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WHERE SCIENCE FAILS

Last June, the editors of the *London Hospital Gazette* invited the editors of the other hospital journals to hear an informal talk by the Archbishop of Canterbury on "Science and Religion," at the London Hospital. We were all given a warm welcome. The lecture theatre was full to capacity, it seeming as if the entire hospital had come to listen, as, indeed, they almost had done, including staff from the sector hospitals. It was one of a series of talks on world affairs, which have proved exceedingly popular.

The Archbishop introduced his talk by pointing out that a purely scientific approach to religion will always fail. Only a personal relationship with God will bring about understanding, and even proof, to an individual. Without this relationship argument is bound to be useless. The evidence for religion is provided by many lines of thought which converge towards the central point. The first line to be considered concerned purpose. The principle of purpose is the only idea which answers the question "why does the universe exist?" The theory of causation and effect can only explain how the universe, or part of the universe, exists, but not why it exists. The universe fulfils a purpose, and also each part must do the same.

The next point was that this purpose is a divine purpose. This must be governed by a divine will, characterised by a principle of constancy. Searching into efficient causes, as in teleology, does not introduce the constant purpose of the divine will. Science only explains how a given cause produces a given effect. The aim of the Will, at least as far as man is concerned, is the development of moral being which is essential to the fulfilment of any finite purpose. Natural law must, of necessity, be fixed, for the fixity of nature is indispensable to the development of moral personalities. Man is creative, and is part of a society of free spirits, deliberately working their way into harmony through a purposeful life that answers the creator's will.

This creator, being perfect, is loving, and, as such, desires to share his love with his creation. There is a gulf between just such a purpose, and revealed religion: so argue many who are willing to admit that they believe in a divine and loving purpose governing the universe, but do not accept any orthodox teaching of divine revelation. No such gulf really exists. Several examples were given to show that many characteristically distinctive acts of famous men have revealed God, and shown His power working through the natural mind of man. Revealed religion is only possible on a groundwork of natural religion. God must be looked for in nature, too, and this becomes easier as science reveals the workings of nature. Christ pointed out, several times, the importance of God's self-revelation in nature. Any alternative to a purposeful universe is inexplicable.

There are other approaches besides this. Beauty is always valued as an expression of a mind, and does not consist of mere facts. When listening to music, one's mind is in communion not only with the player, but also with the composer himself. Similarly in natural beauty; this has to be shared with its Creator, God. Some approach religion because of the claim of duty. A sense of duty, however immature, or warped by ignorance, reveals the power of God.

These ideas converge to postulate the existence of a divine principle governing the

universe. Intellectual objections need not prevent this approach, for real religion, the Archbishop again emphasised, is a personal relationship, experience of which will reinforce the original hypothesis. A truly religious man is one who does everything religiously, sinning and self-sacrificing. He never offends merely his conscience, but always his God also. If he deserts God, he becomes aware of a snapped relationship. The final conclusion was that the end is the thing itself (actual relationship with God) waiting to be realised.

After being thanked by the Dean of the London Hospital Medical College, the Archbishop answered many questions on diverse problems confronting so many to-day.

We are extremely grateful to the editors of the *London Hospital Gazette* for this remarkable opportunity of hearing the Archbishop discuss matters which are of such great interest and importance to all of us.

STATE MEDICINE

By Geoffrey Bourne

In dealing with any problem it is easy to make generalisations. It is more difficult, but far more necessary, to keep individual issues separate. Politicians and lawyers frequently mix issues; politicians from muddle-headedness and from a love of slogans and phrases, and lawyers sometimes as a matter of tactics. Everyone who has had experience of cross-examination by a barrister is aware of the danger of the double question. My criticism of the medical superintendent system has caused the sloppy thinkers or the political doctrinaires to assume, quite wrongly, that such criticism was an attack upon a State medical system.

State medicine has two possible meanings—State control of medical science, and State finance of medical services. I would ask everyone, whenever they think or talk of State medicine, to determine accurately which of these two things they are referring to. State control of medical science is a question of principle. State finance of medical services is a question of practice.

State control of medical science

This is a thing which would be unconditionally bad. In my opinion political control of an intellectual activity must always be uncompromisingly and utterly fought. Whether the control were central or local it must be rejected wholely.

There must be no political control of medical science.

There must, in any system, be complete freedom of speech and criticism in medical matters.

These two should be our guiding principles during the present period. Freedom of speech will entail free scientific criticism of professional superiors, even of the bureaucrats. This criticism should be free, whether by mouth or in the scientific or lay press. The catch-phrase inserted in many municipal and council regulations, indicating that publication is allowed to medical officers, so long as "no question of policy is involved," must be rigorously excluded from the constitution of any State medical service. Politicians and bureaucrats can muzzle any criticism by making any question a question of policy.

Furthermore, the organisation of the medical side of any State service must be retained in the hands of the profession; and the power to initiate changes from time to time must be our legitimate prerogative.

The simple reason for the necessity of this professional freedom is that without it the public cannot be fully and adequately served by its doctors.

In dealing politically with the government on the issue of a State medical service an understanding regarding complete scientific and professional freedom should be reached as a first essential step. Should the politicians refuse this demand further negotiation should be broken off. The reason for such rupture could be explained to the public, to whom it would be made clear that the politicians were more concerned with increasing their political power than with the health of the nation, and that they were attempting to restrain proper scientific freedom.

Financial Considerations

Should the premises of scientific and professional freedom, within State service, be accepted by the politicians, the question of finance can then be discussed.

The medical profession will be wise to make the best financial bargain possible, for politicians care little for matters of intellect, and have no conception of intellectual value. This is seen by their financial evaluation of education, the most essential and important of all human intellectual activities. Municipal and council school teachers are paid on a basis which is quite inadequate. The level of salaries on the Burnham scale reveals this clearly. A recent private patient of mine, a school teacher, told me that the caretaker of the school received more, if free lodging, heat and light were taken into account, than many of the teachers in the school. The reason is, of course, that the caretaker, being a member of the proletariat or the "workers," had a greater electoral potentiality than the teachers. If medicine were valued correspondingly, the public would be likely to suffer greatly. Official educational parsimony has achieved a percentage of illiteracy of two to three per cent. in some batches of recruits called up recently for the Services.

Remuneration in a State should be proportional to the value of an individual to the State. An individual is of value to the State in proportion to the difficulty of replacing him. A surgeon takes from 15 to 20 years to train, a 'bus conductor about 6 weeks, and most members of Parliament can be quite easily replaced. No doctor should receive a salary or income less than that of an M.P.

Unless remuneration in a State service is sufficient to attract the best men, the public will not get the best service.

Paying the Piper

The claim that he who pays the piper must call the tune is often quoted in support of the theory that if the State pays for medical services it will be entitled to have a guiding voice in the direction of medical activities. The quotation is a cliché, so beloved of politicians, and is a non sequitur logically.

Patients now pay for medical services but they by no means dictate medical treatment, nor do they demand any such right. They know that they are incapable of it. In a State organisation the State should also pay for medical services, but it has no more right or ability to call the tune than have those patients with money who approach our gynæcological brethren with requests for expedient abortions. Expediency, indeed, is the grand political principle. "Does anyone believe," asked Mr. Stanley Baldwin, "if I had gone to the country and had said that Germany was re-arming and that we must re-arm, that this pacific democracy would have rallied to that cry? *Nothing would have made the loss of the election from my point of view more certain.*" In a scale of values in which the safety of the country is so regarded health would be a minor and scientific freedom a minimal consideration. Science—including the medical sciences—is greater than nationality. German doctors who have made their scientific consciences subservient to the State deserve and have obtained universal scientific scorn and contempt. This is a clear example proving *à fortiore* that no science can ever safely be placed under political control.

