wakeling, who was a student at this Hospital from 1887-1893 and married Miss Hunter, who was Theatre Sister at that time, died on February 24th, aged 77.

On qualifying, he practised in Clacton for six years and was then appointed Medical Officer of Mena House, Cairo, where he worked till 1912. When the last war started, he had been building up a practice in Central London, but he volunteered for Service at the beginning of the war. He was Senior Medical Officer for East London and later President of the Officers' Standing Medical Board at the Prince of Wales Hospital. He received the O.B.E. for war service.

J. H.

AMPHORAE

Once, long ago, longer than any of you can recall (before the War, when I was young), I stood in a hot Italian piazza and looked down upon the ruins of a Roman wine shop. There the cool amphorae stood, empty these 2,000 years. And among their dust and fragments prowled the thirsty Forum cats, and I.

How evanescent is conviviality, lasting barely from one night to the next morning; and friendship almost equally fleeting. But though in the young either heart or head may ache, the old have outgrown both maladies, and merely remember with the one the vagaries of the other.

Among my parched amphorae, the hyacinths and cypresses of the Palatine above me, I thought of some millenial visitor standing upon the ruins of the "Admiral Carter," and contemplating with antiquarian interest the handle of a beer-engine, or the rare fragment of a Guinness bottle. I had not reckoned with a millenium packed into a mere lustrum, or that the visitor would be myself.

In a few years now I shall be 30, so I look back from the tranquil evening of my days, and from my not disagreeable niche upon the shelf, over a wide expanse of varied and of crowded years. Yet I have difficulty still in realising that a whole generation of Bart.'s men exist which has no more set foot in the "Admiral Carter" than has sipped Falernian in Herculaneum.

They do not remember the florid and perspiring face of Mrs. Pat, amorous at an evening's end; or the even richer and wetter face of Pat himself; or the sawdust, the laughter, the smell of malt, and the glistening sides of that perpetually pilfered ham.

I wonder if the sobersided youngsters of Hill End and Friern, who are missing and suffering so much in their individual hells (the one only slightly less abominable than the other) have ever entered those taverns where once we sat, stayed themselves with our flagons, crushed our grapes, seen the swollen firkins belching forth their flood for our delight?

In the dark Autumn one could dive below the Tower, and thread the labyrinthine alleys of the docks, where every warehouse smelt like a Jamaica, the spices, the saffron, the coffee, the cinnamons, heavy on the night, and find at journey's end "The Prospect."

There, while a Barbary ape delicately dissected the segments of his orange upon the window ledge, and river rats scuttled among the cavernous barges, one watched the port and starboard lights playing on the dark waters, and heard voices of another tongue, and ships groaning as they left for Sourabaya, and Atlantis, and the Islands of the Blessed.

But in the Summer one sat by a more rural stream. For in the "Doves" a real wine spread above the dappled pavement, and with cool tankards close beside us on the terrace we would watch the eights skim clicking by like pedantic centipedes upon a millpond.

There were other places; at the top of Highgate Hill, the "Leather Bottel," beneath whose blackened rafters rested the sweetest ham in London, and the most savoury smoked salmon; or the more urban "Lord Belgrave" and "Westbourne Tavern," where great fat steaks both bled and burnt each night above the charcoal, and appeared, smothered in succulent mushrooms, surrounded by crisp fried onions, to melt at last in sensuous ecstasy upon the palate, and depart for the deeper delights of the belly. But these are fleshly things.

There were as well the spiritual pleasures. One could sit with one's Boswell where the great Doctor disported, or shelter in the very corner where de Quincey cowered with little Ann. The "Bunch of Grapes" in Jermyn St. is the same house behind whose bar presided Rosetti's "dearest Elephant," for whom he left Elizabeth Siddal, that poor, tuberculous, Camden Town Ophelia, whose golden-headed corpse was dragged from Highgate Cemetery that he might recover his publishable love poems, buried beside her. They ate their last meal together, with Swinburne, in the "Hotel de Provence," now bombed from Leicester Square. And the "Bunch of Grapes" is only a stone's throw from Rosa Lewis' celebrated and nostalgic establishment, where the ghosts of Edwardianism, driven from a closed Romanos, crack their last bottles of champagne. Be recognised there as an Edwardian and you will drink free; show yourself a spiritual scion of Friern and you will pay for the company.

Once in the "Fitzroy" my thumb was bitten by the Tiger Woman, Betty May. I believe she committed suicide almost at once. Dolores and Ina and Marguerite Sallé were other sultry eyed Epstein inspirations sipping mild and bitter at that bar with Crowley, the Black Magician, better known perhaps as Beast 666.

In the "Princess of Wales" you may gaze,

if you choose, upon the loveliest barmaid in London. She has the head of a Piero della Francesca angel, and to see the lights of the public bar shining through her tresses is to believe her haloed. She reads Schopenhauer as she sits among the bottles.

There are tea-sipping old men, so withered by their dead instruction that they will sneer at the beauty of amphorae, and the seduction of wine shops. For beauty is fleet, and seduction for the young; and they are neither fleet nor young. I do not believe that it is necessary to choose between drinking in the Well of Academe and in a wine shop. But if it were, I should choose the wine shop.

G. F.

LADIES IN WAITING

The tides of war have washed around us, but the Nursing Staff carries on with superb unconcern. We publish below reports of a play and a concert which they have produced recently and to which the medical staff and students were invited.

The Nurses' Dramatic Society played "Ladies in Waiting" to full houses on two nights in February. The difficulties of producing a play with an all-woman cast are obvious; that they were overcome was shown by the unflagging interest and enthusiasm of the audience, prepared, as they were, to be critical. But these bold players were faced with hardships which even professional teams do not reckon to cope with. The society is frequently upset by members going away to Hill End, and the economies of war have curtailed their stage even more than their wardrobe. The dexterity of Lady Spate and Pat Blakeney in getting in and out of that tiny sofa, or the skill of six of the cast in appearing at once without any sense of overfilling the stage, reflected as much credit on the actresses as on Kathleen Johnson, their imaginative producer, and her colleagues behind the scenes Miss Deal, stage manager, Mr. Nye and Mr. Simmonds.

Rosemary Adams (Maud, the simple-hearted Yorkshire maid) got her laughs across with the skill of a professional clown, and her glances at the lady detectives' trousers will not be forgotten in a hurry.

To appear natural and a little frightened among a very diverse crowd of women needs a stout heart and a clear mind. Janet McEwan (Una Verity, the morrow's bride) had these qualities in plenty and played a steady performance in this central part. Her telephone conversation with Lord Hartigan and her exchanges with the detectives as she prepared for bed were particularly happy scenes.

Margery Osborn and Pamela Sandiford, as the sisters Phil and Pat Blakeney, were an admirably balanced pair; Phil's account of her quarrel with Mrs. Garner was spoken with the proper inflexion and emphasis, and Pat's "Piffle!" was brilliant.

From her magnificent entry till the final scene, Jean Sawers (Lady Spate) dominated the play—not to the other's detriment, but as the moving spirit; her radiating personality, command of gesture and stagecraft knit them together. A very spirited performance.

Joanna Poynton (Mrs. Garner, a "psychic" and neurotic widow), and Mary Holmes (Dora Lister, the timid poor relation), portrayed their respective characters with skill and insight, and did well in two very difficult parts.

Honor Campbell Cooke as Pamela Dark, the lady detective, had the ambiguous privilege of giving most of the popular cues; a sound performance; and at the last her *dénouement* of Dora Lester was swift and sure. Her dialogue with Joan Wilkinson (Mrs. Dawson, cook and old family servant), was particularly well played, the latter acting with delightful ease; her control of her hands was a delight to watch and a real criterion of training. Altogether a fine presentation and the Society is to be congratulated.

* * * *

A most enjoyable concert was held in the Nurses' Sitting-room at Queen Mary's Nurses' Home on the evening of Thursday, February 17th.

The artistes were Nurse Dean and Nurse Wilkinson, Mr. Charles Ninnis and Mr. Frederic Waterman. Together they sang two quartettes, Edward German's "Peaceful Night" and "On the Banks of Allen Water." The former of these is a simple and beautiful piece, which they sang with refreshing sweetness and a certain native caution. The other, which was an encore, was done with gusto. In these two pieces the audience was hearing the happy outcome of an energetic attack on the many hardships which confront a choir, such as we have in this Hospital, in wartime and with an ever-moving population.

Mr. Ninnis has already made his mark in the musical life of the Hospital. His rich baritone was heard at its best in the lovely "Silent Worship" from a Handel collection and in Schubert's "Erl King." This wonderful lyric shares with "Greta at the Spinning-wheel" the highest honours for *Lieder* and Mr. Ninnis sang it with that dramatic command which is as rare as it is vital in this kind of song. He was not, perhaps, as happy in his presentation of "Impatience" and "Litany." But again in the dreaming "L'amour de moi" and in Stanford's brisk setting to Keats' ballade "La belle dame sans merci" he showed his versatility and musical aplomb.

In Mr. Frederic Waterman this Hospital has found an energetic organist and choirmaster, an enterprising leader of all sorts of musical entertainment and a keen musician. His performance of Chopin's Nocturne in C minor was enthralling. After a quiet and gentle playing of a Mendelssohn Prelude and Debussy's First Arabesque he threw off the technical harness which had made these pieces a little uneasy and played Chopin with an intensity of form and obedience to light and shadow which are often sacrificed to virtuosity on the concert platform. Technique, however, must never be overlooked. Mr. Waterman proved his ability in this in his playing of two more Debussy pieces, "La fille aux cheveux de lin" and "Jardins sous la pluie" in which he had the courage to make a second and more perfect beginning.

STUDENTS' UNION

ANNUAL GENERAL MEETING, 1941-2

HON. SECRETARY'S REPORT

"The Students' Union has been fortunate in that, throughout last year, the war has not interfered much with our activities. The reports of the various clubs are, as you will hear, satisfactory.

"The Annual Students' Union Dance was held in May at Hill End. The sight of evening dress was a very pleasant reminder of the pre-war days, and the days to which we are looking forward once again in the near future. Although not as lavish as in times of peace, it was a great success, largely due to the work put into it by the Dance Committee.

"There have been two Flag Days at this Hospital this year, as you all know, the first of which was more successful than the second. Neither collection was as large as in peace time, since the City has now become depopulated due to enemy action, and also the Pre-clinical Students at Cambridge are unable to help us in the collection.

"The Students' Union have given permission to the Pioneer Guards, the London Scottish, and the Scots Guards in turn to make use of the grounds at Chislehurst. Also we have allowed the Auxiliary Fire Service to use the Charterhouse gymnasium for Sunday concerts.

"Our National Savings Group, which was started in September, 1940, and has been allowed slowly to become dormant, but has, I am glad to say, been more active in the past weeks. I will remind you that National Saving Stamps are on sale at the desk in the Refectory.

"Dr. E. F. Scowen, on your behalf, has bought a piano for Chislehurst, so that in future you will be able to enjoy your well earned drink to the refrains of your songs. It will also save hiring a piano every time we hold a dance at Chislehurst.

"I should like to thank, on your behalf, the Officers and Members of the Council, who have served during the previous year. Recently there has been considerable criticism of the Students' Union Council, much of which has been of an entirely destructive nature, and people have not fully realised the considerable difficulties the war has of necessity forced upon us. I would ask from you forebearance in regard to the arrangements made in the Cloakroom and the A.R., since the absence of Fred Grimmer and Jack Collins. Dr. Harris and Dr. Scowen have made strenuous efforts, on your behalf, to improve conditions. Dr. Harris has experienced considerable difficulty in finding suitable labour, but has now procured someone to look after the Cloakroom.

"Recently the Students' Union has had a "political" phase. The N.U.S., B.M.S.A. controversy has been in full swing. You have all attended the various special meetings in the Sector and aired your views on this difficult subject. The final voting on the questions you were asked was as follows:—

"Should we or should we not join the B.M.S.A.—23 votes for, and 259 votes against.

"Should we or should we not compile a Memorandum on Medical Education—253 votes for, and 24 votes against.

"Our representatives have attended the United London Hospital Meetings on the subject of

forming a new organisation, and also the compiling of a Memorandum on Medical Education for the Medical Planning Commission. Both these two subjects are under consideration at the moment, and if there are any further developments, we will inform you at once."

IF WE COULD ONLY SEE OURSELVES

The dread sentence fell upon my awestruck ears with a thunder clap: "You will attend M.O.P.'s as a patient every day for a week." Now the odd thing is that I am one of those terribly healthy individuals who feel so full of *joie de vivre* as to play practical jokes at breakfast—I have never been ill. Nevertheless, the ruling was there and being powerless to disobey I presented myself on Monday morning in the Treatment Bay. Dr. Dead who it seemed was a man of considerable standing decided upon me as an example to send up to his clerks. Reaching what they told me was the Surgery I was seized upon by a worried looking student; his worried looks caused me grave forebodings until he casually told me that he was ten minutes late in arriving and Dr. Dead was a stickler for punctuality. In spite of repeated protestations that there was nothing wrong with me, the young embryo doctor asked innumerable questions and seemed quite satisfied to hear that I was breathless after climbing halfway up the Woolworth Building.

After suffering innumerable indignities and exquisite tortures. (Why is it that students' hands are invariably cold?) I was led into the presence of the great man. The most intimate details of my previous life were then recited to an audience which seemed easily amused. An astonishing variety of stethoscopes (I believe you call them that) were placed on my chest and the time passed very quickly. Two memories alone remain in my mind—(1) At the mention of the Woolworth Building Dr. Dead was pleased to tell some snappy anecdotes of gangsterdom in America which were highly instructive and appreciated. (2) I had, apparently, been suffering from some heart disease ever since birth. So much for Monday.

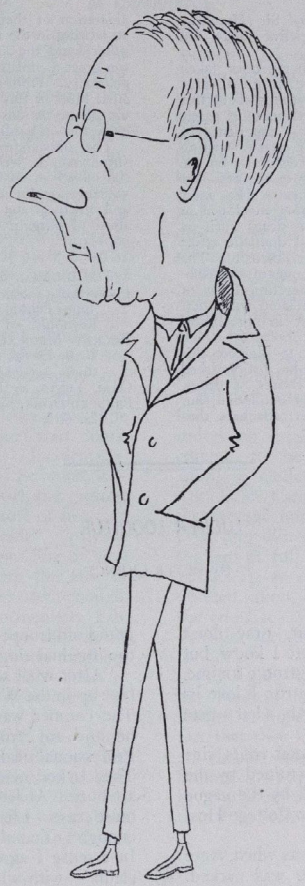
On Tuesday Dr. Heypriste beamed jovially at me in the Treatment Bay and sent me on to see his students. The conversation seemed to be on a very academic plane. Only one word out of six consisted of less than twelve letters, but everybody seemed very matey and things proceeded smoothly. Finally the great man himself decided to listen to my heart and produced a stethoscope of gigantic proportions. By some clever process a small corn on my left big toe was connected with the presence of jaundice in my right eye and a long discussion then ensued upon the significance of the well-known Schipperknache's reaction in which, if I heard correctly, my blood would agglutinate Stoats' corpuscles. So much for Tuesday.

On Wednesday I did not feel so well—my pseudo-diseases were weighing heavily upon me. Dr. Minill decided my fate as did his predecessors. The discussion to-day seemed a bit more heated, if a little one-sided until some learned-looking people at the back of the class started an argument with the great man. It seemed that there was disagreement as to what were the relevant facts. The diagnosis this time seemed to concern Arcus Senilis (spelt right?). Someone at the background irreverently whispered that it was completely irrelevant.

The last days of my sentence I definitely went downhill. All that can be remembered is but a brief resume. Thursday.—Dr. Shipwright gave his learned opinion that the dust from unopened text books in my room had got into my lungs and that I was not really badly ill. Friday.—Dr. Ells enquired carefully about my work and food, and to the obvious delight of his audience appeared horrified that I showed a preference for white bread. The fact that my bowels worked like clockwork in the absence of brown bread seemed totally incomprehensible, unless one believed in the old dictum that the exception was necessary to prove the rule. It was obviously a case of vitamin deficiency. Saturday.—Dr. Spounds caused me moments of intense embarassment by pointed queries as to the distribution of hair on my body and the character of my voice, which appeared to differ radically from his own. In his opinion the late appearance of certain of my glands had caused the unfortunate malady from which I was suffering.

With sweat pouring off my brow I woke up and vowed never to have cauliflower cheese for supper again. But all dreams have morals and the moral of this one is that if you would enjoy your M.O.P. appointment first know the eccentricities of your chief.

ANTHONY.



"MY TROUSERS ONLY TAKE FOUR COUPONS"

BOOK REVIEWS

MODERN THERAPEUTICS, edited by Sir Humphry Rolleston and Alan A. Moncrieff. (Eyre and Spottiswoode. 16s.)

This collection of articles on therapeutics taken from *The Practitioner* should prove of great value to students, few of whom know anything about this very important subject. Their ignorance is partly inevitable, for they have no practical experience of carrying out a course of treatment or even of writing a prescription, and an exhibition of virtuosity on the "Blue Board" is not as satisfactory to the onlooker as a comparable exhibition in the theatre. For most students, therefore, the subject remains enveloped in a Stygian darkness, and only those drugs such as digitalis which produce a quick and dramatic effect emerge from this gloom into a lesser obscurity. The dismal apathy with which students regard this subject is enhanced by the fact that the clinical use of drugs is only very incompletely correlated with their pharmacological actions as learnt in preclinical teaching.

This book should help greatly to lighten this obscurity. It is a series of articles by distinguished authors on most of the important classes of drugs, approached from the pharmacological standpoint, but with, in most of the chapters, that adequate consideration of their therapeutic applications which is so lacking in the textbooks of pharmacology. On the other hand the articles are not made unreadable by too great a profusion of prescriptions and minutiæ of pharmacy. From the student's point of view the principal fault of this book is that the indications for the use of the various drugs are barely mentioned. However, this is hardly a legitimate criticism.

The outstanding omission is a chapter on the sulphonamide series, but this subject is now fully considered in many other publications. Particularly valuable are the articles on digitalis, on expectorants and linctuses, on the vitamins and on the use and abuse of purgatives. This book deserves a very wide popularity.

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The JOURNAL has received for review:—

FIRST AID, A SYNOPSIS OF WAR-TIME TRAINING, by John Fenton and L. A. H. Snowball. (Dale, Reynolds, 8d., post free.)

POCKET MEDICAL DICTIONARY, by L. Oakes and T. B. Davie. Fifth Edition. (E. and S. Livingstone, 3s. 6d.)

ORAL TESTS, by F. Norton. (Faber and Faber, 2s.)

PRESCRIPTIONS, by A. L. Norton. (Faber and Faber. 2s. 6d.)

LUCIFER LOQUITUR

By PETER QUINCE

SOLUTION

"Ough! My shin! Nay, sir, pray don't apologise. I ought not to be here I know, but the lure of the theatre was too strong for me. I love the very smell of the theatre: I love its aura. Let us have some light. Ah, what a gem you have here!

"My trade is, or was, the same as yours, sir: a profession which is fast being ruined by the amateur; particularly, I may add, by the vague female amateur with her fit-ups in Cottage Hospitals and a sister to assist her!

"I loathe bragging, but time was when, were I billed to perform, the theatre was packed. Gad! How those gallery boys used to cheer! Once I performed at the Palace—or was it the Pavilion?—on a ducal hernia, supported by an All Star Cast. Treves, I remember—he was a grand old trouper—worked the light. But 'twas the inguinal ring that pinched the fat. Ha, ha!

"After what seemed an age in the provinces, I set up in the West End. A tragic mistake. . . . The coroner was not my usual one, and both he and my colleagues were—well—inimical. Professional jealousy was at the bottom of it. They lacked evidence, for I had ever kept my art pure. At length 'Gentlemen,' I said, 'this must cease. I have borne with your japing long enough. You all claim to be bona fide M.D.'s. In a sense I agree that you have justified your claim'—with which I left the room and closed the door on my career.

"I have aged much since then. But I no longer mope. I have my memories. . . .

"Can you lend me a fiver, laddie?"

ROUND THE SECTOR

At CAMBRIDGE

After reading your article "Blitzkrieg" in the last JOURNAL, Mr. Editor, I can assure you that you have at least one sympathiser amidst the countless hordes that snarl with rage at the very mention of your name. What a tough time you must have with all these embryo James Agates sneering and hurling abuse at your inspired efforts. And that remark about the Sector News—" . . . you know what you can do with it!" No doubt you are remarkably well informed as to the exact procedure, but I, and, no doubt, my so very much more learned colleagues at Hill End and Friern, would know equally well what to do with the gentleman that made that remark. Before he condemns us further with such ill-mannered phrases, let him try his hand at writing the News, and see whether he can produce a comprehensive and scintillating article about a crowd of first-class dopes. If he can, then he's wasting his time doing medicine—Fleet street, open your doors, the Wonderman has arrived! Incidentally, he's quite welcome to my job, if he wants it—I hand it to him here and now with the greatest cordiality. And anyway, what sort of news do these self-appointed critics want? Anyone might think this place was a front line of vital importance the way they deplore the lack of news—strategic withdrawals occur often enough, admittedly, mostly from the Biochemistry Lab. So hold your peace, you men of the caustic and bitter tongue, or we won't write anything at all! And what's more, you don't have to say "Damn good job, too"—I'm saying it for you.

But merely because you don't hear much about us, Mr. Editor, don't assume that we lead a life of complete inactivity; its quite mobile, really—*vide* Home Guard. Now that—but perhaps I'd better not! That's the worst about writing these things, there are so many things one had "better not." If only you provided complete lack of censorship and adequate protection for your contributors, then, Mr. Editor, I hold that these articles would be worth reading. But as I was saying, we're really quite active—take the Boat Club, for example; now there's a keen organisation for you. At least four people know how to row, and the rest show such marked potentialities that, given time and about the whole of the Cam, I feel sure they could do great things, unparallelled in rowing history. That last bit's true, anyway.

The Rugger team continue to make the weather an excuse for a general hibernation, accompanied by the Hockey team. The Soccer club, however, braved the inclemencies, and played their first (and last, incidentally) round in the Inter-College Soccer Cup match.

All lost matches are, of course, due to bad luck, and according to the secretary's report this proves no exception. They were unfortunate enough to be drawn against one of the strongest College sides for the first match, namely St. Catherines, who sported more than the average number of 'Varsity players; however, they didn't have it all their own way. At the end of full time the score stood at two all (drama!); an extra ten minutes each way was decided upon, and a bare few minutes from the end Cat's drove home an attack that wilted even our rock-like defence. Thus we lost; sad, isn't it?

Oh, by the way "Anton," your "passing of the Medical Student" in the last JOURNAL seemed to depend, amidst other things, on the fact that they knew nothing of pubs; if that's all that's worrying you, then take it easy brother! If preclinicals are anything to go by, the Medical Student is farther off passing than ever before.

N. D. H.

* * *

At HILL END

It is with some envy that every month I read the scintillating contributions from Friern and Cambridge—the former with its entertaining repartee in the A. P. Herbert style, and the latter with its brilliant insights into the dialect of the distinguished teachers at that University. Perhaps our teachers here all speak English, or our conversational ability has yet to develop, but the fact remains that it is impossible to incorporate any real news from this sector in an article written in either of these two styles.

The main item of news from here is the success of the War Weapons Week. The whole project was set in motion by the enthusiasm of two nurses, to whom most of the credit is accordingly due. The target was £1,000, for

the purchase of a sick bay in a destroyer. The final total was £3,061, a figure much in excess of what we expected to raise. The nurses alone contributed over £900. During the War Weapons Week, a dance was held, the proceeds of which were devoted to the purchase of Saving Certificates. This dance was a great success.

The work on the memorandum is going forward, since several people volunteered to spend some time on its preparation. When it is finished it should be well documented and thorough, for unless it possesses both of these characteristics the time spent on it will have been wasted.

By the time this is read we will know whether the play at which the Dramatic Society have been working was another success or not. If the amount of time that the cast have spent on rehearsal is any indication of how good it will be, we should not be disappointed.

Preparations for the Cricket and Tennis during the coming months are going ahead, and we hope that we shall be able to welcome teams from Bart.'s and Friern during the summer. During the last few weeks, the only sporting activities here have consisted of chess in FB1, which we are now allowed to use in the evening, and snooker in MG1. The latter game is played with the traditional Gilbertian "twisted cue and elliptical billiard ball," and if one remembers that the table is far from being level, it is not surprising that the game often presents some remarkable characteristics.

By the time this appears, several of the most useful people up here will have left us. I should like to take this opportunity of thanking them for their assistance, and to wish them good fortune at Bart.'s.

D. V. B.

* * * *

At FRIERN

"Hallo, grumbling as usual? What's the trouble this time?"

"Well, I've grown pretty accustomed to a slight deviation from advertised times at Friern, but when I turned up yesterday there was nothing doing at all."

"Don't you ever look at the notice-board? Didn't you know yesterday was a half-holiday?"

"To the first question—yes, sometimes. To the second, no, I did not. Why, anyway? Has one of the Old Boys got an England Cap or something."

"Don't be flippant. We all went to a meeting of the National Union of Students."

"We all did, did we. And what did we do there?"

"Oh, nothing much. We just discussed things and . . . oh, well, you know . . ."

"I don't, but I can guess. Did you reach any great decision?"

"Well, there was a resolution which was carried . . ."

"What resolution?"

"Well, I'm not quite certain, but . . ."

"To 'organize a search for the North Pole,' perhaps, or to 'deplore the bounciness of Tigger' Shades of A. A. Milne."

"I suppose you consider that funny. I thought they told you at school that you were too apt to mistake facetiousness for art."

"They did. But that was because I tried to be amusing at the expense of the school. If I'd picked on a third party they wouldn't have minded a bit. But do go on and tell me about your meeting. I suppose you all got up and gave your frank and candid opinions about everything?"

"Yes."

"And, I suppose, nobody took the slightest notice, and the Front Bench passed their little resolution amid general acclamation?"

"Well . . . yes."

"What fun it must be to be one of you executive boys. You can all exercise your inalienable right to be listened to before being ignored. Do you read Sinclair Lewis at all?"

"Yes, sometimes."

"I've only just overcome a long standing prejudice and read Arrowsmith, and I find his scoffing at the medical body politic delightful. Also the implicit recognition of the duality of medicine; healing as an art and medicine as an exact science. He finds the two irreconcilable, and I agree with him."

"I think that's going much too far. Clinical methods and laboratory aids should be and are successfully used as complements to one another."

"Sorry—I expressed myself badly. What I meant was that the two concepts are not reconcilable in one individual. To practice healing as an art, it is essential to have a deep sympathy and affection for your fellows. Without it, you are no healer, though your knife be sharper, your diagnoses more exact than any others in the world. And if you view your fellow men objectively and impersonally, as a scientist, you are lost. So many people fall between the two stools."

"Perhaps there's something in that. What are you going to be, anyway? Scientist?"

"It's not so much what I want to be as what I may have to be. My instincts prompt me to be a self-respecting scientist, but there are two disadvantages. Pure science is always grossly underpaid, and all your associates will have an 'academic outlook.' Which is the reason why I shall probably be a G.P., like everyone else."

"With your views, you'd be a lousy G.P."

"I expect I shall. Well, I must be going. Goodbye."

ANTON.

RECENT BOOKS AND PAPERS BY ST. BARTHOLOMEW'S MEN

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BOURNE, G., KEELE, K. D., and TUBBS, O. S. "Ligation and chemotherapy for infection of patent ductus arteriosus." Note on the bacteriology by R. H. A. Swain. *Lancet*, Oct. 18th, 1941, pp. 444-6.

BURROWS, H. JACKSON. "Minor surgery: VII—Bursæ and ganglia." *Practitioner*, Jan., 1942, pp. 50-55.

FRANKLIN, A. W. "A handlist of the writings of George Frederic Still." *Arch. Dis. Child.*, Sept., 1941, pp. 154-5.

HAMILL, P. (IAN M. ANDERSON, —— and ROBERT GALLOWAY). "Gastro-colic fistula complicating diabetes mellitus." *Lancet*, Oct. 18th., 1941, pp. 452-3.

HAMILTON, W. J., and GLADSTONE, R. J. "A presomite human embryo (Shaw): the implantation." *J. Anat.*, Jan., 1942, pp. 187-208.

—— *See also*, SAMUEL, D. M., and HAMILTON, W. J.

HEWER, C. L. "Anæsthesia and analgesia." *Practitioner*, Nov., 1941, pp. 676-82.

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SPORTS NEWS

RUGGER CLUB

v. Met. Police. Won 5—3. *Saturday, January 3rd*, 1942.

This match was played at Chislehurst under ideal conditions. It turned out to be an extremely good game with very little between the sides; Bart.'s deserved to win as their backs showed real thrust when they were given the ball. Both sides were rather inclined to keep the ball among the forwards, where Bart.'s more than held their own. The Police scored first; their wing three-quarter going over in the right-hand corner following a loose scrum on the "25." They failed to convert this and there was no further score up to half-time. In the second half the Bart.'s forwards gave the backs a better share of the ball, and half way through this half Bart.'s scored a very good try. Following a tight scrum and a very quick heel the ball went to McAfee, Laybourne came inside him going very hard; on reaching the full back he found Hunt on his left, who had come in from the left wing and took the ball to score near the posts. Hawkes converted. This ended the scoring.

v. Thomas's Hospital. Won 21—6. *February 7th*, 1942.

Bart.'s started this game in a very slovenly fashion and a bad pass from the base of the scrum led to a try for Thomas's in the first two minutes. This fortunately was not converted and served to wake the side up. Bart.'s scored soon after this, Stephen going over from a line-out. Hawkes failed to convert. After this Bart.'s scored 3 tries all by Moffat, who showed what intelligent backing up can do. Hawkes converted all of these tries and also kicked a penalty goal. In the closing minutes Thomas's scored again far out and failed to convert. There was no further score and Bart.'s ran out the winners by 21—6.

v. London Hospital. Lost 3—8. *February 14th*, 1942.

The less said about this match the better. Bart.'s went on the field full of confidence, which is very desirable, but coupled with complete lethargy it is always fatal. Bart.'s scored first, Hawkes kicking a penalty goal. There was no further scoring in the first half. In the second half their full back ran right through the side and on reaching Gibson, passed to the wing who scored in the corner—the try was not converted. Soon after they scored again from a tight scrum, their fly half giving a reverse pass to the wing who came inside and scored under the post. This try was converted and ended the scoring.

Bart.'s were not at full strength—this was no excuse. They were deservedly beaten.

SAILING CLUB

Ranelagh v. London Corinthian Sailing Club on Sunday, February 14th, 1942, at home. Result: Lost.

The day of the race was unfortunately grey and cloudy with a slight westerly wind. At 12 noon the Corinthian Club dipped the ensign to Mr. A. P. Herbert's barge, and Mr. Herbert came ashore. Members were anxiously scanning the horizon for sails which would indicate that the Ranelagh Club boats were on their way. Soon seven sails were seen and presently the opposing side was mustered.

At 3.45 fifteen boats were driving down on the starting line; seven Ranelagh 12-footers, four Corinthian 14-footers, one Corinthian 12-footer, and three United Hospital's Sailing Club dinghies. The course was one long. All but two boats crossed the line together, and the race upstream to the buoy was very close. Thirteen boats rounded the buoy together and three protest flags were hoisted at the buoy. The three Hospital boats, being slower, arrived last but got a good position at the buoy owing to the general confusion. The race back to the Club was against wind and tide. Class soon told and the Internationals went out of sight from the Hospital dinghies. For us the race was between the five slow boats that remained. "Ailsa" led from "Kittiwake" and "Cormorant" with "Joanna" and "Kingfisher" following. "Ailsa" went ahead and led the field. "Kittiwake," being pressed by "Cormorant" tried to starboard tack her along the south shore. She was on the port tack, however, and losing way when "Cormorant" came across her bows on the starboard tack and unable to come about in time, unfortunately hit "Cormorant" and was disqualified.

"Cormorant" sailed in ahead of "Joanna" and "Kingfisher" and won on her handicap from the Internationals which had come in ahead.

"Cormorant" was sailed by G. Canti of this Hospital and won first prize on her handicap. Second, third and fourth places were won by Ranelagh Club who thereby beat the London Corinthian Club.

The prizes were given away by Mr. A. P. Herbert, Vice-President of the London Corinthian Sailing Club. In his speech Mr. Herbert welcomed the Ranelagh Club members who had turned out in such force, and congratulated them on winning the race. He said it reminded him of the old days to see 15 boats on the river, racing together. He condoled with those who had actually come home first but had not won on the handicapping system. He drew a parallel with the present war and said it was not those who went the swiftest that were winning. Mr. Herbert was not of the opinion of those who regarded sailing as prejudicial to the war effort, for it had equipped many with the skill and ability to carry out the Dunkirk operation. He was reminded of the pith and phlegm of Drake who had played bowls before an important battle. He felt that if Drake, like Nero at a similar crisis, had played a musical instrument, the Arts might have come to occupy a different place in the life of the nation. Mr. Herbert was warmly applauded.

I. E. D. M.

BIRTHS

GABB.—On February 9th, 1942, at the Radcliffe Maternity Hospital, Oxford, to Lucie (*née* Smith-Rumney), wife of Major Hoadley Gabb, R.A.M.C.—a son.

PARSONS.—On February 8th, 1942, to Pauline (née Attfield), wife of Dr. G. T. E. Parsons, of Mildenhall—a son.

SANDELL.—On February 12th, 1942, at Cedar Court Nursing Home, Sutton, Surrey, to Marjorie (née Dales), wife of Dr. L. J. Sandell, 10, Burgh Heath Road, Epsom—a son.

SCOTT-BROWN.—On February 24th, 1942, to Peggy, wife of W. G. Scott-Brown, F.R.C.S., 61, Harley Street, W.1—a daughter.

MARRIAGES

CADMAN—HAWKINS.—On February 7th, 1942, at Wellington, Shropshire, Donald Spencer Cadman, M.B., B.Chir., son of Mr. and Mrs. T. Cadman, to Mary Sylvia Hawkins, daughter of Mr. and Mrs. W. J. Hawkins.

KENNEDY—NORRIS.—On February 17th, 1942, at St. Bartholomew-the-Less, E.C.1, Surgeon-Lieut. Alastair Baird Kennedy, R.N.V.R., only son of Mr. and Mrs. A. A. Kennedy, of Seaton, to Gillian Barbara, younger daughter of Lieut.-Col. S. E. Norris, D.S.O., and Mrs. Norris, of Charlton Kings, Glos.

MACLAREN—MUNRO.—On February 19th, 1942, at St. Mary's Church, Pinchbeck, Henry Colin Maclaren, M.B., Ch.B., D.A., younger son of the late Dr. Norman Maclaren and of Mrs. Maclaren, of Carlisle, to Jean Ramsay, only daughter of Dr. and Mrs. Munro, of Spalding, Lincolnshire.

VAN DE LINDE—GIBSON.—On February 7th, 1942, at West Horsley Methodist Chapel, Patrick Van de Linde, M.B., B.S., younger son of the late F. G. Van de Linde and Mrs. Van de Linde, to Annie Brayshay, eldest daughter of the Rev. W. W. and Mrs. Gibson.

WALLEY—CAMPBELL.—On February 8th, 1942, at the Church of the Holy Rude, Stirling, by Squadron Leader the Rev. L. A. Sutherland, Jon Walley, Surgeon Lieutenant, R.N.V.R., to Josephine Helen Campbell, Captain, R.A.M.C.

DEATHS

CUTCLIFFE.—On February 11th, 1942, suddenly, at Mapledene, Torquay, Montagu Cutcliffe, M.R.C.S., L.R.C.P., aged 72.

MORRIS.—On February 25th, 1942, at 39, Royal Avenue, Chelsea, Charles Arthur Morris, C.V.O., F.R.C.S., son of the late Frederick Morris, I.C.S.

NEWMAN.—On February 10th, 1942, suddenly, at the Old Kennels, Bishop's Stortford, John Campin Newman, F.R.C.S.E., O.B.E., dearly loved husband of Gladys Newman, aged 69.

POND.—On February 22nd, 1942, at 174, Upper Parliament Street, Liverpool, Francis Aloysius Pond, F.R.C.S., L.R.C.P.

WAKELING.—On February 24th, 1942, at Green Trees, Bourne End, Dr. Thomas George Wakeling, O.B.E., aged 77.

EDITOR'S NOTE

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

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

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The Exoma Press, Ltd., 255 Liverpool Rd., N 1.

SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

MAY 1942

VOL. 3 No. 8.

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

Vol. 3. MAY 1st, 1942. No. 8

GRAMMES AND MILLIGRAMMES

If a graph could be constructed relating the knowledge gained by an individual in doing any new job to the time the job has lasted it would probably be found that the curve is logarithmic. Knowledge is gained at first with enormous speed, but the rate of learning gradually and progressively decreases. That this is no new discovery but simply common sense makes it the more remarkable that this principle has not been applied to the scheme of house appointments. Most newly qualified men are now able to hold house appointments for only six months before they are drafted into the services. Under the present arrangement they can only hold one house job in that time, which must necessarily be a more or less specialised appointment in Medicine, Surgery or in a still more specialised department. If house appointments, as a war-time measure, were reduced to three months, everyone would be able to hold two jobs at least, and the knowledge gained would be almost doubled, and would also be more balanced in character. The advantages to the individual and ultimately to the nation are clear to see. The only cogent disadvantage would appear to be that housemen in their second three months can be given more responsibility than in the early days of their appointment, although in practice there does not seem to be much difference between the responsibilities accepted by junior and senior housemen.

We are assured by our teachers that medical education proper begins only after qualification. Is not the education of these young hopefuls being grossly neglected?

We are interested to learn that at the McGill medical school students are in turn made to demonstrate and comment upon pathological specimens to the rest of the class. This rather brutal method of exposing ignorance to public mockery if introduced into this less spartan environment would arouse a storm of protest from those colleagues of ours who prefer to keep their light well hidden beneath a bushel. Nevertheless in its principle of making the student consolidate and use the facts he has learnt there is much of value. The pre-war Clinical Evenings of the Abernethian Society provided similar opportunities, although their voluntary character tended to encourage the brilliant exhibitionist rather than the timid back-bencher who most needs stimulation. In any future re-organisation of medical education some such scheme as this should play an important part.

In the brief space of a day spent solely in pursuit of his delicate mistress, the mayfly reaches the climax of his career, and before night falls, whether he has loved or lost, his muscles fail, his spirit droops and old age and death have claimed him.

The life of an Editor is longer than the mayfly's short day, but scarcely less strenuous. His nymphal stage is spent in the obscure but honourable labours of the assistant Editor and when he finally emerges into daylight as a mature and fully grown Editor his energies are spent in the hard endeavour of pleasing his coy mistress, the public. Inevitably in nine months or less his editorial arteries begin to harden and his editorial senility begins. At this point if he is wise he will forsake his mistress before she may reject him, and allow a younger and a better man to seek her favours.

Before we end our ephemeral career and sink into a comfortable anonymity, we would thank all those who by their help have made it, if not as carefree as the mayfly's dance, far less arduous than we had mournfully expected, and in particular we would like to mention the incomparable assistant Editor, the Publication Committee and the Censor.

FOR RECENTLY QUALIFIED MEN

By Sir Girling Ball
Dean of the Medical College

Prior to the outbreak of the War a committee, known as the Central Medical War Committee, was set up to consider all questions concerning the supply of medical personnel and all demands for medical personnel arising out of the war, and cognate matters. It is composed of representatives of all branches of the profession and has access to a complete Register, collected by the British Medical Association, of members of the profession, including information relating to their various occupations.

This Committee has been working exceedingly hard in keeping pace with the various demands for medical men and in keeping the Register in order. Further, it has, through its local Committees, made a review of the civilian needs of the country, which is a primary duty, especially in war-time.

The Central Medical War Committee is split up into small committees to deal with the various branches of the profession (specialists, general practitioners and recently qualified men), some members being on several committees so as to make common action as far as possible. These are among many functions which the Committee fulfils.

The method of dealing with recently-qualified men still does not appear to be adequately known and is set forth here for the information of the men at St. Bartholomew's.

Every medical man under the age of 46 is liable to conscription and is know as an "R" practitioner; he must enter one of the Services when called upon to do so, unless he can show good reason for not joining up, when he may appear before the Central Medical War Committee or, if appealing on grounds of personal hardship, before a Hardship Committee, which is a committee established by the Ministry of Labour and National Service.

The name of a recently-qualified man is entered on the Central Register on the day of his qualification. He must then pursue the following course:—

(1) A period of three months, very occasionally extended, is permitted, during which he must find a post as a Houseman of a Hospital. There is no difficulty in obtaining such posts. If perchance difficulty is experienced, application to the Secretary of the Central Medical War Committee (B.M.A. House, Tavistock Square, W.C.1) will immediately bring forth the necessary advice as to how such may be obtained. If he fails to find a post, one may be found for him by the Committee, not always to his liking.

(2) Under no circumstances must a newly qualified man enter into contract with a practitioner to join him in practice. To both it should be known that he is liable to be called up for service at any moment. Appeals against being called up after entering into such a contract are unlikely to be listened to.

(3) The holding of a "house" post is allowed for six months; during this period the man is known as an "A" practitioner. Up to this date an extension of this office has been allowed, but is no longer permitted owing to the great demand for doctors in the Services. During this period the Central Medical War Committee may be notified by the man himself as to which Service he would like to join. No guarantee will be given that he will obtain his desire as his employment will depend upon vacancies in establishment. Every effort, however, will be made to meet the request. To avoid a gap between the termination of the appointment and entry into the Service, an early notification of the date of readiness for recruitment should be made to the Central Medical War Committee.

(4) Warning is again necessary that a man is not allowed to go into general practice at this stage. If he does, he will most probably be dragged out as soon as his whereabouts are discovered, much to the chagrin of the doctor whom he has joined.

(5) Automatically, notification to join up will be received as soon as the house appointment is finished.

(6) A few "A" practitioners are allowed to go on for a second period of six months in a "B.2" post, at the end of which the same machinery will come into action.

(7) A still smaller number of men are allowed to pass on to a "B.1" post, to be held by those who are essential for the service of a hospital, such as Medical and Surgical Registrars. In a Teaching School such a post may be held for two years, and in other hospitals for one year, but these periods are not fixed. The length of time that they may be held depends upon the needs of the moment.

Thus, the first step which a newly qualified man should take is to obtain an "A" post, which will be found in most hospitals. A "B.2" post or a "B.1." post may be obtained, both of which are relatively few in number, but the majority will be expected to go straight into the Services. When applying for these various posts, care should be taken to know which type of post is held; they are advertised under the headings mentioned.

If still in difficulty, application should be made to the Dean or the Warden of the College, who will be ready to give instructions.

ABERNETHIAN SOCIETY

The Abernethian Society, inspired by thoughts of spring, staged a highly successful Brains Trust in the A.R. on March 31st. The intrepid members were Dr. Scowen, Dr. Discombe, Mr. J. A. Smith, Mr. J. G. Stewart, Mr. Mann and Mr. Carus Wilson (who at the last minute with great gallantry deputised for an absentee), with Mr. Michael Harmer as Question-master.

The meeting was opened by Mr. A. G. S. Bailey, President. Chief honours in the ensuing frolicsome proceedings went undoubtedly to the Question-master, who directed the performance with a wit and dexterity never yet surpassed by the B.B.C. Dr. Scowen's omniscience was not as much in evidence as had been expected, and Dr. Discombe, described by Mr. Harmer as part-compiler of an encyclopædia, seemed a trifle subdued. Mr. Smith was always ready with apposite and entertaining answers, while Mr. Mann though entertaining was not always apposite. Mr. Carus Wilson had some very sound observations to make on the admission of women to medical schools, and Mr. Stewart (with a history of nine years in the Merchant Navy) was a faithful reproduction of the Commander.

Eleven questions were dealt with in three-quarters of an hour, ranging from the origins of modern clothing to the causes of yawning. Much merriment was provoked by the question on the relationship of dogs and disease, particularly when Mr. Stewart, as a rejoinder to Mr. Carus Wilson's suggestion that dogs should be confined to the country, ingenuously enquired where to draw the line. Another stimulating problem was whether a woman whose left fourth finger had been amputated could get married. The questioner has since told me that he never intended his query to be facetious but wished in all seriousness to know how the religious solemnisation is performed in such baffling circumstances. Perhaps an answer can be furnished in the correspondence column of the Journal.

The Abernethian Society intends to hold another Brains Trust, if possible with the co-operation of the nursing staff. G.

We congratulate the Abernethian Society on its welcome resurrection and on the most attractive programme of lectures arranged for this summer.

Meetings this year are to be held on the dates given below. The time-of-day fixed—6 p.m.—has been chosen with a particular eye to the convenience of people at Cambridge, Hill End and Friern, who will, it is hoped, welcome these opportunities of visiting the Mother Hospital and taking part in the corporate life of one of the most ancient Medical Societies in London.

May 21st (Thursday) at 6 p.m.

Professor J. Chassar Moir, M.D., F.R.C.S., Ed., F.R.C.O.G., Nuffield Professor of Obstetrics and Gynæcology in the University of Oxford. *Subject*: "Ruminations."

July 23rd (Thursday) at 6 p.m.

Professor H P Himsworth, M.D., F.R.C.P., Director of the Medical Unit, University College Hospital. *Subject*: "Diabetes—Human and Experimental."

September 17th and November 19th.—To be arranged.

Full details of each meeting will be made public as the date draws near.

Copies of the Index to Volume II. of the War Edition of the Journal may be obtained free from the Journal Office.

All contributions for June must be in the Journal Office by May the 7th.

NOTES FROM DOWN UNDER

By Lt.-Col. H. M. Moran, R.A.M.C.

I remember presenting a letter of introduction to Anthony Bowlby sometime in 1909.

He said "Australia?"—"Oh, there was a surgeon from there I met in South Africa, a man who knew what he wanted to do, and did it." It was a generous tribute to Alexander MacCormick whose fame has remained too much limited to Australia because he never wrote.

After this Bowlby took me into the operating theatre and I remained a witness for some hours of his energetic surgery. It was in the days before technique came to play so prominent a part in the operation. He had no narrow prejudices against sepsis.

In Sydney, as a student, prior to this I had seen MacCormick operate without gloves after preparing his hands by severe scourings in strong chemicals. When first cotton and later rubber gloves came into use they were adopted to protect the surgeon, not the patient.

But that is an oft told tale.

Even in the last war I recall a London surgeon who was not unduly fastidious. At Aldershot he was very kindly assisting me with an operation which, as my senior, he had permitted me to do, when in the middle of it he thrust his gloved hand under his gown into his trousers pocket and pulled out a well-used khaki handkerchief with which he proceeded to blow his nose. Let it be said he courteously turned away from the wound as he did it. Then loftily, and with supreme faith, he rinsed the guilty member in a bowl of some coloured fluid nearby.

Post-graduate work in London before the Four Years' War was a rich experience. There were medical personalities great and picturesque in many of the hospitals. Am I wrong in suggesting that striking personalities are fewer?

Since we were from outside, "outsiders" as a notoriously frank London surgeon of nautical temperament once called us—we visited them all. It was before the days when an importunate usher would pluck you by the sleeve and ask you if you had taken out the hospital ticket. Americans used to flock over in great numbers and combine a vacation wth inexpensive medical re-furbishing. At the London, Hurry Fenwick didn't like them. They called him "doctor" and cited the wonder-working achievements of Ixe at Arkansas . . .

London Hospital was then a stronghold of Ruby football. Monteith had finished his great career but Mehafty, Heale, Lindsay, Palmer, McEwen, MacPherson, Adams were all great players in their team—yet Guy's beat them in the final if I remember rightly. Bart.'s was then in the doldrums of sport. Such is the comradeship of sport these Rugby players warned me as they shepherded me into Fenwick's operating theatre.

The great attraction at the moment was a new fangled instrument he pushed into the bladder, and which by a series of lenses uncovered the previously hidden mysteries of bladder pathology.

Fenwick had evolved a technique for the too active exhibitionist from the gallery. He would call him down and say "Look through the eye piece. On the right side you will note the trabeculae and to the left a small papilloma . . ." The American could see nothing, but before his colleagues in the theatre he dared not publicly admit it. "Beau-ti-ful, beau-ti-ful demonstration, Doctor!" he would exclaim fervently. Then Fenwick would intervene acidly, "Oh, I beg your pardon, I've forgotten to switch on the current." The visitor would then retire to his place amid the titters of the students who with ill-concealed mirth had awaited the denouement. After that, London Hospital would know him no more.

At Middlesex there was John Bland Sutton with his pungent Cockneyisms. He would slash into the abdominal cavity with his first incision. "Don't you ever cut bowel, Doctor?" enquired an amazed trans-Atlantic visitor. "Why, of course," replied Bland Sutton, with a twinkle in his eyes, as if surprised at such a question, "but I always sew it up again."

At Guy's there was Arbuthnot Lane putting screws into long lengths of metal by means of a screw-driver, an industrious mechanic at his human bench.

Both Guy's and London Rugby teams were captained that year by New Zealanders. London's captain died of pneumonia towards the end of the last war but Stringer who captained Guy's is still practising in New Zealand.

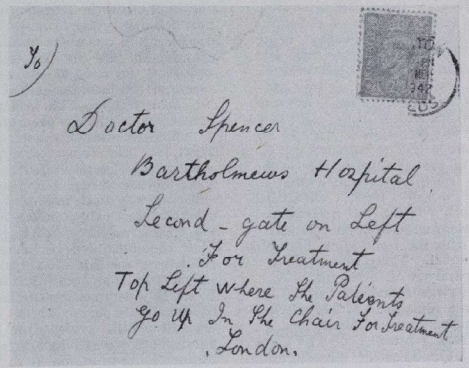
I pose again the question—and it is an excellent subject for argument in your columns—Are there not fewer vividly individual characters in English Medicine to-day? Is there not a decay of personality in all our race?

The Samuel Gees are few. In Australia during the first years of this century we medical students had all heard of Gee and knew some at least of his aphorisms. Long before we had seen them we had heard stories of Barker at University College (sedulously using his little sewing machine and practising the new "fad" of injecting stovaine into the spinal canal), of Tommy Openshaw and Jimmy Sherren at the London, of Charlie Cathcart in Edinburgh and of MacArdle in Dublin.

Since then Australia has contributed to the staff of not a few London Hospitals and has given its Dunhill to Bart.'s.

In this war one meets Bart.'s men at every turn in the R.A.M.C. I have no doubt they are represented among the medical men who have given all, and they are surely to be found in the prison camps of our enemies. It has surprised me that so little homage has been paid to the loyal devotion to duty of the members of the R.A.M.C. in this war. Their example shines the brighter by comparison with the conduct of some of their medical colleagues in other countries who left their patients to the solicitude of the oncoming foes. The Officers of the R.A.M.C. in all sectors of war stayed captive to duty, beside the injured and the sick, and with them went into captivity to share the penalties of their heroism.

FROM A CORRESPONDENT . . . .



INTRACRANIAL ANEURYSM

By Tom Rowntree.

Two patients suffering from basal intracranial aneurysm were recently in the wards of the Neurosurgical Unit at Hill End Hospital under the care of Mr. J. E. A. O'Connell. Their histories are of interest with regard particularly to the diagnosis and to the complications.

The first patient was a sapper of 29, who had been well apart from infrequent headaches until one month before his admission to Hill End on June 30th, 1941. At the end of May he woke up one morning feeling perfectly well; then, while dressing, he experienced suddenly a severe shooting pain in the right temporal region, which was associated with profuse right-sided lachrymation. After a short time, the pain passed off, leaving a dull headache.

Five days later, the shooting pain recurred, this time being more severe and lasting for one hour; again it was associated with lachrymation. When the pain had subsided, he carried on with his work until two weeks later (thirteen days before admission to Hill End), at which time he began to have diplopia. He then reported sick for the first time and was excused duty. After two days, his right eye became completely closed and he was unable to open it. He was sent to a local hospital where a lumbar-puncture was performed on him. The only available information concerning the examination of the fluid obtained was the fact that the Wassermann reaction was negative.

On admission to Hill End, there had been little change in his symptoms since the onset of the ptosis 11 days previously. Headache was unchanged, being present at any time but worse on straining. He had developed slight stiffness of the neck; there were no other symptoms.

He was an intelligent and co-operative man, with no neck rigidity but with tenderness in the right suboccipital region. There was no papilloedema and his visual fields were normal.

On the right side there was a complete ptosis; the right pupil was dilated, showing reaction neither to light nor to convergence; nor was there a consensual light reflex in this pupil. There was an external squint, only lateral deviation and slight anti-clockwise rotation being possible with the right eye. The left eye was in every way normal. These signs indicated a complete third nerve paralysis on the right.

No other abnormality was found in the cranial nerves nor, indeed, in the remainder of his nervous system. His general condition was excellent.

Lumbar-puncture revealed a pressure of 110 mms. of c.s.f. with a normal Queckenstedt phenomenon. There were no cells in the fluid and the protein was 40 mgms. per 100 ccs. The W.R. was already known to be negative. Plain X-rays of the skull and of the paranasal sinuses were normal.

A lumbar encephalogram was done; this showed no conclusive abnormality, but there was possibly a defect in the floor of the third ventricle such as might be produced by a small tumour in the chiasmatic region. The fluid withdrawn for replacement by oxygen showed 51 leucocytes (84 per cent. lymphocytes and 16 per cent. endothelial cells) and 8 red cells per cubic millimetre; protein was 30 mgms. per 100 ccs.

Seventeen days after admission he developed a severe right parietal headache, followed, on the next day, by a stiff neck, a positive Kernig's sign, and associated with a heavily blood-stained c.s.f. A fortnight later, he had two generalised epileptic fits. These were followed by severe pains in the neck and legs. The optic disc-margins were blurred, the right more than the left.

The sudden onset of the headaches associated with a right third nerve palsy and fresh blood in the c.s.f. left little doubt of the diagnosis of an intracranial aneurysm, on the right side, which had leaked on several occasions.

The patient was by now extremely ill, and it was obvious that he would very soon die unless something were done. It was impossible definitely to localise the lesion without the use of a thorotrast arteriogram. But, owing to the war, thorotrast was not available. Therefore, in the belief that the aneurysm was in its system, the right internal carotid was tied in the neck, just above the bifurcation of the common carotid artery. This was done on August 4th, forty days after admission to Hill End. The operation produced no immediate change, but during the second post-operative night, the patient was very restless and the next morning he had a left hemiplegia. Being irrational, a complete examination of his nervous system was impossible.

However, two days later he was much improved mentally, and it was found possible to examine his sensory system. It was then found that he had, as well as the hemiplegia, complete loss of cortical sensation on the left. Two days later still he improved generally, and the sensation returned to normal. Also the left leg began to move.

After the operation he was treated with increased fluids; and the foot of his bed was raised, in an effort to increase the blood supply to the brain, in view of the fact that it had been deprived of one of its main sources. These measures contributed to his recovery, which was progressive.

On November 6th, ninety-four days after the operation, he had recovered sufficiently to warrant his discharge. There was still a left hemiparesis involving the lower face and the arm, which was spastic. The leg was much improved and there was no sensory disturbance. The tendon reflexes on the left were increased and the plantar response was extensor. The left abdominal reflexes were present but diminished. But there was little, if any, change in the right third nerve paralysis.

A follow-up examination on February 2nd, 1942, showed the patient to be much improved. There was but little evidence of his previous hemiplegia, and there was obvious recovery in the third nerve lesion.

The second patient was a woman of 23, who was admitted to Hill End on August 22nd, 1941. She was a short fat woman, who, for a fortnight before the onset of her illness, had been doing heavy work as a railway porter.

Nine days before admission she woke up feeling her usual self. But later in the day, while going up an escalator at King's Cross, she experienced a sudden pain in the head and neck. She then vomited. She was seen in the local first-aid post, told that she was excited and advised to go home to rest. She did this. Two days later she still had a headache and was advised to go to the local hospital.

On examination there, she had no rigidity of the neck but a positive Kernig's sign. The temperature was 102 degrees F. A lumbar-puncture was done, showing a heavily blood-stained fluid which remained yellow after being centrifuged. There were 10 white cells per cubic millimetre, culture was sterile and the W.R. was negative.

Thus there had occurred a subarachnoid hæmorrhage. In the absence of trauma, the most likely cause was a leak from an intracranial aneurysm.

Three days later—on August 21st—she developed a left hemiplegia, and was sent to the Neurosurgical Unit as a cerebral abscess.

On admission to Hill End she had a slight headache, made worse by effort, by light or by touching the eyes. She complained not only of her left-sided paralysis but also of numbness and pins-and-needles on the left side. There were no other symptoms.

On examination she was seen to be an intelligent co-operative patient, well orientated but very ill. There was slight rigidity of the neck and Kernig's sign was positive. On ophthalmoscopy, the medial edge of the right disc was seen to be elevated and the veins were engorged. There were no hæmorrhages or exudates seen in the fundus. The left fundus appeared normal.

On confrontation, there was a left homonymous hemianopia; her condition did not allow perimetry. The pupils were equal with a sluggish light-reaction. There was limitation of lateral deviation of the eyes, particularly to the left. Other extrinsic ocular movements were normal.

The fifth nerve showed left-sided weakness, and pain was felt more acutely on the left side of the face than on the right. Touch sense was absent on the left. There was a left lower facial paresis, and the palate deviated to the right, while the tongue deviated to the left.

In the limbs there was paralysis of the left arm and leg in which the tone was unchanged. Sensory tests showed absence of tactile, vibration and position senses and graphanæsthesia on the left. There was also over-reaction to painful stimuli on that side. The tendon reflexes were increased while there was an extensor plantar response on the left.

There was therefore an extensive right-sided lesion, situated, possibly, in the neighbourhood of the bottleneck of the internal capsule.

Lumbar-puncture showed a pressure of 270 mms. of c.s.f. with a normal Queckenstedt phenomenon. The fluid was clear and yellow, with 430 red cells and 33 lymphocytes per cubic millimetre. Culture was sterile. X-ray photographs of the skull were normal.

After being kept in bed at complete rest, she has improved in general health. But her neurological condition has shown little improvement. There is still a left hemiparesis, which is now spastic. It amounts to a paralysis of the arm. In the leg, the physiological flexors are grossly weak, although she can walk with assistance. There is improvement in the facial weakness and the other cranial nerves are normal. The visual fields have recovered completely (on perimetry).

There is still left hemianæsthesia and hemigraphanæsthesia. Vibration sense is diminished on the left but pain sense is normal. The tendon reflexes are increased and the abdominal reflexes are diminished, but present, on the left. The left plantar reflex is extensor, while there is an ankle clonus too.

There is little prospect of any further improvement in these signs.

This last case is different from the first in several respects. There were no localising signs of the aneurysm. The "cure" of the aneurysm was spontaneous. The subsequent course was slower and the prognosis of the hemiplegia is infinitely worse.

Both these patients had subarachnoid hæmorrhages. It is believed, though not proven, that they originated from basal intracranial aneurysms. In both patients life was imperilled by rupture of the aneurysmal sac and subsequent bleeding into subarachnoid space. In the first patient, minor leaks had occurred before he became severely ill. In both patients the leakage stopped, in the one post-operatively and in the other spontaneously. It is hoped that this cessation is due to clotting of blood within—and, inevitably, around—the aneurysmal sac. In both patients a hemiplegia developed some time after the onset of leakage. In the first patient this was nearly two days after ligation of the internal carotid artery.

To what is the hemiplegia due? It is without doubt due to impairment of cerebral circulation, but the mechanism of this impairment is not surely known.

As Schorstein[1] points out, the cerebral circulation may be impaired by an aneurysm in two ways. First there is the local pressure of the aneurysm upon the vessels in its vicinity. Second is the general effect, the increase in intracranial pressure consequent upon bleeding from the aneurysm. Another factor to be taken into account is the general health of the patient, with particular reference to the blood-pressure, blood-volume and hæmoglobin content.

The central nervous system is very sensitive to anoxæmia. It seems to have a definite threshold, beyond which the neurons cease to work. But there may be some degree of anoxæmia without there being any signs thereof. In such cases a slight increase in the anoxæmia will pass the threshold and produce signs of neural dysfunction. For example a patient of Astley Cooper's upon whom carotid ligation had been carried out was quite well until he got up. Then after two minutes he became unconscious and hemiplegic. He was returned to bed and after a few hours in the horizontal position, he recovered completely. This was due to the fact that the change in posture from horizontal to erect so altered the cerebral blood-pressure that the threshold of anoxæmia was passed. Also it is known that when the common carotid artery is tied for external hæmorrhage, even in otherwise healthy people, the incidence of neural damage is high, on account of the lowered blood volume.

In the first patient, the circulation of the right hemisphere was already impaired by the presence of the aneurysm. The aneurysm had

bled and so there was also an increased intracranial pressure. These two factors together were not sufficient to produce any recognisable neural damage. But when the right internal carotid artery was tied, the added impairment of cerebral circulation passed the threshold of tolerable anoxæmia and produced a hemiplegia. That it came on some time after the actual operation is explained by the fact that anoxæmia takes some time to develop. We must also remember that our clinical tests of neural damage are not particularly sensitive.

The spontaneous hemiplegia of the second case was again due to impairment of cerebral circulation. There was an increased intracranial pressure, due to the subarachnoid hæmorrhage; the aneurysm had probably caused local changes in the cerebral circulation. These two factors alone produced sufficient anoxæmia to bring about a very severe grade of nervous dysfunction.

Notes on the Pathology of Intracranial Aneurysms

Aneurysms can occur in the intracranial vessels, just as elsewhere, as the result of arterial disease, such as syphilis and arteriosclerosis. Mycotic aneurysms, the result of infected emboli, also occur. All these are unusual. According to Dott[2] one in seven hundred consecutive autopsies reveal intracranial aneurysms, more often than not syphilis and arteriosclerosis are absent.

Forbus[3] made detailed examinations of both "normal" and aneurysmal circles of Willis. He stressed that the aneurysms always occurred at the apices of the bifurcations (that is, between the two branches of the parent vessel); syphilitic or arteriosclerotic aneurysms often arise from a single vessel, not at its bifurcation. This seems to be one definite and undisputed fact concerning the pathology of intracranial aneurysms.

Forbus found that, at the point of origin of the aneurysm, there was a great thickening of the intima, while the internal elastic lamina and the muscularis were absent. There were no signs of inflammatory nor of arteriosclerotic change.

This medial defect was noted in some of the bifurcations of "normal" arterial circles. In some of the cadavera whence these came, similar defects were found in the mesenteric and coronary arteries. These defects were present in children as well as in adults. They are supposedly congenital, for there is an embryological basis for them. A main vessel develops its coats separately from and before its primary branches. It is conceivable therefore that an incompletion of this process will result in a failure of the coats of the main vessel and of the primary branches to unite.

However, these findings alone cannot account for the aneurysms. The medial defect is present in many circles which do not contain aneurysms. If there were not some additional factor, then congenital aneurysms would be far commoner than they really are.

Change in blood-pressure is sometimes responsible. Woltmann and Shelden[4] describe the coexistence of these intracranial aneurysms with coarctation of the aorta. Forbus showed that the hydrostatic pressure was higher at the apex of the bifurcation than at any other of the angles[3]. However many of the patients with intracranial aneurysm have normal blood-pressure.

Some workers, notably Glynn[5], and Tuthill[6], deny the congenital basis of the aneurysms. Tuthill says that the elastic layer is primarily responsible for the changes and that the medial defect develops secondarily. The elastic layer is said to split and to degenerate. This leads to an absorption of fat in the media.

It seems then that there is a congenital diathesis to these aneurysms. The vessels are congenitally capable of developing aneurysms in virtue of their medial defects. Then there is another factor, probably acquired, and perhaps varying from patient to patient, which determines the development of the aneurysm. This factor remains to be discovered.

Summary

The histories of two patients with subarachnoid hæmorrhage are described. The hæmorrhages are believed to have arisen from aneurysms of the intracranial arteries.

In both patients hemiplegia developed; in one after ligation of the right internal carotid artery; in the other spontaneously.

The mode of development of the hemiplegia is discussed.

A note on the pathology of "congenital" intracranial aneurysms is added.

Acknowledgment

It is indeed a pleasure to express my deep gratitude to Mr. O'Connell. It was while his house-surgeon that I studied these patients; without his advice and encouragement it would have been impossible to write this paper.

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HEALTH AND THE FAMILY

By Brendan Webb

During these days of war, it is becoming only too obvious that family life is being rapidly destroyed. The main sufferer in consequence of this disruption is the child, upon whom the future depends. The family is a living unit consisting of father + mother + child; each is a living whole and each is dependent upon the other for full function. The welfare of the child demands integration of the family, which is its natural environment, for children are not state-owned at present, as might be supposed, but are members of a family unit. The responsibility of the mother is greater now than ever before if the family, as a unit, is to be preserved.

Many factors, all necessary to the conduct of war, are contributing to the disintegration of the family: for example, the disappearance of the father to the forces, the mother herself to the factory and the evacuation of the children from the big cities. This disintegration of the family is playing an important part where positive health is concerned. Never before have we, as a nation, been so health conscious, yet we still think in terms of disease rather than of health.

What then is health? It is more than soundness of body. "It is the conscious or unconscious sense of responsibility in the individual which urges him to live to the fullest potential of his physical and mental faculties and function."[1] "It is a state of balance, a unit, a wholeness, a power and a living thing."

At present, the detection of the onset of disease is left to the sick individual himself, whereas this duty should be the responsibility of the doctor. On the other hand, the maintenance of health is the responsibility of the individual himself and doctors, therefore, should teach the individual what health means and how to achieve and maintain it.

The diet of members of the average working family is grossly deficient. This is clearly evident as malnutrition is prevalent everywhere. There are many causes for this deficiency, among them the fact that the food we eat comes largely from unhealthy soil and that our diet consists largely of white bread, the flour of which is nearly pure starch after it has been treated in the mills. Since the war, the government has attempted to replace some of the vitamins lost in the process of "purification" of the flour, but this is far from sufficient. It will be incumbent upon the doctor of the future to teach the individual, not only the necessity of an adequate diet, but also of what that diet should consist. The doctor of the future will have to be priest-psychologist, medico-scientist cum agriculturalist-dietician: a highly intelligent creature, in fact, full of common sense! At present he relies too much upon biochemistry and the specialist—excellent in their limited spheres—instead of himself having that intimate knowledge of families and their environment so essential to the general practice of medicine, as did the family practitioner of the past. The doctor must have the opportunity of observing the individual in the course of his every-day life and to do this he must live in the same district as the patients he serves. In the past this was more natural, but to-day, instead of there being a good cross-section of society in every district, people in cities tend to congregate into social grades, and the doctor is isolated without social life for himself or for his family, and lock-up surgeries are the result.

Some sixteen years ago, a few pioneers, in order to study whole families in their natural environment, started a socio-biological experiment in the form of a health centre. It was known as the Pioneer Health Centre in Peckham and was run as a club with a weekly subscription per family of sixpence and later of a shilling. Isolated members were not allowed to join but only whole families, and one of the conditions of entry was the submission of each individual in the family to a periodic health examination. This examination was extremely thorough and the published results make interesting reading[2] for amongst other things it was discovered that over 90% of the members were suffering from frank disease. The detection of the early onset of disease and the first signs of a falling away from health was indicated by doctors rather than the individual, who is ignorant of the nature of disease and the system of organical compensation in himself before actual disease is apparent. The Pioneer Health Centre afforded the medical profession this opportunity, for it was not working under pressure of a crisis and had each member of every family unit under constant observation. As the function of the centre was to give advice on health to its members, not to undertake treatment of disease, the centre

did not interfere in any way with the work of local practitioners but sent them cases after the early detection of disease when cure of disease and restoration of health were possible.

Besides being a biological experiment, it was also a social one, since it provided recreation and a social centre for its members, the social activities themselves being remedial of the prevailing untoward conditions of the members in that district. There were a swimming bath, gymnasium, theatre, reading rooms and a cafeteria, which was licensed to sell beer, and there were also club rooms for children of school age and nurseries for babies, which allowed parents opportunity to meet and occupy themselves for a period of time whilst relieved of the responsibility of supervising their children. Thus individuals could be watched in natural function and their reactions towards others carefully observed. New ideas for hobbies were quickly shared so that wives, for instance, who were normally left alone at home all day, learnt fresh occupations and interests. The reactions of children were also observed and the reason for a particular child's backwardness (for example) discovered and explained to the parents at a clinic which both parents attended together.

The whole experiment was a great success: members were found to submit readily to the medical examination and were eager to avail themselves of the advice given. But owing to the danger of bomb damage (the building was composed largely of glass) and consequent evacuation, the Centre was compelled to close for the duration of the war.

There is much talk to-day of post-war reconstruction, particularly of hospitals. All are agreed that some improvement in the present system, which relies to a large extent upon charity, is required. The Pioneer Health Centre affords an excellent basis for this re-planning, warranted by its great success before the war. Health Centres or clinics should be instituted in each borough of the big cities and in each rural area. These should be consultation centres where enquiries or any question of health could be answered. In order to attract members, each clinic should be run in the form of a club with facilities for improving health, for instance a swimming bath and gymnasium, and be open to all members of all grades of society and include child welfare clinics. Ideally, every family unit attending a particular centre would undergo a regular medical examination even if the individuals concerned considered themselves to be in good health. When frank disease was discovered, the patient would be referred to a hospital. The hospitals should be run on an extension of the present sector hospital arrangement which has been in force since the war. All "in-patients" could be accommodated at a sector hospital in the country within easy reach of London. Each present base sector, in London, should be a casualty station for accident and emergency cases and include all "out-patient" clinics for disease. There should be a few "buffer" wards where acute cases could be accommodated until well enough to be transferred to the country. The optimum maximum period for remaining in these wards should be about 4 days and a regular system of transference by ambulance to the sector would have to be inaugurated. There could be also arrangements for the transport of visitors free to the sector hospitals. The cost of running would be met by an extension of the National Health Insurance to cover whole families, including earning children. Side by side with the urban development similar centres, varying in size according to the local population, should be available in every rural town in the country so that every member of society in the whole country would have the opportunity of seeking advice, thus encouraging full function of the individual in every aspect of life, the maintenance of health and the prevention of disease. At present, the average individual is content to live, not in a state of full health, but in a state of devitalisation which in the course of years gives rise to frank disease. It is not until his symptoms force him to seek advice that any treatment is instituted when it is often too late to do more than a patch-up.

Present arrangements in out-patients departments are inadequate, for many valuable working hours are wasted by patients having to wait a large part of the day for various clinics. The working man's health is his bank but he cannot afford to give up a day's work and pay to seek advice. This difficulty could be overcome by the introduction of an "appointments" system which is already working with much success in some hospitals (e.g., Guy's), and which, also, worked so well at the Pioneer Health Centre. By this arrangement a patient is told not only which day to attend a clinic but at what hour so that he can arrange with his employer for a definite time to be absent from work, thereby benefitting himself and those for whom he works.

Teaching arrangements for students would be thus improved and developed. All out-patient clinics dealing with disease could be attended at the base hospitals and in-patient work, dressing and clerking done at the sector hospitals. At present the training of doctors is acquired practically entirely through contact with disease and people who are already ill; in other words attention is fixed upon disease. A knowledge of positive health is essential if it is to be taught to others, and the student of medicine must have access to the whole family whilst in health in order to study health and to learn to detect the first departure from that state of well being. This could be achieved by medical students desirous of taking up that branch of medicine dealing with positive health and the prevention of disease, attending and working under the doctors at the health centres.

Attempts to promote the welfare of the child demands an organisation capable of developing family health. After the war, some organisation is required which can deal with whole families as a unit rather than with individuals divorced from their natural environment. One means to this end will be through a greater increase in the scope of function of the almoner, who is already the vital link in hospitals between the medical man and his patients. The almoner in future would also have to be the link between the health centre, where the investigation and development of health is carried out, and the hospitals where treatment of disease and the restoration of health is done. And finally, another means will be the linking up of urban with rural life—the city with the land from which it draws its vital food and life.

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HOMŒOPATHY

A SCIENCE OF DRUG THERAPY

By Sir John Weir

Homœopathy is no System of Medicine. It concerns itself solely with the discovery, the study, the preparation and the administration of remedial agents. It is only here that it parts company with medicine as taught in the schools. All else we have in common. Every homœopathic doctor in this Country has graduated in the same schools as his medical brethren. We start alike. But some of us, having accidentally come across this science of drug-therapy, have discovered therein new powers of dealing with sickness.

The appeal of Homœopathy has always been to *experiment*. It is a science, because based wholly on experiment. "Do the works if you would know the truth"—or, as Hunter said to Jenner, "Don't think—*try*!"

Knowledge of diseases, knowledge of drug-action; what are they? Nothing practical, lacking the essential information—how to apply the one for the relief of the other. There must be a co-ordinating principle—*law*—if power is to result., i.e., the power to deal curatively, with not only assurance, but foreknowledge, with the sick individual.

It is stagnation not to be striving incessantly for wider knowledge. Progress must cease where we are content with tradition and authority. And changes are so rapid in our day that it has been said, "If a doctor who dies to-day should come back in 50 years time and attempt to take up his profession, he would have to graduate all over again."

And yet, one great physician of the past, were he to come back to-day, could take up his work as he left it. He would find new possibilities — developments — confirmations — and, above all, new implements. But all the essentials would be the same—*because based on Law*. And he would exult to find thousands of doctors, all the world over, treating their patients on his lines, and thereby experiencing his astonishing results.

Human history has its landmarks, each connected with some towering personality. "That man," we say—but only when we have travelled far enough ahead to appreciate his work—"That man was born 100 years before his time." Genius, instead of plodding the beaten path, leaps always far ahead. One such genius was Samuel Hahnemann (1755-1843). Diligently seeking that which he was confident must exist—*A Law of Drug Action*—it was revealed to him in a flash of realisation; and to the elucidation of that Law he devoted his long life. Poverty—enmity—scorn—banishments moved him not. His unwavering appeal was to *experience* and to *posterity*.