Suggested Line of Action

The ideals of the Beveridge plan are good, and should be implemented so far as is possible. There are two methods by which the government might finance them; either they should so improve the general economic condition of the country that free and adequate medical service is available to and within the means of every citizen; or they should so organise taxation and contributions that the many should help the few sick to finance their needs. In any case the only legitimate function of the State in medicine is the economic one. A medical service, whole-time if necessary, could be organised in a way which would retain professional and scientific freedom, and which could secure detachment of medicine from party politics, central or local. Since this is the only basis on which such a service could be tolerated, no minor political or legislative difficulties should be allowed to intervene. The central organisation and supervision should be under a body such as the Privy Council, on the analogy of the Medical Research Council. The local organisation should be in the hands of responsible local committees of two types. The first, elected by hospital staffs, local medical health officers, local practitioners, and other such professional classes, would be composed entirely of medical men to deal with the medical affairs of their peculiar provinces. The other should consist of equal numbers of doctors and laymen, and should be a liaison committee with the functions of discussing local medical needs and problems, and of mutual education in the two parallel points of view. The medical members would be chosen from the different local medical bodies and the lay members from local non-political bodies of all classes interested in medical matters, such as the local schools, the churches, and the agricultural or trade interests. Representation in all cases should not be on a political basis.

A government representative should sit on the liaison committees, and if thought advisable with the medical committees, to hold a watching brief and to help the work of co-ordination.

As a final suggestion it would be a wise step for the profession to set up immediately some central committee with two duties:—

(1) To lay down a simple Medical Bill of Rights, cataloguing the political essentials for medical science, such as freedom of speech,

freedom of criticism, freedom of professional practice, absence of bureaucratic or political interference.

(2) To scrutinise, with the help of the best available opinion, the texts of all bills and proposals, in order to ensure that the above necessary rights shall be preserved.

It would also be a wise step if the profession were to plan its own service in detail, for presentation to the country if the electorate manifest a definite desire for a State service.

LETTERS FROM AFRICA

From Brigadier R. OGIER WARD, D.S.O., F.R.C.S., East African Command,
To Prof. GEORGE GASK

Oct., 42.

I have recently toured some part of the territory which was recaptured from the Italians by the forces of the East African Command and some of my impressions may interest you.

First I went to Mogadiscio (Mog. for short). Air journeys are usually interesting the first time you do them and afterwards rather dull, the last part of this was interesting as we travelled for a few miles along the coast, only about three hundred feet above the sea and about half a mile from the shore, marvellous blues and greens in the water beneath, a belt of fertile greenery along the shore, and sand and bush country further back. Every now and then a rocky promontory with sometimes a picturesque group of white houses upon it. In this part of Africa there is a most extraordinary river, the Scebeli. It rises in the mountains of Abyssinia and runs S.E. for about 500 miles until it gets to within 25 miles of the Indian Ocean near Mog. Then it loses its nerve, cannot bear the thought of the saltness of the sea, so it turns S.W. and for nearly 250 miles it runs parallel to the coast and within 10-20 miles of it; finally its courage fails utterly and it dies in a swamp near the coast. There are other rivers in this part of Africa that just dry up as their course takes them into scorching hot territories where there is almost no rainfall, but the Scebeli is a real craven. Compare it with the Nile which runs through quite waterless desert, scorns an obvious short cut into the Red Sea, endures for 1,200 miles without a tributary in order to win through to the Mediterranean.

Mog. is on the sea, at the back is the native quarter, the bulk of the town is quite modern Italian work. It was of some importance to them and they made a large aerodrome there, which, however, they did not fight to defend; no, they raced off after the first bomb. White, clean built villas face the shore, rather like parts of Worthing, and there is a good hotel. A coral reef allows of lovely bathing on a beach of light coloured coral sand, not quite so white as the coral sands near Mombasa; the reef keeps off the big waves and, so it is said, all sizes of sharks. One can surf-ride a little but it is not so good as Alex. for that. The sun is bright and the water warm. At this time of the year the place is not too hot, one wears a bush shirt without any vest beneath it, and by night no pyjamas and only a sheet, but in the monsoon weather of Jan. and Feb. it gets very sweaty. I had a nice room in a sort of dormey house in the garden of a villa once owned by the Iti Governor. I had my own shower bath and an electric fan over the bed, many spiders, some mosquitos (not anopheles, but making a mosquito net of course essential, as indeed it is in all this part of Africa) and two lizards were my companions. The situation is curious at Mog.; the Iti populace live and flourish and lounge in their cafés, have their Sunday morning parade on the beach and generally have a good time and seem to do no work. I had three days there as the aeroplane felt lazy and, after doing my medical duties in the morning, was free to bathe each afternoon, very pleasant.

Then I flew on over late Iti Somaliland and presently arrived at Harrar. This flight was chiefly over very dry bush country, apparently almost waterless, yet in almost every part one could see zeribas. These are small circular enclosures into which the camels are collected, and inside each there is usually a smaller one for the nomad family who own the camels. Some looked obviously neglected, others in better repair, all appeared unoccupied; yet at certain seasons a proportion of them are used, for it seems that when, after the rains, the grazing improves, the nomads move across the waste in search of this. Camels can go four days, I think, without water, but from the air it looks as if forty would be necessary to get from one river to another. It is said that in much of this country there is water beneath the surface and holes are made down to it; probably it is horribly brackish, but camels seem uncomplaining, though it is not surprising that they usually wear an expression of disgust; perhaps this is in part due to the fact that during these arduous periods their owners live chiefly on their milk. I've tasted it and it ain't nice at all.

Harrar is said to be the second oldest walled city in the world, the walls at any rate look very senile and entirely confirm my theory as to how those of Jericho fell down—if I've not told you it I'll do so some day. It is exceedingly picturesque and was once the capital of Ethiopia. It stands on a hill and is surrounded by higher hills, it is entirely enclosed by a wall and one can walk all round it, and as there are almost no houses built outside it, it retains its walled-city character. The Iti's built their new Whitehall, Regent Street and Hampstead Garden Suburb well away from it. The country round is green, partly cultivated in terraces and there are no villages near. The flat-topped Mt. Harrari is on the skyline. It means Mt. Ararat and the Ethiopians are sure that the Ark settled on the top, and I must say Noah could not have done better. The Ark figures largely in their religion and each church has one. I understand the Queen of Sheba set out from Harrar and of course they are all convinced that her heir to the throne was Solomon's son. The city is full of character within, small shops and estaminets and untidy houses; cattle are driven into it at nights up the narrow, deep-worn streets—only three of these are large enough to admit motor cars, which are certainly very out of place—and though very primitive and probably quite without drains, it is not smelly and there are far fewer flies than in Egypt. It looks beautiful in the evening and a light haze of smoke rises from it as the houses light up their wood-burning fires. Harrar is always cold at night, for its altitude is about 4,000 feet. One gate of the city is specially picturesque, with a busy market outside it where the bright coloured dresses of the women make a fine display. At a distance they look rather fine, they walk very erect, almost always with a load on their heads, a flat tray-like basket of vegetables or goods for market, a petrol can, or even a single ordinary glass bottle; nothing ever seems to fall off. Often a baby is slung on the back. The native men often wear jodpurs and when they do, all look to me exactly like Haile Selassie; sometimes they wear only a cloth skirt hanging from the waist, or with a shawl over the shoulders. All very primitive, and yet I was billeted in a modern hotel with my own bathroom and all adjuncts, where the head waiter, an Iti, of course, always wore smart evening dress. Verily England, which used to lead the world in matters of plumbing and patterns of water closets, is now the most backward country in the matter of hotels. I'll say that if, in Warwick or Taunton, one asked for the accommodation which I had in Harrar, one would only be answered by a scornful negative.

General Fowkes, who kindly invited me to all meals, lives in a lovely modern house, probably the best in the new town, with a huge room, parquet-floored, where he has sometimes given parties for officers or for other ranks, or where forty couples can dance. It has a nice garden which he has brought into fine shape. Flowers do well at the time of year when I was there, but the feast of Mascal, which celebrates the finding of the true cross in Jerusalem by the wife of Constantine, fell due just then and it also celebrates the end of the rainy season and a period of drought is now due, which will hit the garden hard.