Quinine has a historical value for the homœopath, as the drug that revealed to Hahnemann the Law of Cure, and enabled him to establish Homœopathy as a fixed science.

It was in this wise. Since the bright spot in the medicine of his day was Peruvian bark for ague, it occurred to him to test its effect on a person in health—himself. That was the first homœopathic Proving. It revealed that Bark, which cured ague, could develop ague symptoms in a healthy person . . . *"How did other drugs act?"* . . . Multiple exhaustive experiments gave the undeviating answer that, *what a drug can cure, that it can cause*; and conversely, *what a drug can cause, that, and that only, it can cure.*

Homœopathy maintains that there is a constant relationship between the subversive effects of drugs on the healthy and the benign reactions they call forth in the sick. *That sickness can only be cured by a drug whose action shows a selective effect on exactly the same organs, tissues and functions affected.* Or again, Homœopathy means the cure of disease by exciting the reactive powers of nature by a similar irritant. But in the use of such agents, manifestly the dose must be that of stimulation only: not of aggravation, or destruction.

Genius is defined as "an infinite capacity for taking pains," and Hahnemann had this in a very high degree. He became pre-eminent in intuition, in deduction, in research, and in absolute devotion to Truth and Humanity. A great linguist, scholar, chemist, sanitarian, physician—in all these far ahead of his age, he takes special rank as one of those to whom Law reveals itself. It is interesting that, his eyes once opened, he found the enunciation of his law in "the remarkable words *Similia similibus curentur* in one of the books attributed to Hippocrates," and also its foreshadowings in solitary remarks of a few writers, "but," as he says, "no one had taught this manner of cure, or put it into practice."

Medicine has always experimented on the sick. Hahnemann experimented only on healthy humans (recording also the effects of poisonings) in order to determine the actual subversive properties of various drugs, so that they could be applied, at need, to the sick of a "like" sickness.

He presently gathered an enthusiastic band of followers, mostly medical men, and he and they tested or "proved" drug after drug, with all precautions to eliminate error: and these Provings faithfully recorded, form the nucleus of Homœopathic Materia Medica. The reason that his *"Materia Medica Pura,"* best known among his numerous works, is as alive and up-to-date to-day as when penned, and has survived the works of all his contemporaries, is because, as he laid down, every such materia medica should concern itself only with the actual effects of simple drugs, excluding mere assertions and theories; its content being given in the simple words of simple people, in answer to careful and faithful enquiry.

Hundreds of valuable medicines have, since his day, been added to the homœopathic materia medica: but all subsequent work has been done on his lines. It has never been found necessary to eliminate, or modify. Recorded in the simple language of plain folk, free from theory, safe from the transient technical language of succeeding generations, it stands for all time: while science, in discovering new truths has never been able to touch Hahnemann's postulates—except to confirm: since they are based on Law.

But beyond his basic law, *"Let likes be treated by likes,"* Hahnemann, during years of experience, was able to lay down the conditions under which it worked most surely and precisely in his *Doctrines* which, not to observe, is to render much of our work inferior, if not futile. And it is emerging that these subsidiary laws of Hahnemann apply equally to all such homœopathic measures as vaccines, X-ray and radium therapy, where better and more reliable results might have been obtained, with a minimum of disaster, had they been observed from the beginning.

For he teaches not only the "like" remedy, but:—

The single drug, without which no scientific data can be obtained, whether proving or in treatment;

The single dose: repeated according to the acuteness or chronicity of the case;

The small dose that merely initiates reaction;

The infrequent dose, which means non-interference with vital reaction, once established;

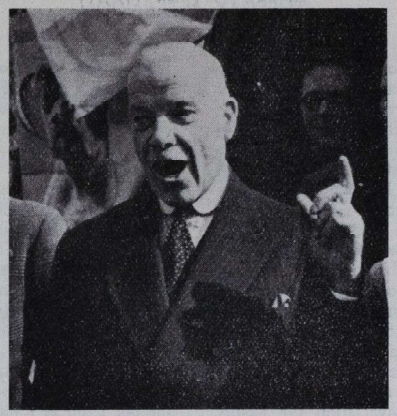
The possibility of *initial* (*temporary*) *aggravation*;

Potentisation: yet unrecognised outside his School: but an important factor in the success of the prescription.

(*To be continued.*)

We publish above an account of the principles of Homœopathy by Sir John Weir, Homœopathic Physician to the King. We have no personal experience of the value of homœopathic treatment, but we feel that the principles of a school of medicine which has achieved and maintained a conspicuous position in modern society should not be unknown to medical students of the more orthodox variety.

Sir John's account was first published in Vol. 3, No. 2, of the "Sphincter," the journal of the Medical Students' Debating Society of the University of Liverpool, to which our acknowledgments are due. —Editor.



THE FIGURER IN SHADOWS

A Lecture Theatre

Dust and bricks, but mainly dust
Lie about the uneven ground
And salvage mute with jealous rust
Articulate without a sound.
Was it here that theatre died?
Where the savants came and taught?
Where the students came and sighed?
And I was one of them I thought.

There was not warmth nor sunlight there
And yet upon that holy ground
And trembling in that holy air
The steps of Harvey still I found.
A shaft of sunlight lit upon
The note book and the tousled head
As Shelly turned to enter in
To hearken what his teachers said.
Once the silence burst and shattered
And the ghosts had fled and scattered,
Unholiness had rolled and spread
And startled sleepers stirred in bed.

I. E. D. M.

TUESDAY AFTERNOON

Have you ever seen those picture studies by Torkel Kepling? If you have not they are fascinating pictures of even more fascinating babies. Each one of us in our heart of hearts loves small children and I am no exception. In my imagination I see fat bonny babies giving delighted chuckles when I wave silver pencils and such like in front of them. Anatole France seems a mere amateur to me. The first snag on Tuesday afternoon, however, was the mother. With what seemed just the correct amount of heartiness I asked how long Pat had been ill and how he felt. "Please, Doctor, it's a 'er not a 'im." This was a bad beginning but much worse was to come. The mother was one of these old dears who love the sound of their own voice and in spite of my repeated attempts to break the flow of conversation she would not stop. I was treated to a stream of confidences about the weather, about her mother's indigestion—"Summat crool, it is Doctor"—in fact anything but about the poor child. Finally she stopped from sheer lack of breath and I seized the opportunity to put in some hurried questions. Well, to cut a long story short (and it was a very long one!) it seemed that the child had lost its appetite. More questions showed that the diet was a little eccentric if not novel. Pat, at the age of two and a bit, was very partial to a bit of her father's kipper at supper and showed a decided preference for his beer rather than her own innocuous drink. All this was very enlightening but time was getting on and she must be examined. Somehow Torkel Kepling faded a bit when I saw a particularly baneful look come into Pat's eyes. She was a young lady of very decided views and she evidently decided that it was a monstrous indignity to be examined by me. In fact, if her eyes failed to put me off her voice might. It was worth trying anyway, so she started to yell. Yelling is putting it mildly—the nurse grew pale, the overfed baby in the corner was frankly amused and I, well I was petrified. The mother too began to look nasty, in fact ready to start the story of what her Aunt Jane did as a baby, so I hurriedly completed the examination and asked the mother to wait.

Fifteen minutes later the great man decided to see Pat. The mother came in as well, looking a trifle self-conscious and in answer to the "Sitchyerselfdown Mother" she placed her ample proportions on the chair with as much dignity as she could muster. Apart from sundry denials and interruptions from Pat's mother the history and examination were read without disaster

"Sitchyerselfdown somewhere where I can get at you" did not sound too good to me but I did as I was bidden. The great man carefully spread a towel across his knees and turned to the patient. "Now let's have a look at you that's a marvellous tummy you've got there." I sat back confidently expecting howls of protest but none came. Her tummy was pummelled and banged yet incredible though it seems, she liked it. Even the final indignity of a playful slap across the buttocks caused no resentment. The mother, too, seemed to have no desire to recount any of her numerous reminiscences. It merely served to confirm my suspicions that women were always fickle. In the midst of this I was suddenly asked what was the matter with the patient. Well, it was rather difficult because a prolonged perusal of a certain textbook had left me with the impression that children only suffered from three complaints, viz.: Cœliac Disease, Rickets and a somewhat nebulous entity called Negativism. The latter sounded most impressive, so I accordingly contributed "Negativism" to the discussion. Fortunately the matter ended there because it was time to go to a lecture.

But I like the children's department and I am going there again.

ANTHONY.

AN APOLOGY

We apologise for the misprint in the Obituary of Dr. Percy Kidd in the March number. The author's initials should have been P. H. S. H.

CORRESPONDENCE

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

As many people lately seem to do nothing but throw brickbats at you, I should like to thank you—what a surprise for you—for the excellent crossword puzzle in this month's issue. Not being an expert, it took me 75 minutes to complete, but a very pleasureable time it was, I assure you.

May we hope for more of the same sort in the near future?

Yours faithfully,

LESLIE LEVY.

Hill End Hospital, St. Albans.
March 8th, 1942.

THE GREEK QUESTION

To the Editor, St. Bartholomew's Hospital Journal

Sir,

I was much interested by your article on "The Divorce of Science and Politics" in the February Journal. It was, like many projects for reform, lamentably out of date. Theories follow events but continue as active ghosts long after the circumstances that gave rise to them have passed. The theory that science would open the road to Utopia began in the last century when the first great achievements of applied science offered some justification for the belief. Nothing has since happened to confirm it; on the contrary, the history of this century is one of degradation in many departments of life, especially politics, despite the spread of scientific education to the prejudice of the classical learning your article deprecates. This may be a coincidence, but it is a plain fact which gives no encouragement to the supposition that all that is needed to bring in the millenium is a more general knowledge of science. The truth is that science, divorced from ethics as it has been and still is, cannot solve the more important problems of mankind; for science is knowledge; it is not wisdom. Science can only satisfy desire; it cannot influence the desire it satisfies, and so it gives us insulin and anæsthetics, mustard gas and high explosive, with impartial liberality.

The right practice of politics requires wisdom and virtue which science alone cannot give; it can only help a virtuous man to be more successful in his endeavours or a gangster to be more formidable in his crimes. A marriage between science and politics would, therefore, not necessarily be fruitful of good and might well give birth to a monstrosity. Caliban was the offspring of a female scientist.

Incidentally, there is one glaring misstatement of fact in your article. It says: "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." A knowledge of history, upon which your article pours contempt, would have saved you from this error. Socrates and his school despised science as a craft, a "techne," and the governments of the Persian and Hellenistic empires which preceded the supremacy of Rome were no more conspicuous for an alliance between science and administration than the Roman. In fact, they did as the Romans did; they summoned a scientist or a wizard (the two are closely akin) whenever they needed his advice.

I am, Sir,

Your obedient servant,

G. H. CRISP.

29, Broad Street, Ludlow, Salop.
March 10th, 1942.

[*The chief contribution of the Greeks to scientific thought was the great development of the technique of abstract thought of Socrates and in the Academy of Plato. Both these philosophers decried the value of experience and experiment as guides to truth. Aristotle, who left the Platonic Academy to found the Lyceum, came to realise the value of experiment and observation, and, indeed, dissected 50 animal types himself. Archimedes of the Alexandria School (derivative from both the Academy and the Lyceum) was, as every schoolboy knows, no stranger to experimental method. The position is far more complicated than Dr. Crisp's letter would suggest.*

As regards their relationship to Government, the great Greek and Alexandrian scientists (using the word in its broadest sense) came from the same class as the rulers of their country and their knowledge and theories were respected and used by the Government. Plato divided society into rulers, soldiers and slaves, including himself in the first group.

Virgil wrote that there were only two occupations proper to a Roman—war and government. These conquering soldier-farmers despised the intellectual achievements of those they had vanquished and enslaved.

Neither scientific knowledge nor the scientific attitude have ever been altered by more than a tiny fraction of the population.—Ed.]

THE STUDENT AND HIS EDUCATION

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

You have already devoted much space in your editorials to this subject, and last month, Mr. P. G. Mann took up his pen in defence of his own views. I do not propose to discuss either of the two points of view that have been put forward, but to stress one aspect of the problem which has not been mentioned.

There seem to be many people who believe that the whole answer to the problem of Medical Education lies in the reform of a system. There are as many who, while reserving and using the right to be extremely critical of their curriculum, their teachers, and the rest, find in the student no fit subject for criticism; they fail to realise that the right to criticise carries with it the duty of self criticism. Both these attitudes spring from a fundamental misunderstanding of the meaning of education. Good teachers, well-equipped labs, a well-planned curriculum—all these are of great importance. But let us not be led into believing that given these things, there is nothing else to be done. The standard of the profession will only be raised by an increased realisation on the part of the student of his responsibilities. Just as some teachers could teach under any circumstances, while others will not be able to do so even under ideal conditions, so it is with the student. Some will learn and acquire the love of learning however poorly ventilated the labs, however badly arranged the curriculum. Others will not do so even if conditions are ideal.

The aim therefore must be to give the student every opportunity for educating himself. It is, of course, the duty of the teacher to place the material before the student in the most interesting way possible. It may be objected that this caters solely for the keen student, but these are the people to whom the best opportunity for learning must be given; whether or not that opportunity is taken will always depend on the student.

Viewed on this background, it is clear that the Editor of this journal, and those who support the compilation of a memorandum are arguing at cross purposes with Mr. Mann. Few will disagree with the latter in his insistence that the students do not demand reforms in their education. Mr. Mann, however, is surely not opposed to the co-operation of students and teachers aimed at improving the existing state of things, including incidentally the selection of students for entry into the profession. Those of the "memorandum party" are not imbued with the truculent spirit that Mr. Mann assumes to exist. Should they become so, then clearly the whole purpose of the memorandum will have changed, and few will wish to continue with it.

Yours faithfully,

D. V. BATES.

Hill End Hospital.
April 14th, 1942.

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

The proposed memorandum to be sent to the B.M.A. is presumably the Bart.'s contribution to the reform of medical education as a whole. As such, it should refer only to those aspects of medical education which cannot be altered within the Hospital itself. It is evident that many improvements could be effected at Bart.'s quite independently of other hospitals.

The recent debate at Hill End Hospital provided some useful suggestions, each of which might be a subject for further discussion between members of the Senior Staff and the students, with a view to their adoption at this Hospital.

The activities of the College Council are shrouded in secrecy (except at such times as they choose to take disciplinary action). Such discussions would enable much closer co-operation between this august body and the students than has been obtained through the Students' Union Council, and an opportunity would be provided for mutual consideration of those problems which affect both staff and students.

Yours faithfully,

JOHN J. SLOWE.

Friern Hospital, New Southgate, N.11.
March 12th, 1942.

"TONY DRAWS A HORSE."

The many past successes of the dramatic society at Hill End have led audiences to expect a high standard in new productions. The most recent play "Tony Draws a Horse"—certainly did not disappoint expectations. The choice of play, its production and the acting were alike excellent. The amusing story of this play deals with the domestic upheavals consequent upon the revelation of a child's subconscious mind in his artistic efforts. The situations which arise are in themselves most amusing and helped by witty dialogue kept the audience in constant laughter.

All the players gave good performances. Heather Baugent as Mrs. Parsons played the leading part. Her portrayal of this character was without a flaw and played with such sympathy that one could not but feel a pang as the good lady's world began to crumble around her. Nor could one but be happy when her worries were removed and she once more sailed serenely towards a titled old age. Henry Burye took the part of her husband and gave an excellent picture of the patient breadwinner whose sudden rebellion against his environment lands him in direst straits. Barbara Taylor as Tony's mother acted with the ease and assurance which audiences have come to expect of her. In the cafe scene her alcoholic excitement, Peter Wingate's excellent French waiter and the familiar French advertisements made one imagine for a little while that France was still but a short journey across a peaceful Channel. Tony Livingstone was excellent in the part of grandpa. His make up and gestures suggested extreme age and he made the lovable but eccentric old man very popular with the audience. All the other parts were well filled. Keith Bulmer as Tim Shields made a convincing young man without prospects and John Gylson a stern parent who softened effectively in the later stages of the play. Joan Watts as Mrs. Smith was the sort of parlour maid one would really like to have.

All who contributed, both on the stage and behind the scenes, to the success of this play are to be congratulated. It is to be hoped that when the war has passed it will still be possible to enjoy as one of its fruits such performances displaying the combined talents of nursing staff and students.

HEARD IN A GYNAE. WARD.

Night staff coming on duty—"What's the new case in No. 4?"

Day staff giving report—"Oh, she's a woman who's going to be pregnant in June."

At HILL END

The main item of news from here this month is of the production of "Tony Draws a Horse," but as this is reviewed on another page, no further reference need be made to it here.

The cricket and tennis sections are gathering strength for the coming season, but they will not finally come into their own until the rugger posts have been taken down. Although these have been leaning at a dangerous angle for the past few weeks, they are required to stand until Wednesday next, when a seven-a-side match is to be played here.

A telephone has arrived in the Abernethian Room. I mention this because several people now at Bart.'s have had a hand in its arrival. At the moment it is waiting rather forlornly for a cabinet; when this arrives it will be connected. Of course no one knows when it will actually be in working order.

On April 9th, the hospital co-operated in an A.R.P. Exercise held in St. Albans. We received casualties neatly diagnosed by label, conveyed them to the Reception Hall, where the diagnosis was briskly confirmed by the distinguished variety of people present—even including students—and the patients were then conveyed to a selected ward. We were amused to see a boy whose label announced that blood was spurting from his abdomen, sitting up and drinking a cup of tea with evident enjoyment. The early restoration of fluids is clearly all-important. The disposal of blankets and discharged patients presented a problem, especially in one case where a child insisted that it must take back the same blankets that it had brought. On further questioning, we learnt that this casualty came from a laundry, and that the blankets belonged to a customer.

D. V. B.

A debate for all the sector was held in the A.R. at Hill End, on Wednesday, March 11th, at 6 p.m. Dr. Spence was in the chair and the motion before the house was "That the practice of apprenticing medical students to doctors should be revived."

Dr. Geoffrey Evans proposed the motion, and said that he did not suggest any shortening of the hospital course of training, but hospital life was not an adequate preparation for general practice, one of its great drawbacks being that it led to a sense of lack of responsibility. The art of the correct approach to each patient could only be learnt in practice, and it was essential to learn it, for "Most of us are pretty irritating to the majority of people we meet!" Again hospital experience was inaccurate for forming a prognosis, and finally, to get a complete picture of a case it was essential to see the patient in his own home.

Professor Paterson Ross, leading the Opposition, warned his hearers that Dr. Geoffrey Evans had been selling them his personality. The idea of reviving apprenticeship was a revolt against lectures—but clinical lectures approximated to the practical teaching of a master and secondly against examinations—but the old apprentices had examinations, and in Latin! There were many disadvantages of apprenticeship, and one was that busy practitioners were the masters required, and they were just the men unable to keep in touch with modern developments. The old apprentices often had bad masters; not only was their teaching neglected, but also their health and comfort. They might be used for jobs which had no relation to Medicine, or on the other hand they might be given an undue responsibility. Moreover, the fees for apprenticeship were high, while the apprentice learnt the ideas of one man only. Apprenticeship might well lead to empiricisism.

Mr. Binns seconding the motion said that the prime consideration was the health of the community and that as most students would end in general practice, it seemed obvious that they should have some knowledge of the conditions. Visiting people in their homes was very different from examining them in hospital, and it had been said with some truth that "The most important factor in treatment, is the handling of relatives." He thought there was an ample sufficiency of good practitioners to whom students might be apprenticed. He suggested that after his appointments were completed, the student should take a preliminary qualifying examination, and then be apprenticed for six months to a year. His services should be paid and this would lighten the heavy financial burden on his parents. He would feel that he was part of the medical profession, and he would learn many useful things, such as book keeping, the price of prescriptions, and record keeping, which were not taught in the schools. The practitioner would benefit because he would be kept in touch with modern developments, while his apprentice could do many of the pathological investigations which are so important and which nowadays tend to be neglected.

Mr. R. J. Evans seconding the opposition said he was apprehensive of speaking against Dr. Geoffrey Evans but he felt that in a hospital there were the ideal conditions for treating disease, and he believed that the G.P. would disappear and be replaced by clinics. These would bridge the gap between reality and ideals, for if the student were to go out into practice he would soon be disillusioned by the "certificate menace" or "Confetti practice" which the modern G.P. was faced with. The art of improvisation could best be learnt by careful observation of the best teachers. Finally every hospital should have a "district" attached to it similar to the "midder district" and this would give experience equivalent to that obtained in general practice.

The Chairman, Dr. Spence, told the story of a G.P. dealing with between forty and fifty patients in twenty minutes, contrasting this with the position in

hospital where all the serious diseases could be seen in the wards and all the minor ones in the casualty department.

Summing up, Professor Ross said that the handling of relatives could not be taught, and attempts to do so would destroy confidence. Dr. Geoffrey Evans reiterated the importance of knowing a patient's environment.

The motion was defeated by 21 votes to 9.

The Secretary proposed a vote of thanks to the Chairman and speakers for appearing in spite of the very bad weather conditions. It was carried unanimously.

BIRTHS

DALLEY.—On March 6th, 1942, at Fulmer Chase, Fulmer, Bucks, to Joan (nee Mooney), wife of Capt. G. Dalley, Temp. R.A.M.C.—a son.

JACK.—On March 16th, 1942, at Woking Maternity Home, Heathside Road, Woking, to Beryl (née Johnston), wife of Captain R. D. S. Jack, R.A.M.C.—a daughter.

THOMPSON.—On March 21st, 1942, at the West End Nursing Home, Esher, to Marjorie (née Bispham), wife of Captain J. R. O. Thompson, R.A.M.C.—a son.

BEHRMAN.—On March 25th, 1942, at the London Clinic, to Doris (née Engelbert), wife of Dr. Simon Behrman, of Harley Street—a daughter.

HINDS HOWELL.—On April 3rd, 1942, at The Clinic, Harley Street, W.1, to Jasemine (née Greenaway), wife of Major Anthony Hinds Howell, R.A.M.C. a daughter (Rosamund).

RIDSDILL SMITH.—On March 31st, 1942, to Mary (née Latham), wife of Thomas Ridsdill Smith, Brecon House, Wantage, Berks.—a son.

ENGAGEMENTS

STUBBS—RAWLING.—The engagement is announced between F./O. Stewart D. Stubbs, only son of Mr. and Mrs. Charles Stubbs, of Hertford, and Jean Bathe, elder daughter of the late Louis Bathe Rawling, F.R.C.S., and of Mrs. Bathe Rawling, of Squabmoor, Exmouth.

MARRIAGES

HELM—HULME.—On February 21st, 1942, at St. Bartholomew-the-Less, Lt. Herbert Gordon Helm, R.A.M.C., to Miss Marjorie Hulme.

PROTHEROE—THOMAS.—On Thursday, March 19th, 1942, at St. Margaret's Church, Mountain Ash, Lt. R. A. Protheroe, R.A.M.C., son of Mr. and Mrs. Protheroe, Barclays Bank House, Porth, to Estella Freeman, daughter of Mr. and Mrs. W. G. Thomas, of Mountain Ash.

DEATHS

ADAMS.—On March 19th, 1942, after a long illness, Francis Philip Adams, M.R.C.S., L.R.C.P., of 54, Shepherd Market, Mayfair, W., son of the late John Adams, F.R.C.S.

WAYLEN.—On March 14th, 1942, at "Cambrai," Devizes, George Swithin Adée Waylen, M.R.C.S., aged 90.

WILLIAMSON.—On March 8th, 1942, peacefully, Charles Frederick Williamson, M.R.C.S., L.R.C.P., L.S.A., of Clerklands, Horley, Surrey, after 55 years' devoted service at Horley.

WILLIAMS.—On March 13th, 1942, suddenly, after a short illness, Cyril Oswald Oxford Williams, M.R.C.S., L.R.C.P., of Loxfield, Uckfield, Sussex.

JOHNSTON.—On February 24th, 1942, Dr. J. H. Johnston (M.Sc. Vict.), 8, Leopold Road, Wimbledon.

BOOKS FOR STUDENTS

The Exoma Press, Ltd., 255 Liverpool Rd., N.1.

SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

JUNE 1942

VOL. 3 No. 9.

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

Vol. 3. JUNE 1st, 1942. No. 9

PANDEMIC

On May the Tenth Winston Churchill committed his country to a policy of grave retribution. Before the war is done, the blood of the Hun shall dampen the soil of Europe and German earth take back another million of her sons. No dissenting voice is reported in the contemporary press. The allies of his government applaud on all sides: *Ecrasez les allemands!*

The problem of the "war-mind" and its malignant variant "butcher-bird disease" is beginning to interest doctors. For many, Wilfred Trotter has been a guide in the forlorn country of crowd aberration; and latterly William Brown has drawn attention to Hitler's psychological make-up and its effects on German people. But the concept of a psychological epidemic seems yet to hang fire. Although most Englishmen are agreed that the Germans need a change of heart they are hardly prepared to put this problem on a medical footing. We read of Commandos in the Libyan Desert who have assumed the rôle of "surgeons of civilisation." That medical men should undertake this job is foreign to popular fancy.

Some years have gone by since a distinguished epidemiologist cast statistical caution to the winds (in spite of his being President of the Royal Statistical Society) and wrote: "Nobody has any difficulty in regarding a village, the inhabitants of which come to believe that many of their neighbours are were-wolves or vampires (a belief shared by the supposed were-wolves) as suffering from a psychological epidemic; there is equally little difficulty in classifying an epidemic characterised by an irresistible desire to dance to the point of exhaustion." If he is right we take the shortest of logical steps by assuming that modern Germany is in the throes of an epidemic of "butcher-bird disease."

Journalists have painted so uniformly black a picture of Nazi Germany (and journalists have a far larger public than, for instance, such an impartial authority as Chatham House) that several features of that unhappy country which have been lost from view in the darkness of the Continental night deserve consideration in this short outline of the epidemic. The common phrase "the old Adam" reminds us in homely language that endemic savagery is part and parcel of our civilisation. While we are ready to recognise it beyond the Rhine and in other places we should not be deaf to such distinguished thinkers as Mahatma Gandhi and Pandit Nehru, who discern it at work among us. The student-epidemiologist will appreciate the risks of having nidi of disease about the place. Under special conditions they prove the jumping-off ground of an epidemic in which often a change in virulence is observed.

One of the special conditions in Germany which provoked the outbreak of "butcher-bird disease" was the rise of the Nazi empire. We should remember that this was only one condition, in view of the repeated political message that the aim of the United Nations is the elimination of Nazism. Again, so much has been written about the evils of the Nazi civilisation that few will understand the deep sincerity of spirit which many of its earlier followers possessed. They looked for a change in the spiritual life of the world with all the zeal of the early Christians. Small communities, like the German Singers, who visited in England, left little doubt on that point in the minds of those who had the good fortune to meet them. That their activity was wickedly exploited by the German Propaganda Ministry cannot alter the epidemiologist's observation of this rich spiritual movement in the Third Reich. He will, moreover, learn that the movement did much in popularising the Nazis with the intellectually starving. On the other hand, the promises of employment and food claimed most of the materially hungry for the Nazi eagle.

To-day we think much of the barracks as a prime cause of epidemics among troops. Hundreds of individuals who have not been exposed to a certain organism, let us say the meningococcus, are crowded at close quarters

with one or two carriers. The carrier rate rises to prodigious heights, and the epidemic of cerebro-spinal meningitis is in full swing. On the psychological level the Nazi movement played the part of the barracks. Groups of individuals from widely separated walks of life came together with the common aim of establishing a "New Order." What a wonderful chance for the germ of "butcher-bird disease," which we have recognised as endemic in man! And on the sly the barrack-commanders encouraged its spread.

The epidemiological wave has not been uniform. It shows an early peak about 1936 and a second and much higher one in 1941. There have been other lesser "kicks" on the chart which we need not consider. By the end of 1936 the internal revolution of Germany was at an end; and the epidemic received a momentary check. It is at some point between that year and the outbreak of war in September, 1939, that the change in virulence, which is so frequently remarked in epidemiological studies, occurred. The savagery of the German invasion of Russia is a tale incompletely told.

Pari passu with these psychological events in Germany there have been others of equal significance in the rest of the world. We shall confine ourselves to England. On looking back at the last years of the pre-war period we find a state of affairs very different from those that prevailed on the Continent. Whereas in Germany the whole nation, through the Nazi movement, was exposed to the epidemic dangers of endemic savagery, England suffered only from spasmodic attacks of "war-mindedness." For the rest active immunisation was proceeding at full speed. This was done for us by the Press. While its great influence was fostering distrust and bickering between the nations of the world, its regular stories of totalitarian atrocity were stiffening resistance in the individual to his own Adam. This journalistic inoculation might be called the "priming dose" because the English people did not become wholly conscious of the horrors of savagery until their fair cities had been wasted by German bombs in September, 1940.

Meanwhile other factors had come into play which were profoundly modifying the course of epidemic "war-mindedness" in England. With the outbreak of hostilities the spasmodic attacks began to persist and constitute little areas of endemic disease. These were carefully encouraged by the few Englishmen who understood the need of going "into the storm and through the storm" of epidemic "war-mindedness" in order to engender a successful vaccination against its malignant variant, "butcher-bird disease." Resistance to all forms of the disease, as we have seen, had reached a high level by Christmas, 1940. By the tenth of May in this year the body politic of England, as indeed the peoples of all nations, had reached a state of high allergy. Mr. Churchill's voice on the broadcast was the wind of contagion. The great pandemic is on.

JACK COLLINS

The death of Jack Collins on April 16th will grieve all those who have been through the Medical College at Bart.'s during the last nine years. He was known to everybody as the assistant lecture attendant and the man who kept some kind of cleanliness and order in the A.R. For a long period of the war he served voluntarily outside his working hours as a steward in the Vicarage.

Only those who have dealings with College employees realise the many small services they carry out for individual students. On this basis many have cause to be grateful to Jack Collins. All will join in offering their deepest sympathy to his widow. The fact that he was a comparatively young man makes his death the more to be deplored.

LONDON LETTER

Sir Charles Gordon-Watson

The recent promotion of Sir Charles Gordon-Watson, K.B.E., C.M.G., to the rank of Major-General recalls his long service with the armed forces of the Crown. He has been wearing the King's uniform, on and off since 1894, nearly 50 years. He was in the old Volunteers, Territorials and the Regular Army. In 1901 he went to South Africa with No. 1 Field Hospital, and was associated with Sir Anthony Bowlby and Doctor Howard Tooth. In the last war he started off with the First London General Hospital and then went to France with the Duchess of Westminster's Hospital. He became a Consulting Surgeon to the Second Army, and subsequently to the British Army in Italy. In this war he has been a Consulting Surgeon for the British Army at home.

Mr. Harold Wilson

We were very glad to welcome back Mr. Harold Wilson recently after some months absence owing to illness. He says that he is quite fit again and has returned to full work. We can assure our readers that he has lost none of the individuality of expression and of dress, which our cartoonist protrayed so brilliantly. His sunburn reminds us of those departed days when surgeons thought more about the fish and less about its guts.

Air Commodore Keynes

We congratulate the former chairman of our Publication Committee on his promotion to Air Rank. In the days before the war Mr. Geoffrey Keynes was the power behind the *Journal* scenes. His catholic tastes and deep knowledge of English literature were largely instrumental in improving the literary discrimination of the Publication Committee. The fortunes of war and the paucity of contributions have forced upon us a greater laxity. In Mr. Keynes' time, also, there broke out the great controversy over the late Eric Gill's design for the front cover of the *Journal*. A public vote ended in our withdrawing it.

View Day

View Day was held on May 13th, the customary second Wednesday of the month. Although the usual ceremonial was observed, the crowds of visitors which made of this day the most notable social feature of the Hospital Year, were not to be seen. The wards, nevertheless, always beautiful as they are, had been decked out with spring flowers and seemed more than usually cool and quiet. The other offices of the Hospital had also a particular air of neat efficiency which contrasted happily with the battle-scarred environment. Tea was provided for the visitors by the ever-thoughtful nursing staff.

The Editor's Retirement

The retirement of Mr. A. G. Leacock from the Editorship marks the close of a notable period in the history of the JOURNAL. When he took over this arduous office he was faced with the task of producing a war-time edition (which had reached a high standard of journalism under the hands of Mr. R. S. Henderson and Mr. E. Grey Turner) under increasingly difficult circumstances. That he was entirely successful, the many letters of appreciation which have reached him are sufficient evidence. He has our good wishes in his unenviable task of organising the Students' Memorandum on medical education.

Mr. Leacock's successor to the Editor's chair is Mr. C. E. C. Wells. The office of Assistant Editor remains temporarily vacant.

New Colours for Rugger?

The Secretary of the Rugger Club writes:—"There is a distinct possibility that next season we may be forced to give up the familiar white and black shirts. They may be replaced by a fetching ensemble in white, black and flesh naturelle. Certain members of the club have already experimented on the new austerity colour scheme, using (and losing) varying amounts of flesh.

"In order that we may be spared this unwelcome change, may I appeal to any past players who still have wearable shirts to let us have them? I would, of course, be equally glad of any surplus clothing coupons."

Derry Gardens and Bart.'s

These unique gardens of over an acre in extent and 100 feet above street level are situated on the roof of Messrs. Derry & Toms, next to Kensington High Street Station. They will be open again for Bart.'s from Monday, June 29th, to Saturday, July 4th, each day from 9.30 a.m. to 6 p.m., except Saturday, when they close at 1 p.m. Any one who has not seen the gardens may care to take the opportunity and at the same time bring friends to help Bart.'s. Nurses will be present to receive donations.

HOMŒOPATHY

A SCIENCE OF DRUG THERAPY

By Sir John Weir

(*Concluded*)

VITAL FORCE. We are realising, in these days, what Hahnemann insisted on, that cure can only come by the reaction of what he calls *vital force* against disease or remedy. We know a little more about the mechanism of such reaction: but it is no longer absurd to teach, as he taught, that vital reactions are evoked by disease, and that such reactions are curative in purpose: and that the utmost we can do, *curatively*, is to stimulate such reactions. He shows that hundreds of substances subversive to health, stimulate disease conditions, and can therefore be employed to stimulate curative reaction. Who will diagnose between belladonna poisoning and scarlet fever?—they have often been mistaken: or between dysentery and poisoning by corrosive sublimate? or between ptomaine and arsenical poisonings? And the most striking homœopathic curative results can be seen when *arsenic* (in finest subdivision) is given for ptomaine poisoning, *corrosive sublimate* for dysentery, or *belladonna* for scarlet fever. Anyone who desires to put Homœopathy to the test cannot do better than start with one of these.

In regard to the small dose, that ancient bugbear, and subject for endless witticisms—no need to apologise for that now! It has been vindicated by the study of radium, vitamins, etc.

By minute subdivision (performed always by macerating one part of the drug in 99 parts of some inert material, and repeating the process again and again till the result is, perhaps, one in a decillion—Hahnemann's 30th potency), he showed how energy is liberated from inert mass—bulk—weight, from things palpable and manifest to our grosser senses. We are beginning to realise the potentialities of the "intangible" and the "imponderable." But *the most sensitive thing in the world is diseased tissue for the remedy of like symptoms, in infinitesimal subdivision. It is with this we have to deal.*

But Hahnemann's infinitesimal doses present no difficulty to modern biology. "Thyroxin influences growth and development in tadpoles in dilutions of 1 in 5,000,000,000." "Acetylcholine in the strength of a milligram in half-a-million gallons of blood causes a distinct fall in blood pressure." "The uterus of a virgin guinea-pig responds to such a dilute concentration of Histamine as could not be demonstrated by the most refined micro-chemical methods" . . . and so on.

But, one may ask, why this ultra-refinement in the dosage of homœopathic remedies? Why, when all medicine is concerned with the maximum, should Homœopathy teach the minimal dose?

The reason is plain. Medicine is concerned with *direct action*, and does (so to speak) violence to the organism: as when it has been directed to cause sweating, purging, vomiting; to paralyse the action of the bowels; to deaden pain; to induce a drugged sleep; to modify the action of the heart; to depress fever; to excite appetite. In these cases we are doing something subversive to the patient: hence the dose must be a material, but non-lethal, one. For this reason the dosage of official medicine is apt to be the largest one dares to give.

But when a remedy is used in the opposite way, croton oil for diarrhœa, apomorphine to control vomiting, opium for the coma of cerebral hæmorrhage, rattle-snake poison to control bleeding, it is imperative to use, not the largest, but the smallest amount that will evoke the desired *reaction*. Anything more than this would increase suffering. One sees now why Hahnemann, in his endeavour to evoke curative reaction, was compelled to reduce his doses.

As a matter of fact, this is becoming the modern aim in treatment, i.e., the stimulation of the various defence mechanisms. Ehrlich's dream of *therapia magna sterilans* is now abandoned: because you cannot annihilate the invading organism without wiping out, or at least crippling, the host. As the late Sir Walter Fletcher said, "The search for specific remedies for specific illnesses is bound to fail." And the leading pharmacologists believe now in an indirect rather than a direct effect from drugs: and that the tissues and fluids of the host are the important factor in restoring health.

An important point:—Hahnemann insisted that provings must be made on healthy humans, not on animals. And we know that different animals react so differently to poisons, even to diseases, that their value as provers would be nil. To some, poisons are nutriment, as with rabbits and belladonna. Cats and dogs react differently to morphia. Rats are said to be immune to diphtheria, cats to tubercule; while monkeys and guinea-pigs are highly susceptible to the latter: in fact, all that can be said is, that by experiments on animals it is found that certain drugs affect certain tissues—of certain animals.

Moreover, the most important symptoms, distinguishing drugs from one another, are mental symptoms: and these can only be given by humans. For instance, the suspicion and insane jealousy of *Lachesis* (a snake venom, in constant use with us for a hundred years), the frantic irritability and intolerance of pain of *Chamomilla*, the sensation of two wills of *Anacardium*, a sort of devil and angel tug-of-war, have proved again and again a straight cut to the curative remedy in various conditions. No animal provings could give us these.

A point, more or less germane, is the opposite effect of large and small doses: as, for instance, when *Ipecacuanha* is given in material doses to produce emesis, and in small doses to cure the vomiting of pregnancy. Here, of course, the Arndt-Schulz Law comes in to support Hahnemann. *Where large doses of a poison are lethal, and smaller doses inhibit, minimal doses of the same poison activate the self-same cells.* Or, as Bier says, "The same remedy may stimulate a function when given in small doses, but destroy it if larger doses are administered."

And here it is interesting to record that a recent Medical Research Council Report on Radium speaks of "The general principle that has been established with so many drugs that large doses and very small doses act in opposite ways." And Taylor has shown that "Irradiated Ergosterol, in small and medium doses, favours the deposition of calcium from blood to bone: but large doses have a reverse effect, and cause calcium to be absorbed from bone into the blood stream."

This leads on to the question of diseases. Disease means cells in need of a stimulus. Relief, or cure, means bringing a stimulus to the cells that need it. It is the symptoms of the disease that betray the plight of certain cells: and it is the symptoms of the like-drug that reveal the remedy.

As will have been seen, Homœopathy concerns itself with the individual; his personal reactions to environment, physical, mental and moral; his deviations from the normal, especially his normal, due to sickness. With Hahnemann, when it comes to prescribing, "we know no diseases, only sick persons," whose sickness has to be matched in Materia Medica.

For him, disease was no entity, but the reaction of the organism to some harmful stimulus, physical, chemical, bacteriological: for Hahnemann already sensed and taught the agency of micro-organisms in disease.

And now Devine, in 1929, writes: "The micro-organism provokes the organism, but it is the organism which makes the malady. There are no local illnesses: there are only general illnesses with manifestations more or less localised" . . . and again, "It is not an illness we treat, but an individual who is ill."

And Hahnemann said it all 100 years ago!—every word of it! He puts it neatly and concisely when he talks of the *"abnormal functional activity of the body which we call disease."*

For him, disease was vital reaction against dynamic infection; and he saw that it was the reaction of vitality against the invasion that produced the morbid symptoms—only to be combated, as he was able to demonstrate, by some agent capable of evoking or stimulating *like* reactions; thus enhancing resistance.

This aspect of the constitutional treatment of patients is now finding favour under the expression, "Neo-Hippocratic conception": where every diseased individual constitutes a problem by himself, and we are no longer dealing with diseased organs but a sick person.

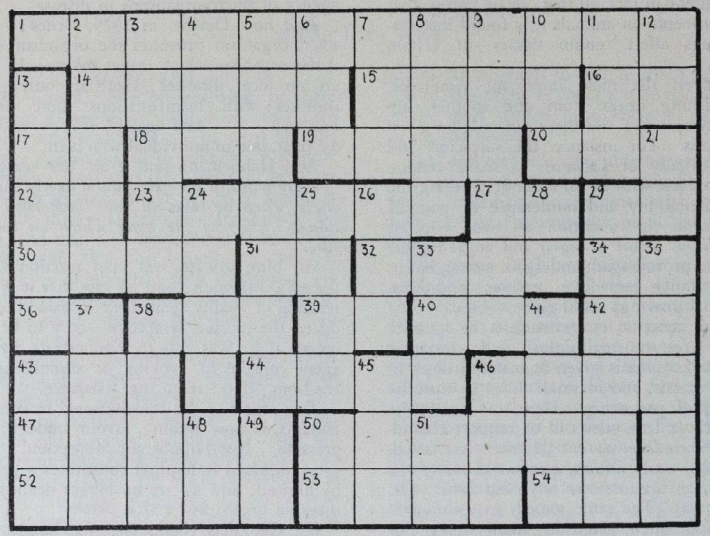
Dr. Cawadias claims that the homœopathic method of diagnosis has given us three principles for modern medical practice:—the principle of individualisation; the careful consideration of symptoms; and the study of the constitution of the patient as a factor in disease.

He states that "Under the influence of other Neohippocratists such as Professor Bier, Professor Hans Much and others, the homœopathic materia medica has been included for the finding of medicines that act on the whole body," and that "there is a distinct trend in modern therapy (Albert Robin, Bier, Much, Tzanck, and others) to reintroduce Homœpathy as part of general medical treatment."

In regard to Hahnemann's "We know no diseases, only sick persons," consider rheumatism. Does this ailment affect all persons alike? and can there, therefore, be one remedy for "rheumatism." Homœopathy differentiates, and therefore can prescribe for the individual case. One person (Bryonia) has pain on the slightest movement: another (Rhus) must be continually on the move, to make the pain endurable. But *Rhus* is worse for wet and cold, whereas *Bryonia* cannot stand dry weather. *It is not a symptom, but the symptom-complex that reveals the remedy.*

The constitutional aspect of Medicine is

MODUS OPERANDI



(*continued from p. 155*)

occupying the attention of the Profession. Workers in the realms of rheumatism and gastric crises are paying attention to the antecedent psychological influences. But it is here also that Homœopathy steps in; and by paying special attention to temperamental symptoms is able to describe a remedy (similimum) to prevent physiological disturbances becoming organic. *Staphisagria* helps where there is an antecedent psychological distress due to chagrin or thwarted ambition. *Arsenic* and *Phosphorus* prove helpful in gastric conditions due to anxiety. One recollects a case of chronic rheumatism induced by fright—six years previously a dud bomb had crashed into her house. *Opium*, one of several remedies for the after-effects of shock, proved curative in a few months' time.

Though Homœopathy knows no specifics for disease names, yet there are substances which alike in poisonous doses and in provings reproduce so nearly described disease conditions, as to be practically specific for most cases of such diseases.

As: — *Crotalus Horridus* (rattle-snake poison), which produces bleedings from every organ and orifice of the body, is our great remedy for black-water fever. *Latrodectus mactans*, a spider poison, whose bite, wherever inflicted, occasions symptoms not to be distinguished from angina pectoris, proves astonishingly curative in that disease, and, as said, *Corrosive sublimate*, poisoning with which simulates and has been mistaken for dysentery, in infinitesimal doses cures rapidly most cases of that disease; while *Arsenic*, with its agony of vomiting, purging, anxiety, restlessness and collapse, mirrors and, in infinitesimal doses, will promptly cure ptomaine poisoning.

This is not the time, nor have we space to enter into the question of chronic diseases, their ætiology and treatment, in which, again, Hahnemann was far ahead of his contemporaries and, indeed, ahead of all but the most modern thought.

I suppose not one of us has approached Homœopathy otherwise than with doubt and mistrust; but facts have been too strong for us.

THE CLUES

By Peter Quince

27 rev 38 dn s and the *5 1 15 rev*: *22*, there's *37 rev* to be seen and *21 rev* and *12* to be *2 rev and 34* even at an operation. For instance, the way the *11 and 6* painted the *52 rev* with *50 ac rev* to *25 rev 43 ac rev* evil *13 rev and 12*, and hid the *5*'s tell-tale *28 rev and 36* in a *46 ac* deserves the highest *40 rev and 10*. But the rift in the *24 rev* was the *5*. *42* was a *6 and 18*. He *32 and 34* the *52 rev*, *48 and 48 rev and 34* inside, pulled *38 ac rev* the appendix, and shouted. "Quis?" "*4*!" shouted the *11 and 6*, and caught it *28* a *30 and 6*. He then let his scalpel *29 and 51*, and it *47 rev and 34* one *27 rev* those *51 rev and 48* affairs . . . "*7 rev*!" he grunted, *and 35 rev*, "What should A do now?" "*3* be more careful," I replied with apt wit.

Then he *21 rev and 12 rev* his favourite *38*, so he *50 rev and 32 and 3¼* the *52 rev*. He found several *54 and 49 rev*, both *11 and 6*'s dental *30 and 36 rev*, but *28 rev* sign of the *23 rev*. We hunted everywhere. *11 and 6 29 ac and 51 and 48* d *28* a piece *27 rev 41 rev* and *19 rev and 34* right under the *51 rev and 45*. Then the *5 17 rev and 20 rev* from all fours and caught his *9 28* the *43 dn — 33 and 31*. We did *39 rev and 7*. The *28 rev and 10* roused the *1* from his *12 rev and 53 rev*. He *17 rev and 20 rev*, and—*26 rev* nd behold!—the *23 rev* clattered to the floor. "Oh, you little *14*," cried the *5* with a merry *39 rev and 7 rev*, "You meant to *44 rev* it, I wouldn't mind betting." But the *1* had *8 rev*. Personally I wouldn't mind betting he *29 dn rev* he had joined the *46 dn*.

WHAT IS AGGRESSION?

By J. C. Mackwood

Most people have their own or some general idea of what they mean by aggression, and we read much about this dynamic in the daily press; sometimes it is a "good" aggression but more often it is a "bad" aggression on the part of the Axis Powers. By some it is held to be an instinct of a self-preservative kind, employed for some purpose. All such assessments are qualitative, and therefore social standards.

If aggression is an instinct is it purposive from the start? From clinical data, the view is steadily gaining ground that, from the infant's standpoint, the qualitative idea of aggression is fallacious. Teleology as an idea *ab initio* is not sound scientifically; but as a fact in our social world and human relationships it is inescapable, for it develops in the natural course of events out of the mere fact of being born, and continuing to live. For to live is to move and act: as da Vinci wrote, "Life is movement." If these activities go on, there will come a moment in the child's development when "purpose" enters as some new factor favouring action. Purpose arises out of *satisfying* experience laid down in memory impressions from the very outset of life, and it is the increasing lure of this satisfaction that attaches to objects when dawning perceptions of the outer world draws the infant's *attention*, and purpose is delivered into consciousness as an attracting factor during action. Later in mental development, it becomes an attractive idea toward which life is directed.

These earliest memory-impressions are all important. It is memory that recalls earlier times and places, movements and experiences. To recall in time only would be the repeating of some urge or feeling, e.g., hunger, or mood—these echoes are either episodic or periodic and are spontaneous: recall of place only would be a pictorial memory. It is only when time and place occur simultaneously and together with their original associations of bodily sensations and movements that we recall a full experience and its assessed result of satisfaction or dissatisfaction. The primary post-natal memory-impressions are therefore all important, and this is why the first of all such memories, the "birth trauma" figures so largely in depth psychology. This first memory is a traumatic one; a very "bad" memory. It is shortly followed by an undoing, as when the nurse symbolically returns the infant into its safe amniotic fluid by immersing it in a

bath of warm water; and the waking from the sleep that follows is a non-traumatic birth.

Thus our first memory is of being born into a dangerous and hostile world. Psychologically speaking, the birth trauma represents the idea of "original sin" and punishment; an idea responsible for all the innumerable Sagas of earlier civilizations representing the Birth, the Rise and the Fall of the Hero. Only with the increase of consciousness and understanding does man begin to be able to comprehend that it is possible for him to deliver himself from the idea of a supernatural *fate* steering him to disaster. As so often happens with a little knowledge there is the tendency to swing over to the opposite idea, viz., that of an enclosed world answerable to exact laws, a world in which man is the omnipotent force operating those laws. There is a considerable accumulation of clinical data derived from psycho-analysis in which the memory of the actual birth has been recalled, and all the terror of the dangerous attack of the world is felt as a terrific guilt-sense. Calderon, the cyclothyme Spanish poet, exactly describes this attitude of the infant to its own birth when he writes:—

"For the greatest crime
Of man is that he was born."

The probable truth of the matter is that the child is born with its endowment of libido, or life-urge, which shows itself quantitatively in its actions; for some time to come any qualitative content is the *result* of its actions. We have to reverse our ideas when thinking about this phase of life, and anyone who has appreciated "Alice in Wonderland" and "Through the Looking-glass" will not find this too hard to follow. The memory-impressions of these early actions are recorded with pleasure or some discomfort and tension-pain, according to the degree of satisfaction registered, and partial success ranges between "not-all-good" and "bad." Thus, qualitative assessment *follows* quantitative urge in action and this is the inverted start of the individual's later reasoning in cause-effect sequence—a very startling fact because of the enormous liability to error if the foundations are awry.

To have no action at all would mean actual death; the nearest that the live infant comes to this state is where complete frustration is registered and causes a giving up of the started activity, with inhibition of the urge subsequently for that particular activity (as yet without conscious purpose). Such a loss is a seeming death of the voluntary urge, and with this is felt a mood-depression such as the intense mourning that accompanies the loss of someone who was loved like life itself and whose passing leaves, as it were, a kind of vacuum.

The earliest phase of the child is thus non-social, and no social assessments of its activities can have any true meaning for it in its psychological difficulties. Its first and most important activities are quantitative urges concerning its oral life. It takes in the world orally, and when all goes well it eats up the world and registers a "good-inside" feeling which will repeat when subsequent similar action is started; when all is not well the world appears to be attacking and eating *it* up, and this is stored as a memory of "badness-inside," which recurs unless subsequent successes are sufficient to erase the former experience. Upon such foundations of "good" and "bad" is the later perceptual development of the ego built, colouring its ideas of "right" and "wrong" about itself and its relations to Society. The infantile foundation of memory storage starts with this concretion of "intro-jected" feeling judgments during the oral phase; they are taken in at the mouth and not by the mind, save for the queer, distorted pictures it forms of what is happening synchronously inside and to its own body in the way of sensations of the skin, etc. Well may Petrarch say, "Reason speaks and feeling bites."

When the external world perceptually impinges on this inner world of the child, its social life and reasoning in a qualitative manner may be said to begin. Now its previously introjected experiences may be noticed as a tendency in behaviour to express themselves as "projections" which attribute to others the "good" and "bad" inside feelings, whenever they are reminiscent of or capable of re-arousing the original memories. Such projections are the *tu quoque* of the schoolboy, or the more forceful and metaphorical slang formula "You give me a pain in the neck;" these projections have an aggressive content. If an inhibition is broken through it is likely to come up with a flaring hate-rage reaction, but if stimulated only partially will more likely be experienced as something bad lodged within the belly that can neither be dissolved nor digested, nor got rid of *per os* or *per anum*, despite life-long obsessional retching or purgation accompanied by preoccupation with anal and oral interests and physical symptons. This ruminative interest with oneself is termed hypochondriacal.

Is the infant aggressive? Yes, from the social point of view; no, from its own angle. All frustrations of activity in infancy are danger-situations in which it is aware of being attacked, through endowing the world animistically with life and its own activities, and this is the origin of the later phase of projection. When the world is attacking there is a hate-fear feeling, but at the same time within its own body are tumultuous upheavals in its organs, physical systems and body-sensations. The hate-fear is attached to the world as danger and the infant is left to become more and more overwhelmed by its physiological disturbances. Every later repetition of frustration arouses anxiety and acts as a danger-situation, and there is increased consciousness of physiological dysfunction with its accompanying physical sensations. By such means are hypochondriacs produced, with increasingly disastrous preoccupation of attention and anxiety on some organ or system. From very similar origins we get the Anxiety-states with viscerally expressed anxiety; Anxiety-neurotics are the unfortunates who regard themselves as cowards since they sweat, tremble, dither, feel faint, quake with fear in the presence of physical danger—all of which phenomena and symptoms are commonly labelled "funk" by social standards. Between the attacks they are apologetic, meek and gentle creatures, with possibly occasional flare-up of rage. The hypochondriac becomes aggressive when he is told that there is nothing the matter with him; the anxiety-neurotic behaves similarly when he is socially disapproved of too severely, exemplifying the proverb of "the worm turning."

In times of peace Society does not object to the meek and gentle male: he is often spoken of as "such a *nice* man!" But when he has frequent attacks of unreasonable rage he is resented and regarded as some species of "Jekyll and Hyde." It is quite clear that in peacetime Society prefers a complete inhibition of aggression to its expression; unlike Nature, Society does not appear to abhor a vacuum. This non-understanding of aggression gains nothing but leads to a vicious circle, for it does nothing constructive to help these handicapped individuals. Society accordingly, finding it very expensive in time of war, alters its attitude and tries coercion.

ABERNETHIAN SOCIETY

A General Meeting of the Society was held on Wednesday, April 15th, 1942, at 6 p.m., in the Abernethian Room, with the President, Mr. A. G. S. Bailey, in the chair.

In *private business* the President's proposal that, in view of the quickening tempo of war, officers should hold office for six months only, instead of twelve, was carried *nemine contradicente*.

The names of Messrs. R. J. Harrison, P. C. Mark and J. H. Gibson were proposed for the office of Junior Secretary in place of Messrs. Grey Turner and Phillips (now Senior Secretaries). Messrs. Harrison and Mark were elected by a large majority.

In *public business* the President had much pleasure in calling on Lord Horder to address the Society on "Social Medicine." His Lordship needed no introduction to his fellow-members, or, for that matter, to any other audience; for since April 1st many must have suffered from attacks of windy spasm referable to that wholemeal (*sic*) bread, whose compulsory consumption he had so strongly and effectively advocated.

Lord Horder began by rebuking the President, gently but firmly, for slipping up so egregiously over the composition of the national loaf. He then turned to the main theme of his lecture. Was progress in the basic departments of medicine, he asked—those of prevention, cure, and research into the nature of disease—keeping step with changes in the social milieu in which their work was done? Excellent advance was being made in the field of research; in the preventive sphere luck had largely been on our side; but the practice of curative medicine had, he felt, lagged sadly behind general social trends. Other authorities were alive to this situation and had constructive remedies to offer. Professor Ryle, for example, wished to set up a National Medical Service — "socialised medicine" rather than "social medicine." Sir Farquhar Buzzard had suggested "Social Medicine" as a fourth basic component, complementary to those of the triad already enumerated. This, Sir Farquhar had hoped, might come into being in the near future. Lord Horder demanded it now.

He went on to make many stimulating points about the need for political consciousness in individual doctors, and the practical responsibilities such consciousness entailed on them. He himself as a student had grown up in the hey-day of *laissez-faire*—an atmosphere admirable as a preparation for the City, but one unfavourable for good doctoring. Only

latterly, indeed, had he acquired a proper sense of citizenship. The doctor, if he is to be a good citizen, must control his impatience over the signing of innumerable forms; he must see that his patients avail themselves of the public health services; that food, shelter, clothing, congenial work, access to sun and air, and leisure are secured to them; and he must see to it that politicians are instructed in these basic needs of their constituents. The modern doctor should justify Virchow's 50-year-old remark that, "Medicine is social science and politics is medicine on a large scale . . . its task is an educational one . . . it must fight the battle of humanism."

In the future organisation of academic medicine Lord Horder looked for greater traffic of ideas between clinic and laboratory and between medical men and the public. The existing Colleges, he thought, might well be fused into a single Academy of Medicine, in which, of course, Social Medicine would have its rightful place.

Lord Horder examined specific instances in which, by patching-up, the present state of things could be improved. But he did not believe that patching alone could be sufficient. It was certain that there would be none wealthy enough to finance a Voluntary Hospital System in time to come. Full control by the State of Hospital Services was needed to replace it. He was not impressed by arguments that salaried doctors would be responsible to their employers rather than to their patients; he did think it desirable that they should have the benefit of freedom from a sense of personal insecurity. Education was available to everyone and this had not entailed a socialised state. But if health could only be made available to everyone by socialising medicine then he was prepared to accept the position.

He did not think that the system obtaining in Russia would work here. A family basis, free choice of doctor, and continuity of personal care were for us essentials. But a planned system there must be. For the public mood, no longer viewing planning as necessarily incompatible with liberty, had reached the limit of tolerance of *laissez-faire*.

Lord Horder ended with a very fine statement of this ideal, whose practical merit would be reckoned in terms of improved health instead of in numbers of wealthy doctors; and he urged the profession to welcome it ungrudgingly.

A vote of thanks having been ably proposed by Dr. Spence and carried with acclamation, the meeting was adjourned.

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THE BRAINS TRUST

The Society held a second "Brains' Trust" meeting on Tuesday, May 5th, in the nurses' sitting-room of Queen Mary's Home, by kind permission of the Matron.

The members of the "Trust" were Miss Helen Dey, Dr. Geoffrey Bourne, Dr. Yorke, Dr. C. M. Fletcher, Mr. H. C. L. Scott, and Mr. J. A. Smith, with Mr. Michael Harmer as question-master. After reading the minutes of the last meeting, the Secretary expressed the Society's thanks to Matron and pointed out that that was the first occasion on which the Society had met in the precincts of the nursing staffs' residence.

Mr. Harmer's introduction was the most brilliant feature of an excellent evening's entertainment. Smith, he said, was the sort of encyclopædic-minded man whom you could tell anywhere but to whom you could not tell much. He regretted that Stewart had declined to join the "Trust" again as he had stipulated that no woman should be present—possibly he was smarting from the memory "of the trouble a mermaid had got him into." Matron had come, not in the stately black and white of yore, but in "a uniform more chic indeed, but reminiscent of a feminine Robin Hood." It was a sad reflection that this gay spectacle was kept away from the Square by the business of other sector hospitals. Dr. Bourne had a wit rare and dry, like finest champagne, and a special interest in hearts, when they became pathological. Of Dr. Fletcher he could only say that he was a Trinity man, and reminded listeners that Nelson was "not a Trinity man, yet nevertheless a man of whom England might well be proud." Mr. Scott, by his description, had a colourful life behind him, and Major Yorke a profitable one —many a man, he said, was walking the streets of Paris because he had not appreciated that the Major held a full house against his

SPORTS NEWS

CRICKET

The first match of the season was played on May 2nd. The Hospital were opposed by the Rahere Rovers. The match was won by the Rovers, but in fairness to the cricket club it must be noted that several members of the cricket club being Rahere Rovers they played against a rather weakened Hospital team.

Ralph Heyland will captain the side this year, and it is hoped that his duties will not prevent him from playing. M. R. Hunt is the team secretary and A. J. Gray the match secretary.

A fuller account of the first match will appear in a later edition of the JOURNAL.

RUGBY FOOTBALL

The season came to a close with the Middlesex 7-a-sides on April 25th. Bart.'s have had a very successful season. Of the 20 matches played 12 were won, 6 lost and 2 drawn. In the Hospital 7's, U.C.H. were beaten comfortably in the first round. This brought us up against Mary's. The Hospital were beaten 8—0 after a very good game.

R. L. Hall, the captain, qualified in April and will not be with the side next season. He will be a great loss to hospital rugger. He is to be congratulated for playing for the Barbarians, and both he and J. P. Stephens for playing for the United Hospitals.

LAWN TENNIS

The Lawn Tennis Club opened its season on May 9th with a trial down at Chislehurst. It was an excellent day and the courts were in very good condition. In the circumstances it was a pity so few people turned out.

The first match is on Saturday, May 16th, and the Hospital is looking forward to a good season. J. P. Stephens will captain the side and Y. Y. Gabril is the secretary.

SWIMMING

The Annual General Meeting of the Swimming Club was held last month and the following officers were elected. Mr. Vick was unanimously re-elected president, and Dr. J. T. Harold and Mr. C. Newbold were elected vice-presidents. J. Pearce is to be captain for the coming year and L. A. McAfee vice-captain, and G. F. Wigglesworth was appointed secretary. The members of the committee are C. R. P. Sheen, J. R. Moffat, J. A. Smith and K. C. Horrocks.

In the first match on May 1st against "X" Division Metropolitan Police, both the relay race and the polo match were won; the score in the polo was 4—1, goals being scored by Pearce (2), Smith and Wigglesworth.

It is hoped that we shall be able to arrange a fair number of fixtures despite the lack of opponents and difficulty of travelling caused by war conditions.

All contributions for July should reach the Journal by June the 12th.

(*continued from p. 160*)

own flush.

The "Trust" had to answer fourteen questions and to one only kept silence. None had a suggestion for the names of the six proud walkers in "Green grow the Rushes-o," and we were disappointed that the name of Johnnie sprang to no one's lips. But some members were more didactic later on: Dr. Fletcher (who might be suspected of a more active life) had apparently spent years of research on the problem of the "rotatory movements of water about a bath-waste." Mr. Harmer intervened in the discussion about "hyperæsthesia and formication in an appendicectomy scar when rainy weather was imminent," and demonstrated his acceptance of a Surgical Registrar's advice (see the JOURNAL of August, 1941, Vol. 2, No. 11, War Edition) that every surgeon should undergo an operation once in six months. Major Yorke and Mr. Scott were a little jealous about baldness in young people and persuaded the "Trust" to pooh-pooh the idea that it was becoming commoner. Matron was beautifully discreet while the men discussed the differences between beauty and loveliness, and with an appeal to the charms of sweetness of temper and goodness of heart drew an Athenian radiance into all the feminine features about her. When music was discussed by Dr. Bourne we were not surprised that Wagner was excluded from the names of great composers, but incredulous that he should have omitted mention of English Purcell. And we had hoped for a more definite statement on his attitude to Russian dances. When the suave tones of the Question-master announced the end of the programme the audience had learned that Mr. Smith claimed descent from north of the Tweed, but were still uncertain of his sibship with the famous classicist and with that other Don and author of the monograph on Aryan harmonies.

CONJOINT RESULTS

DIPLOMAS

McShine, A. D.
Sandes, D. L.
Aston, J. N.
Gifford, C. S. E.
Hall, R. L.
Holtby, G. R.
Bartlett, D.
Pezeshgi, H.
Druitt, A. W. N.
Story, P.
Fison, J. L.
Stern, D.
McLean, I. E. D.
Sinclair, A. C.
Heffernan, H. N.
Picton, F. C. R.
Hill, I. M.
Allardice, A. R.
Jacobs, D. K.
Brewerton, R. S. E.
Ismay, D. G.
Jenkins, B. A. G.
Arnold, D. L.
Alcock, R. J.
Heyland, R. H.
James, A. R.
Mawe, J. F.
Burkeman, L. E.
Schiller, M.
Loughborough, J. D.
Bone, D. H.
Thomas, D. C.
Shirazi, M. R.
Davies, J. A. L.

PATHOLOGY

Macaulay, J. C.
Story, P.
Kelsey, D. E. R.
Holborow, E. J.
Collard, P. J.
Westwood, J. C. N.
Bentall, H. H.
McGrigor, R. B.
Fison, J. L.
Thomson, I. F.
Philpott, M. G.
Knott, J. M. S.
Leacock, A. G.
Hicks, G. E.
Castleden, L. S.
Thrower, A. L.
Brenan, A. H. W.
Mawe, J. F.
Brewerton, R. S. E.
Bower, R. J.
McShine, A. D.
Durham, M. P.
Lucas, R. M.
Fluker, J. L.
Andrews, J. N. H.
Thursby-Pelham, D. C.
Danby, A. J.
Lemerle, M. E.
Wells-Cole, G. H.
Merryfield, S. J. T.
Perkins, E. S.
Hanbury, W. J.
Collyns, J. A. H.
Spencer-Phillips, P. J.
Jacobs, D. K.
Sandes, D. L.
Burkeman, L. E.

MEDICINE

Mawe, J. F.
Simmonds, W. B. G.
Jones, A. E.
Pearce, J. F.
Loughborough, J. D.
Haga, P. J.
Stack, H. G.
Ismay, D. G.
Gifford, C. S. E.
Hans, S. F.
Hall, R. L.
Sinclair, A. C.
Thomas, M. V. P.
Holtby, G. R.
Aston, J. N.
Sandes, D. L.
Schiller, M.
McCready, I. A. J.
Cook, J. B.
Brewerton, R. S. E.
Bone, D. H.
Heffernan, H. N.
Fry, P.
Alcock, R. J.
Stern, D.
Lambert, C. L. S.
McLean, I. E. D.
Jenkins, B. A. G.
Fison, J. L.
Arnold, D. L.
Bromfield, F. B.
Thomas, D. C.

SURGERY

Stewart, J. G.
Roxburgh, I. A.
Bartlett, D.
Street, D. F.
McNeill, K. A.
Tylor, G. W.
Nicholson, R. D.
Pezeshgi, H.
Merryfield, S. J. T.
Goldstein, H.
Davies, J. A. L.
Nixon, J. C.
Attlee, W. O.
Evans, T. G.
Squire, J. W.
Heyland, R. H.
Stephens, J. P.
Mathes, C. J.
Hill, I. M.
Baron, H. W. A.
Frampton, H. G.
Druitt, A. W. N.
Story, P.
L'Etang, H. J. C. J.
Picton, F. C. R.
Burkeman, L. E.
Watkinson, G.
Shrieber, M.
Helme, P. E.
Weinreb, H.
Demetrius, L. F.
Campion, C.
Boroda, C.
McShine, A. D.
Sanyal, M. C.
Morgan, L. J.
Brenman, E.
West, J. A. T.
Shirazi, M. R.
Macdonald, J. M.
James, A. R.
Bevan, J. E. C.
Coggin Brown, P.

MIDWIFERY

Stern, D.
James, A. R.
Hewitt, S. R.
Baron, H. W. A.
Horbacz, H.
Gallimore, J. O.
Stack, H. G.
Roxburgh, I. A.
Thomson, I. F.
Demetrius, L. F.
Pollak, F.
Allardice, A. R.
Aston, J. N.
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Bevan, J. E. C.
Winocour, G.
Burkeman, L. E.
Attlee, W. O.
Manning, C. W. S. F.
Mistlin, L. L.
Klein, B.

At HILL END

The last Scottish dancing of the season is due to take place in two days time. We are investigating the possibilities of holding this exercise out in the open air later on, but it is difficult to say how far this will be possible.

There is to be a discussion here on the first year of clinical work in the near future. This is being organised by the junior secretaries of the Abernethian Society, and we wish them all success in their effort to get that Society going at Hill End, since it is very difficult for people from here to get down to Bart.'s to attend the meetings that they hold there.

The Memorandum Committee hold weekly meetings, and it is not too much to say that now the final form of the document is taking shape. Considerable work and reading will have gone into its preparation, and most of the relevant literature has been consulted.

During the last week of April an Aid to Russia Week was held in St. Albans, in which we co-operated. Our effort consisted of a raffle for a pint of beer, a collection from the students, and a dance, the proceeds of which were devoted to the fund. Altogether about £22 was raised—a creditable effort since the total St. Albans' figure represented far less per head than this does.

The Exoma Press, Ltd., 255 Liverpool Rd., N.1.

SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

JULY 1942

VOL. 3 No. 10.

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

Vol. 3. JULY 1st, 1942. No. 10

RUSSIAN ALLIANCE

The news of the alliance with Russia has thrilled the followers of the United Nations and stirred the hearts of our countrymen at grips with Armageddon. Its significance for medicine is harder to assess. Since 1917 drew to its awful close, no English eye has dwelt dispassionately on the Russian scene. Stories have been told of the gigantic scale of scientific research under the ægis of the Five Years' Plan, but hitherto this library has been closed against us by the twin gates of language and high policy. To-day, the way is open.

At a wedding service the congregation would be startled if bride and groom pledged themselves for twenty years and arranged to take out a decree *nisi* after that interval had passed. But although international ethics are commonly supposed to share the principles of personal morality, the audience of a similar ceremony on the national scale hardly evinces a whisper of surprise. The fact lights up the fallacy; the conduct of international politics has no structural resemblance to personal behaviour. It would, perhaps, be impolitic to accentuate our conviction that the re-orientation of British foreign policy gleams in the same strange light which silhouetted a famous *volte-face* in Central Europe. So long as we understand that the behaviour of nations has nothing in common with the moral obligations of a Christian, we need not bother with resemblances fanciful or real. England fought Germany in 1914 because her civilisation was threatened; the threat was repeated in '39. Who prefers the English way-of-life does well by fighting to-day. He fights because he is selfish for himself and his friends—and, at long last, that is the very best reason for fighting. Selfishness is a vice which moralists read into natural behaviour. Selflessness leads to the philosophy of Gandhi, in this country to the religion of the Friends.

The identification of Russian and British interests will provide a chapter in that history of psychological epidemics which we foreshadowed on another occasion. In the correspondence column there appears a letter from Doctor Geoffrey Bourne, in which he offers the Editor some unexpected advice. He considers that the leading article of last month is tinged with emotionalism, and that consequently its conclusions are not necessarily valid. An argument, however, may be logically correct, although it is expressed in emotional language.

His association with "Vansittart's realistic attitude that Germany has made five wars, and must be prevented from making a sixth," can claim an authoritative backing in Article IV of the new alliance which provides for common action against Germany in the post-war period should hostilities break out again. It is, therefore, hopeless to point out that the suppression which Lord Vansittart advocates can no more be expected to engender respect for democratic ideals than the rule of the Gestapo for Nazi morals. But to Doctor Bourne's charge of emotionalism we may be allowed to answer that the article which has aroused his scorn was an attempt to evaluate England's reaction to war without deference to personal bias.

These matters may seem far removed from the practice of medicine. But historical insight is the clue to perspective. Medicine in this century is fundamentally different from medicine in the age of Hippocrates. In the interval it has felt the force of the Christian impact. Whereas Hippocrates taught the healing of sickness, the Christian has asked for the healing of the sick man. On the one hand, stands the aloof, impersonal philosopher; on the other is the ready, sympathetic doctor. The old and barren argument whether medicine is an art or a science is dissolved by this picture. In the medical life of the day it is reflected in the work of the general practitioner who visits the sick man in his home, and in the calculations of the medical officer of health who foresees and attempts to check the rise of an epidemic. The two are not absolutely distinct. A famous story about Sir William Osler is a good illustration of their fundamental unity in modern medicine. He was asked by a beggar for his cloak. He gave it to him—having been given the promise of the beggar's hob-

nailed liver when he died. Sir William's was a watered charity; medicine combines a practical Christianity with a Hippocratic unconcern.

Charity, on any scale, has its audience. As in Germany under the Nazis the Winterhilfe movement was a demonstration of organised charity which won widespread acclamation, so in the Soviet Union the gospel of Karl Marx has been accorded a gigantic ovation by a community which is largely Christian. Under the Five Years' Plan the energies of those peoples have been directed into the single channel of bettering the lot of the human race. Now that Russia and Great Britain have entered on a twenty years' partnership, this movement is going to be felt even more strongly in this country. There is, therefore, the danger of overlooking some of Nature's greatest lessons in the haste of helping our fellow men.

One example must suffice. In Russia of late years ecologists have developed many lines of research on the distribution of mouse-like rodents because they are reservoirs of plague and tularæmia. But very little is known of the other diseases which afflict these rodents and of those other more obscure factors which bring about remarkable fluctuations in their numbers. In this country, however, ecological research has been conducted on a less anthropo-centric basis, and it has reached a climax in this year with the publication of "Voles, Mice and Lemmings," by Charles Elton, the director of the Bureau of Animal Population at Oxford. For doctors it has this particular interest that it criticizes much that is commonly accepted as epidemiological knowledge and offers chances of improving that knowledge which have not hitherto been dreamt of.

So much is written and said of Russian greatness that we are inclined to overlook the things which we can offer Russia. In the medical world these may not be very many; but one of them is the suggestion that the study of human disease is only part of the great biological problem of disease and senility. In helping our fellow men, we shall do well to remember our fellow creatures.

STUDENTS' UNION FINANCE

The following report has been sent to the Editor by the Financial Secretaries of the Students' Union:—

The financial year of the Students' Union ends in September, and it is therefore impossible to present a statement up to the present time. We can, however, make a statement of the financial position of the Students' Union ending September, 1941. During that year we have shown an excess of income over expenditure of £388 8s. 6d.; whereas the figure for the previous year was £281 8s. 4d. This margin is in no small measure due to the policy we adopted of limiting expenses as far as possible; but at the same time to grant each of the clubs a proportionate sum of money which compared very favourably with their respective peace time allotment.

We have had to meet additional expenditures in certain instances, for example, we have four places to maintain instead of two as in peace time. The JOURNAL too, which in peace time was entirely self-supporting is now run at a loss. This loss is entirely due to increased cost of publishing which has increased by over £10 per month. We decided that the JOURNAL must carry on and so as to limit the loss a small charge should be made for each copy. It should be stated that during the years the JOURNAL made a profit this was paid into the Students' Union.

The principle items of expenditure are:—

	£	s.	d.
Upkeep of Chislehurst	915	10	11
Expenses of Clubs	269	11	11
Expenses at Queens	269	4	6
Expenses at Hospital and Sector ...	198	7	9
Loss of JOURNAL Revenue ...	118	14	9
The total expenditure of the Students' Union is	1,993	15	0
The total income of the Students' Union is	2,406	2	1
The income is derived from Members' subscriptions	2,160	1	11
Investments and sundry receipts ...	246	0	2

Re expenditure, the greater part is spent to keep activities going throughout the hospital. Under present circumstances we feel sure that the excess of income over expenditure shows, for the present, a satisfactory state of affairs; but necessarily, because of fewer members entering the hospital our income will decrease. We feel, therefore, that all unnecessary expenditure should be reduced to a minimum, and this is the present policy of the Students' Union.