Whilst I was at Harrar I made several visits to Diredowa on the Addis Ababa-Jibuti railway, not a pleasant spot, low and relaxing and full of Iti women and children waiting to be returned from Ethiopia to Italy. From there I took the train, a solitary Diesel-engined coach, to Addis (8,300 feet). There I stayed with General Butler, who most kindly lent me his car. When I signed my name in the Emperor's book, I studied a new picture in the entrance hall of the palace. It represents the Lion of Ethiopia trampling on the eagle of Italy. Hitler and Musso clutch at each other in the background. A stout Mrs. Ethiopia extends her arms to Jehovah, who looks down upon the scene with a rather surprised expression, for behind the lady stands a figure robed in operating kit; in his left hand he holds a tray of ampoules, in his right a glass syringe and the needle is well home in the fleshy part of madame's arm. This is ENGLAND giving strength and courage to Ethiopia. Steady, boys, steady! I lunched with the Howes, he is minister, and with John Cowan, escaped twice when both were P.O.W.'s in Bulgaria during the last war. Afterwards I saw typhus vaccine prepared with the aid of Polish lice and then went for a twenty mile drive. This took me into lovely country, rather like France, hills, a river, meadows, cattle and farm land and tall Eucalyptus trees looking rather like poplars, and the fields yellow with daisies. Next day I returned to Harrar, 300 miles, in ten hours, rather tiring—a very hot and bumpy railway.

The Ethiopians are being turned into good soldiers, they respond well to training and look smart. As civilians the men are untidy, dirty and inclined to theft. Haile Selassie has a difficult job, he is by no means universally popular; also his people are very primitive and so is their Christianity and they lack the stimulus of a controlling faith in Mohammed. I saw one boy of twelve in hospital hopelessly mutilated and there have been plenty of such cases since the Iti's left. Slavery is abolished, but still persists in the remoter parts. The jail outside Harrar is just a wall and two buildings with roofs inside for use at night—no beds—all the prisoners jumbled up together, boys and men, the only ones segregated are those awaiting hanging and five women. The leper colony, also outside the walls, is worse still. It was built by a French mission forty years ago and there are three monks and five sisters. It consists of a collection of the usual native bandas, i.e., round mud-walled huts with rush roofs. In these live the grandparents, parents, sons and daughters and grandchildren and goats. Some have leprosy and some haven't. The children are born healthy and if not sent away often become infected. It is a vile disease when occurring in a severe form, nodules on face and limbs, missing fingers and toes, swollen legs, eroded noses and often hopeless contractures of the limbs. Some of the most acute cases seem to be in young women. These families spread their food on the ground outside the bandas, work in their gardens nearby and go for a walk in the city if they fancy it. Yet this is the race which France and Italy brought into the League of Nations. Certainly the Italians had done marvels, built magnificent roads, far superior to anything in Kenya, now slowly deteriorating. They laid out the capital on sound lines and introduced a state medical service. Their worst effort is sanitation. Ethiopia owes them much of value and much hatred, but in a few more years the induced prosperity might have somewhat dimmed a bitter memory.

Ethiopia is an attractive country in many ways. The part I have seen has plenty of mountains, but these are all grass-covered, and I long for rocky precipices. There are plenty of birds, but very little game; a great variety of insects abound, huge spiders and scorpions and enormous beetles with claws like lobsters. I saw in a collection one insect which is thirteen inches long, each part of body and limbs looks like a piece of twig, and that is its camouflage; certainly you would never see it on a branch unless it moved. I suppose it eats flies, but I don't know if it has ever been described.

After returning from Addis I planned to go to Hargeisha and on to Berbera, a miserable place. A man who once stayed there soon afterwards found himself in Hell and telephoned home for blankets. However, a car breakdown prevented me from getting nearer than Mandera, a camp about thirty miles from the coast. The journey from Harrar interested me, the road from the old city leads through defiles where stones are poised on top of one another in a strange fashion, through sparsely wooded country, through bush where ant-heaps rise to over six feet; it crosses a few rivers which flow swiftly and over many others which are completely dry. It is a fine road made by the Iti's and perhaps most impressive where it runs dead straight for twenty miles across a vast plain. At many points along this were nomad Somalis trekking with their flocks to water-holes and fresh grazing. They are a fine race, tall and thin and brown instead of black. They consider themselves far superior to the Ethiopians; perhaps they are. People who know them say their mentality is difficult to understand and they do not tolerate discipline well. The men are vain, like the rest of us, and put ash upon their hair which, when removed, produces a henna effect. The women pay considerable attention to their dress (what woman does not?) and look very striking when clad in white with large bustles on each hip. They are Mohammedans and have some horrid tribal customs. Being largely nomad their habitations are simple, being made of pieces of wood forming a dome which they cover with skins and when travelling these are picked up and loaded upside down on a camel's back. They can be quickly pitched. Some of the tribes appear to be settled on the land which they cultivate. They protect their crops by human scarecrows, these are small boys or girls who sit on a wooden platform raised above the tops of the plants and with a sling and stones drive off the birds. As a race the Somalis seem to me the best I have seen out here. In all the African races the men consider themselves too superior to do any work; in Kenya the women do it all and carry the most enormous loads on their backs supported by a tight band round the forehead, in one such case a load of logs carried by a women was found by a friend of mine to weigh 206 lbs., that is, more than fourteen stone—no wonder they age early, as the mountain peasants of Switzerland do from the same cause. But on the whole the Somalis seem to treat their women better than the surrounding races. My visit was, of course, a quick one and my impressions are only superficial. However, I think I learnt a good deal in a short time of places and people I never thought to see, and so after nearly four weeks I got back to Nairobi.

The weather is warmer and very pleasant, bougainvillaea flourishes in the gardens; where jacaranda grows, the petals form a blue carpet on the ground and the beds are full of flowers; but the vast Athi plain, so green when I saw it for the first time as I travelled up from Mombasa, is now burnt brown by the sun and black by fire. Probably only small parts of it actually catch fire, but columns of smoke rise up from it by day and glowing flames light up the sky by night. Oh yes, give me England and her chalk streams, even in these days of stress, even when whisky is as scarce as petrol.

A consultant surgeon, who'd have thought it! Am now just off for more than 1,000 miles S.E. which should be interesting. I was in Tobruk for ten days just before it fell. Had two days with the H.A.C., one in a Tank O.P. watching and shooting at a fight on Knightsbridge. Came here early in July to replace Ogilvie, who takes up Jock Monro's (Reg.) job in Cairo.

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By Major J. B. BAMFORD, R.A.M.C.

(Memoranda based on experiences with a mobile surgical unit in Egypt and Libya)

Most of my work was done at Field Ambulances, and, owing to rapid movement over long distances, surgery was glorified first-aid, i.e., opening wounds, toilet, plaster of Paris, fixing people to travel in comfort over long distances taking up to ten days to a Base Hospital. The following points come to my mind:—

1. The practice of sending young inexperienced surgeons up forward is entirely and absolutely wrong. The best men should be forward, with the younger men under a first-class O.C. Surgical Division at the Base Hospital.

2. More people die from "over-operating," (meaning doing too much too soon), than from being left alone a broad statement with many exceptions, but the above is never stressed enough in my opinion. The patient's life is the important thing, not the operation—often forgotten by young men.

3. I saw very few bullet wounds—nearly all shell fragments, mortar, grenade, explosive cannon, machine gun, bomb splinters, mine wounds.

4. There was a very large percentage (approximately 20 per cent. of all cases we did) of large multiple wounds. From memory I can recall four abdominal wounds, all with two compound fractures of arms or legs.

5. Abdominal wounds travel much better pre-operation than post-operation, and should never be moved before at least four days after operation, preferably ten days. Even appendixes travel badly by air in the first few days. Of perforating abdominal wounds injuring a hollow viscus I would say 40 per cent. lived.

6. Head and chest injuries travel very well.

7. Fractured femurs and all leg wounds travel well with the following method of splinting: a Thomas's splint and elastic skin extension is applied. The limb is supported on a small plaster slab resting on ordinary flannel first-aid slings. Then the whole leg *and splint* are encased in plaster.

8. Wounds should never be stitched up. All wounds should be made saucer-shaped with free drainage and no packing. Sulphanilamide powder and vaseline gauze is laid on the wound, and plaster is applied, either split or over a splint. If fascia is divided in the thigh it must be divided *transversely* as well as longitudinally. All our amputations of limbs were sent down with a padded plaster cap—very good.

9. Burns of limbs were cleaned with lux, and then with ether soap (home made with soft soap and ether); then washed with acriflavine and dressed with vaseline and sulphanilamide gauze, covered with wool and plaster. The same was used for the body whenever possible, even if only a plaster cast was made and firmly secured with a bandage. (Opinions differ greatly on this point.) For first aid I recommend Tannafax, which relieves pain and comes off easily when the patient is properly cleaned.