We would like to thank Professor Ross for the very active interest he has taken as Senior Treasurer of the Students' Union and to congratulate him on being unanimously elected President of the Students' Union. We would also like to thank Professor Wormall and Dr. Scowen for their support and untiring efforts and to congratulate Dr. Scowen on being elected Senior Treasurer.

Would yer believe it!

ON HUMOUR AND WIT

By JOHN BOURKE

"Laugh and grow fat," so runs the ancient saying—a saying, truly, of some little ambiguity. Is it just a statement of a causal sequence, lamentable but true? And if so, is the meaning that if we laugh we inevitably become vast in our proportions, or that laughing is merely a short cut to rotundity? Or again, do the words perhaps convey in addition a friendly piece of advice? It is a hard saying to unriddle. But whether we have here a warning or an exhortation, it is equally hard to deny that laughing is a good thing in the sense that it would be better for us all if more of us laughed more often. I bear in mind, of course, that laughter is a noise, frequently a most unlovely and irritating one, more reminiscent of an aviary than of a human society; a noise which, according to our powers, may range from a piercing caterwaul to what Carlyle calls a "whiffling husky cachinnation." There are, none the less, physiological as well as psychological reasons why we do and should laugh; and, in general, in these our times of strife and strain and sadness, amid the wrecking of lives and the blasting of homes and the din of "chariots hurrying near," we need the tonic of laughter all the more urgently because there is so little to bring it to us.

What are the occasions of laughter? They are many and diverse and not easily interrelated, frequently odd, sometimes obscure. We laugh when we are tickled, or under the influence of certain gasses. We laugh from nervousness or in hysteria. Some of us "laugh the loud laugh that spoke the vacant mind." We laugh at a joke, at an unexpected or incongruous situation, at petty disasters to others or even to ourselves. We laugh from hostility or in derision. Sometimes we laugh when by all the rules we should weep, and weep when we should laugh—a fact, whose further investigation would, if pursued, open up the whole profound problem of a possible common source for tragedy and comedy alike.

Perhaps we may conveniently distinguish among the causes of laughter two main kinds which, without being able to separate them, we may term the "physical" and the "mental." Instances of the former kind would be the laughter of tickling and the laughter under gas, and less certainly the laughter of nervousness and hysteria. In these there is a physical stimulus but little or no mental content; there is, we may say, a *cause* of laughter, but no *object* laughed at. Of the latter kind we have examples in the laughter of humour and the laughter of derision, where the cause of laughter appears to be the object itself that is laughed at. Now as we laugh at what is humorous far more often than we do out of hostility or derision, and as humour is our first interest here, we shall concentrate upon it. The humorous, then, is always laughable, though laughter may arise from other causes. We may note here, in passing, that we should be careful about our use of the term "laughable." For it does not follow, because I *laugh,* that *I am aware* of something laughable. As we saw, my laughter when tickled or nervous is not strictly about anything laughable; though of course it may itself in turn become laughable to a spectator, in which case I become a laughable object.

What, then, is this quality of humorousness which we have asserted to be the chief "mental" cause of laughter? I know that it is easy and fatal to dogmatise upon a matter so difficult and subtle as this and one in which variety of individual temperament and experience counts for so much; but where space is limited it is scarcely possible to avoid being dogmatic in being brief. Let us then risk the opening assertion that the essence of the humorous lies in a juxtaposition of incongruous elements that more or less violently defies an accepted and expected standard within a certain context. Some would say that this account is too wide, and would suggest incongruities that are not humorous. And they would be right, as we shall see when we come to introduce certain qualifications below. But it will do for the moment. Take a preacher in a pulpit. There is nothing necessarily humorous in such a sight. He is clad in surplice and hood, has a Bible and watch with him, and has just polished and adjusted his spectacles. In all this there is nothing humorous. Now imagine that he comes up to preach with a large sooty smear down one cheek; that he brings his pet poodle into the pulpit with him; or that in the midst of his sermon he breaks off and starts to knit. In each case an element intrudes that is incongruous and humorous, and the latter precisely as a result of the former. Whether this particular example strikes the reader as humorous or not, matters not at all; he has only to substitute a case which does seem humorous to him, and he will find that the same test holds good.

At this point we may introduce the first of our qualifications. The incongruous element must not be of such a kind as to awaken in us fear; for fear casts out humour. If the preacher took up with him into the pulpit a pistol or a poisonous snake, and displayed them menacingly, incongruity would still be present, but humour would most probably have departed. Nor need the fear be for ourselves only. Let us suppose that the preacher slipped and sprawled in the chancel; the moment that we realised that he was hurt and in pain, any desire that we may have had to laugh would be stilled—unless, of course, we despised or hated him and laughed in hostility or derision. So that in this sense at least they are right who urge that there can be incongruities that are not humorous; these would, as incongruities, produce in the onlooker a sense of disturbance, but not one which would find relief in laughter.

Next we must ask whether a situation can be humorous in which there is no human reference. Let us think of a stream, down which there comes floating a graceful swan—followed close behind by an old boot. Clearly the boot is incongruous, while the swan is not. Does the situation gain in humorous content by the presence of the boot? It is hard to deny that it does. Yet the human reference here is not immediately obvious, apart from the fact that the boot is used by human beings as a humble article of attire. Can it perhaps be that there are some non-human objects that are in themselves humorous in some way? Is a boot in itself a funny thing? Or a sausage? Or a penguin? Or rhubarb? It might, of course, be argued that each of these involves a human reference—that a penguin is funny only because it looks like a caricature of a human being; that rhubarb is funny only because of what it does to us; and so forth. But at that rate it would scarcely be possible to think of anything which had not some human reference. Yet again, if these things were funny in themselves and intrinsically, they should be so in all relations. But they are not. A boot is not funny when it is on someone's foot; and rhubarb is not funny to look at, but only to meditate upon.

When, however, we reflect further, it seems that we cannot avoid admitting a human reference to be essential if an incongruous element in a situation is to be pronounced humorous; and for the very good reason that such a reference seems essential if an element is to be pronounced incongruous at all. Incongruity arises in terms of and in defiance of a standard which can only be one set up by human beings. We cannot say that there is incongruity amongst inanimate objects *in themselves* (the case of the triangles is not relevant here). A prayer-book and a hot-water bottle are not intrinsically incongruous one with another. Situations could indeed be imagined into which either might enter as an incongruous element. On the other hand, we can easily envisage a situation into which both might enter and neither be incongruous. And the same holds good, I venture to think, with any imaginable group of apparently ill-assorted objects. Even if it were not so, we still have to remember that it is *we* who are perceiving or thinking of the situation and so providing an ultimate and inescapable human reference; for no situation can be perceived or even thought of save in reference to a human mind, and whether objects and situations can *exist* independently of a knowing mind is a problem for metaphysics and logic, not one for the psychology of the humorous. Finally, as we are here interested in incongruity as the basis of humour, we are not concerned with any standards that animals may make use of; in any case, save by a more or less precarious argument from analogy, we have no means of knowing what these could be.

Incongruity may take various forms. One of the commonest is exaggeration, though by no means all exaggerations are humorous, or involve incongruity in the strict sense. "Gulliver's Travels," the adventures of Baron Münchhausen and Walt Disney's cartoons are full of exaggerations that are humorous. Closely allied to exaggeration is repetition. It is well known that we may be made to laugh by the simple repetition of an object or an event not in itself humorous. There is nothing funny in my possessing two or three pairs of shoes; but what if I have sixty-one? And we all know the clown who disrobes on the stage and takes off coat after coat after coat. Two points may be noted here. (1) Neither repetition nor accumulation in itself need involve incongruity. They only do so when they continue in defiance of an accepted standard in a specific case. There is, for example, nothing incongruous or humorous in a collector of snuff-boxes or postage stamps possessing hundreds of either. (2) On the contrary, it would be incongruous and ludicrous for an avowed collector of

foreign stamps to have only four stamps in all; so that absence of repetition or accumulation can on occasion also be incongruous and humorous. This suggests that the terms "repetition" and "accumulation" in themselves involve a judgment and imply a standard.

Perhaps we may now attempt a definition. The essence of the humorous may be said to be the juxtaposition of incongruous elements but not such as to awaken the emotions of fear or pain, the incongruity in question arising either from the intrinsic quality of the elements in connection, or from their exaggeration or repetition, or from these factors combined, and in every case violating an accepted standard in the particular context. The *humourist,* then, will be a person who has a keen perception of such incongruities; and a *"sense" of humour* will be that faculty whereby he perceives them.

A word or two must be added about this prized possession, the sense of humour. Large numbers of people clearly feel it a worse insult to be accused of having no sense of humour than to be accused of having, say, no religion. Such a fearsome taunt implies at least that a sense of humour is a good thing to have. But clearly the reference here is to a very special case, namely, the ability to take in good part banter or still more serious hardship, and so make the wheels of life spin more merrily for all concerned. On the other hand, a sense of humour can be anything but a blessing, especially to those of us in whom its lamp burns dimly. Sometimes we actually couple adjectives such as "perverse" or even "devilish" with it. What, too, of April Fools' Day, and of the harmless practical joke? What of the small boy who had so much sense of humour that he laid an entirely harmless and entirely successful little booby trap for his pompous grandmother who had so little sense of humour that she could not appreciate it?

Let us now turn to the question of wit, and consider it in itself before comparing it with humour. First we notice that we have in use the three terms "wits," "wit" and "witty"; and that they do not all seem to have the same reference. The main distinction is, I think, between the plural form "wits" on the one hand, and "wit" and "witty" on the other. Tennyson's white owl who sat in the belfry "warming his five wits" was clearly cherising his five senses. Similar is the use when we impatiently exhort someone to use their "wits," which here are almost the equivalent of "brains" or "common sense." Again, when we describe a man as "living by his wits," we mean that he makes his way in the world by the (albeit unscrupulous) use of his brains.

Now many of our fellow men are endowed with wits in the plural without displaying any sign of wit in the singular. To be brainy and to possess common sense is not to be witty; and indeed, it is possible to be extremely witty and show a lamentable lack of common sense.

What, then, is wit, and what is it to be witty? Perhaps the first point to emphasise with regard to these terms is that, in contrast to "humour" and "humorous," they are used only of persons or their remarks. We apply the term humorous equally to a person, a remark, an event, or a complex situation. But we do not describe a situation as witty; nor do we say "Do you know, such a witty thing has just happened to me." We locate wit in persons, their remarks and ideas. We do not locate it in things, events or situations. We do not even describe a person's actions as witty, though we might so describe the ideas which prompt them. On the other hand, wit no less than, perhaps even more than, humour implies an ability to perceive connections that are subtle and unexpected. A witty remark is one in which, by a subtle and imaginative perception of the connections between ideas we express tersely in words an unexpected and piquantly satisfying association between certain ideas. Unexpectedness and, as we shall later emphasise, aptness are, no less than brevity, components of the soul of wit. But we still have not laid bare the essential distinction between wit and humour; which may now be stated as follows. Wit is not merely the ability to *perceive* connections; it is the ability to *create* them. Humour, on the other hand, is the perception of a certain connection between elements *given* in our experience. Humour largely *occurs;* wit is created. Further, wit is essentially intellectual; whereas humour (as the very expression "sense" of humour hints) is sensuous in character. Wit, then, is intellectual, creative, active, humour is sensuous, receptive, re-active. The origins of wit lie in ideas and the connections *formed* between them. The origins of humour lie, in the first instance, in connections *discovered* between elements *presented* to us in a situation, and only derivatively in ideas. This is why we do not, as we noticed above, locate wit in objects, events or situations. Wit is, furthermore, rarer than humour; and what is witty will be appreciated by fewer than what is humorous. If it is also true that wit is more intellectual than humour, then we must probably say that appreciation of wit demands higher mental qualities than appreciation of humour. We must, however, hasten to add a caution against the assumption that the wit is a more human person than the humourist; and to point out that a higher mental quality is not necessarily the same as a nobler quality of character.

Let us now return to the subject from which we set out. We began with some remarks upon laughter; and suggested that the chief "mental" cause of laughter is awareness of the humorous in some form. Now we have to ask how wit is related to laughter. "Laugh not too much; the witty man laughs least," wrote George Herbert. Does a witty person in fact laugh much? And is laughter our normal reaction to the witty?

In discussions upon laughter there is too frequently noticeable a tendency to neglect the distinction between it and smiling, and to assume that the two are identical in nature and origin. This is clearly neither satisfactory nor true. Laughing and smiling are indeed inextricably connected, and the passage from the one to the other is easy and unpredictable. Yet they are quite distinct; and it is possible to smile without laughing, and also, with some people, to laugh without smiling. They differ, first and most obviously, in respect of their external manifestation. Smiling is visible only; laughter is audible as well. Smiling is confined to the facial muscles; laughter (even when "suppressed" and hardly audible) involves deeper muscular contraction and intermission of breathing. But they differ also in two other respects; in respect of the mental states they indicate, and in respect of their objects. (1) We find that smiling indicates mental satisfaction, approval and composure. Laughter, on the other hand, itself a disturbance, is indicative of mental disturbance; it does not indicate composure, and is felt as pleasurable only by way of relief. Consequently (2) the objects and experiences which induce smiling or laughing respectively will differ accordingly. The former will be such as to produce a felt pleasurable satisfaction in the self, and the latter such as by their inherent incongruousness to produce a mental disturbance which, though unaccompanied by fear, yet seeks relief and finds it in laughter.

For the matter in hand, the truth seems to be that, upon the whole, we laugh at what is humorous and smile at what is witty. We laugh at jokes; but few jokes are witty. And the works of Pope or Le Rochefoucauld do not produce in us peals of laughter. The reason for this is not far to seek, if what we have said above about smiling and laughing is true. In the intellectual appreciation of a witty saying we experience a pleasurable satisfaction, that finds its normal external expression in an approving smile rather than in the profounder disturbance of a laugh. If we do not laugh at what is witty, it is because we do not *need* to. There is in wit unexpectedness, subtlety, even pungency. Yet (and this is our last remark on the subject) the core of wit, despite all else, is *not incongruity but aptness,* an aptness which, though it surprises, delights without disturbing. This element of disturbance in laughter has not, perhaps, been sufficiently emphasised. "Our sincerest laughter with some pain is fraught," sang Shelley in his ode "To a Skylark"; and, though we may feel that the word "pain" is here too strong, without doubt Shelley sees deeper into the matter than those who have no feeling for "the tears of things."

But we shall do well to guard against intellectual snobbery in this sphere, as in others; for wit no less than humour has its characteristic vice. Thomas Moore wrote of Sheridan as a man:

> "Whose wit in the combat, as gentle as bright,
> Ne'er carried a heart-stain away on its blade."

Now there is an instrument, called for politeness' sake a "mordant" or "caustic" wit, which is never gentle, sometimes not very bright, and always abundantly incarnadined; and the wielder of it, though in his disillusionment or smart sophistication he gain a neat little pedestal in history, may do so at the cost of becoming a far more corrosive pest to his fellow men than the most uproarious buffoon.

UNIVERSITY OF LONDON

The following degree was awarded by the Vice-Chancellor on 8th May, 1942:—D.Sc. for Internal Students: CHRISTIE, Ronald Victor, St. Bartholomew's Hospital Medical School.

NAVAL CORRESPONDENCE

After breakfast

Say Doc., what time do you open the sick bay? Oh, about 9 o'clock. You'll be still around until 10.30, or thereabouts? No, shut at five past, you ought to know that, it's an old naval custom. Well, where can I find you? Maybe up at Hill Farm, Kitty has sprained her knee. That's news, who's Kitty? The old mare. Damn, thought I was the first to discover the name of your latest girl friend. No such luck, of course I may be out with Sally, although she has got worms rather badly. How awful, poor thing. I think I'll give her a dose of arsenic. My God, be careful, you know you always say you've forgotten the dose of every drug except aspirin. Oh, that's alright, it's a drug put up by Bayers, especially for cats. Another girl friend? No, just a bitch. You mean a dog. Yes, the dog's a bitch. Not a cat? Forget it. But why use arsenic, I thought areca nut was used for worms. This is better, it paralyses the worms. Would gin do? It's an idea, certainly. What happens to the worms? The dog may pass them, or they may lie in the rectum, in which case the dog is given a wash out. An enema? Yes, there is a soft rubber catheter somewhere in the sick bay, I'll have to ask Sicky to find it. Don't you know where it is? Hang it all, I've only had one patient in the last six weeks, anyway, it's his job. True, very true, it must be dull for you. Not at all, after nearly two years in the navy one becomes an artist at successfully doing nothing. So I've noticed, but what about the enema? Are you going to use one of those pump things which one sees in the side window at a chemists'? No, a douche-can would be better. I can always borrow one from a friend of mine. Are you as friendly as that? It's alright, she's married. You're as mad as the last Quack we had here, he was a Bart.'s man as well. T— P—? Yes. Ah, but his craziness was only superficial. Tell me, were you mad before you joined up? Mother never said so. Hell, it's nearly 9.30, I must be off. Hope you enjoy the gas-mask practice. Hi! wait a sec. If you're wanted what shall I say you're doing? Scraping pigs at the slaughter house—Cheerio! That fellow is mad—must be!

After lunch

Where are you going, Fakir? Hunting! What cherchez la femme? No, rabbits—they always chase me. The rabbits? No women. Conceited oaf. I'll be on the Downs, beyond the quarry at Hazel Lane. How the devil can we get hold of you if a M.A.S.B. brings in a wounded fighter pilot or something? I'll be here as usual. Sheer luck on your part. No, I'm psychic. Tripe. Damn it, Doc., that reminds me, why do we have to eat roast beef twice a day, day in, day out, week after week? I'm only the mess secretary, not the mess caterer. Can't you sign a certificate to say that beef is bad for our health? No need for you to eat beef if you don't like it, you're two stone over weight, in any case gin is quite a good food when you're used to it. That's all very well, Doc., but you're never in to dinner, and live on the fat of the land—rabbits and blackberries—while we have the old drowned cabbage and slushy potatoes. It really is too bad, Doc., you've got to do something. Suppose I catch a rabbit. You could give it to the mess. No fear, it's worth a bob at least. As mess secretary, give yourself 1/3 for it. The mess can afford to pay more. No, it can't, P—— always said we had not any money. A mere slip of the tongue, what he really meant was that he hadn't the faintest idea. Actually we have over £30 in the bank. I'll bid 2/6 for the rabbit, when I've caught it. How did you get all that money? By carrying P——'s methods to a logical conclusion—I just write two or three nasty letters to ex-members of the mess and they send me a few pounds conscience money—it's easy. Cheerio! That fellow can't be as mad as I thought.

After breakfast

What are your plans this morning, Doc.? I think I shall shoot a few gulls. What with? My revolver. You'll never hit 'em. I should hate to. You know, you're only allowed six practice shots a year, don't you. Only six!!! I can't believe it, it's fantastic, it's ridiculous, it's absurd, it's—I give it up. Why, we might be invaded at any moment. Never mind, we've got a Lewis gun and you've the Hague Convention. Never heard of it—if I meet any Huns I'll shoot 'em. What with? Well, I can always throw stones—but seriously, are you sure I'm only allowed six shots. Yes, and every empty has to be accounted for in quintuplicate. That is tiresome, I've already fired 20 rounds. But you signed for them. Well? The Captain will want to see you if he finds out. That would be more than tiresome, a bit awkward, in fact. What did you do with the empties. Threw 'em at the gulls. Holy smoke, do you have to commit two crimes? Well, how was I to know, it seemed common sense to practice a bit. Now, Doc., how long have you been in the navy? 22 months. Haven't you realised that it is your duty to read and obey the KR.AI. and not to use your common sense unless instructed to do so. Apparently not, must be a congenital defect. A what? Skip it. You had better go and see that patient. What patient? A fellow from a trawler has been waiting to see you for the last half hour. Probably got toothache, still I'd better do my duty to-day.

Good-morning, Sicky. Good-morning, sir. I hear we have a patient. Yes, sir, a man complaining of cold feet. Tell him to change his socks and wear thicker ones. Is that what you call a bit of Georgie G.'s advice? Exactly, just common sense. Oh, by the way, Sicky, can you get me any .45 ammunition? I'll try, sir, how much do you want? About two dozen rounds. Yes, sir. That's all this morning, I suppose, tell that trawler bloke to wash his feet before he changes his socks. Exit.

Yours truly,

SURG. LT.

At HILL END

The function of a correspondent is to report anything out of the ordinary that takes place. Therefore, although the purpose of this column may be to reassure its readers of the continued existence of this hospital, this cannot be its whole task since it is optimistically headed "Hill End News"—a headline of which it is all too often unworthy. Further, on glancing at some of its predecessors, I find that the only thing that it reports with any consistency is the absence of news, followed by the inevitable apology and sometimes garnished with a joke at the end that is always, and inevitably, in the best possible taste. This month I have tried to be original by starting off with the apology, and even with the joke.

But several things have happened during the last month that are real news. The Abernethian Society has emerged from its past state of inactivity and has held two meetings at Hill End. At the first of these, questions on the teaching and curriculum here were fired at a "Brains Trust," which consisted of the professors of Medicine, Surgery, and Bacteriology. The meeting was opened by short addresses by these three in turn, followed by summaries of the first year of clinical work at two other London Hospitals. These started the ball rolling, and it continued to do so for about an hour afterwards. The keenness of the discussion can be gauged from the fact that nine o'clock lectures were suggested, and were not immediately shouted down. It was a very satisfactory evening. Their second meeting, which was equally well attended, was of the nature of a "clinical evening," when certain cases were discussed, and the Electro-cardiogram was demonstrated. Dr. Geoffrey Bourne opened this meeting, and made an excellent chairman.

Such intellectual meetings do not mean that cricket is being disregarded. I am given to understand that it would not be advantageous to publish any results of matches at the moment (the secretary went out muttering something about morale that I did not catch), but if the aftermath of the Harpenden match was anything to go by, the afternoon, or evening, was greatly enjoyed. I need hardly say that on this occasion the weather was extremely hot, and the fielding arduous.

Owing to the fact that the grass courts are still not in action, the tennis players have not been having such a riotous time, but a considerable number of people play on the hard court.

I notice, or rather it was pointed out to me, that I have made no mention of the Gramophone Concerts that take place every Sunday evening. The attendance at these has been steadily increasing, and although it is usually unwise to give any opinion about music in public, I think that I can safely say that the concerts recently have been of a very high standard. This is one of the activities that continues steadily, and is usually covered by the sentence, "there is no news."

At an election for the Hill End Barts Club held recently, H. E. Claremont and J. L. G. Thomson were elected on to the Committee.

Apart from this activity, there is nothing to report since our last bulletin.

CORRESPONDENCE

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

It is interesting to find in your leading article the physical signs of the disease against which it inveighs—but your diagnosis is, I believe, wrong. It is emotionalism which has clouded all the political issues with the smoke screen of distortion and obscurity. We must detach facts from the adherent masses of wishful thinking, environmental influence, and so far as human beings can of all the clogging effects of thalamism.

The facts, or a few of them, are, I believe, as follows:—

Germany made five aggressive wars in 100 years.

Churchill was the only public man who in contemporary literature and speech foretold this present one with accuracy and by a rational approach to the problem.

However delightful individual Germans may have been, they have marched under Frederick the Great, Bismarck, Kaiser Wilhelm and his Junkers, Hitler and and his Nazis.

The causes of these wars have been partly economic, partly sociological. There is no guarantee that Germany in 25 years will not attempt a sixth war of aggression.

As yet no political system has prevented a country from making war, for its own purposes of power politics; empires, democracies, communistic states and totalitarian states have all done this.

Democracies have, historically, been found slower to propel into war. Therefore, until some system of world-control can be established it would seem that it would be wise to see that after this war the democracies shall be as strong and as identical in purpose, politically, as possible.

Gollancz's therapeutic suggestion of world socialism would take possibly 100 years to introduce, and is thus no answer to Vansittart's realistic attitude that Germany has made five wars and must be prevented from making a sixth.

The political re-education of the present young Nazis will take longer than 25 years, which appears to be about the present length of Germany's war cycle.

I invite you, and those of your readers who have a respect for the scientific method, to search your minds for the seeds of thalamism and to try not only to isolate facts from feelings, but to separate different facts, one from another, before passing judgment upon them.

There is no place for emotion in the technique of thinking. Inability to recognise this is, in my opinion, the reason for the miserable state of present politics, and of the ineptitude shown by most politicians.

I apologise for the length of this, but hope for a therapeutic result.

I am, yours sincerely,

GEOFFREY BOURNE.

47, Queen Anne Street,
Cavendish Square, W.1.
June 9th, 1942.

At CAMBRIDGE

"Do you always identify arteries by cutting them across to see if they've got a lumen?"

"That's the vertebral artery; found in leg in two per cent. of cases."

"Big stuff . . . go on!"

"Well, what did he say to you?"

"I was advised to read the Lancet and the B.M.J.

"Rosen, vat do you pay for your digs?"...

"Oh, my dear, I simply must have a cigarette. . . ."

"Dammit, I've only got one!"

"Well, I only want one!"

"You're sure to find him in the Bun Shop . . . ."

"There's a jolly interesting lecture on Colourless Flagellata to-night."

"Oh, good egg!"

"Well, after we left the Baron . . ."

"Have we a 'Demmo.' now, or is it 'Biochemmy'?"

"Good Lord, do you still read the Boy's Own Paper?"

"What fun! I'm on Guard to-night!"

"I hear the Boat Club are racing Girton."

"How much start are they getting?"

"Have they made him a Lance-Corporal yet?"

"Don't be offensive, he's quite a nice chap!"

"My God, what a viva . . ."

"People seem to be awfully small around here—I can never find a white coat to fit me."

"And she left me later in the evening."

"Sic transit Gloria, eh?"

"Yes; ab Leonem ad Regem."

"This is too much—I'm baling out!"

DRAINAGE TUBES

By T. A. GRIMSON

Where a drainage tube is to remain *in situ* for short periods only, fixation by suture is obviously the method of choice. However, when a tube has to be left in the abdominal cavity for an indefinite period, following an operation such as choledochostomy or drainage of an appendix abscess, the stitch must be cut when it is either shortened or turned to prevent the formation of a faecal fistula. This means that some other form of fixation is necessary.

The general practice at present is to transfix the tube with a safety pin, and secure the ends of the pin to the skin adjacent to the operation wound with adhesive tape. This prevents the tube from either falling into, or being extruded from the cavity which it is draining. The disadvantages of this method are obvious; they are:—

1. The possibility of infecting the operation wound with the adhesive tape, which does not lend itself to adequate sterilisation.
2. The adhesive tape must be removed to manipulate the tube; this causes the patient unnecessary discomfort.
3. Manipulation of adhesive tape with two pairs of forceps is a difficult procedure.
4. There is often difficulty in applying adhesive tape to skin that is sodden with discharge.

These disadvantages can be overcome by threading a length of sterile household tape through each end of the safety pin, and then applying the dressing in the usual manner. A piece of adhesive tape is rubbed with cotton wool at its midpoint, so that about half an inch of the adhesive surface is destroyed. It is then affixed to the abdominal wall, well away from the skin incision in the shape of a V. The apex of the V, formed by the non-adhesive central portion of the tape, makes a free loop which should be pointing towards, and level with, the pin transfixing the tube. The tape should then be threaded through the loop and firmly tied with the hands. The procedure is then repeated on the other side of the skin incision; it involves no breach of aseptic technique.

Should it be necessary to manipulate the tube at a subsequent dressing it should be remembered that the outer part of the tape, where it has been fastened with the hands, is unsterile. The tape should therefore be cut near the pin, and the outer part removed with the dirty dressing forceps which are used to remove the old dressing.

This method has been tried, and has been found to be satisfactory. The first case on which it was used was a patient whose tube had been secured with adhesive tape only on two previous occasions. After the method described above had been used the patient volunteered the information that the dressing was a more comfortable and less painful procedure than it was formerly. This method of fixation can obviously be used in any part of the body where a drainage tube is retained for long periods.

MODUS OPERANDI

The Solution:—

Of tools and the surgeon I sing: *i.e.*, there's life to be seen and lots to be learned even at an operation. For instance, the way the Sister painted the belly with iodine to ward off evil spirits and hid the surgeon's tell-tale nose in a mask deserves the highest praise. But the rift in the lute was the surgeon. He was a terror. He opened the belly, peeped inside, pulled out the appendix, and shouted, "Quis?" "Ego!" shouted the Sister, and caught it on a platter. He then let his scalpel slip, and it spoiled one of those pipe affairs. . . . "Ugh!" he grunted, and asked, "What should A do now?" "Aorta be more careful," I replied with apt wit.

Then he lost his favourite gadget (?), so he iodined and opened the belly. He found several swabs, both sister's dental plates, but no sign of the gadget. We hunted everywhere. Sister slipped on a piece of soap and toured right under the piano. Then the surgeon arose from all fours and caught his titter (?) on the fly-paper. We did laugh. The noise roused the anæsthetist from his stupor. He arose, and —lo and behold!—the gadget clattered to the floor. "Oh, you little rogue," cried the surgeon with a merry laugh, "you meant to pawn it, I wouldn't mind betting." But the anæsthetist had gone. Personally I wouldn't mind betting he wishes he had joined the M.D.U.

OPERATING ROOM PROCEDURES FOR NURSES, by Jean D. Jolly, S.R.N., S.C.M., D.N. (Faber & Faber. 4s.)

This is a compact and extremely comprehensive book, which should prove invaluable to nurses who hope to work in the Operating Theatre in the future, as well as being of great interest to those already doing theatre work.

The writer must have had very wide experience in all branches of theatre work, and her book is full of practical hints, as in the chapter on surgical lotions, where she adds when discussing iodine as an antiseptic, "An iodine stain can be removed by immediate use of carbolic lotion, 1 in 40." Most textbooks tend to be written from a more detached point of view than this one, and it is a relief to find a writer with such an obvious practical understanding of her subject.

There is bound to be a divergence of opinion on some points mentioned in a book such as this, as, for example, her method of "scrubbing up" and her reference to "Industrial spirit as a chemical sterilising agent," but one must remember that this book was first written in 1936—and all methods change with the times

The list of instruments is concise and very well constructed, although the small space devoted to thoracic surgery and plastic surgery may prove a disappointment—as also may the absence of the operation for retinal detachment. It might have been helpful to include a description of the handling of an unconscious patient and the various positions adopted on the operating table, but these may all be filled in by the nurse or student in the section for notes!

It is most certainly a book that all nurses (and medical students) would find most useful.

MATERIA MEDICA FOR NURSES, by A. Muir Crawford, M.D. Fifth Edition. (H. K. Lewis, 4s. 6d.)

This book presents a concise summary of drugs and their uses. Its material is well arranged and trained nurses will find it a convenient reference, while it will prove invaluable to those still in training.

RECENT ADVANCES IN MEDICINE, by G. E. Beaumont and E. C. Dodds. Tenth Edition. (J. and A. Churchill, Limited, 18s.)

The distinguished authors of this popular summary have brought it up to date with lucid descriptions of the main advances in medicine since the outbreak of war.

The opening chapter deals with the sulphonamide drugs in current use. The authors have wisely included a list of the proprietary names of several of these drugs which they append to a brief, chemical exposition of their nature. The clinical applications are emphasised and a satisfactory dosage table is suggested for each drug.

In the chapter on vitamins, the position of the vitamin B complex has been reviewed and the anti-neuritic and pellagra-preventing factors are considered in some detail. Recent work on vitamins E, K and P has also been included.

The ever-widening field of biochemical penetration into the fastnesses of clinical medicine is underlined by the interesting chapters on renal and hepatic function and the blood and urine chemistry, on glycosuria due to various causes and on the investigation of gastric function. This last chapter answers, as well, the medical and surgical treatment of hæmatemesis, the prognosis of which has improved so much with the clinical experiments of Meulengracht on the Continent and of Witt's over here.

The application of physics to medicine is seen in the accounts of clinical electrocardiography and electro-encephalography. This last is followed by a description of combined cisternal and lumbar puncture and of the chemical findings in the cerebro-spinal fluid in spinal cord compression.

The anæmias are discussed concisely, and a section on the erythrocyte sedimentation rate weighs up the value of this test. Finally there are chapters on pneumothorax and sex hormones which reflect the clinical debt to physiology, and two chapters from the field on diphtheria and scarlet fever which outline the great progress in epidemiology.

ON ACTIVE SERVICE

M. M. Posel, S.A.M.C.

BIRTHS

GRAHAM.—On April 26th, 1942, at Lansdown Nursing Home, Blundellsands, to Ann (née Russell), wife of F./Lt. G. D. Graham, R.A.F.V.R.—a son.

PIRIE.—On April 12th, 1942, at Sutherland Lodge, Baddow Road, Chelmsford, to Margaret (née Richford), wife of Dr. Harold Pirie—a son and daughter.

HARRISON.—On June 7th, 1942, at King's Lynn, to Mary (née Bowen), wife of John O. Harrison, F.R.C.S.—a son.

BEILBY.—On May 20th, 1942, at the Shiel Nursing Home, Weybridge, to Katharine (née Cunliffe-Owen), wife of Dr. E. J. Beilby, West Byfleet—a son.

DUNN.—On May 20th, 1942, at Miss McCabe's Nursing Home, Londonderry, Northern Ireland, to Diana (née Aitken), wife of Dr. G. Newton Dunn, of Kincardine, Salisbury—a daughter.

HADFIELD.—On May 28th, 1942, to Jean (MacDougall of MacDougall) and Stephen Hadfield, of Beer, Devon—a daughter.

NAIRAC.—On May 20th, 1942, to Barbara, wife of Dr. M. L. Nairac, Kidderminster—a daughter.

POOLMAN.—On May 19th, 1942, at Bendarroch, Ottery St. Mary, Devon, to Peter (nee Lock), wife of Lieut. John Poolman, R.A.M.C.—a son.

PRATT.—On May 7th, 1942, at St. Mary's Hospital, Paddington, to Vera Campbell, wife of Dr. John S. Pratt—a daughter.

MARRIAGES

BOYLE TALLACK.—On May 2nd, 1942, at St. Nicholas' Church, Chislehurst, by the Rev. J. R. Lumb, M.A., Lieut. Archibald Cobbourn Boyle, R.A.M.C., only son of the late A. H. Boyle and Mrs. Boyle, of Bickley, to Patricia Evelyn Tallack, youngest child of Mr. and Mrs. F. H. C. Tallack, of Chislehurst.

EVANS—FOORD.—On May 8th, 1942, at Speldhurst, Kent, Gwilym Rhys Evans, Lieut., R.A.M.C., youngest son of Mr. and Mrs. H. T. Evans, of Aberayron, Cardiganshire, to Jean Marjorie, second daughter of Mr. and Mrs. H. Q. Foord, of Speldhurst, Kent.

DEATHS

CHAFFEY.—On May 8th, 1942, suddenly, at 110, The Drive, Hove, Wayland Charles Chaffey, M.D.(Lond.), F.R.C.P., aged 86 years.

LEGGATT.—On April 25rd, 1942, Gerard Stedman Leggatt, M.R.C.S., beloved husband of Alice Leggatt, of 37, Gwydyr Mansions, Hove, and dearly loved father of Aileen Stafford.

MISSING O.A.S.

BARBER.—Reported missing, Singapore, Captain A. Barber, M.D., R.A.M.C., 197 Field Ambulance.

GRANT.—Officially reported missing Malaya/Singapore, Captain W. Russell Grant, R.A.M.C., attached R.A.S.C., 18th Division.

SYRED.—Reported missing Java Seas battle, March 1st, 1942, Surg.-Lt. Deryck Ralph Syred, R.N.V.R., H.M.S. Encounter.

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References: (1) *Lister Memorial Lecture. 1939. Brit. Med Journal, April 15th, 1939, p. 762*; (2) *The Treatment of Infected Wounds (1918 Ed.) Carrel and Dehelly, p. 25*; (3) *The Treatment of Burns and Wounds by the Envelope Method, Brit. Med. Journal, July 5th, 1941, p. 3*; (4) *The Treatment of Infected Wounds (1918 Ed.) p. 24.*

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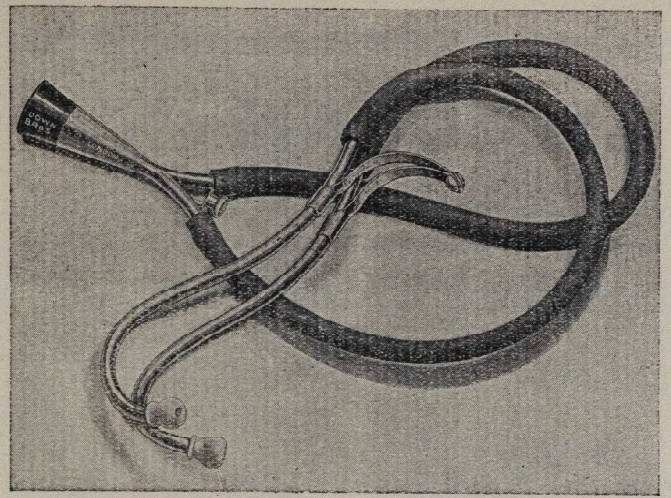

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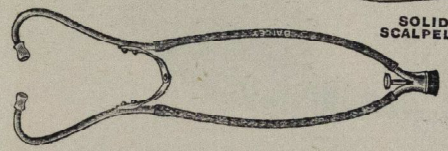

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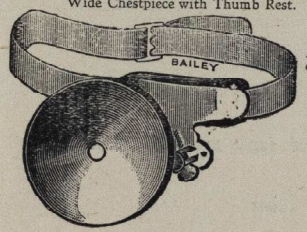

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SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

AUGUST 1942

VOL. 3 No. 11.

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

Vol. 3. AUGUST 1st, 1942. No. 11

A POLEMIC

An Editor of this JOURNAL whose writings were as much distinguished by their intellectual polish as by disarming detachment, admitted in the thick of a violent campaign against the medievalists which he was waging on behalf of rational positivism, that he had always by him a Latin dictionary. The present occupier of this chair, groaning under the burden of tradition so much mightier than the poor flesh, has frequent recourse to the works of an Englishman, whose literary achievement, certainly not mean, has been partially eclipsed by a penumbra of myth and lore. In the present intransigency, when the significance of these leading articles has been diversely and perversely misinterpreted, and there is no intention here of recanting an iota; when, moreover, a vigorous and determined assault has been made on the bastions of that asylum of fatuosity, the Institution of Propaganda, and it has been decried as the pusillanimous whimperings of a Little Englander and Disciple of Appeasement; all this "in the presence of a recession of our hopes and prospects unequalled since the fall of France"; now have our numb fingers ensanguined in the black blood of polemical butchery let slip the dripping pen, and fumbled franctically at the book of editorial life:

> Madam, have comfort: all of us have cause
> To wail the dimming of our shining star:
> But none can cure their harms by wailing them.

Chewing on this, we wheel back into battle. Of late weeks the world has beheld the spectacle of the Mother of Democracy as she sits in the antiquated fashion of the Victorians, straight-backed, full-bosomed, and very stolid before a crèche of puling politicians. We are adjured by our own maestro of historical persiflage to a return to rationalism. Have we yet had it? It is impossible to discern among the poodle-fakers of Westminster. Doctor Bourne, however, suggests that politicians should graduate from a university of political science and at least begin their nefarious career among the ratlines of the ship of state, with some understanding of its timbers and chart-house. But, to-day, their squeaky voices weary our unwilling ears, and their Fleet Street servitors unsavour what little is tasty for luncheon. While Winston Churchill is Prime Minister, there is guaranteed to "that calm courage in the midst of tumult, that serenity of soul in danger, which is the greatest gift of nature for command," the powerful wisdom of scholarship in the direction of Imperial affairs. *Mais après nous, la déluge.*

When the English were derided as a nation of shopkeepers, a mordant wit was cutting at the heart of enterprise. The village sweet-shop is more likely the home of our freedom than the imposing edifice down the road. So long as we can live our life as we choose, the worst shackles are laughed at. The solemn cynicism of the Sunday parade is as much an act of deference to the impositions of living as the carrying of an umbrella to the inclemencies of June; nothing stops wet feet of clay from growing heavy, whereas judicious compromise shelters the heart. Although the foundations of modern English liberty sprang up in the first age of commercial expansion, the Tudor, they support to-day many strange and unimagined buildings. One of these is the House of Science.

On a former occasion, we have had cause to point out the dangerous restrictions which Soviet science has imposed upon the investigation of plague and tularæmia epidemiology. There has been, in the past, more than a hint of the same danger to government-financed research in this country. The question arises whether such danger is inherent in all research under the government ægis.

The essential quality of research is disinterestedness. But it is open to debate whether a community abiding by the laws of self-government can act in the same disinterested way as can the individual. There is no simple transference of the rules of personal conduct to the behaviour of the state. Whereas a man may disregard his interests in carrying out an action, such as jumping into a river to save another's life, an elected government

cannot properly act in this way because it has been elected to maintain the interests of those whom it represents. A government, therefore, is justified in expending public money on research only if that work will benefit the electorate. Although most knowledge is thought to advance the common weal, many years may have to pass before its affects are felt; and under those conditions, no government, scenting the winds of a coming election, is likely to finance such experiments. These are the criteria of government research.

The disinterestedness of science approaches to the unwritten laws of world morality. While nations journey out to Armageddon, the spirit of science speaks to them in the common language of man. Before this the rationalised nationalism of Vansittart sinks into nothingness. The disciples of the evolutionary theory of politics are challenged; they maintain that the aggregation of men into families, families into clans, and clans into tribes and nations are beats in the rhythm of development which rises to the mighty concord of all peoples. But they forget that the tempo is one of increasing selfishness. Of all institutions man is the most selfless; he alone can act alone. The progress of science is not written, as the evolutionists would have us believe, in the multiple small acts of every day, but in the consummate act of human endeavour,, in the lives of Aristotle, Harvey, Pasteur. Whenever and wherever there is substituted for this an organised and formal advance, the sparkle of victory is snuffed out, and the momentum of an ersatz inspiration is spent in the waterless desert. This is the lesson of science as of war—for war is in the last analysis the primitive expression of that urge to win the world which finds its sublimation in the work of the scientist. A soldier summed up the situation shortly before the present war began:

> The British have been a free people and are still a comparatively free people; and though we are not, thank Heaven, a military nation, this tradition of freedom gives to our junior leaders in war a priceless gift of initiative. So long as this initiative is not cramped by too many regulations, by too much formalism, we shall, I trust, continue to win our battles—sometimes in spite of our higher commanders.

SOMEWHERE IN ENGLAND

They have said that wherever you go there are always a lot of Bart.'s men. Well, it so happened that at a certain training depôt of the R.A.M.C. in the South of England, there were gathered together a number of Bart.'s men sufficient to put a cricket team into the field, and still have two or three reserves. A challenge, therefore, was issued to the Sergeants' Mess, and accepted. Unfortunately, the captain of this Bart.'s side presented a somewhat exaggerated picture of his men's abilities to the captain of the Sergeants' team, who, consequently, put into the field eleven men who could play cricket, some of whom, including a recent Surrey County player, were definitely good.

Starting in the evening, after the day's work was over, it was agreed to play an hour and-a-quarter each way, the Sergeants batting first. Regrettably we had no young fast bowlers to make the most of the matting wicket, but Basil Cooper and Alan Hunt both performed with great credit; the former, with the assistance of "Peter" Wheeler, who made two brilliant catches, taking three wickets. Jimmy Millar, George Ellis, and A. D. Everett bowled, as expected, erratically and without much success, so that the Sergeants amassed the fine total of 137 for six wickets in an hour and-a-quarter. I feel that the less said about our batting the better. Hunt and Wheeler looked as though they might score some runs, but few came. One or two others shaped as though they had played cricket before, the rest supplied the comic relief; whenever "Pat" Spence missed the ball, about fifteen times in sixteen balls, the cry went up: "Oh, well left, sir!" However, by dint of keeping his feet resolutely still and stopping the only straight ball, he alone remained undefeated at the end, which came in an hour for 49 runs. Individual scores must remain a secret. The team was:

Captains J. E. Miller, I. N. Fulton, Lieutenants A. H. Hunt, F. E. Wheeler, A. B. Cooper, A. D. Everett, G. H. Ellis, J. V. Gordon, J. D. Cronin, A. W. Spence, C. J. Longland. Scorer: R. B. Morton (St. Thomas's); Umpire: J. W. Piper (Guy's).

HOW IT USED TO BE

After waiting some time for the War Office to make up their minds whether I was too old or not, I was told to report for medical examination. This took place at D——, 170 miles away and a day's journey by train each way and stay the night, although there was a perfectly good Medical Board within fifteen miles.

An elderly colonel looked at me and said: "All right?" I said: "Yes." That was all, so I went home again and ordered my uniform.

I joined a large R.A.M.C. Mess at W——, adjoining a well-known military hospital. Many and various M.O.s were there. On being accepted we all got a long list of necessaries ordering us to purchase certain articles, such as a sword, field-glasses, revolver, compass, waterbottle, spurs, etc. Those who had had previous military experience laughed and got none of these things, but a few innocents got the lot: one small middle-aged M.O. arrived from S—— in the Midlands fully equipped—sword, Sam Browne, waterbottle, field-glasses, revolver, haversack, spurs all there, but unfortunately his leather gaiters were on the wrong legs and his long swan-necked spurs upside down. However, he soon got wise to things.

After some time at the hospital and just as I was settling down to the work and beginning to do some surgery, I was ordered off to the Eastern Mediterranean. There was much secrecy about my ship, etc., but at L—— everyone knew all about the ship's name, day of sailing, etc., anyway she was so big that she towered above the houses. She certainly was a magnificent ship: embarking was like entering a magnificent hotel, it took one a long time to find one's way about, there were so many decks.

I found I was posted as M.O. in charge of troops, about 5,000 men and 500 officers, but got no instructions till after we sailed early in the morning. Then I was handed papers telling me to go ashore and collect medical comforts, but as by that time we were about 500 miles on our voyage that was napoo. I was also told I had six M.O.s under me, but no one knew who or where they were; however, I collected them gradually and we got down to work. We were told to inoculate T.A.B., vaccinate, and give inoculation for cholera to the troops: this was a big undertaking with five days to do, but we did about 3,000 in all. It was a very pleasant trip as it turned out, the food was excellent and the company also. We eventually reached our destination and then we M.O.s waited about: some of us got to Egypt and went to a dirty,dusty camp with no work to do. Our P.M.O. was a short-tempered old gentleman, who evidently had no use for "Temporary Officers." We were a motley crowd, about twelve or fifteen of us, including a surgical specialist and physicians of high and low degree; there we were, idle. We asked for work and our P.M.O. said: "If you want work, you shall have it. Two hours drill every day." We fell in in a kind of sand-pit, strewn with bits of paper, old tins, etc., under a sergeant-major. He was very decent and evidently did not like the job. We nearly broke his heart: none of us wanted to drill, so we made it our business to go wrong whenever it was possible. The S.M. threw his hand in after apologising to us. Then a fiery adjutant R.A.M.C. took us on with no better success. However, a personal appeal to the General in Command, whom one of us knew, broke up the party and I think the P.M.O. got a wigging.

I then went to an island where there were many hospitals. We voyaged there in an old tramp steamer, the skipper said he could not zigzag as if he did we would never arrive, so we toddled along at about six knots. We had 6,000 chickens on board in crates, which made the ship somewhat like a farmyard. Every morning one was wakened by the crowing of cocks, or hens announcing that they had laid eggs; we fed well on chicken, much to the disgust of the Arabs who looked after them. There was hardly any deck space, so we could not get much exercise; we played "Shove Ha'penny" on the Captain's board; I managed to win all the coppers—about 8s. worth. I was no player, but the others were worse; then the Captain challenged me and easily got the lot. The ship reeked of palm oil and food tasted of it; she was an old West-Coaster.

On arrival at our destination we were met on landing by the Governor and his staff, but it was not to do us honour that he came. When he saw our little party landing, he came and asked who we were and how we had come. We said: "By s.s. 'Bornu'." He said: "Oh, good old 'Bornu'! I never thought she would get here." He was pleased because

the chickens had come!

My next job was M.O. Sanitary. I looked after the sanitation of two camp hospitals. My predecessor handed over his job and gave me a hint how to deal with inspecting Colonels. No. 1, a retired I.M.S., was terribly keen on flies and mosquitoes, so it was necessary always to have a nicely-oiled pool of water for him and sticky papers in the kitchen, with other fly-traps. No. 2 was great on incinerators, so he had to be taken to see ours, then to the mess for a glass of sherry and all was well.

From there, after a few months, I was back in England and had many and varied jobs; the odd thing about it all was the way one got shifted about for no apparent reason—just as one was getting down to one's job, one had to pack up and "proceed forthwith" for another destination. No one "went" anywhere, one always "proceeded." And after many weary hours by train one arrived, and, on reporting, no one knew anything about one nor seemed to care much either.

At one station I had the experience of doing a tracheotomy with a pocket-knife; I had only just arrived at the place when an urgent message came to go to the canteen—there I found an elderly storekeeper almost asphyxiated. There was nothing for it but to open his trachea: the only instrument was a borrowed pocket-knife. This was sharpened a little on a stone—I made an opening and he immediately improved. The next thing was how to keep the wound open while taking him to hospital. There were no tracheotomy tubes available. The only thing to do was keep the larger and blunter blade in the wound cross-wise to the incision. I sat in a taxi with my arm round him and held the knife in position—we had to drive about three miles. Every now and then the blade slipped out and had to be re-inserted. On arrival at the hospital, an old acquaintance of mine from Bart.'s came down the steps and said: "What the devil brings you here!" I explained the situation and the patient was taken in and a tube inserted. Apparently he had some kind of growth in his throat, part of which got detached and blocked the entrance of the trachea; at least that is what I heard afterwards. He did well and lived for six months.

After this episode I soon went to France—but that is another story.

E. F. N. C.

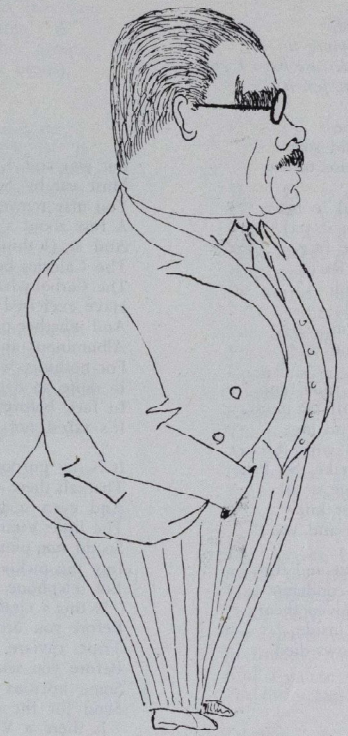
THE VICARAGE

I hungered and I thirsted,
I battled, sought and worsted
My patient's diagnosis,
In M.O.P.s, in M.O.P.s
I wrote at fearful length,
About his waning strength;
Likewise took a gloomy view—
One pint please, a half won't do.

Before the unenlightened
Little, lone and frightened,
They bid me read my lines, please,
In M.O.P.s, in M.O.P.s.
Then thank the Lord that's that,
And once again I sat,
Defeated through and through—
One pint, please, a half won't do.

Now then, this I have to say
To those who ought to know it—
The Vicarage was shut that day.

FRIERN.



THE HISTORIAN OF FULWOOD PLACE

THE VITAMINS

Vitamin "A"
Keeps the rickets away
And succours the meagre and nervy;
"B's" what you lack
If the stomach is slack,
And "C" is the foe of the scurvy.
So when a man dines
Let him murmur these lines,
Or sure he will live to deplore it—
Just ask yourself, "What disease have I got,
And which is the Vitamin for it?"

A doctor with a microscope
Was mixing mutton-fat and soap
When what was his surprise to see
A thing invisible to me
(And I am quite prepared to bet
That no one else has seen it yet).
It showed upon its gentle face
Affection for the Human Race,
And it is very rare to find
An organism of this kind;
So, with a microscopic grin,
He christened it a Vitamin.

There are three Vitamins, not four,
I have no doubt there will be more,
But for the present you and me
Must do the best we can with three,
And Nelson, Raleigh, Drake, St. Paul
Did fairly well with none at all.
These simple people never knew
The secrets shared by me and you;
No chemical analysis
Of this and that, and that and this,
Their hearty dinners did condemn—
They gobbled what was given them;
But this affects a man's inside,
And all these foolish fellows died.

But you and I, of sterner schools,
Must eat by Scientific rules.
You may remember, as a kid,
A fuss about a Prote-id,
And at (I think) a later stage
The Calories became the rage;
The Carbohydrates now and then
Have exercised the learned men,
And whether people took enough
Albuminous and starchy stuff;
For nothing, we may well conclude,
Is quite so dangerous as food—
In fact, before the doctors call
It's safest not to eat at all.

It is my purpose here to state
That all these views are out of date,
And even surgeons now admit
The little Vitamin is "IT."
So do not plunge a hasty fork
Into the pickles or the pork,
But telephone to Harley Street
"Is this a vital thing to eat?"
Before you order what you want—
Tripe, caviare, or crême de menthe—
Before you seize and swallow whole
Some luscious bird or fancy sole,
Send for the manager and hiss,
"Is there a Vitamin in this?"

There are no Vitamins in lard,
From bacon they are wholly barred;
In potted meat they are not seen,
Nor olive-oil nor margarine,
In vain your families you cram
With coffee, cocoa, sugar, jam.
I very much regret to add
That tapioca's just as bad.
Nor do I know how we contrive
For years and years to keep alive
When most of what we eat and drink
Would be much better down the sink.

"A"

But courage! In cod-liver oil
The healthy little creatures toil;
And any backward child of mine
Who showed a softness of the spine
Should frequently be fed on that,
With good hard roes and bits of fat,
Fresh butter, cheese and yolk of egg
Will fortify the infant leg,
For here again are found, they say,
Those Vitamins we christen "A";
In cabbage, too, and other greens,
And lettuces (but not in beans).

"B"

But better still for you and me,
Who are not children now, is "B";
His duty, which he does not shirk,
Is just to make the stomach work.
If my supply of "B" is small
My liver does not act at all
And things go on in my inside
Which never can be justified.

Those old philosophers and Saints
Who had mysterious complaints,
And perished on some lonely mount
In ways for which we can't account—
The explanation's clear to me,
They did not get enough of "B."

Well, "B" occurs in nuts and peas,
In lentils, beans, and things like these,
In wholemeal rye and wholemeal wheat
And bread which is not fit to eat,
In roes of fish and some dried fruits
And milk and yeast and uncooked roots;
And death, as far as I can see,
May be preferred to eating "B."

"C"

But "C" is quite another thing,
Of "C" with frank delight I sing;
For "C's" the pretty Vitamin
Who makes and mends that schoolgirl skin,
And stops it coming out in lots
Of horrid, horrid little spots.
"C" is the very best excuse
For drinking pints of Orange Juice;
For "C's" sweet sake, fine ladies feed
Upon the radish and the swede.
Tomatoes, salads, lemons, milk,
Keep noble skins as smooth as silk;
The prettiest girl I ever saw
Ate cauliflower and rhubarb raw.
But best of all about him is
That "C" abounds in strawberries.

"D"

The doctors, I am glad to see,
Admit that there are none in tea:
They worship, as I said before,
Three only, but I know one more.
For I have found a Vitamin
In Brandy, Burgundy and Gin;
And I salute with three times three
The little chap I know as "D."

Vitamin "A"
Keeps the rickets away
And succours the meagre and nervy;
"B's" what you lack
If the tummy is slack,
And "C" is the foe of the scurvy;
And so when you dines
Remember these lines,
And if you'll be guided by me, Sir,
It don't matter what
Disease you have got,
Just order a bottle of "D," Sir.

G. LINDSAY JOHNSON.

THE OSTEOPATHIC LESION

By C. M. Cook.

The word lesion is well known in medical parlance, but it is used by the Doctor of Osteopathy to signify a particular type of abnormality. Lesions may be present in any tissue, but in this paper the spinal lesion only, some of its causes and some of its effects both local and remote, and treatment of its effects, will be considered.

An osteopathic lesion is not only a structural change, but such a change as influences function detrimentally not only of the lesioned joint, but also of the organs innervated through that segment. The causes of lesions fall under two general divisions, first: violence; second: failure to react to environment. In the first division all the lesions are primary in character, *i.e.*, the violence immediately changes the relations of structure, and this change becomes an obstruction to vital activity of the body fluids. If the lesion is not corrected by the recuperative power of the body itself or by outside efforts, the change in position is very likely to become complicated by a change in the character of the involved tissues.

The second division of lesions is a large one. These lesions develop as an evidence of the failure of the organism to become perfectly adapted to its food, clothing, labour or general environment. They are, therefore, secondary in character and must be recognised as objective symptoms of one functional derangement, while at the same time they operate primarily to cause functional derangement elsewhere. Thus they may be removed by manipulation and cease to act as an active cause of functional change, but they will return again so long as environmental forces are overwhelming.

The first division, or primary lesion, may result from sudden violence or from a force comparatively weak, but long continued. In other words, a lesion may be developed immediately under great force, or slowly as the result of great fatigue. An example of a lesion developing under fatigue is noted in the faulty positions assumed by the body following prolonged effort, or in performing certain tasks.

The second division, or secondary lesion, may result from failure to react properly to changes of temperature. The temperature of the surroundings may be the same at various times, but the character of the clothing may necessitate a greater effort at adaptation. There must be a sudden change of temperature or clothing in order to produce the lesion, *i.e.*, the ability of the tissues to react must be overtaxed.

The first effect of failure of adaptation is the contraction of muscles and accompanying sensitiveness. The distortion of the bony structure is consequent on the contraction. Ordinarily, if the shock is not too great, the adaptive forces of the organism will exert sufficient power to correct the condition, but when the environment is not suitable the lesion may become permanent.

A lesion can be classed as primary or secondary only after careful study of all those factors which constitute the history and symptomatology of the case. Visceral lesions cause muscular contractions in the spinal area from which they receive their cerebro-spinal nerve communications. They also cause pain in areas of higher sensibility, cutaneous areas, with which they are associated by innervation from the same segment of the spinal cord. These referred pains and contractions of spinal muscles are beginning to be recognised by specialists in pulmonary, digestive and renal diseases.

In cases of heart lesions the body is called upon to make extensive compensatory reactions and so our spinal lesion phenomena may be limited to the area of the heart's innervation, or may extend in proportion as the heart's condition involves the pulmonary circulation, the portal circulation, or the kidney.

It has long been noted by physicians that patients could not be relied upon to interpret their own symptoms. This has led to efforts to discover symptoms which were independent of the patient's imperfect perceptions. Palpation, when indicated, would naturally be used at the areas complained of by the patient. Since the brain takes cognizance of only the peripheral areas of distribution of sensory nerves instead of the whole course of the nerve fibres, the physician might still be misled in applying palpation because he would be largely governed by the patient's sensory impressions. Palpation made with reference to the distribution and function of the nervous system becomes a more satisfactory means of diagnosis.

If the theory of osteopathy is correct we would expect to see function vary from the normal in proportion to the amount of structural perversion, and this is precisely what happens. Lesions that are slight and of a temporary character show only temporary perversion of function; while those that are more extensive, involving the many functions of the nervous systems—trophic, motor, sensory, secretory—produce tissue changes in the organic parts that cause grave disturbance in organic functions.

Thus we have two types of effects from lesions, those that are minor and soon normalised by nature, and those that are major and require more than nature's power to normalise in order to restore function.

The circulatory changes in viscera affected by spinal lesions are very pronounced. Animals subjected to experimental lesions show vaso-motor changes within a few minutes after the lesion is produced. Human subjects give evidence of vaso-motor disturbances within a few minutes after production of an artificial lesion, or show evidences of improved circulatory conditions sometimes within a few minutes after correction of a lesion. When experimenting on animals the first vaso-motor effect to be seen is a very short period of vaso-constriction. This is followed almost at once by vaso-dilatation, which remains for a variable and sometimes a very long period.

During this period of dilatation of the arterioles the phenomena associated with slight active congestion of the organs appear; the functions are increased, the tissues are of deeper colour and are brighter red than normal, pulsation can sometimes be recognised, and there is increased temperature in the part. Microscopic sections of the viscera made at this time show some edema, dilatation of the blood vessels, and usually some cloudy swelling of the cells. Occasionally slight hæmorrhagic areas are present.

Following this period the veins and capillaries also become dilated. The viscus so affected presents an appearance more nearly resembling passive congestion. The viscus affected has rather less than its usual function at this time. It appears dull and purplish in colour and is usually swollen. Glands affected produce rather less than their usual secretions, which have a tendency to vary in constituents. Muscular activity is diminished. Microscopic examination of such tissues shows greatly dilated vessels, some edema, swelling and granular degeneration of gland cells, and a variable amount of hæmorrhage per diapedesin.

The immediate effects of lesions artificially produced in anæsthetised animals can be watched upon the exposed intestines. The variations in the heart beat can be watched in the human as well as in animal subjects, as the heart action is modified by lesions which act upon the cardiac centres. Variations in the time required for complete emptying of the stomach in persons before and after correction of lesions indicates the importance of the spinal lesion as an etiological factor in gastric diseases.

The same influences which modify the circulation through the viscera are effective also in modifying the circulation through the skeletal muscles, though these effects are less conspicuous and produce less marked symptoms. Bony lesions of the cervicodorsal areas affect the circulation through the muscles of the shoulders and arms; lesions of the lumbar area, innominates and sacrum, affect the circulation through the muscles of the hips, thighs, legs and feet. As a result of this circulatory disturbance, pain and soreness of the muscles often occur and symptoms of muscular rheumatism and of neuritis appear. It is unusual to find muscles innervated from spinal segments long subject to lesion in which the normal muscular tone is present. This muscular weakness is an important factor in the cause and in delaying recovery from scoliosis, as well as in perpetuating lesions of less marked character.

The skeletal muscles are also indirectly affected through the influence of pain and soreness in the region of the lesion itself. Volitional activity is prevented when movement is painful, and thus the muscles chiefly affected fail to receive their normal volitional exercise. Locally the vertebral lesion limits motion, promotes connective tissue overgrowth, produces circulatory disturbances in the surrounding tissues, is associated with local edema and acidosis, and modifies adversely the nervous impulses to and from the spinal cord.

Disease may be divided into three phases—causes, processes, and end results. It is natural to direct treatment to each of them.

In the treatment of causes the part played by osteopathic lesions as causes of disease must be remembered and comprehended. These mechanical disturbances should be located and removed as a first consideration in every case. The finding and correction of the lesions, particularly in serious illness, is a very difficult and delicate procedure.

The osteopathic lesion is considered by the Osteopath to be the most important single cause of disease, both in point of frequency and in depth of influence, and a universal cause

of disease, but it probably never acts alone. The causes of disease are probably always multiple. Hereditary influences frequently determine the amount of load that can be put upon an organ before it shows signs of strain. The treatment of heredity includes precautionary instruction to enable the patient to avoid an effort that he is not likely to be able to endure, and re-education of the relatively weak functions by graduated functional exercise.

Every function and every quality of the living organism is a portal of entry for disease, simply because it may be abused. The treatment for such abuse is first to recognise it, which requires special knowledge and experience; second, to remove the abuse; third, to protect the organ or function; fourth, to strengthen it by corrective treatment to its nerve centre; or, fifth, in emergencies to use substitutes or artificial stimulants.

Conditions of present day living impose unprecedented and widespread abuses. Often the mind is required to assume duties which are too difficult, or one is placed in situations which are emotionally disturbing and the mental strain becomes a cause of disease which calls for mental and psychological methods of treatment.

Injudicious dietary habits, the taking of incompatible foods, insufficient vitamin intake, or toxic foods eventually result in disease. Adjusting the patient's diet is particularly difficult under the present conditions and requires a special study of the patient's needs.

One of the great problems which all physicians face to-day is the treatment of fatigue, an altogether too frequent cause of disease in normal times, but even more so now, and in which the patient as a rule dislikes or is unable to co-operate by taking sufficient rest. Any monotonous work that over-uses particular muscles might come under the classification of fatigue and is often followed by disease. Certain wrong habits of posture while standing or sitting, working all day at an ill-fitting machine, induce imbalances and abuses which may lead to disease. In fact, abuses as causes of disease are too many and varied to list in a paper of this type. The effect of every such cause, however, is made worse by the presence of osteopathic lesions.

In the treatment of disease processes it must not be forgotten that the processes represent nature's logic, often successful without aid, needing no treatment other than protection and rest. Since the body acts similarly in all diseases, the treatment of processes should require a correspondingly uniform method. From the osteopathic point of view the most simple in point of directness and general efficiency is the osteopathic manipulation of affected spinal and other nerve centres. The Osteopath in his examination of the whole body discovers evidence of reflexes which are especially disturbed in the disease with which he is dealing. The disease itself indicates to some extent the line of treatment that should be adopted. By his manipulative treatment of the spine and the specific centres involved, the Osteopath definitely aids all of the processes of defence which the body uses. Osteopathic therapy working as it does directly on the nervous mechanism, and through it affecting the endocrine system, influences the most vital mechanisms of protest and repair.

An understanding of the effort that nature is making, and reasons for it, rationalises our approach and guards us from initiating harmful procedures. The application of heat, absolute rest of the part involved, when practical, and the judicious use of antiseptics, are in line with these purposes. The use of serums supposes that at least part of the process of protest has been done in the laboratory. However, some individuals are very susceptible to serums and there is no question but that treatment of processes by stimulating of the body's own antigens is safer than introducing a material which may prove to be toxic for the individual.

The treatment of end results supposes that nature's effort at recovery has gone as far as it can, or that repair is impossible and the time has come for emergency measures, substitutes, or that to save the body the diseased part must be removed, requiring surgery. If osteopathic therapy is properly applied the end results are less troublesome

Awards and Honours

O.B.E.—C. F. White (Lecturer on Public Health at St. Bartholomew's).

O.M.—E. W. Adrian.

C.V.O.—C. S. Lane Roberts.

At HILL END

On Sunday, April 5th, the Student Nurses' Association made it possible for us all to hear a piano recital in the hall given by Miss Kathleen Blocksidge. The programme included Beethoven's *Pathetique* Sonata which, despite the piano, received a very sympathetic interpretation in her hands. Three Bach chorale Preludes, and a Brahms Intermezzo were also played with insight and clarity, and we were all grateful for the opportunity of hearing great works played really well.

An open invitation was given to students and nurses by the Christian Union, to hear the Reverend H. W. Guiness. In his introduction, Professor Ross told us of the early days of the speaker as a student at Bart.'s. The Reverend Mr. Guiness spoke with enthusiasm and understanding, and answered many questions.

The Memorandum Committee are now revising a draft copy of the report, and most of the contributors are hotly denying that they "said any such thing." However, the end is in sight.

The normal activities of the summer are being vigorously pursued when the weather smiles. The tennis has undergone an extensive mid-seasonal reorganisation, as a result of which ladders, matches and tournaments of unprecedented complexity are being arranged and played. A very successful Club Evening was held on July 8th, in which four courts were continuously occupied with mixed doubles from tea-time till nightfall. Cricket continues regularly despite the luxuriant growth of the outfield—indeed, one might say, of all the field except a small square in the centre where, if the onlookers gaze hard enough, the pitch can be discerned. Though this hazard certainly prevents the batsman from scoring a boundary four, he is often enabled to run five while the opposing fieldsmen are searching for the ball in the heart of the undergrowth, a bare ten yards from his stumps. Even this practice has its dangers for, on one occasion the ball was suddenly discovered when both batsmen were at the same end, and thus a wicket fell.

At CAMBRIDGE

At the time of writing there is the usual flap on as First and Second M.B. approach, the usual chaos of last minute revisions, and the erstwhile cry of it being the last week that counts, fast becoming narrowed down to the last five minutes. The position might well be described as "fluid."

On Monday, June 29th, a general meeting of the Students' Union was held to discuss and vote upon the question of joining the B.M.S.A. Mr. D. V. Bates, the Junior Secretary, came up from Hill End to address the meeting, and in a very polished speech cleared up a lot of points about which there was some confusion. His motion that the Students' Union should not join the B.M.S.A. was carried by 18 votes to 9, three members abstaining. The attendance, as can be seen from the number of votes, was remarkably poor, and can only be attributed to the fact that it was the day before the Anatomy Terminals.

The only sports news that has reached me, despite my earnest appeals to the secretaries, is from the Boat Club and the Athletics Club. The former, though under a very great disadvantage as regards experienced oarsmen, put up a very creditable performance in the May Races. Under the expert tutelage of Dr. Town, they rowed over for the first two days, holding their own with the L.S.E. Boat behind them. On the third day, however, St. Catherines' Second Boat, who had bumped L.S.E. on the second day, got away to a very fast start, and in spite of the frantic vocal efforts of the supporting crowd (all two of them) the Bart.'s eight was bumped. Nevertheless, it was a good effort, and the crew deserve the highest praise.

In the world of athletics we were equally successful, coming in a close second to London Hospital in a match held between the four London Colleges now in Cambridge. The two shining lights were Fyffe and Davy, who took first and second places respectively in the 100 yards, and who contributed largely to our success in the relay.

As regards cricket, nothing can be reported, as someone apparently lost the scorebook, thereby destroying all evidence. Some, of

EXAMINING BORED

Some readers may remember an excellent article by Dr. James Maxwell upon the subject of examinations. If one is in a position to take a really detached view of these matters, it can afford considerable amusement and entertainment, but more often they give rise to a sense of frank annoyance and frustration. One particular type of examination has, I think, caused more than its reasonable share of friction—it is that type which is confined solely to *viva voce* questions.

Short oral examinations are not a fair test of learning—they depend too much upon what we may call for the want of a better word, the "savoir faire" of the individual and the idiosyncrasy of the examiner. One particular examination will spring to most minds. The entrant is provided with a syllabus containing a list of names about which he is expected to know a reasonable amount. This so called reasonable amount is delightfully vague, and depends to a great extent upon the interpretation of the questioner. But more about this later—let us now consider the question of "savoir faire" in more detail. Certain people are literally ill with fright at the thought of a period of one-sided questioning with an examiner—say what you will but these people are handicapped because they can never give of their best. The whole environment makes no attempt to set one at one's ease. A small card with your name on it (the courtesy title of Mr. does not appear before Finals!) arrives saying that the candidate must present himself at a certain time. The unfortunate wretch, already keyed up to fever pitch duly arrives at the appointed time and place only to find that they are running half an hour behind schedule. He then climbs up scores of stairs to find a group of harassed men and women, amongst whom are sure to be a considerable proportion of those irritating individuals who are always willing to expose the ignorance of their less fortunate brethren. Wild rumours that one old horror of an examiner is known to be in his most facetious mood are flying around. In spite of numerous warning notices, people are taking long nervous pulls at cigarettes in a vain attempt to get some consolation from lady nicotine. At the opposite extreme is the person who has already failed four times, and is now obviously in a blessed state of euphoria following the well-meant pre-medication by his friends, who prescribed that drug of doubtful therapeutic value —C_2H_5OH. At long last, the time comes to move into the ante-room. Here, the atmosphere is unreal—everybody is patently ill at ease, and a horrid little bell keeps ringing, after which somebody calls out three numbers in a cold impassive voice. At this stage it is no exaggeration that some people are literally green, while others assume an air of self-confidence, a shade too jaunty to be real. One last nervous gesture to see that the tie is straight, and a muttered prayer that the examiner's liver is behaving itself, and you walk boldly out to your fate. I often wonder whether it is only a popular misconception that one's fate depends to a large extent upon the digestion of the great man. For although I hate to admit it, examiners must be human and it must be particularly trying for them if the discussion centres upon carminatives after a particularly flatogenic meal. Again, how much depends upon the personal characteristics of the candidate? Surely a quiet tidy suiting will produce greater respect than a blatant check suit which clashes with a vivid tie.

Then for the question and answers. Here the poor candidate is between the devil and the deep blue sea. More often than not, the questioner skilfully takes his victim outside the syllabus into deep waters. To take a firm line is to court disaster. To be sarcastic is inevitably fatal, but some questions are unbelievably foolish the fact that certain lesser known breeds of rabbits are extremely tolerant to atropine may be of use to a Veterinary Surgeon, but has little practical application in the treatment of asthma.

Too often the examiners are divorced from the practicalities of this mundane world, and live in their academic clouds. Some examiners are pedantic to the point of pettiness, and to mention "an aspirin" in place of "an aspirin tablet" may seriously jeopardize one's chances. Others have an unfortunate habit of asking for chemical formula, and are considerably nettled when the answer comes back parrot-wise. It is strangely reminiscent of the scene on the ward round when the clerk was asked why he gave such damn fool answers—the apposite reply came back, "Because you ask such damn fool questions!

This article is quite long enough, and if it serves its purpose of letting the authorities realise the not inconsiderable resentment this examination causes it will not have been a failure.

(Incidentally, I have no personal axe to grind as a certain native gift of the gab got me through the examination with considerably less knowledge than some of my less successful colleagues).

ANTHONY.

(*Continued from preceding page*).

course, may be glad, but to all those who were on brilliant form throughout the term and who were waiting in rosy anticipation of public recognition of their prodigious feats, I apologise profusely, but refuse to accept any blame. The same applies to the big men of the tennis world, blame your secretary, it's his fault—I'm only the stooge that types out what he writes!

A REVIEW

SINUS TROUBLE AND PERSONALITY
By H. G. BEDFORD RUSSELL
(Lecture to the Royal Medico-Psychological Association)

A discussion of sinus trouble as an aetiological factor in disease raises in many people either a smile or a yawn. But the bored and the derisive, faced with a case, have often glibly quoted sinusitis as a factor in the production of diseases as widely divergent as asthma and rheumatism; they are then grateful to regard the sinuses, as some regard the stars, as the fons et origo mali. Yet it is probable that few can recognise the sphenordial sinus in a skiagram of the skull; and how many realise that the sinus mucous membranes and the meninges have a common nerve supply?