10. Anæsthetics: Pentothal (1 per cent. continuous drip very good), with *oxygen*, for everything except chests and abdomens. For the latter gas, oxygen and ether with Magills endotracheal tube. For chests, gas and oxygen. I feel very strongly the necessity for oxygen under pressure with pentothal and morphine in shocked patients. A pharyngeal tube, approximately 6 in. long, is very useful with pentothal, and if passed through the nose saves holding up the chin and is useful for giving oxygen. The Field Pattern Boyle's medicine is excellent.

11. Resuscitation: simple first-aid principles are often forgotten—putting the head down, bandaging uninjured limbs, *oxygen*, etc. Saline is sometimes given too quickly before the patient is round from the anæsthetic when respirations are shallow owing to morphia or pentothal. Blood given quickly and at once, up to two to four pints, is of great value.

The above points have just been jotted down

as they come to my mind—all simple things, but they don't seem to be drilled into the young men. People seem to forget the simple and fundamental things of surgery.

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From F/Lt. H. L. M. ROUALLE, R.A.F.V.R., Takoradi

March 20th, 1943.

Dear Mr. Keynes,

You will doubtless be interested to hear that I am relieving Robb on the surgical side as soon as he goes home; unfortunately I have spoiled all his nicely laid plans by developing tonsillitis and then a second attack of M.T. malaria from which I am at the moment recuperating in our own wards. It's a legacy from my three months in Central Africa, from which I have at last returned by 2,000 miles of roads, tracks, rail and air. Though scarcely pleasant at the time, my experiences in the bush country are interesting in retrospect, as I saw all manner of wild animals from lions at a distance of four yards, antelope and buck of different sorts, to crocodiles, warthogs, etc. The heat was terrific—over 100° in the shade on most days and sometimes 105°, the sun a cruel searing, scorching enemy from 10 a.m. till 4.30 p.m.; only after midnight was there some relief and a blanket was necessary. M.T. malaria was universal, though fortunately of a relatively mild type, so that incapacity was as a rule not prolonged. Before I arrived I found that the local people who were treating the victims were grossly undertreating them and sending them back to duty in four or five days, a procedure which caused much trouble in the long run on account of the high relapse rate.

This place is, of course, quite different from the hinterland, the climate less extreme but more humid; there is a bathing beach, golf course, tennis and other recreations; the mail from U.K. occasionally arrives, which is more than can be said up country, and we actually have electric light and the water is drinkable. It is a treat also to have an armchair to sit in after using native wicker beds as settees for some months. The hospital is beautifully equipped and has a staff of our sisters and orderlies. Fortunately the natives are relatively few in number and do only menial jobs; I am no believer in the emancipation of the African. The theatre sister is a Bart.'s girl, Miss Godson, who used to be in theatre C and seems to be the best sister we have; trust Bart.'s to turn out good stuff.

Much of my important correspondence has unfortunately gone astray, but from the first batch of mail I have received in four months comes the news that my brother at Singapore is in fact a prisoner though wounded in the foot. Fortunately I hear that an outward airmail service has begun to operate at last, so we may hope for improvement. The amount of discontent from this sort of thing is very widespread.

Like everyone else, of course, I am wondering how long I shall have to stay in West Africa. Though from the point of view of comfort, food and general amenities our region compares favourably with the Middle East, disease and monotony do seem to wreck a good many people. They seem to become moody, some actually insane: others grow thin, yellowish and apathetic. Nearly all after nine months or a year complain of loss of reserve strength and general lassitude. If there is no urgent medical reason for repatriating them sooner, they are sent home in from twelve to eighteen months; average is about sixteen, but many have done twenty or more on account of shipping space problems.

With all best wishes.

Yours sincerely,

(Signed) HENRI ROUALLE.

P.S.—I forgot to tell you that I met Gordon Evans halfway across Africa! We were travelling in opposite directions and a week later were some 5,000 miles apart. He was expecting a baby any day and was in a hurry to reach somewhere where he could contact the cable office. He's having a wonderful time roaming over all these continents; I thought my 4,500 odd miles round these parts was good enough but I expect he will put another "0" on that before he has finished.—H. L. M. R.

We wish to express our gratitude to Air-Commodore Geoffrey Keynes for sending us these letter from Africa, and giving us permission to publish them.

HOW TO WRITE A WIX PRIZE ESSAY

By JOHN L. THORNTON, A.L.A., *Librarian*
(Now serving in H.M. Forces).

The annual prize awarded for an essay on the life and works of a medical man has proved popular with students taking an interest in the history of medicine, but it has been obvious that a few notes on the preparation of the essay would greatly assist intending essayists. The Librarian has frequently been asked how to collect information, how to sift it, how to compile bibliographies, how to arrange the material, how to present the essay, and it is hoped that a few general remarks on these headings will prove useful, perhaps encouraging more students to undertake the research necessary to write a successful essay.

Firstly it is necessary to consult all materials already existing on the life of the subject. A monograph dealing with the life of the medical man may exist and will certainly contain further references, perhaps a bibliograph and also the important details of his contributions to medicine. The *Dictionary of National Biography* should prove useful, not only for the details contained in the articles but for the references given at the end of each section. Make a note of all these, preferably on cards, and continue to collect material by consulting all available works on the history of medicine, and of any special subject in which the biographee was interested. Quite a number of books on the history of medicine are normally available in our Library, but one must expect to have to visit other libraries. The Royal College of Surgeons, for example, is rich in this material, and welcomes visits from students, while the British Museum and also certain medical libraries in London can be used under special circumstances.

Obituaries contain useful material, and can be traced by means of the *Catalogue of the Army Medical Library* in the case of the medical men who have been dead for some years, and through the *Quarterly Cumulative Index Medicus* for more recent material. Both these periodicals are available in our Library. They must also be used for compiling a list of the writings of the subject of the essay. A bibliographical list is essential and most useful, but should not be merely a list of references taken from printed sources. Note each reference on a separate card, and as far as possible consult each individual item, checking the details and arranging the bibliographical portions consistently. For example, if the titles of periodicals are abbreviated, use the same abbreviations throughout, place the volume number before the date of publication in all instances, and complete the pagination wherever possible. In the case of books, give the complete title, place of publication, publisher (if required), and date, with details of all further editions.

The arrangement of a bibliography can be chronological (which is usual), or entries can be grouped by subject, and then by date, and it is useful to present the bibliography at the end of the essay, even if selected items are dealt with in the text.

Having collected references and consulted the material, one will be faced with a mass of facts in note form, and it is then advisable to consult former Wix Prize Essays, many of which have been published in our *Reports, Journal, etc.*, as examples. No hard and fast rule can be laid down for the arrangement of a bibliographical essay, as it must depend entirely upon the subject. A chronological arrangement will deal with his childhood, education, early professional life, contributions to medical knowledge, etc., but it is quite possible that subjects will be encountered where these headings cannot be applied. A paragraph could include all available information up to the publication of a person's first successful work, after which perhaps his activities might have proved more worthy of recording. The personal lives of many medical men are very obscure, and it is then necessary to consult contemporary authorities for "background." Contemporary history, particularly medical history, should always be studied to provide an idea of the circumstances under which the biographee laboured and to record his influence on the development of his subject. Endeavour to find out what his contemporaries thought of him, and trace the development of the subjects in which he was interested during his lifetime, so that his contributions are shown in their true surroundings.

It is possible to illustrate an essay with suitable prints, photographs, and other material, such as tables showing lineal descents, but this is not entirely essential. If there are living descendants of the biographee, or there are persons acquainted with his life or work, they can be approached for material, and many useful facts can be obtained in this manner.

In certain cases autobiographies or standard lives provide one with all the necessary material, but the biographer who merely gleans the thoughts of others cannot hope for success in a competition. He must himself sift the material, consult contemporary records, weigh the evidence anew, and then write the results of due consideration. A Wix Prize Essay cannot be written in a week, as I have known it to be attempted, but entails careful research, and rewards those sparing the time by revealing a new interest in their profession. The history of medicine is built up of the lives of medical men, and is a vast field of interesting revelations. Its study gives one added interest in the study of modern medicine, enables one to appreciate the antiquity and importance of one's calling, and contributes enjoyment to those all too few leisure hours.

At present many of our books are evacuated, and several other medical libraries are not functioning fully, but it is hoped that students will gain some assistance from the above notes, while continuing to approach the Librarian for any further information required.