In this lecture Mr. Bedford Russell lists several important and significant facts, experimental and clinical, which suggest how sinus disease may be related to fibrositis, migraine, the neuralgias and so on. He emphasises the fact that pus in the sinuses is not the sole criterion of sinusitis; there are numerous less obvious signs (of which œdema is the most important) which are observable clinically or radiologically and are equally conclusive.

In the absence of signs, many symptoms of pain and special sense disturbance are often diagnosed as psychogenic in origin. This lecture points out that some of these cases, carefully followed up and properly investigated, are revealed as sinus disease. It may be questionable whether the patient derives any benefit from this, but Mr. Russell quotes a convincing, though small, series of cases of mental disease in which investigation of the sinuses and appropriate treatment have restored the patient, temporarily or permanently, to mental normality. In view of these facts it seems that there is a definite, though limited, relationship between sinus disease and mental disease; the rhinologist has, therefore, a place in the treatment of the latter.

SPORTS NEWS

The Hospital repeated last year's success when they visited Hornsey C.C. on Sunday, May 17th. Batting first, the home side were dismissed for 65, the only resistance coming from T. Plant, who, going in number 3, lasted till the end for a somewhat fortuitous 35. Full honours go to John Evans, who in eight excellent overs took 7 for 24. The Hospital passed the enemy total after an hour's batting with 6 wickets in hand, and went on to make 151, Evans once more heading the list with a freely scored 43. G. H. Wells Cole, going in first, bore the brunt of the attack and made a very correct 23. Later comers found life a little easier, J. N. H. Jones and M. R. Hunt having little difficulty in reaching the 20's.

The cricket finished, the ensuing darts match resulted in the inevitable win by the Hospital.

HORNSEY: 65. J. Evans 7 for 24, R. Heyland 2 for 2.

ST. BART.'S.: G. H. Wells Cole, lbw. b Boxer, 23; W. D. Linsell, b Boxer, 2; J. W. G. Evans, b Brown, 43; R. Heyland, lbw, b Boxer, 4; C. S. M. Stephen, ct wkt, b Brown, 9; J. N. H. Jones, run out, 27; J. H. Gibson, ct Somerville, b Boxer, 1; M. R. Hunt, not out, 22; R. B. McGrigor, c Boxer, b Palmer, 8; A. J. Gray, b Palmer, 2; J. L. Morris, b Clark, 3. Extras, 8. Total, 151. N. Boxer 4 for 49, A. Palmer 2 for 24.

The match against the London Fire Service, played at Chislehurst, had to be abandoned after tea owing to rain. In the early afternoon the Fire Service had been batting confidently and had scored 140 for 3. Summers and Levy scored next to nothing in the first hour, and runs didn't come until Summers was replaced by Bills. Levy plodded on for a wearisome 66 not out, whilst Bills gave a display of batsmanship that would have graced any ground, and was eventually caught at cover, having made 67. Credit is due to Evans, Roberts and Heyland, who bowled tirelessly throughout the afternoon.

ST. BART.'S HOSPITAL v. ST. GEORGE'S SCHOOL, WEYBRIDGE

On Sunday, June 28th, a team of about extra A strength struggled down to Weybridge. The train, which was solid with people, persuaded most of us that our journey was by no means really necessary. Our spirits were revived on finding the surroundings ideal, and the opposition quite young schoolboys with a leavening of masters. Despite the fact that eight people bowled and that some of them appeared new to the game the school were put out for 144, Evans, Heyland, Gray and Gibson taking two wickets each. The versatile Stephen, making a maiden appearance as wicket keeper, gave a startling performance as wicket keeper, stopping the ball with every part of his anatomy, noticeably his chest.

Our innings really began and ended with Moffat, who, coming in at number three, attacked strongly from the first ball, and when the score reached 30 was responsible for the whole of it. He adopted a crouching stance—rather a flat swing, and was obviously trying to get a lot of "stop" on the ball. However, he hooked and drove stupendously and was at last dismissed for a magnificent 72, which included ten fours, two sixes, and one broken bat. The remaining batsmen appeared mediocre beside this display, but managed to scratch together the remaining runs with two wickets in hand.

St. George's School: 144 (Wilson 52).
St. Bart.'s Hospital: 151 for 8 wickets (Moffat 72).

UNIVERSITY OF CAMBRIDGE

FINAL M.B. EXAMINATION, EASTER TERM, 1942

Part I. (Surgery, Midwifery and Gynæcology)

Alcock, R. J.
Bailey, A. G. S.
Baron, H. W. A.
Birkett, N. L.
Collyns, J. A. H.
Danby, A. J.
Durham, M. P.
Fluker, J. L.
Harrold, A. G.
Kingdom, L. G.
Lomas, J.
Loosemore, T. G. E.
Roxburgh, I. A.
Sandes, D. L.
Smith, I. M.
Sookias, O.
Squire, J. W.
Stephens, J. P.
Johnston, E. N. M.

Part II. (Principles and Practice of Physic, Pathology and Pharmacology)

Arulanandom, V. R.
Birkett, N. L.
Borrie, P. F.
Edwards, C. O.
Ffrench, G. E.
Fluker, J. L.
Holborow, E. J.
Kelsey, D. E. R.
Knott, J. M. S.
Leacock, A. G.
Lim, K. H.
Sandes, D. L.
Westwood, J. C. N.

UNIVERSITY OF LONDON

THIRD (*M.B., B.S.*) EXAMINATION FOR MEDICAL DEGREES, APRIL, 1942

Honours:

Champ, C. J., Distinguished in Medicine.
Hill, I. M., Distinguished in Pathology, and in Applied Pharmacology and Therapeutics.
Weitzman, D., Distinguished in Pathology.

Pass:

Aston, J. N.
Atkinson, W. J.
Borrelli, V. M.
Citron, R.
Davies, J. A. Ll.
Evans, D. T. R.
Evans, R. J.
Haile, J. P.
Messer, B.
Ogilvie, K. R.
Robertson, D. J.
Routledge, R. T.
Sinha, K. N.
Stone, P. H. D.
Tickner, A.
Trevan, D. J.
Tweedy, P. S.
Ware, C. E. M.
Watson, P. C.
Webb, E. J. E.
Birch, J.
Gifford, C. S. E.
Hanbury, W. J.
Hinds, S. J.
Ismay, D. G.
Karn, H.
Kok, D'A.
Lambley, D. G.
Macaulay, J. C.
McShine, A. D.
Merryfield, S. J. T.
Pitt, N. M. F. P.
Robertson, J. A.
Sadler, J. A.
Stack, H. G.
Story, P.
Thomson, I. F.
Vahrman, J.
Vickery, K. O. A.
Wells, B. G.
Whelan, W. H.

SUPPLEMENTARY PASS LIST

Part I.

Allardice, A. R.
Bartlett, D.
Perkins, E. S.
Picton, F. C. R.

Part II.

Beeston, J.
Dalton, I. S.
D'Silva, J. L.
Robertson, J. A.
Sadler, J. A.
Shaw, C. H.
Townsley, B.

Part III.

Bevan, J. E. C.
Birch, J.
Karn, H.
Shah, J.
Vahrman, J.

BIRTHS

BENISON.—On 19th May, 1942, to Eileen, wife of Major R. L. Benison, R.A.M.C., a son (Michael Peter).

BERRY.—On June 18th, 1942, at Zomba, Nyasaland, to Veronica Anne (née Holme), wife of Dr. Wm. T. C. Berry, Colonial Medical Service—a son.

JACK.—On June 28th, 1942, at Poynings, Ashburnham Gardens, Eastbourne, to Margaret (née Field), wife of F./Lt. A. H. Jack—a daughter.

DEATHS

VLIELAND.—On June 13th, 1942, at 2, Fitzwilliam House, Richmond, very peacefully, Charles James Vlieland, M.D., late of Exeter, beloved husband of Alice Edith Vlieland, C.B.E. Aged 84.

POWER.—On June 27th, 1942, at a nursing home at Ashby-de-la-Zouch, Edward Thomas Power, M.R.C.S., of Atherstone. Aged 87.

MARRIAGES

MACVINE—VIEUSSEUX.—On June 13th, at St. Andrew's Church, Enfield, Middx., John Sinclair MacVine, F.R.C.S. Ed., Central Middx. Hospital, Acton Lane, London, N.W.10, son of the late Dr. and Mrs. MacVine, of Camden Lodge, London, N.7, to Daphne Enid Vieusseux, W.A.A.F., youngest daughter of Mr. and Mrs. E. T. Vieusseux, Woodbury, Clay Hill, Enfield.

ROWNTREE—MARSHALL.—On June 20th, 1942, at Kingston, Paul, younger son of Colin and Mary Rowntree, of York, to Gwendoline, only daughter of Alfred and Kate Marshall, of Mitcham.

THE CHEMICAL ACTION OF 'MILTON' ON MUSTARD GAS

Pure "Mustard Gas" is a colourless liquid, m.p. 14.4° C, known as 2.2'—Dichlorodiethyl Sulphide, and its constitution is represented by the formula

$$S(CH_2 . CH_2 Cl)_2$$

It is ordinarily very stable and may be described as the most aggressive organic chemical known towards human tissues.

"Milton" is a solution of electrolytically prepared sodium hypochlorite (NaOCl) which reacts rapidly with either pure or crude Mustard Gas at the ordinary temperature, converting it quantitatively into the non-toxic colourless crystalline 2.2'—Dichlorodiethyl Sulphoxide

$$OS(CH_2 . CH_2 Cl)_2$$

m.p. 110° C., according to the following equation:

$$\underset{\text{(toxic)}}{S(CH_2 . CH_2 Cl)_2} + NaOCl = \underset{\text{(non-toxic)}}{OS(CH_2 . CH_2 Cl)_2} + NaCl$$

Applied rapidly and in proper fashion, the effectiveness of "Milton" against skin contamination can be guaranteed, and in an emergency the method forms a convenient way of supplementing (but not superseding) official instructions.

After removal of clothing (if necessary) the part affected should be wiped without spreading the area of contamination, using cotton wool or other suitable material, which can then be destroyed.

Without delay, the affected part is swabbed gently but copiously for 15 minutes with full strength "Milton" and then with "Milton" diluted with about four times its volume of ordinary tap water. Continue the gentle swabbing with this dilution, at half-hour intervals, three or four times.

Milton Antiseptic Ltd., John Milton House, London, N.7

The Exoma Press, Ltd., 255/7 Liverpool Rd., N.1.

SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

SEPTEMBER 1942

VOL. 3 No. 12.

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

WAR EDITION

Vol. 3. SEPTEMBER 1st, 1942. No. 12

THE HORIZON

Death and the fear of it move men to undreamt of deeds. Its sudden coming excites, whereas the long agony benumbs. When eschatological doctrine was bounded by heaven above and hell below man did not cease from sinning: but in the hour of peril he called upon the Lord. To-day he cries out at the horrors of collective punishment when villages are razed, the menfolk murdered and the women and children enslaved. Meanwhile the horrider crimes proceed. For behind a curtain of blood the Nazis are procuring the remorseless extinction of one after another of the subject peoples. Glorious is the spirit which burns all over Europe, scorching the very land beneath the oppressor's foot, but alone it cannot prevail against the calculated cunning of the liquidators.

The latest of these German crimes is the intended transportation of three million Dutch to the Ukraine. While the stubborn Hollander may be expected never to submit to a Teuton overlord, the thousand miles between West and East can swallow up the proudest spirits. When Germany has been at last roundly beaten and the shackles have fallen from the nightmare millions of her prisoners, a stampede will begin in Europe which unhindered and unchecked can maim and slaughter more terribly than furious Mars. One of the earliest tasks, therefore, that the Allies must undertake is the quiet ordering of this vast mob as it seethes homeward. It must be fed, disciplined, protected from the elements and ravages of disease, and prepared for the sad ruin where it had known fields of ripening corn, friends, the marketplace and home.

Our profession will be charged with the care of the wayfarers and the control of preventable and infectious disease. Food and shelter will not alone keep epidemics at bay. Although the classic teaching of Murchison on the "Continued Fevers" has set the fashion of holding famine and overcrowding as cardinal factors in the aetiology of epidemic typhus, later observers have modified his experiences. Mackenzie,[6] in a recent paper, recognises their importance but considers that climate and, above all, movements of population have greater procatarctic significance than overcrowding, which plays a part only when famine is established.

In so far as typhus and relapsing fever, the louse-borne diseases, and malaria are expected to reach almost pandemic proportions after the war, the dangers of mass movements may be profitably studied. Not only will there be the immediate trek of returning prisoners-of-war; there will be also millions of transported civilian labourers on the way home and, over a longer period, the return of political refugees. At the armistice provision is likely to be made for the controlled exchange of combatant prisoners. Unless adequate preparation has been made, the civilians will wander across Europe as best they can, no matter what infections rage among them nor to what diseases they may be prone: nor can be foreseen the consequences of their carrying a virulent strain of some disease to an area where it is already endemic. A grim experiment on these lines was witnessed in the valley of the Volga after the 1920-22 famine:

> A large section of the population of this valley fled from starvation down to Tashkent in Turkestan, where wheat was to be bought but where malaria was widespread. After the famine, these refugees returned to their homes in the Volga Valley with their blood full of malignant malaria parasites. Malignant malaria had been unknown hitherto in the Volga Valley, and the return of the refugees was followed by an epidemic of the disease affecting 90 per cent. of the population. Very large numbers died, and the disease has remained in the Volga Valley ever since.[2]

Greenwood[5] has written that "the Greek men of science believed that illhealth was the product of one intrinsic and two extrinsic cause-groups, viz., (1) man's temperament, (2) his diet and other habits of life, (3) an 'atmospheric' influence." Modern epidemiologists call the first of these immunity, the

second procatarctic causes, and the third, following Zeiss, geomedicine. This last tends to be shrouded in more mystery than the others. Nevertheless, certain of its phenomena have been recorded with regard to typhus and malaria. In areas where typhus is endemic the disease shows a rhythmical rise and fall: it is prevalent in winter and spring, cases begin to occur as early as November and to die away with the approach of the summer solstice. The epidemic disease, however, may occur at any and at all seasons of the year, although it tends to coincide with the endemic rhythm because the louse which is always its vector pullulates in the winter and spring. Moreover, in contrast with the low death-rate of endemic typhus, the epidemic death-rate may rise as high as 70 per cent. and is nearly always above 20 per cent.; and its increase is proportionate to the seniority of age-groups. The importance of these phenomena is inescapable: the German collapse will most probably occur in the winter, when food stocks will be low and transport of relief rations difficult, and the overcrowding of homeward-bound refugees in the few inns and vehicles which will be available will provide the most likely conditions for an epidemic.

The spread of malaria, which with typhus was the principal killing disease in the four years after the Great War, is another of the epidemiological mysteries with which the Allied relief organizations will have to contend. The story does not end with the infective mosquito and the susceptible human. Although the genus *Anopheles* is the most frequent vector, not every species is infective, and, on the other hand, some innocuous species may become dangerous under undefined conditions. The belief is nearly universal that the larvæ of dangerous species exist only in stagnant pools. But they are found sometimes "in clear brooks, where they adhere to the stones, in small pools of water, cisterns or fishponds, and not only in the ill-famed flooded 'rice' fields[7]." Nor is damp a necessary condition: "sometimes, quite unexpectedly, the very dry years are the most dangerous. If there is a low water level pools are left in the dried-up river-beds, giving the most dangerous carriers an opportunity to breed[7]." The Ceylon epidemic of 1934-5 was mainly due to *Anopheles culicifacies* which pullulated under these conditions. Temperature determines the length of time over which the plasmodia develop; and seasonal change may cause hibernation and delay the appearance of dangerous mosquitoes. Mayer[7] has suggested that during the winter "Sporozoites might hibernate in some other parts of the mosquito and migrate to the salivary glands in the spring." The severity of the winter and other seasonal variations influence the harvest. When this is poor, an agricultural community such as obtains over large tracts of the Central European plain is partially starved and its resistance to every infection is lowered.

Although the re-emigration of political refugees will not be, epidemiologically speaking, so dangerous as the home-coming of prisoners-of-war and transported labourers, its significance in any plan of reconstructing Europe can be easily underestimated. Topley[10] has demonstrated the effect on a crowd of mice of introducing regularly a newcomer who is not immune to some such endemic infection as that of *Bacillus Aertrycke*: the herd immunity tends to be lowered. This phenomenon, however, will play a small part. Of much greater importance will be the value to the community of a steady stream of able-bodied men who can assist in this urgent task of recultivating the wheat fields and restarting the staple industries of the place. Moreover, in some countries, and notably in Poland, the Nazis have closed the Universities and either murdered many professional men or confined them to concentration camps, where they die in great numbers. There will be, therefore, a shortage of this class of men after the war, over and above the ordinary casualty lists; and the medical profession will be seriously affected. Owing to this closure, the first generation of young doctors cannot be expected before five or six years, even if the Universities are opened again and properly staffed and equipped very shortly after the armistice. As the political refugees included many doctors, their return will help to relieve the shortage.

Apart from the acute infections, tuberculosis and the deficiency diseases, of these latter particularly rickets, and the various causes of mortality in infancy and early childhood are becoming increasingly serious in the war-ridden Continent. In view of the doubt which has been thrown in some quarters on the current views of tuberculosis epidemiology, Dudley's studies[4] on a closed community where many cross-factors can be allowed for are of interest. He reported that the tuberculosis rate in the Royal Navy for the years 1900-13 was 2.2 per 1,000 and for 1921-34 it was 2.1 per 1,000. In spite of every effort to lower the incidence of this disease, the records have shown no improvement since the beginning of the century, up to which time the naval rate had paralleled the steady decline of the disease among the civil population. As very little had been done to increase the living-space of ratings, Dudley has concluded that density of population is the decisive factor in keeping up the naval rate. In support of this are some further observations from miniature mass radiography, which show a higher incidence among sailors with more than five years' service than among untrained men; and the difference in the case-rate between officers and ratings. The officer rate is 1.0 per 1,000, which is approximately equivalent to the general civilian rate; and officers who have been promoted from the lower deck show this rate, whereas their non-commissioned contemporaries maintain the higher "naval" rate. Meanwhile the experience of Norwegian workers may be considered alongside of Dudley's. Ustvedt[11] has found that primary infection in the adult is followed by a danger period of about one year, during which progressive pulmonary tuberculosis is liable to appear. As he claims that the bovine bacillus has been effectively eliminated from Norway, his study is of peculiar interest in that his observations on infection with the human subspecies are not likely to have been vitiated by alimentary infection during the milk-drinking age. He moves to the further position that a previously infected patient is in no danger from exposure to massive infection, as he believes that infection and its consequent stimulation of active immunity in the host is a bar to re-infection. The development of phthisis in the adult he considers to be the outcome either of poor resistance to primary infection and the extension of the primary focus or of blood-borne tuberculous metastases which occur in an infected subject with temporary lowering of resistance from intercurrent illness or some other cause. In view of the report by Lisle Punch[9] on the aetiology of three cases of erythema nodosum, it is interesting that Ustvedt, while he recognises the various causes of this complaint, was able to confirm a primary infection with the tubercle bacillus three weeks before the nodes appeared in a number of cases.

To our knowledge of the deficiency diseases many chapters will be added by studies in Europe after the war. Milk and currant juice in adequate quantity will do much to eliminate them, but the problem of their supply is very difficult. Apart from the dangers of non-pasteurized milk—and the provision of plant for this purpose and the teaching of it to the peoples concerned constitute a big problem in itself—the real difficulty will be the shortage of cows. The Reich is said to be preserving many herds for the sake of their milk: but after another winter it is certain that they will be further depleted. Some ways of meeting these problems are considered later, together with other agricultural needs.

What has been written above is intended as a sketch of some important diseases which must be expected in epidemic proportions in the years following the cease-fire. The sooner that is sounded, the sooner charitably minded persons among the victors can get on with the job of relief and comfort to the destitute places of Europe and of the world. Meanwhile, the highest enthusiasm must be curbed by the restraints of reason: the Allies must study in detail the manifold problems of Europe-after-the-war. A start has already been made: and in two recent pamphlets issued under the auspices of the Royal Institute of International Affairs an attempt has been made to sort out in order the various difficulties which will have to be surmounted in carrying plans of reconstruction and medical relief to the Continent.[1 & 2]

Mr. Churchill made the first official recognition of post-war problems in Europe when he addressed the House of Commons on August 20th, 1940. (His words that "we can and we will arrange in advance for the speedy entry of food into any part of the enslaved area . . . including—I say it deliberately—the German and Austrian peoples" remind one of his unheeded plea for the raising of the blockade in 1918.) This recognition was afterwards confirmed and extended by the meeting on September 24th, 1941, of the Allied Governments at St. James's Palace. The subsequent entry of the United States and of Russia into the war has widened the field of collaboration and increased enormously the stocks available for filling the depleted larders of Europe. Although Russia may need more than she can easily give, she will certainly wish to take her rightful place in the councils of relief. But before any of this work can go forward, another task must be completed:

> Neither relief nor reconstruction can be carried out in a state of anarchy. The most urgent task of all, the transportation and distribution of food, depends on the existence of a minimum of order. In some countries the objects of the Allies will be effected in association with a Government which enjoys their confidence and co-operation. In others their association with what purports to be the governing authority will require careful thought. In the case of Germany above all will it be important to know who is to rule and to keep order, not only for the fulfilment of the constructive purposes of the declared policy (which apply to Germany as to the rest of Europe), but also, and above all, for purposes of security. . . .
>
> When the Nazi régime collapses, power in Germany may pass to the Army. The Army will, on this hypothesis, be the sole surviving disciplined organisation, and even if it did not continue to exist

as a fighting force it might still be used as a police force. The inclination in some Allied quarters to acquiesce in, or even to favour, such a development might be inspired by fear of a complete breakdown of the social order in Germany through revolutionary action from within or through invasion; and such fears might be deliberately stimulated by interested German leaders. The objection to a policy of acquiescence in the government of Germany by the Army is that the victors would thereby give a new lease of life to the militaristic tradition and the domination of the military caste over German life which it has been the object of two wars to eliminate. It is essential that nothing should be done or permitted which conflicts with the cardinal aim of effectively dissolving German armed power.[1]

When authority and order have been secured on the Continent, the transportation of food must proceed with all urgency. But unless plans have been well laid beforehand, the experiences of the last war may be repeated. Some machinery for planning must be ready, and as after this war, "owing to Britain's loss of her creditor position, the U.S.A. will, with the Dominions, be even more decisively the chief supplier," co-operation with them must be sought and maintained. Together with the need of food there will be a demand for raw materials with which productive power may recommence. This matter will be so much wrapped up in post-war economy and politics that it will be difficult of solution; but on no account must raw materials be withheld on political grounds, as they form an essential part of any reconstructive work.

The conveyance of goods can be considered as shipping and as inland transport. Control of enemy mercantile marine should be included in the armistice terms, so that the Germans will be unable to use this as a lever for bargaining as they did in 1919: this will also help an Allied shipping pool in the enormous task of restocking Europe. Many ports will have been badly damaged and plans must be prepared in advance for the quick unloading and despatch of goods when they arrive. Transport across Europe will be simplified by using the military lines of communication: all convoys must be under military escort in order to forestall incidents. And there will be plenty of scope for a display of tact. For instance, it would be folly to send loads of supplies through a starving district. Railway personnel in particular should receive good rations. A likely scheme envisages a fanning-out of the distribution from the ports and other centres so that the nearer districts would get some early measure of relief: their inhabitants might then be expected to help in delivering supplies farther afield. The provision of locomotives and rolling stock will have to be made. Air transport may be reserved for carrying urgent supplies to remote parts, especially those to which access by land is impeded by snow, flood and other natural obstacles.

Medical relief is an enormous problem. But one of the first and most important considerations is not so much the material and manner of relief as the actual staffing of the organization. This should include two groups of medical men:

> The first should consist of a number of senior medical advisers, whose names and experience would command respect with the various governments and who, after visiting different countries to ascertain their problems and needs, would report to the headquarters of the organisation. Secondly, an executive staff of younger doctors would be required for the field work. Too great care cannot be lavished on the choice of these doctors, as in addition to energy and technical knowledge it is of fundamental importance that they should possess tact, devotion, and the ability to work with foreigners. A knowledge of languages is, of course, a great advantage, but is of secondary importance to the three qualifications already mentioned. Above all, care must be taken to avoid the employment of "adventurers"; many of this type have proved misfits in their professional work, and are often the first to make application for an appointment. In addition to working with the government of the country concerned, any medical officers engaged on relief work would, of course, obviously require to keep in the closest possible contact with the general practitioners and consultants.[1]

The question of malnutrition is of first importance. Firstly, the degree of undernourishment must be assessed, and at the outset the profession is handicapped by the absence of any reliable "nutritional standard which can be applied on a wide scale in the field." In Europe there will be two classes of malnutrition: the industrial and urban areas, where the degree of undernourishment will vary with the locality; and the country districts, where acute starvation will be liable to occur. In connection with this second group and sickness, Pickles' words return with added force[3]:

> I read not long ago that the appalling death-rate in the well-known epidemic of measles in Fiji was due not so much to its being a new disease for which there was no inherited resistance, as on account of the lack of nursing facilities, and that, owing to whole families going down simultaneously, the very necessaries of life could not be provided. The "controls" in this epidemic were the members of the police force, whose conditions of living were entirely different, and who therefore showed a death-rate not above the normal. In some of our isolated farms during an influenza epidemic a state of affairs similar to that exhibited in Fiji was faithfully reproduced. The house was as cold as a vault, as not a single member of the family was in a fit state to crawl downstairs to light the kitchen fire. Food had been for days a difficult problem, and hot drinks an utter impossibility. Neighbours are very good, and at our request this was soon remedied, but with the inevitable result that the disease spread to the homes of the good Samaritans themselves.

Mackenzie suggests that malnutrition can be assessed by adopting four lines of inquiry:

(1) by study of the existing social conditions; (2) by a widespread inquiry of the average food consumption in twenty-four hours; (3) by studying the physique of the children; and (4) by investigating the types of nutritional disease which are prevalent in hospital and clinical practice. The distribution of food must depend on the results of some such investigation. In places where the country districts are fairly well provided for some advantage may come from adapting the English evacuation scheme. But these places are likely to be few and far between. Milk is an essential of children's diet. While cattle are being imported and herds got together, the situation can be met by the use of dried milk and of fruit juices. The allocation of rations in a famine must proceed with strict impartiality. First of all the members of the relief organisation must get their food regularly: all delinquents must be punished, if the occasion arises, with dismissal. Secondly, the organization must be resigned to relieving certain groups of the community and it must not fritter away the resources by inadequately feeding everybody. In the countryside stores must be built up in the summer months and transport must be arranged. Horses are very helpful and should be imported; they were invaluable in the Volga Valley famine of 1922.

Malaria and typhus are the two great dangers so far as epidemic disease is concerned. Of the diagnosis of typhus, Mackenzie[2], who has had wide experience of it in South-Eastern Europe, Russia and China, says that "even under the best conditions (it) may be exceedingly difficult, especially in its early stages. This is due partly to the fact that the rash does not appear until the fourth or fifth day of the illness, prior to which typhus is indistinguishable from several other diseases, and partly because, during an epidemic, typhus frequently occurs in an individual who is already suffering from some other disease such as malaria, typhoid or relapsing fever. The last, particularly, is commonly epidemic at the same time as typhus, inasmuch as it is carried by the louse and is consequently favoured by the same conditions." As there is no protective vaccine which has been proved to be efficient, the disease has to be stamped out by destroying the vector. Mackenzie gives a full account of the methods of typhus control and stresses the importance of adequate protection of the relief personnel. These should be recruited from young persons, preferably under thirty, and, where it is feasible, from those who have either had the disease or lived a long time in an endemic area. Although an epidemic of typhus can be greatly reduced by disinfestation measures, these alone are never completely effective, and the relief of famine must always play a major part in stamping it out. Moreover, the Rickettsia virus is sometimes airborne and inoculation has occurred through the conjunctiva, and through the respiratory tract. In typhus areas the population is often illiterate: here the radio can help the relief worker by simple instruction and the encouragement of cleanliness. A very large supply of soap should figure prominently in all relief plans.

Malaria has to be combated by anti-mosquito measures and by the adequate administration of quinine. Some of the snags of the former have been mentioned already: the waste due to efforts at exterminating harmless mosquitoes should be emphasized, together with the need for a competent entomologist in every relief party. Quinine is invaluable, provided that it is not squandered. The occupation of the principal sources of cinchona by the Japanese increases the difficulties of building up stores. But even if it is delivered to centres of distribution on the Continent, that is no guarantee of its being adequately used. Clark[3] has quoted the experience of the French Army in Macedonia in 1915: "Quinine was provided but its consumption was not enforced, and in 1916 the army was immobilised by a malaria rate of 2,000 cases per division. The prophylactic use of quinine was stated to have failed completely until the medical service, by means of urine tests, proved that only 15 per cent. of the troops were taking the drug regularly. Quinine administration was then enforced as a matter of military discipline, and in 1918 the malaria rate had fallen to 125 cases per division, whilst the urine tests showed that 90 per cent. of the troops were taking the drug." A further disadvantage of quinine is its inability to destroy the sexual forms (gametocytes) of malignant tertian, and it cannot be guaranteed to stop the spread of the disease. But its virtues lie in its comparative safety and in its sufficiently curative effects to allow of most sufferers returning to their work. Then they can get on with the job of producing sufficient harvest to protect the community from the ravages of the following winter. In those places where rebuilding is going on doctors should advise on the siting and building of villages in malarial regions, as this is an important aspect of prophylaxis. Finally, the words of Nocht and Mayer[2] may be applied not only to malaria but to all disease with which the physician has to deal:

> The human factor also plays an important part. Human conditions of life, the degree of civilisation, and the standard of living make men more or less susceptible to malaria. More civilised races tend to treat each individual case of malaria; less civilised peoples are usually less inclined and less able to do

so. Therefore they become as gametocyte carriers, a source of infection for the mosquitoes, *i.e.*, a link between the yearly occurring outbreaks. The possibility of new mosquitoes becoming infective depends upon the number of gametocyte carriers at the appropriate time of year. In sparsely cultivated tropical and sub-tropical countries this opportunity of infection is usually present. Rodenwaldt and Swellengrebel are right in saying: "In the end the epidemiology of malaria cannot be entirely explained through plasmodia and anopheles. The economic and nosographical conditions of life of a population exposed to infection are an important, often even a decisive factor."

All this goes to show that each malaria district has its peculiarities. To fight malaria, doctor, entomologist and engineer must co-operate in measures recognised as suited to the local conditions. The entomologist must first discover the species of anopheles and their life histories. Parasitological examinations must identify them as possible carriers (sporozoite index). With the result of those investigations the doctor must compare his own observations on the population, the extent, and the variety of the malaria.

War on malaria means the advancement of civilisation. It is to be hoped that the "world war against malaria" for which science has given us many new weapons and a strategy, will lead to victory in peaceful competition between the nations.

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THE "FIRST M.B."

By J. C. V. WILKES

The writer of this article is not a scientist: he is a Head Master who has seen a large number of boys preparing for a medical career, and who is perhaps biased by his own love of classical and modern literature in favour of a more general education at school than it is possible nowadays to give to such boys: and he knows that a number of other Head Masters (and some doctors) share his views. Here they are for what they are worth.

First—some matters of detail. Under the present arrangements there is overlapping between Sixth Form work at school and work at the University. There is not proper co-ordination. Further, there is sometimes conflict between the Higher Certificate course, preparation for scholarship examinations, and the First M.B. courses. Exemption from the latter by means of Higher Certificate is often uncertain, varying from one medical school to another. An exemption certificate or examination qualification may be accepted at one medical school and not at another. The syllabi of the various First M.B. examinations differ—and though the actual differences in *content* are inconsiderable, the differences in the emphasis placed on different subjects *do* vary very much, and the standard demanded varies also. It is impossible not to feel a suspicion that the standard demanded varies with the number and quality of the candidates, a medical school raising or lowering its standard so as to be able to exclude, on the grounds of failure to reach that standard, boys for whom it cannot find room.

This last point is particularly important. A schoolmaster cannot tell in advance what the standard at a given medical school in a given year will be. He feels that the examination will be in fact, if not in name, competitive. He cannot, therefore, safely recommend a pupil (unless he is particularly able) to postpone intensive specialisation in the necessary subjects for a year or more after taking the School Certificate—say at the age of 15½ years. Even if the schoolmaster thinks this may be done without risk, the parent may not be prepared to agree. Early specialisation is therefore inevitable; and early specialisation in *any* subject—Science, Mathematics, Classics, Modern Languages or History—is generally recognised to be wrong.

The demands of the Universities on scholarship pupils in *all* subjects make it hard to avoid early specialisation at school; but harder in

Science subjects than in the other because it seems more difficult for examiners to set papers in Science that test promise and not knowledge than in other subjects. Clearly a competitive examination for a boy of 17 or 18 years *ought* to be made to test promise. If, therefore, the First M.B. examination is competitive in fact, it should be a boy's promise that is tested, not his knowledge; if, on the other hand, the examination is *not* competitive, it should have a definite and known standard of knowledge required, all examining bodies should require the *same* standard in the *same* subjects. The schoolmaster would then know where he was. But the writer himself believes that it is better to test promise than knowledge, and that papers should be set which enable the examiners to distinguish the able from the indifferent, not the crammed from the ignorant.

The medical profession is one of the learned professions. Its practitioners should be men of intelligence well above the average. No hope or inducement should be offered to men of inferior ability—they should not be enabled to "scrape through" preliminary examinations for the profession by early and intensive specialisation. If they are able to do so, either they will fail at the next hurdle, and then have to turn round and discover some other profession, having wasted years of their time in studying subjects which will be of no particular value to them afterwards: or else they will continue to scrape through, and there will be turned loose on the public a number of inferior doctors. It is far better to make sure that only the really able *can* enter the profession, at the start. How is this to be done?

It can only be done, the writer believes, if the qualification for entry, while including a definite minimum standard of knowledge in scientific subjects, includes also either other examination tests, by which ability can be judged, or (or perhaps "and") a recommendation from the Head Master that the boy has real ability. Such examination tests would inevitably be in other than scientific subjects, and would involve education in such subjects up to the time of leaving school—since without such education the ability, however great, is likely to remain latent. All schoolmasters know how often a really able boy, concentrating on scientific subjects after the age of 15, is unable to express himself lucidly and idiomatically in his own language, and has his mind crabbed and confined and stunted by an insufficient diet of literary, historical, linguistic studies—his horizon becomes narrowed, and his capacities atrophied. Lack of variety in his fare will cause indigestion or flaccidity.

To all this it will, of course, be objected that the content of the whole medical syllabus, from the First M.B. to the final examinations, is now so vast—and becoming vaster every year—that it is necessary for the would-be doctor to begin an intensive study of scientific subjects early; otherwise he will not have acquired the necessary knowledge until he is even older than he would be in present conditions—and that, it will be argued, is already too old, because it means that the parent has to continue to support his son—and support him at considerable expense—until he is well on in the twenties. Economic difficulties will decrease the already small numbers of parents who are prepared to go on supporting their sons in this way. They will indeed: But this is no argument for maintaining the present system. A far more radical change is necessary.

Already the medical profession is only (save in exceptional circumstances) open to the children of the well-to-do. This is not only wrong from the democratic point of view; it also limits the number of *able* men available for the profession. It is essential that the State should intervene, and should provide the means whereby all suitable candidates, whatever their parents' incomes may be, can complete the full medical course, however long it may take, such provision being made (by scholarships, etc.), on a means test, from the age of 17½, and granted to all boys who have proved by their performance in the examinations and their record at school that they are fit persons for the profession. The scholarship would of course be withdrawn should the pupil show by his subsequent conduct or progress that he was *not* earning the grant. It is probable that after the war all pupils at secondary schools who are thought capable of benefiting by a University career will be enabled by the State to enjoy such a career, whatever their parents' means. It would be but an extension of this principle to subsidise the medical student to the age of 26 or 27.

"26" or "27" may seem to many to be a late age for a man to begin to learn his living. To this there are two replies possible: first, that the whole trend of modern civilisation (and a desirable trend) is to extend the period of education for the more intelligent citizens—a course advocated by Plato in the "Republic." Secondly, it would be possible to shorten the course, providing the qualified doctor with a job at the hospital for a couple of years—during which he could gain the extra knowledge necessary—before he was allowed to go into private practice. Refresher courses of six

months a year could later be provided, and might well be made compulsory when, say, the doctor had been five or seven years in practice, the State subsidising such courses, and the profession providing substitutes to take the place of the practitioner during his absence at the course. The need for such "refresher" courses in all professions—or at any rate their desirability—is obvious enough. It is essential that men should keep "up to date" whatever their profession.

"But what," we may be asked, "is really the objection to intensive specialisation from fairly early years? Is it not better to become an expert in one subject, than to have a mere smattering of many?" The answer to this involves more fundamental problems. All men, whatever their profession, whatever their chosen subject of study, are first citizens, and only secondly experts in some branch of knowledge. This is true even of the research student: it is far more obviously true of the doctor. Scientific knowledge is indeed necessary for a doctor; he must be abreast of the latest developments of scientific thought, and must be qualified himself if possible to add to the volume of scientific knowledge. But a doctor has to deal not only with material things—men's bodies—but with psychological and spiritual things too—with men's minds. He must understand his fellow men. Physics, Chemistry, Biology, Physiology—all deal with the material world. History and literature—English and foreign literature—deal with people. An education which neglects literature and history (and philosophy, for that matter, though philosophy is not a fit subject for the immature mind) is incomplete, and dangerously incomplete. It is dangerous for education to neglect science, of course—all men, whatever their profession, should know something of scientific methods and achievements; but the neglect of the "humanities" is the more dangerous of the two. The doctor, above all men, should be a complete man; he should be at home in the world of books, for through that familiarity he can be at home in the world of men.

What, then, should the pre-University or pre-medical school education of a future doctor be? When a boy goes to his secondary school (at the age of 11) he should begin to study Science—"General Science," with the greatest emphasis on Biology (this will begin as "nature study"). Two years before taking the School Certificate (at 13-14) he will have eight or ten periods a week at the Physics and Chemistry required in that examination. In his last two-three years at school he will spend two-thirds of his time on scientific subjects, the other third on history, a modern or an ancient language (preferably both, and preferably Geek as the ancient language, for obvious reasons), Scripture and English; he will be encouraged to read widely in his leisure, and given leisure in which to read. At 17½-18½ he will qualify for acceptance at a medical school, satisfying the examiners that he has the necessary background of scientific knowledge, and armed with a recommendation from his Head Master. He may also be required to write an essay and answer a General Paper—a high standard being expected in these papers. The same examination will serve all Medical Schools: scientific knowledge beyond the requirements of the examination will not be expected—and the requirements will be well known; so that the really able boy who has attained the necessary standard by the age of 16½-17½—can in his last year at school have a wider and more general education—or can spend the year after the School Certificate in the study of the Classics, of Modern Languages or of History. Preferably the last year at school would be the time when he could have a comparative holiday from Science. In the happier days of peace such a year might be spent abroad, at some University where he could continue his scientific studies to some extent. Having qualified, he would receive a State scholarship or bursary, and be able to go either to a University or to a hospital, without being any financial burden to his parents. The exceptionally able would be encouraged (and enabled by a generous grant) to study for a year or more abroad after they had passed their final medical examinations. No doubt the cost to the State of such a scheme would be considerable. But it is hard to think of a better investment for the money. Money spent on education is always money well invested—if the education is good; and spent on medical education it would be the best investment possible. A system which enabled really able men to study medicine, whatever their parents' means, and to study it in a liberal and leisurely manner, must repay the country over and over again. Quite rightly, the medical fraternity has been looked up to, as a society of unselfish, wise, and enlightened servants of the community. To make it as easy as possible for the doctor to be wise, enlightened, cultured, instead of placing as many obstacles as possible in his path (for instance—a highly specialised and rather narrow course of education, a desperately busy life immediately after he has qualified) is the least the community can do to show that it recognises its debt to this profession: and the debt will be greater still if the obstacles *are* removed so far as possible. For us laymen to treat the doctor generously in the matter of education is but enlightened self-interest.

Continued from p. 196.

ABERNETHIAN SOCIETY

This summer the Society has had lectures from two distinguished men. On May 21st Professor J. Chassar Moir gave a lecture called "Ruminations." He said that he held the reputation of Bart.'s in such high esteem that he dared not take a clinical subject for fear he met his Waterloo. His theme was to examine what each preceding generation had lacked in its armamentarium for attacking disease. He then chose three men from successive generations who had contributed to the advance of medicine. They were Roengten, Lister and Simpson.

Roengten was an outstanding worker who had followed up the experiments of Faraday and Crooke and had discovered the X-ray. He secreted himself for three weeks and at the end of that time he wrote a paper with eight points about the new ray. To-day those points are still essentially correct. The Professor showed some amusing slides which demonstrated the way the public had interpreted this discovery. Shops even advertised ladies' bathing dresses which were impervious to the new ray.

Lister did not spring to fame in the same dramatic fashion. This "king among men" had to fight from the moment he though of his revoluntionary ideas. Even though it was a winning battle that urged him to greater effort, the core of the medical world remained adamant. The London schools would not accept his teaching. So Lister bravely bearded the lions in their den and became Professor of Surgery at King's College Hospital. The story is told of an Austrian professor who enquired of a student at a big London hospital the whereabouts of the Lister who had revolutionised surgery. The student replied that he had never heard of Lister, and anyhow he certainly was not in his hospital.

Simpson, too, had to fight. He suffered from financial difficulties and had the misfortune to make many enemies. There is still some doubt if it was Simpson or his assistant who first discovered the anæsthetic properties of chloroform. But it was certainly Simpson who bore the attack from the scrupulous and the religious. Simpson had the skill and the wit to defeat his opponents with their own weapons. It is common knowledge that he pointed to Genesis for the first example of anæsthesia.

The Professor finished his lecture by comparing the three men. Roengten and Simpson had been lucky enough to discover certain physical properties and they had been alive to their meaning. But it was Lister who was the genius; for he had the brilliance to apply a discovery in the then widely separated field of bacteriology to surgery and then the strength of his convictions to carry away all opposition.

Dr. Beattie, proposing a vote of thanks, said that at some future meeting another lecturer would refer to Professor Chassar Moid for his discovery of ergometrine. He hoped that if any anecdotes were told about the Professor it would be remembered that he invariably fell out of the punt at a picnic.

On July 23rd Professor Himsworth lectured on "Diabetes—Human and Experimental." He began with a review of the last century, when Mehring and Minkowski showed that pancreatectomy caused a condition identical with the disease diabetes mellitus occurring in man. He told of the series of experiments leading up to the discovery of insulin from the islets of Langerhans. At that time it was thought that diabetes was caused by the absence of something. But the work of Houssay in South America showed that diabetes could be caused by giving extracts of anterior pituitary to an animal. This implied the presence of an anti-insulin factor.

The Professor then mentioned the three ways that diabetes could be caused experimentally in an animal. The animal could be pancreatectomised, it could be partially pancreatectomised and then given massive doses of carbohydrate, or anterior pituitary extract could be given.

Turning to human diabetes, the Professor said that it was now known that there was no such thing as the glucose value of insulin. By determining the glucose equivalent, the insulin tolerance and the hunger day in each patient, the Professor had been able to show that there were two kinds of diabetic. The first was insulin sensitive and able to utilise his insulin to a far greater degree. The more carbohydrate in the diet the more work each unit of insulin did. In the insulin insensitive type this did not happen. From these experiments the insulin-glucose test had been devised in order to classify patients.

The mode of action of insulin was then considered, and it was shown that insulin caused a greater absorption of glucose in the peripheral tissues. But anterior pituitary extract inhibited the action of insulin if the liver had been removed. So far in acromegaly and Cushing's syndrome a similar acting anti-insulin factor had been found, but in the case of insulin insensitive patients nothing had come to light.

At the end of his lecture the Professor answered the many pertinent questions asked. This discussion added greatly to the value of the lecture and showed that many had followed the arguments put forward. Professor Christie then thanked the lecturer on behalf of the Society for making a subject that had been simple ten years ago so complicated in so lucid a manner.

The next meeting of the Society will be in September, when Professor Grey Turner will lecture.

R. J. H.

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THE BRAINS TRUST

The Abernethian Society held its third Brains Trust on July 23rd in the Nurses' Home; the members of the Trust were Sister Paget, Dr. Roxburgh, Mr. Capps, Mr. Grey Turner, and Mr. Smith, and once more Mr. Harmer supervised the proceedings as question-master; he introduced each member of the Trust in turn, with customary brilliance, at one moment emphasising the importance of baldness and piles, at another physiology, while always he possessed the pleasant knowledge that there could be no repartees to his badinage; however, the Trust emerged from this storm of banter more or less unruffled, and well-prepared for the evening's great tasks.

Humour pervaded the room, partly in the questions, partly in the answers, but mostly in the audience, who fully appreciated the clever replies of the Trust; the knock-out question was a knock-out, but the Trust managed to explain it away by asserting that there was no physiologist with them. Some interesting theories were put forward, as also for the next question concerning the aetiology and variations of ticklishness; full credit must be given to the questioner, because it caused great internal disorder among the Trust; some denied it, some denied this, some were ticklish, and others were not, and the skin department could not throw much light on the matter; this, too, was thrown on to the shoulders of the mythical physiologist —unfortunate man. The conclusions were that it was partly physiological and partly due to the man of the world!

The next question was rather a disappointment, as it concerned the two most important post-war changes that were most necessary: it was interesting to hear the views of these medically-minded persons, who did not emphasise the importance of health generally, but rather of better education, which was particularly stressed, although better milk and better wages were also suggested; no satisfactory conclusion could really be expected, however, from a question which is puzzling the experts of the whole world.

Much to everyone's surprise, the expert photographer on the Trust denied that photography was an art, the subject of the next question; in this, however, he differed from the remainder of the Trust, so perhaps it was from modesty that the answer was coined; this seemed one of the most straightforward questions, though perhaps there was more to it than met the eye—or the camera!

High heels was the subsequent question, and its bearing on women; much lively talk was exchanged, although there was a marked favour towards them, and the whole topic was summed up excellently by one speaker, who finished with the quotation that better wives have higher heels.

After the questions came second thoughts, when information about previous puzzles were elucidated; the Trust provided a thoroughly enjoyable and amusing evening and none will deny that it undoubtedly "mixed reason with pleasure, and wisdom with mirth."

Mr. R. J. Harrison has become Assistant Editor to the JOURNAL; Mr. A. V. Livingstone has become Manager, in succession to Mr. G. E. Hicks, who did a signal service to JOURNAL finances.

NOTES ON THE TEACHING OF OPHTHALMOLOGY

By A. Seymour Philps.

* Advances in the treatment of eye disease depend upon early and accurate diagnosis. The responsibility for this rests primarily with the patient's own doctor. Therefore, the chance to benefit thousands of future eye patients lies now with those who teach ophthalmology to students.

* There are some born teachers who can hold the interest of their pupils in any surroundings, but most of us need the right conditions of air, space, light and quiet before we can do justice to ourselves and the occasion.

* It is not possible for one person to teach junior students and at the same time to treat and refract patients. A colleague must therefore treat and sift the patients, passing on those suitable for teaching after their condition has been treated and their refraction worked out.

* The eye is a small organ and not more than six students can usefully be taught by one person. More cannot see and the patient will be tired by too much examination.

* The early detection of such diseases as glaucoma and detachment of the retina means, literally, the difference between sight and blindness for the patient. To recognise these diseases students must have a better grounding than they sometimes now receive.

* Mistakes in diagnosis are made not so much from lack of knowledge as from inadequate examination. The physical sign that is missed may be only "a small one." The housemaid's baby was only a small one, but a baby just the same.

* The examination of the eye, externally and ophthalmoscopically, is a matter of practice. No one will see much with an ophthalmoscope on the first few occasions. He should be taught how to use it at the beginning of his clinical training.

* In ophthalmology inspection is everything, palpation less important and auscultation and percussion useless. Unable to make use of touch and hearing, it is vital to teach the student how to use his eyes to the best advantage.

* The time to start learning to use the ophthalmoscope is when the student first enters the wards, NOT after he has left them. He will then, by regular practice, be in a position to avail himself of the material which comes before him in the eye department on the few occasions on which he may attend.

* One session in the eye department at the beginning of his clinical work would suffice to show the student how to examine an eye, and save him from many mistakes later on.

* He might then be tempted to acquire an ophthalmoscope and practice its use. Too often now it arrives after he leaves the eye department.

* There may be "nine and sixty ways of constructing tribal lays," but there is only one right way of using the ophthalmoscope. This again could be taught him when he first examines patients.

* There is no need to practice the examination of the eye exclusively on eye patients. Much better try it out on ward cases with no eye disease.

* One patient examined, understood and remembered is worth twenty lectures.

* Even so, lectures are useful under the right conditions, for there will be much that the student has no chance of seeing and examining.

* The chief of these conditions for an eye lecturer is an epidiascope. It may be possible to convey an adequate picture of a Potts fracture with blackboard and chalk. It is *not* possible to draw a picture of acute glaucoma, and the attempt to do so will waste a lot of time.

ON ACTIVE SERVICE

ROGERS.—Missing in June, 1942, in Libya, Capt. M. C. Rogers, R.A.M.C., attached A.T.R.

BOOK REVIEW

BROMPTON HOSPITAL REPORTS. A Collection of Papers recently published from the Hospital. Volume X., 1941. (Pp. 127. 5s. 7d. post free. Copies can be obtained from the Secretary, The Hospital for Consumption, Brompton, London, S.W.3.)

This volume follows the principle of preceding volumes in collecting together the papers published by members of the hospital staff during the year, and therefore serves a very useful purpose for those interested in chest disease. It does, however, include one paper —" The Persistence of Lipiodol in the Lungs following Bronchography " by F. H. Young and E. Gantz—which has not previously been published. In this article the authors describe the changes found in lung tissues removed by operation in which iodised oil had been retained. Section of the areas containing oil showed inflammatory changes either in an active cellular stage or in a stage of fibrosis. The reason for this inflammatory reaction was investigated. They found that in vitro iodised oil in contact with sputum and kept in the dark underwent hydrolysis and oxidation resulting in the freeing of fatty acids. These might be the cause of the irritation. The authors also showed that iodised oil has little or no antiseptic properties, and suggest that the inflammatory changes might also be the result of the oil carrying bacteria into the more peripheral parts of the lung. The paper is apparently an interim report and should serve to prevent bronchography being performed in the absence of adequate indications. The evidence that iodised oil is the cause of definite inflammatory changes is not proven beyond question, as the lungs or lobes removed were naturally the site of pre-existing infection; however, the localised inflammation found around droplets of the oil certainly favours this contention.

The reprinted articles include three connected with war-time surgery—" Drainage of the Pleura " by R. C. Brock, " Closed Wounds of the Chest " by J. G. Scadding, and " Traumatic Hæmothorax " by C. Hoyle. The first is applicable to pleural infections apart from infected hæmothorax and should be read carefully by all those who " do an occasional empyema "—and particularly by writers of standard surgical text books! A. F. Foster-Carter's article on " Bronchial Adenoma " is included; this sums up most clearly the clinical and pathological features of an insufficiently recognised condition and includes an analysis of 22 cases admitted to the Brompton Hospital.

The paper by A. Lisle Punch entitled "A Note on the Aetiology of Erythema Nodosum " is a report of three nurses entering hospital with a negative Mantoux reaction which subsequently became positive with the development of erythema nodosum.

The other articles reprinted are: " The Aetiology of Sub-acute Pulmonary Infections " by Maurice Davidson and Philip Ellman, " Some Notes on the Treatment of Carcinoma of the Bronchus " by F. C. Ormerod, " Medical Aspects of Chronic Empyema " by J. G. Scadding, and a case of " Primary Chondroma of the Bronchus " by Maurice Davidson.

F. C. Ormerod's paper brings up to date his experience of the treatment of bronchial carcinoma by intrabronchial radon. The results are not very hopeful, but anyone who makes a serious bid to treat this depressing and only too common disease deserves every encouragement. To have two proven cases alive and well eight years and five months after treatment certainly justifies the urge to continue trying his form of treatment.

The volume as a whole maintains the high standard expected from this hospital.

HILL END NEWS

At the time of writing this news we are still waiting with increasing anxiety for a sign that summer is at last upon us. It is to be hoped, however, that by the time this is in print there will be no doubt about the matter.

In the intervals between the showers we have been playing a considerable amount of tennis, and the cricket is equally flourishing. We are still flushed with our victory over a team from Bart.'s, but even in this match we felt that the total triumph might be snatched from us by an appeal against the light which would indeed have stood a good chance of success. We feel that we must congratulate the member of the Hill End side who pulled off a hat-trick, thus bringing the match to an unexpectedly rapid conclusion.

The Dramatic Society has shaken the dust off its backcloths, and a new production is in preparation for the end of September. Once again one expects to hear the sound of hammering and scene-shifting coming from the Reception Hall; and if one ventures in, a knot of stage hands may be seen admiring a set of stairs precariously balanced on boxes in the middle of the stage. Noel Coward's " Hay Fever " is the play chosen, and rehearsals at the time of writing are well under way. We have every expectation that the standard of previous productions will be well maintained.

The Choral Society, too, has re-awakened and works of all kinds, from Haydn to Sullivan, are being practised regularly. A concert should be ready by the last week in September, with Parry's " Blest Pair of Sirens " as the main work.

On August 8th the Gramophone Society enabled a party of 30 students and nurses to visit the Albert Hall for a Prom, at a reduced price. The programme included Beethoven's Seventh Symphony and the first performance of Norman Demuth's " Valses Grave et Gaies," and although we were perched up near the roof, the acoustics were extraordinarily good.

Apart from the mention of a recent A.R.P. exercise—the most memorable feature of which was a most welcome cup of tea at its termination—there is nothing else to report.

MISS CUTLER

Miss Cutler, Assistant Matron from 1907 to 1920, died at St. Bartholomew's Hospital on August 4th, 1942.

Three months of acute suffering brought out her sterling qualities of stoic fortitude, endurance, patience and consideration for others. Those of us who knew her " in office " realize that a stern exterior hid a very gentle heart: a disciplinarian of the old school, but who moved with the times and appreciated the needs of the present generation of nurses.

Miss Cutler started her training under Miss Manson — now Mrs. Bedford Fenwick — obtained her Hospital Certificate in 1888, and then the Certificate of the London Obstetrical Society, which at that time took the place of the present Certificate of the Central Midwives' Board. On the instigation of the late Miss Isla Stewart, Miss Cutler went out to Egypt to do pioneer work, and was appointed Matron of the Government Hospital at Cairo. There she had countless difficulties to meet and overcome; a hospital of 850 beds, native nurses and orderlies, unable to speak English. After 13 years' work in Egypt, she returned to England and was appointed Matron of the Much Wenlock Cottage Hospital until she returned to her Training School for two years as Superintendent of the Nurses' Home and then as Assistant Matron.

During the last war, Miss Cutler, in answer to an appeal for help from Belgium, took a unit of 15 nurses to Brussels to work with the Belgian Red Cross. They were all taken prisoner and compelled to nurse the Germans, but later escaped back to England. She was awarded the " Mons Star," Victory Medal and a French medal presented by Monsieur Clemenceau. On the outbreak of this war, Miss Cutler was in South Africa, and against the advice of her relatives and friends she made up her mind to return to England, which she did in the summer of 1940, alone, at the age of 79 years. She immediately resumed her activities in connection with the Hospital, coming up each week to work with the " Splint Making " Party in the Out-Patient Department, and bringing flowers and vegetables from her garden for the Nurses' Home and Dining Room.

Miss Cutler took a keen interest in the organisation of the founding of the International Council of Nurses, and the fight for the State Registration of Nurses. She was Honorary Secretary for many years of the League of St. Bartholomew's Hospital Nurses, a Vice-President of the League, a Fellow of the British College of Nurses and a member of the Council of the Royal British Nurses' Association.

The Funeral Service was held in the Church of St. Bartholomew-the-Less, attended by many of her colleagues, friends and present Staff. The soul of generosity, always thinking of others, a " grand old lady "—May she Rest in Peace.

CORRESPONDENCE

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

I have just read your last Editorial, and must protest.

Instead of finding something remotely connected with the subject of medicine, or even with Bart.'s, I am obliged to sort out a meaningless jumble of clumsy words, constituting a type of bitter article which I can read any day in the more popular of the daily papers, without being bothered by "pusillanimous whimperings" and people "recanting iotas."

If indeed, as you say, you have "frequent recourse to the works of an Englishman," could you not use such a work for a better purpose than finding long words and phrases which are meaningless to simpler souls than yourself?

I am not ashamed of my own ignorance, especially of the meaning of the word "fatuosity," which does not appear in my "Concise Oxford Dictionary"; and I am unable to find out from any source what a "poodle-faker" is.

Your unintelligible style resembles closely that of the official documents and forms issued by the "puling politicians" whom you so vigorously decry.

As a disciple of the Hon. Member for Oxford University, in his great campaign for better English, I say in disgust, "What words!"

Your, etc.,

JOHN M. POTTER.

Thank you for your letter and frank comment. I am disappointed that you did not discern the spirit in which my leading article was written. Does Mr. Herbert allow of your "reading between the lines?" Had you tried this somewhat hypothetical practice you might have recognised the gentle art of parody. But there again I am probably requiring of your Saxon knut an intelligence and a grace which are strange to it.

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

During one week recently I attended 15 teaching classes (lectures, out-patients and ward rounds) at Bart.'s and at Friern. Of these, only three started at the advertised time, and in all precisely two hours were spent in waiting for the lecturer to appear. The average number of persons present was certainly not less than thirty, so that the aggregate of time wasted was considerable. I do not wish to appear churlish by criticising our over-worked chiefs at a time like this, but I am quite sure that a little more regard for punctuality would produce in return a more responsive set of students.

Another matter which has been causing some concern lately is the apparently inconsequential manner in which out-patient clinics are cancelled without notice. Quite frequently there is no alternative teaching available, with the result that a morning is wasted, to say nothing of the expense of the train journey to get to the hospital.

I sincerely hope that these remarks will not be taken amiss by our chiefs, but as an earnest of our desire to waste as little time as possible.

Yours sincerely,

SCHOLASTICUS CUNCTATUS.

St. Bartholomew's Hospital.
August 17th, 1942.

SIR HAROLD GILLIES

The JOURNAL regrets that, in the two lists of Out-patient Clinics which it has published, no mention was made of Sir Harold Gillies' Clinic on the first Monday of the month at 2 o'clock in the afternoon.

SPORTS NEWS

CRICKET

Rahere Rovers v. St. Mary's.

On May 31st, George Ellis, as non-playing captain, led a motley band to Teddington to battle with an array of Mary's talent. A hearty welcome having been extended to Trevor James (our guest artist), the Rovers took the field, and N. O. Bennet and Peter McRae took themselves a large slice of cake, to wit, 34 and 76 respectively. At Beer interval Mary's declared at 157 for 5, leaving Ellis' prodigies an hour and a half to make the runs. The sight of the Rovers' opening pair in brown boots and one pad each lulled the enemy into a sense of false security sufficient to allow Hicks to drive the opening bowler well over the sight screen. Mary's were quick to perceive the deception, however, and then dispatched the first five batsmen for 45. Gray and Hunt carried the score to 115 before being tempted by Watson. With one over to go the Rovers still required ten runs, and it was left to Harold and Moffat to mix stolid defence with defiant hitting. With five runs to make, stumps were drawn, and the beer being of inferior quality the party returned to Bart.'s to win a moral victory in the Vicarage.

Scores: Mary's 157 for 5 dec.; N. O. Bennet 34, F. M. McRae 76, T. James 3 for 21. Rahere Rovers: G. Hicks, b McIntosh, 11; H. G. Middleton, b Kemp, 5; F. G. Morse, b Watson, 13; V. H. Jones, c, b Kemp, 3; R. McGrigor, c and b Watson, 13; A. J. Gray, b Watson, 36; M. R. Hunt, b Watson, 39; R. Heyland, c, b Watson, 19; C. T. A. James, stpd, b Watson, 2; J. V. T. Harold, not out, 2; J. R. Moffat, not out, 1. Extras, 8. Total, 152. Watson, 6 for 27.

June 6th. v. Middlesex.

Peter Thompson presented a major difficulty by scoring a well-hit 107. This allowed Middlesex to declare at 191 for 3. Bart.'s showed no signs of retaliation, only Hunt and Stephen reaching double figures. Stephen going in number 7 started slowly, but gained confidence, and remained unbeaten with a hard-earned 62.

Scores: Middlesex 191 for 3 dec.; P. Thompson 107 not out. St. Bartholomew's: J. W. G. Evans, b Wilmot, 8; W. D. Linsell, c Greenish, b Mutch, 3; G. Wells Cole, c and b Wilmot, 5; J. N. H. Jones, run out, 0; M. R. Hunt, c Wilmot, b Loveless, 31; R. M. Mason, b Wilmot, 0; C. S. M. Stephen, not out, 62; P. D. A. Durham, b Wilmot, 5; A. V. Livingstone, b Greenish, 4; A. J. Gray, b Greenish, 6; J. L. Morris, b Greenish,, 0. Extras, 9. Total, 141.

June 13th. v. Public School Wanderers.

The Wanderers batted first and found the Bart.'s bowlers to their liking. P. D. Hayes and A. Ratcliffe both batted confidently, and by tea time the score was 211 for 5. The Wanderers declared here, giving Bart.'s plenty of time for the runs. Linsell and Wells Cole opened the innings and stayed together till 114, when Wells Cole was bowled for 62. Linsell soon followed, and the scoring rate dropped. Heyland and Evans made an unsuccessful bid to beat the clock, the final score being 196 for 6.

Scores: Wanderers 211 for 5; P. D. Hayes 51, A. Ratcliffe 75 not out, P. Hawkes 2 for 25. St. Bartholomew's: W. D. Linsell, c, b Lennard, 68; G. Wells Cole, b Baines, 62; M. R. Hunt, b Lennard, 9; R. Heyland, not out, 29; P. R. Hawkes, c, b Lennard, 8; J. Evans, lbw, b Lennard, 13; J. T. Harold, b Lennard 0; R. J. Randall, V. H. Jones, A. R. Corbett, J. R. Moffat, did not bat. Extras, 7. Total, 196.

GOLF

Staff v. Students' Match.

Played on Verulam Golf Course on Wednesday, May 6th, the weather fortunately being most co-operative to the success of the proceedings.

Singles were played in the afternoon, each member of the Staff receiving 2 birdies from their opponents, in which the Staff won by 6 matches to 4.

Foursomes were played after tea, in spite of the absence of certain members of the staff, who were called away by the pressure of work. The Foursomes were again won by the Staff by 2 matches to 1.

Unfortunately, owing to the "austerity" of present rationing arrangements, the club was unable to provide dinner—so no opportunity was given to thank Dr. Graham and the Staff for a most delightful afternoon's play.

Singles—Staff: Prof. Christie, 0; Dr. Morgan + 3/2; Dr. Brander, −; Dr. Graham, − (capt.); Dr. R. J. Alcock, −; Mr. J. Evans, + 6/4; Mr. Robinson, 0; Mr. T. Fison, + 4/2; Mr. Evans, + 1 up; Mr. Rait-Smith, −; C. Routh, + 2 up; Mr Watson, + 2/1. 6.

Students: A. R. Anderson, 0; N. A. Campbell, −; C. S. M. Stephen, + 2 up; P. Borrie, + 3 up (capt.); J. P. Stephens, + 4 up; A. Livingstone, −; H. Giles, 0; E. J. Holborrow, −; J. C. Barclay, −; R. M. MacPhail, + 2 up; M. F. Bethell, −; W. N. Ingham and T. Brady, −. 4.

Foursomes—Staff: Dr. Graham, Dr. Brander, −; Dr. J. Evans, Mr. Watson, + 2/1; Dr. R. J. Alcock, Dr. Morgan, 0; Mr. Robinson, C. Routh, + 3/2. 2.

Students: P. Borrie, C. S. M. Stephen, + 3/1, A. Livingstone, A. R. Anderson, −; J. P. Stephens, N. A. Campbell, 0; M. F. Bethell, H. Giles, −. 1.

May 30th. v. Radcliffe Hospital, Oxford.

That the team all arrived together in the same train (except one that shall be nameless) could be taken for an omen of success at the start of what proved to be a very pleasant day.

In spite of the heat of the day, such was the enthusiasm that four balled matches were played before tea, the result of which was a draw. After tea those who had not lost all their balls arranged to play singles, in which Bart.'s beat the Radcliffe by 2 up.

Both during and after the game the Oxford team showed the greatest kindness and hospitality—one member of the team indeed was unable to return to London till the following Wednesday.

Team: P. Borrie (capt.), T. Stephens, C. S. M. Stephen, R. M. MacPhail, A. R. Anderson, J. C. Barclay, J. Fison, W. M. Ingham.

Saturday, July 25th. v. Guy's Hospital.

Owing to the rival attractions of more plebeian forms of sport the Bart.'s team, which met a very powerful Guy's Hospital side, was a comparatively weak one. The final score, 4 to 1 in Guy's favour, does not fairly represent the closeness of the individual matches. Only one round of singles was played, as such is the length of the course, that players did not attempt a second in case darkness should overtake them in the rough at the 9th.

Guys: J. W. Drury, − (capt.); R. C. Grant, + 1 up; N. Rankin, + 2/1; N. Whelkton, + 3/4; D. C. Stevens, 0; —. Collins, + 3/2. 4.

St. Bartholomew's: A. R. Anderson, + 1 up; R. M. MacPhail, − (capt); M. S. Hughes; J. C. Barclay, −; W. N. Ingham, 0; T. Brady, 0. 1.

LAWN TENNIS

The number of tennis matches this year has been few, due to a large extent to the state of the weather. Three, however, have been played recently. A very depleted side lost to Mary's, 2—7. The following day a match was played against Mr. Fraser's team. A very enjoyable day's tennis was had by everybody, helped considerably by the excellent tea provided by Mrs. White. Bart.'s were successful by 8 matches to 1. Mr. Fraser with Mr. Newbold as his partner scored their side's victory in a real "captain's" match. Our opponents were obviously out of practice, and it was a great pity that the return match was unable to be played.

Teams—St. Bartholomew's: J. P. Stephens, C. S. M. Stephen; Y. Y. Gabril, J. T. Robinson; C. J. Manning, R. Bower. Mr. Fraser's Side: J. Smith, G. Canti; D. Fraser, J. C. Newbold; K. O. Harrison, G. E. Hicks.

8th August.

Bart.'s went down to Hale End for a match against the London Hospital. Rain unfortunately stopped play, with the score at 2 matches all.

BADMINTON

A badminton court has been erected in the old museum at Bart.'s.

The inaugural meeting of the club was held on July 31st. Dr. Scowen kindly consented to be president of the club. At the meeting the following officers of the club were elected:—Hon. Secretary and Hon. Treasurer, J. H. Gibson. Committee: K. O. Harrison, A. R. Corbett, C. S. M. Stephen.

RELIGION AND MEDICINE

On July 22nd the Revd. Leslie Weatherhead presided at an informal discussion held in the Hospital, the subject being "Co-operation in Religion and Medicine."

In his opening address Mr. Weatherhead gave particulars of his own clinic associated with the City Temple, in which there is active co-operation between the religious psychologist and the medical practitioner. He subsequently answered a bombardment of questions in a lucid manner which affirmed his mastery of the subject.

Disappointment has been expressed by members of the Nursing Staff that they were not invited. Mr. Weatherhead has intimated that he will be delighted to come again and address a mixed meeting.

THE CONJOINT BOARD

Pathology

Shaw, C. H.
Garratt, G. E.
Newcombe, J.
Morgan, L. J.
Squire, J. W.
Mortimer, K. E.
Scott, H. C. L.
Beeston, J.
Attlee, W. O.
Shaw, R. E.
Sanyal, M. C.
Sandiford, R. H.
Haga, P. J.
Singh, S.
Genese, H. N. H.
Weber, M.
Winocour, G.
Manning, C. W. F. S.
Nash, F. A.
Campbell, N. A.
Cook, J. B.
Whelan, W. H.
Boyce, R. McC.
Simmonds, W. B. G.
Coggin Brown, P.

Medicine

Macaulay, J. C.
Leacock, A. G.
Knott, J. M. S.
Kelsey, D. E. R.
Attlee, W. O.
Danby, A. J.
Westwood, J. C. N.
Moon, A. J.
Stewart, J. G.
Collard, P. J.
Shaw, C. H.
Holborow, E. J.
Binns, G. A.
Merryfield, S. J. T.
Brenan, A. H. W.
Shrieber, M.
Townsley, B.
Isenberg, H.
Thursby-Pellham, D. C.
Bevan, J. E. C.
Beeston, J.
Ffrench, G. E.
Andrews, J. N. H.
Campbell, N. A.
Castleden, L. S.
Lucas, R. M.
Hicks, G. E.
Durham, P. D. A.
Langdon, T. C.
Lambley, D. G.
Fluker, J. L.
Nixon, J. C.
Garratt, G. E.
Williams, T. M.
Rees, R. G.
Tadros, V. R.
Thrower, A. L.
Eley, A. J.

Surgery

Allcock, J. M.
Stammers, F. M. G.
Robertson, D. J.
Klein, B.
Davies, T. M.
Beeston, J.
Lemerle, M. E.
Payne, J. C. R.
Williams, T. M.
Pearce, J. F.
Stack, H. G.
Bower, R. J.
Perkins, E. S.
Owlett, R.
McCready, I. A. J.
Sullivan, B.
Whelan, W. H.
Kingdom, I. G.
Sandiford, R. H.
Webb, B. J.
Syed, I. H.
McGrigor, R. B.
Pollack, F.
Morris, J. L.
John, W. R.
Weber, M.
Binns, G. A.
Conway, M.
Moffat, J. R.
Shaw, C. H.
Loosemore, T. G. E.
Banister, E. H. d'A.
Simmonds, W. B. G.

Midwifery

Shaw, C. H.
Johnson, P. F.
Weber, M.
Loosemore, T. G. E.
Payne, J. C. R.
Beeston, J.
Cook, J. B.
Whelan, W. H.
Evans, T. G.
Jones, A. E.
Castleden, L. S.
Newcombe, J.
Lambert, C. L. S.
Street, D. F.
Goldstein, H.
Genese, H. N. H.
Shaw, R. E.
Taylor, G. W.
Kingdom, L. G.
Frampton, H. G.
Weinreb, H.
Conway, M.
Bentall, H. H.
Ramsay, G. S.
Boroda, C.
Tudor, C. E.
Napier, J. R.
Brenman, E.
Bromfield, F. B.
Thomas, M. V. P.
Badock, G. B.
Spencer-Phillips, P. J.
Watkinson, G.
MacKenzie, W.
Philpott, M. G.
Hans, S. F.

The following have completed the examinations for the Diplomas of M.R.C.S., L.R.C.P.:—

Shaw, C. H.
Simmonds, W. B. G.
Holborow, E. J.
Binns, G. A.
Merryfield, S. J. T.
Townsley, B.
Stewart, J. G.
Beven, J. E. C.
Robertson, D. J.
McCready, I. A. J.
Beeston, J.
Haga, P. J.
Ffrench, G. E.
Andrews, J. N. H.
Williams, T. M.
Hicks, G. E.
Thursby-Pellham, D. C.
Pearce, J. F.
Pollak, F.
Attlee, W. O.
Lambley, D. G.
Fluker, J. L.
Nixon, J. C.
Danby, A. J.
Tadros, V. R.
Langdon, T. C.
Stack, H. G.
Owlett, R.
Sanyal, M. C.
Leacock, A. G.
Knott, J. M. S.
Kelsey, D. E. R.
Shrieber, M.
Isenberg, H.
Collard, P. J.
Perkins, E. S.
Klein, B.

BIRTH

HANBURY-WEBBER.—On July 25th, 1942, at Allington House Nursing Home, Ipswich, to Phyllis (née Atkins), wife of Capt. R. Hanbury-Webber, R.A.M.C., a son.

DEATHS

ASTON.—On July 29th, 1942, very suddenly, at Seaview, Isle of Wight, Dr. Richard Norman Aston, beloved and loving husband of Doris Aston.

TAYLOR.—On July 22nd, 1942, at 4, Wicks Lane, Formby, Mark Ronald Taylor, M.R.C.S., L.R.C.P., dear husband of Elizabeth and son of the late Dr. and Mrs. Thomas Taylor, of Bocking, Essex.

The Choice of a HYPOCHLORITE

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Carrel and Dehelly Military Medical Manuals, "The Treatment of Infected Wounds," 2nd Edition (1918), p. 24

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Because recent work emphasises the lack of irritant action (this is largely due to the absence of free caustic alkali).

For Blandness, stability, low alkalinity combined with effective proteolytic action and innocuousness of end products the choice is—*Milton.*

★ *For quotation for Bulk Supplies for Hospitals, etc., or information with regard to irrigation technique, write Milton Antiseptic Ltd., John Milton House, London, N.7.*

MILTON, the stable brand of Electrolytic Sodium Hypochlorite, non-caustic and of standard strength (1%)

WHITBREAD'S

ALE

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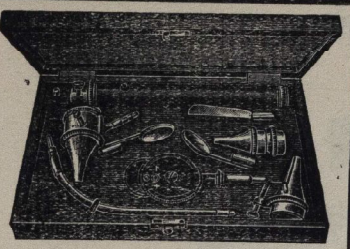

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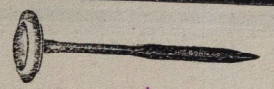

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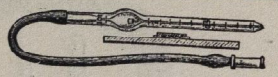

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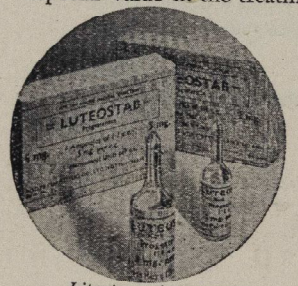

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