We would like to offer our heartiest congratulations to the Dean, who has been elected Vice-President of the Royal College of Surgeons, and to Professor Paterson Ross, who has been elected a member of the Council; also to Sir George Aylwen, the Treasurer, who has been elected Chairman of the London Hospitals Committee.

We are short of copies of the JOURNAL for February, 1941, and urgently require these for binding purposes. Would anyone who possesses this issue, and does not wish to keep it, please send it to the JOURNAL office, as soon as possible? Full price and postage will be given for each copy received.

It is with regret that we have to record the resignation of Mr. R. J. Harrison from the editorship of the JOURNAL. During his period of office, the JOURNAL returned from being a "War Edition" to its proper form, and, with this, once more became free to the student.

His place in the editorial chair has been taken by Mr. P. R. Westall. The post of assistant editor remains temporarily vacant.

Contributions for the next issue of the JOURNAL should reach the JOURNAL Office by August the 12th.

* * * *

ABERNETHIAN SOCIETY

On Thursday, July 8th, at 5.30 p.m., in the Abernethian Room, Sir Harold Gillies addressed a meeting of the Society on "Recent Advances in Plastic Surgery."

The speaker was introduced by the President, who referred to his achievements in various fields of activity, and emphasised what medicine in general, and plastic surgery in particular, had gained when Sir Harold decided to make it his life work.

Sir Harold, by way of prologue, said he did not quite agree with the President's remarks about the extent of his writing, as he had always held to the advice of the old saw, "Fear no man and do right; fear all women and never write." He opened his address by drawing the attention of the meeting to the extent and interest of the work to be done in the field of plastic surgery. Why will skin grafts from one individual to another not take? Does re-epithelialisation of a large area really take place from the periphery, or is it merely that a ring of scar tissue contracts and stretches already existing epithelium inwards? What causes changes in the colour of thin skin grafts? These and other problems concerning the nature of keloid, the principles of flap-cutting, and much else besides, were awaiting investigation. As an example of the interesting work being done, Sir Harold mentioned the case of a baby who received a bad burn on the thigh; a skin flap was cut from the mother's thigh and appeared to take well, uniting by first intention. When, however, after four weeks the flap was divided, the skin went dead white and never recovered; microscopic investigation showed there was no blood supply from the recipient to the donor flap. Cartilage, on the other hand, could be grafted from one patient to another, and likewise bone. Recently bone grafts such as that of ileum to mandible had been carried out successfully within three weeks of injury and in the presence of mild sepsis.

Sir Harold then went on to show a number of photographs, some in series, illustrating various operations and techniques. He used these to emphasise the importance of certain fundamental principles of plastic surgery, such as the necessity for early grafting of raw areas. Simple skin-grafting must become a part of out-patient treatment, and in one hospital at least out-patient attendances had been nearly halved by the employment of early grafting. In appropriate situations a valuable initial repair was to sew skin to mucous membrane. The most important principle in primary treatment was to place structures which were normal in their normal position and retain them there. Among the interesting cases described was that of a girl who had her scalp avulsed; it was replaced by a graft from the anterior abdominal wall. This required the removal of a large area of skin, and in such cases it was an open question as to whether the strain of a subsequent pregnancy might prove too much for the belly wall. In this particular instance the girl eventually had a quite uneventful pregnancy resulting in the birth of twins. Cases were also described of the treatment of cavernous naevi with radium and grafting, of the repair of hair lips, and of a variety of plastic repairs of the face. Sir Harold then discussed the signs of molar fracture-anæsthesia in the area supplied by the infra-orbital nerve, unilateral epistaxis, diplopia, and disturbance of the normal relation between coronoid process and zygomatic arch—and the various appliances used in treating the condition. Repairs of the nose, Sir Harold pointed out, were difficult because of the close proximity of cartilage to skin and mucous membrane, but good results had recently been achieved by taking skin and cartilage as a free graft from inside the ear. Grafting of skin inside the mouth to form a bed in which appliances designed to replace lost mandible might be placed, the repair of congenital syphilitic noses by replacement of mucous membrane, and the replacement of ears congenitally absent or destroyed by trauma, were also shown. Finally Sir Harold described some of the more unusual operations such as the restoration to normal size of grossly hypertrophied breasts, and the construction from anterior abdominal wall of a penis in a case where there was congenital absence of the organ.

A number of questions were then asked and answered, and Sir Harold demonstrated the construction and use of the dermotome.

A vote of thanks was proposed by Mr. F. C. Capps, who remarked that it was most appropriate that he should have the privilege of doing so, as the E.N.T. department had, in the past, been foster-mother to the plastic department, a connection implied by the retention of the term maxillo-facial unit. He looked forward, however, to the not-far-distant day when the plastic department would be an independent, fully equipped unit, and the bearing of its work on the problems of ordinary surgery and out-patient treatment would be universally appreciated.

ART EXHIBITION

An Exhibition of Works of Art—Paintings, Water-colours, Pastels, Sketches, Posters and Sculptures—is to be held at St. Bartholomew's Hospital during the first week in October. All members of the Hospital are invited to contribute; works should be completed not later than September 17th, and the Committee would like to know from each intending exhibitor the number of works he or she intends to exhibit, by the end of July.

Full particulars may be obtained from: (at Bart.'s) E. Alment, J. Coulson, S. Holloway, R. Pracy, Nurse C. Atkin; (at Hill End) G. Bond, Nurse E. Jukes.

* * *

PROVINCIAL NEWS

(From the "Daily Echo," Accra, Gold Coast, March 11th, 1941)

WOMAN CONCEIVED FOR ELEVEN MONTHS, AND BROUGHT FORTH SEVEN EGGS

A very mysterious incident took place last week at a village near Koforidua. One Madam Osimpko, a native of China in the Keta district, who was in the family way, was delivered of seven large Eggs, after eleven months' conception.

According to reports, Madam Osimpko of China had six men friends.

It came to pass that when she found herself in that condition, she was unable to say which of the six was responsible. She was therefore compelled to accept things at that, and went on in the same way with the six until the eleventh month, when she was delivered of seven large Eggs.

People flocked to see the unusual sight. The Eggs were eventually thrown into the Bush. The woman apparently is none the worse for this mysterious experience.

F/Lt. H. L. M. ROUALLE, R.A.F.V.R.

ANNOUNCEMENTS

BIRTHS

BRIGGS.—On May 22nd at St. Mary's Nursing Home, Nottingham, to the wife of Dr. Geoffrey O. A. Briggs (Superintendent, Newstead Sanatorium), a daughter.

SADLER.—On June 19th, 1943, at St. Bartholomew's Hospital, London, E.C.1, to Joan (née Alan Smith), wife of Surg.-Lieut. J. A. Sadler, R.N.V.R.—a daughter (Anne Felicity).

MARRIAGES

CORNFORD—BLACKWELL.—On June 9th, 1943, at St. Peter's Church, Vere Street, W.1, Ross, Capt. R.A., only son of the late Lt.-Col. H. Cornford, R.A.O.C., and the late Mrs. H. Cornford, to Valerie Colston, P.M.R.A.F.N.S. (R.), younger daughter of Mr. and Mrs. A. W. Blackwell.

STUBBS—RAWLING.—On May 8th the marriage took place of F/O Stewart D. Stubbs, of Hertford, and Jean Bathe, elder daughter of the late Louis Bathe and of Mrs. Bathe Rawling, of Squadmoore, Exmouth, at Holy Trinity, Brompton.

APPOINTMENTS FOR OUTPATIENTS

To the Editor of the Journal

Sir,

Before leaving the hospital in the near future I should like to make certain suggestions designed to alleviate the lot of the Outpatient. Anyone who has walked through the surgery on a busy morning will agree that there is room for improvement and that with a little organisation the often fantastic queues could be considerably reduced.

There is nothing original in these suggestions. Other hospitals work on an Appointment System and indeed I believe it is a fact that but for the war such a system was to have been introduced here. The *Lancet* and the *B.M.J.* have recently published articles explaining how various methods may be applied. That which follows is somewhat simpler and has been found to work with considerable success over a period of four months in the Fracture Clinic. At one time it was not unusual to find forty patients waiting outside this Clinic at 9 a.m. Now, throughout the course of the morning there are seldom more than five or six waiting at any one moment. Admittedly this scheme works better when the majority are "old cases" and therefore it might apply better in clinics like the Orthopædic and the Ear, Nose and Throat. Surgical and Medical Outpatients are supposed to be more Consulting than Treatment Clinics, but inevitably there are a considerable number of "old cases."

Here the scheme is set out as it could be applied to Surgical Outpatients on Monday mornings.

A simple chart is prepared for two or three months in advance and can be continually added to as time passes, so that it is in effect never ending. The date is recorded along the top, the time at the side. An agreed period, say, 9 to 10, is set aside for new cases and those referred from other departments for whom budgeting is impossible. Four patients can be seen each quarter of an hour and a cross indicates an appointment.

Thus, anyone taking outpatients on April 19th would know at a glance that it would be no good telling a patient to come up on May 3rd before 11.30. If the patient did not have to be seen for a month, then 10.30 would be the correct time: if two months, then Whit Monday should be avoided, but 10.15 the following week would do. A cross is then added in the appropriate square.

If patients have far to travel they can be given appointments later in the morning and, of course, cystoscopies and what-nots can also be fixed in at suitable times.

THE CHART

	APR 19	26	MAY 3	10	17	24	31	JUN 7	14	21	28	JUL 5	etc. →
9–10		N	E	W		C	A	S	E	S			
10.00		E	×××××	×××××	×××××	×××××	×××××	××	W	×××××	×		
10.15		A	×××××	×××××	×××××	××			H	×			
10.30		S	×××××	×××××	×××				I				
10.45		T	×××××	×××××					T				
11.00		E	×××××	××					S				
11.15		R	×××××						U				
etc. ↓									N				

"The thing can be done, said the Butcher, I think,
The thing must be done, I am sure.
The thing shall be done! Bring me paper and ink,
The best there is time to procure."

I remain, yours faithfully,
MICHAEL HARMER.

St. Bartholomew's Hospital, E.C.
July, 1943.

* * * *

CORRESPONDENCE

To the Editor of St. Bartholomew's Hospital Journal

Dear Sir,

May I draw your attention in your columns to a most interesting case?

The patient, a female aged about one year, has a rather mottled complexion and is most uncooperative. The chief abnormality is a congenital one and has a number of interesting features.

On examination, the phenomenon of cauda duplex is clearly seen as an exact reduplication of the normal organ. Owing to the difficulties of locomotion, exhibited as a slow, laborious, zig-zagging progression due to this excessively unwieldy appendage, the musculature of the whole body is hypertrophied and a stout, tubby appearance is presented. And, doubtless as a result of pressure on the lateral line, hyperæsthesia of this organ is evidenced by the extreme degree of sensibility to stimuli affecting it. Although the progress is good, it will be interesting to discover, if autopsy is ultimately performed on this pathetic little creature, whether spina bifida is also present.

This unusual feature is not exhibited by any of the other goldfish in our Fountain.

Yours, etc.,
"PISCATOR."

St. Bartholomew's Hospital, London, E.C.1.
July 10th, 1943.

To the Editor of St. Bartholomew's Hospital Journal

Dear Sir,

The following is strictly true.

I had attended the Vicar for Abortus Fever. I was attending a family for Glandular Fever.

A relative informed me that a fellow worker asked her if any effort was being made to "trace the germ, as the vicar had had the same illness, and they traced the germ to the milk from a cow which had had a miscarriage."

ANON.

July 3rd, 1943.

To the Editor of St. Bartholomew's Hospital Journal

Dear Sir,

May I congratulate you on being so far-sighted as to publish an article by Sir Albert Howard. It does Bart.'s a great credit to give publicity to his views.

They are so commonsense that they embrace the whole problem of promoting healthy crops and people.

It was becoming accepted as a normal fact that one could only grow a healthy apple with the help of poisonous arsenical sprays, etc. Likewise we in the medical profession have become more engrossed with the details of treatment by innumerable sera and chemicals and rather overlooked the patient as a whole. Similarly, we must look to the patient's diet from a wider angle rather than wondering whether he is getting enough Vit. B1.

I am, etc.,
G. BOWER.

Royal Surrey County Hospital,
Guildford, Surrey.
June 14th, 1943.

To the Editor of St. Bartholomew's Hospital Journal

Dear Sir,

May I prolong for another issue the controversy concerning women at Bart.'s?

I agree entirely with Mr. Bates that it would be impossible to admit women to this Hospital during the war, and probably for some time after until the lethargic Giant Reconstruction is roused to labour. Personally I dislike the prospect of women entering the profession, and this Hospital, as much as I dislike that of a State Medical Service run by the comparative laity of the Ministry of Health, but as I realise that, in these days of emancipation, viz. inertia of the B.M.A. and self-determination of women and the proletariat, both catastrophes are liable to happen, I feel that at Bart.'s we should bear our full share of the miserable burden. And surely in such horrible circumstances the indomitably energetic Mr. Bates, albeit suffering from over-proximity of the fair sex, would overcome with his customary facility the very problems he so adroitly presents.

Furthermore, if I may dissert on "lack of appreciation of the issues": a brilliant example was provided by the witty and inaccurate effusion of your other inflamed correspondent, whose pseudonym belies his familiar sobriety.

Yours, etc.,
E. A. J. ALMENT.

St. Bartholowmew's Hospital,
West Smithfield, E.C.1.
9th July, 1943.

[Correspondence concerning this subject is now closed.—Ed.]

BOOK REVIEWS

A SYNOPSIS OF SURGICAL ANATOMY, by A. Lee McGregor. Fifth Edition. (J. Wright, 25/-.)

This edition has been revised to bring the book into line with newer concepts of several branches of surgery and surgical anatomy. New chapters on the anatomy and surgery of the sympathetic system have been written to replace former ones. New

sections have appeared which deal with the supraspinatus tendon, the subdeltoid bursa, and the intervertebral disc. These are all very adequately dealt with, and the book, as a whole, is to be recommended strongly to those requiring a textbook which more than covers the field, as far as the medical student is concerned. After having been out of print for several months, we welcome this fresh edition.

THE DYSENTERIC DISORDERS, by Sir Philip Mamon-Bahr, M.D., F.R.C.P. (Cassell & Co., 30/-.) (Second Edition.)

The second edition of this book was evoked mainly by the war, besides the many advances in aetiology, diagnosis and treatment which called for revision in the first edition. Primarily a book for the Service doctor, the general reader will find many excellent chapters on subjects other than tropical. Fat absorption and the steatorrhoeas are well dealt with, and there is a new chapter on pellagra. The whole book is very well and completely referenced. We trust that in its rather limited demand this volume will retain its popularity.

A SHORT PRACTICE OF SURGERY, Bailey and Love. Sixth Edition. (H. K. Lewis, 36/-.)

Another edition of such a well-known book needs little review in this hospital, as it is already so widely used, except in so far as to report that many minor alterations have been made, and several larger ones. The edition is improved by the addition of 42 figures, thus making this one of the most well-illustrated textbooks on surgery that we know of. A novel feature is the inclusion of a glossary of anatomical names with references to the page number in the book where each particular name is used. As hospitals are still using both old and new terms, this may be of good service to the student just starting his first surgical appointment, apart from the rest of the book, which in many ways is an excellent one for his needs, as it is also for the student preparing for final examinations.

SYMPTOMS AND SIGNS IN CLINICAL MEDICINE, by E. Noble Chamberlain. Third Edition. (J. Wright, 30/-.)

Since the last edition of this book was published in 1938, there have been, of necessity, many alterations and additions which make the work of wider scope and thus more useful to the student. The most notable addition is a chapter on Radiology. Naturally this only summarises the main features of radiology as applied to diagnosis of disease, but this lays a good foundation on which can be placed further material as this is gathered in the wards. There are many changes in the chapter on clinical pathology and biochemistry, as, for instance, sections on sternal puncture, urea clearance test, and estimation of vitamin C in urine. More detail might have been given on the sections in this chapter, to render it complete and of more value to the reader. Mention is certainly made of the clotting time, but details of how it is obtained are not forthcoming. As a whole the book is of excellent value, especially to the fresh clinical student, who will find an immense amount of helpful information which could not readily be found elsewhere.

PATHOLOGICAL HISTOLOGY, Ogilvie. Second Edition. (E. & S. Livingstone, 32/6.)

This very remarkable book has now been revised and altered considerably since publication of the first edition three years ago. Fifteen new subjects and illustrations have been added, the most important being the addition of a short chapter on diseases of the skin. The photomicrographs of some processes have been superseded by improved ones, and better accounts have accompanied them in various parts of the book. In general, the book is a very valuable companion to the standard textbook of pathology. It can be used as a means of rapid revision of histological appearances of common pathological processes, as the photomicrographs are of such high standard of reproduction that they can readily recall impressions conveyed by examination of sections under the microscope. These illustrations were made from Finlay colour transparencies, and their quality is unique in a book of this nature.

The book is also useful when actually examining slides, as it points out the main features to be found in any particular process, and makes the interpretation and understanding of sections not only possible, but easy.

OUTLINES OF INDUSTRIAL MEDICINE, LEGISLATION AND HYGIENE, by James Burnett, M.D. (J. Wright, 7/6.)

This is a good introduction to industrial medicine, and, as such, is well worth the attention of every medical student and others who wish to learn something of this increasingly important subject. There are no lengthy lists of unessentials in the chapters on industrial legislation, but only the main features and outstanding points of the various major Acts. The section on industrial hygiene is very brief, and, possibly, the book would have benefited by more detail on this aspect of modern industry. In spite of this criticism, the book is excellent from the standpoint of industrial medicine, and contains clear and concise information on the clinical features and preventive measures of all common industrial diseases. Lead poisoning, for instance, is dealt with in detail, and mention is made of various occupations in which this is common. The clinical features are then described under several headings, as groups of symptoms relating to the various systems. Preventive measures are then dealt with. There are good descriptions of silicosis, asbestosis, and to these the author adds a very recent industrial disease, known as bagassosis, caused by the inhalation of dust given off by broken sugar cane from which the sugar has been extracted. It is a useful little book, and should cover a sad gap in the average medical man's knowledge.

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

ADRIAN, E. D. "Sensory Areas of the Brain." *Lancet*, July 10th, 1943, pp. 33-5.

BURROWS, H. (and MacLeod, Douglas and Warren, F. Lloyd). "The Excretion of Ketosteroids in Human Pregnancy Urine in relation to the Sex of the Fœtus." *J. Obst. & Gyn. Brit. Emp.*, June, 1943, pp. 212-6.

CANE, I. H. "Congenital Talipes Equinovarus corrected by Talectomy." *East African Med. J.*, January, 1943, pp. 2-4.

CHANDLER, F. G. (*the late*). "Lung Stone causing profuse and recurrent Hæmoptysis." *Lancet*, July 3rd, 1943, pp. 13-4.

DINGLEY, A. R. "Nasal Intribation: Dangers and Difficulties from the Rhinological Aspect." *Brit. Med. J.*, June 5th, 1943, pp. 693-4.

"Acute frontal osteomyelitis with subdural abscess." *Journal of Laryngology*, October, 1942.

"Some indications for Tonsillectomy in the Recruit." *Medical Press and Circular*, July 7th, 1943, p. 11.

GRIFFITHS, H. E. "Treatment of the Injured Workman." *Lancet*, June 12th, 1943, pp. 729-33.

HARDWICK, S. W. "Pellagra in Psychiatric Practice: Twelve recent cases." *Lancet*, July 10th, 1943, pp. 43-5.

HAWKING, FRANK. "Histological Effect of Proflavine Powder on fresh Wounds." *Lancet*, June 5th, 1943, pp. 710-1.

HOWELL, TREVOR, H. "Approach to Old Age." *Post-Grad. Med. J.*, May, 1943, pp. 132-4.

JONES, F. AVERY. "Hæmatemesis and Melæna with special reference to bleeding Peptic Ulcers." *Brit. Med. J.*, June 5th, 1943, pp. 689-91.

LANGDON-BROWN, SIR WALTER. "Uræmia—Twenty years after."

LINDER, G. C. "The Cerebrospinal Fluid in Uræmia." *Clin. Proceedings*, March, 1943, p. 64.

MACCARTHY, D. "Technique of Intravenous Drip transfusion in Infants." *Brit. Med. J.*, July 10th, 1943, pp. 36-9.

MCMENEMEY, W. H. "Some Practical Points in the examination of the Urine." *Practitioner*, July, 1943, pp. 26-32.

MORGAN, H. V. & WILLIAMSON, D. A. J. "Jaundice following Administration of Human Blood Products." *Brit. Med. J.*, June 19th, 1943, pp. 750-3.

OBERMER, EDGAR. Clinical Value of Blood Sedimentation Rate (with a plea for the adoption of a standardized and simple technique). *Practitioner*, July, 1943, pp. 43-8.

ROBERTS, JOHN C. "Tuberculosis in Children. Study of 100 Cases. *Lancet*, July 3rd, 1943, pp. 2-4.

ROCHFORD, J. D. (& Broadbent, B. T.). "Ethyl Chloride Analgesia." *Brit. Med. J.*, May 29th, 1943, pp. 664-5.

ROLLESTON, SIR HUMPHREY. "History of the Practitioner." *Practitioner*, June, 1943, pp. 321-8.

WILLIAMSON, D. A. J. See Morgan and Williamson.

WILLIS, F. F. SAXBY. "Cystic Diseases of the Lung (Broncho-Alveolar Cysts)." *Tubercle*, February, 1943, pp. 27-36, March, 1943, pp. 43-51.

At HILL END

One Wednesday afternoon some six weeks back, we wandered around the profuse colony of side-shows and shysters that seemed to have been cultured overnight on the cricket pitch, under the apparently ever-exonerating excuse of Wings for Victory. Cheerfully shuffling about ten years off our mental age, we climbed aboard the round-a-bout and allowed ourselves to be centrifuged on the saddle of a black-and-yellow horse with a fiery eye, whose name, if we recall, was Mildred. The actual motive power had to be supplied by main force, and we doffed a mental hat at the two nameless up-patients apparently quite happy pushing round several score children of all sizes. The busking, or barking—we believe those are the technical terms—for this outfit was performed by a slim figure in sister's uniform, who would have looked quite sweet save for a regrettable tendency to smoke cigars and smell of beer.

Tottering away from the merry-go-round, brushing on one side a gentleman inviting us to give ourselves electric shocks at threepence a go, we made for the shooting gallery. On payment of a slight fee, one fired corks at packets of Woodbines, apparently as resistant to shot and shell as a Sherman tank. This seemed extremely popular with the nursing staff—repressing a slight shiver, we couldn't help noticing how terrifyingly natural some of these ladies looked with a gun in their hands.

Cigaretteless, we turned to see what shameless racket was being run in the cricket pavilion. As we were quietly and wonderingly taking in the scene, the inevitable busker snarled with ill-concealed relish in our direction: "You, Sir! Can you ask the question that will baffle the Brains Trust?" We suddenly found ourselves alone, standing first on one foot and then the other, closely inspected by most of the visitors to Hill End that afternoon. Murmuring something about the winner of last year's Derby, we peered into the gloom of the verandah and recognized five of our friends, looking like rather condescending owls. They had surrounded themselves with an immense barricade of reference books, running from Baedeker to the Bible, into which they quite blatantly burrowed for their replies. Between questions they refreshed the grey matter with draughts of old and mild, even then concealed ready and at hand behind the Encyclopædia Britannica, Vols. VII—XII. The charge was twopence a question, even to the fellow demanding the number of parts in a Lewis Gun, Mark IV, and the member of the student body with an enquiring mind about the hats worn in Turkey in 1850.

We will only touch on the other fun of the fair, which included a complicated apparatus with which, for the sum of 6d., all those people

who really love being made soaking wet with their clothes on were allowed to gratify their desires to the full. And, of course, such field sports as a tug-o'-war, in which the physiotherapists suffered a humiliating defeat in the arms of the nurses, and a cricket match, Nurses v. Students. So that's what happened to our white flannels!

At the end of all this, you are probably wondering with raised eyebrows exactly how much hard cash the week's frolics brought in, and if the fair came through with a clear profit for the national coffers. The answers are £1,600 and yes, all except the Brains Trust, who at the end of a long afternoon had collected £1 in cash and consumed £2 worth of beer. That is why, as far as we are concerned, we would put our spare capital in British Breweries.

* * * * *

With the advent of summer, we are reminded that even Pathologists are human, and the strain of disposing of Pathology in three-monthly packets for a mounting number of years is beginning to tell. So we find two sets of students taking the Path. course this term, leaving the next three months free for the staff to do all those odd jobs one puts by for a wet day, such as re-organising the museum. We hope they will be able to snatch a few weeks at the seaside, and that it keeps fine for them. Personally, if we had to teach Path. on the non-stop system of Hill End, we would begin to feel like the cinema operator showing "Gone With The Wind." As a result of half the hospital becoming pathologists, the firms are a little under-populated. Surgical wards have but four dressers to fill in the yellow cards, while anæsthetic clerks are strictly rationed at three a month, heaven help the "Times" crossword.

* * * * *

Apart from telling you that Mike Dickinson and J. Fuller were unanimously elected to the Hill End Bart.'s Club Committee, there is little else of interest from we country members of the Hospital. Life goes on much as it did last year, and, for all we know, the year before. With the warmer and longer evenings a good deal of time is being put in at the Plough—and we don't mean Digging for Victory, either.

With the idea of letting you know a little of the fortunes of the Cricket team, we wandered down to the pitch the other afternoon, but as our side were disposed of for thirty-odd runs, we feel we would rather draw a veil for now over that section of Hospital life.

G. S. O.

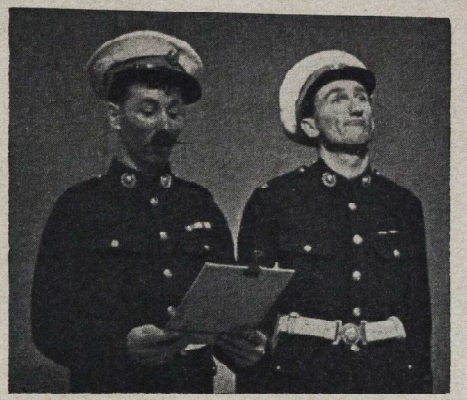
"THE MIDDLE WATCH"

(at Hill End, on June 26th and 27th)

This "nautical" comedy by Ian Hay and Stephen King-Hall was presented by the Hill End Bart.'s Players with an efficiency and polish that was entirely worthy of both the Senior Service and the Dramatic Section. The comedy and action were well sustained from the moment that Mr. Webb darkened ship, and the curtain went up to the best set this reviewer has yet seen on the Hill End stage, to the final glorious and traditional unravelling.

It is difficult to outline a plot so brimming with Neaerian tangles but it concerns a night of complications aboard the cruiser H.M.S. Falcon, stationed in the China Seas, when two beautiful young ladies, by a series of fortuitous circumstances, are left on board after a dance. For the rest? Well, for "Cruiser" read "Country House" and for "Cabins" read "Bedrooms with communicating doors," and you have had it all before. However, in spite of the familiarity of the plot, the unreal aura of pink gins, and the talk of naval disarmament, "The Middle Watch" provided excellent though nostalgic entertainment.

Of the personnel and visitors, welcome and unwelcome, in H.M.S. Falcon, there is much to say. Michael Dickinson gave a fine and dignified performance as Captain Maitland, who fell, in spite of himself, heavily in love with an American accent, vivaciously and expertly exploited by Kathleen Rees as Mary Charlton, one of the girls who should have been left behind. The other was Barbara Taylor, who, as Fay Eaton, was lovely to look at. She and the Captain of Marines, Peter Dallas Ross, were unfailingly and enthusiastically oblivious of the sterner realities throughout. The Ward Room was further represented by Kenneth Nuttall, who as Commander Baddeley bore most of the brunt of the complications with a pleasant ease of manner and a convincing air of a man who has someone in



Ogg and Duckett

authority over him who will get into trouble before he does.

Tim Kelly was extremely good as the Admiral and Jean Sawyers gave a capable performance as his suspicious wife. Elizabeth Bacon as Nancy looked attractive and acted a small part with an ability which augurs well.

The lower deck was not greatly in evidence but was most ably represented by a couple of Characteristic Gaits, Marine Ogg and Marine Corporal Duckett. Geoffrey Bond as Ogg was superb in the stoical role of the boy on the burning deck. His scenes with Gordon Oslere, as Duckett, were played with a true sense of comedy and burlesque.

A special word of praise for Kathleen Simmonds, who took over Jean Farley's part of Charlotte Hopkinson at very short notice, and acted it with poise and assurance.

Minor parts, which were played by Peter Timmis, as Ah Fong, John Batten as the Flag Lieutenant, Pamela Hewetson as a Guest, and John Fuller as an A.B., all contributed to the success of the play.

Bill Royle is to be most heartily congratulated on his skill in making a difficult play appear so easy.

Of H.M.S. Falcon herself, it may be said that she was indeed a happy and efficient ship.

J. R. N.

At CAMBRIDGE

The nightmare of exams is over and from the chaos of a room in which packing is being done, it is hoped that a coherent news letter will emerge.

Last term a silver challenge-cup for sculling was given to the boat club by their vice-president, Dr. Town. The first contest for it was held early in July and was won by J. R. Harris, with R. C. King a close second.

During the season the tennis club have played ten matches and have won all, bare two of them. In the inter-collegiate doubles tournament they held their own until the third round and in the singles, until the semi-finals. This last is, I am told, the best performance given by a preclinical team since we have been segregated in Cambridge. Messrs. Mehta and Blackman have played for London University and, were it not for illness, Davy would also have done so. The secretary of the club has asked me to express their thanks to Dr. Shunka for his excellent coaching and for helping them to take the pants off the R.A.F. (I speak metaphorically). It may or may not be significant that the only match for which we produced two teams was that played against Bedford College for Women.

There is so much and yet so little to say about Cambridge in the summer: Grantchester and the river, the madrigals and may-balls, the "bumps" and pints of beer at the Anchor or the Bath, swimming in Byron's pool and coffee in the K.P. and possibly some work though most of us are, I fear, in the position of the student who, when faced with the imminent prospect of anatomy terminals, remarked: "I

haven't got any revision to do; its *all* learning."

A short while ago Dr. Haile announced his engagement and I am sure we all congratulate him and wish him the best of good fortune.

The suckers amongst us will be back in August for a Home Guard camp. This will be a delightful rest with everything that we could wish for provided for us, including battle inoculation: futher contributions from Cambridge are dependent on the accuracy of our "inoculation" shooting.

The train is just about to leave; I've still my bags to pack and so right now I'm signing off and going on my vac.

M. D. S.

SPORTS NEWS

CRICKET

v. King's College Hospital. Away. Played at Dog Kennel Hill, Saturday, June 12th.

Bart.'s batted first, and Paget, going in first wicket down, was again the mainstay of the side. He batted solidly and confidently for his 64, treating the good balls with respect, waiting for the loose ones to punish. He was eventually bowled by a strange ball which seemed to be going well over the top of the wicket and then dropped down just snicking the bails off. The only other man to face the bowling with any confidence was Hunt, who was unbeaten with 34 runs to his credit. It was a small ground, and we had only collected 120 runs at the tea interval and Hunt decided to have a few more overs after tea before declaring, leaving the other side 167 to score in about 2½ hours.

Holmes opened the bowling, and with the help of a strong wind behind him and the slope in his favour bowled rather faster than usual. Lucas took the second over, and although the wind in his face enabled him to swing the ball it must have been a mixed blessing. The wickets fell quickly, and King's found themselves with 7 wickets down and only 58 runs on the board. This was the moment for Joe Moody of weight putting fame to make his entry. He came in to join his Captain evidently determined to make up for lost time. He gave a chance in his second over, but after that paid scant attention to the fielders and avoided the possibility of being caught by canting the ball right out of the ground with what seemed monotonous regularity—especially to the bowlers. He was eventually clean bowled by Lucas in attempting yet another six having made 41 in the short time he was at the wicket. The last two wickets fell very quickly, the final score being:

Bart.'s, 167 for 6 dec. (Paget 64, Hunt 34 not out).

King's College Hospital, 123 (Moody 41, Morris 33, Lucas 6 for 58, Holmes 4 for 60).

ATHLETICS

Sports Day this year was chiefly notable for the excellence of the weather and the general lack of support it received. Competitors were so scarce that several events were cancelled in order to ensure sufficient competition in other events. Those that did turn out did not have it all their own way and many close finishes were seen. The winners of each event were: 100 yards, H. D. Dale. Houseman's 100 yards, P. D. A. Durham. 120 yards Hurdles, J. D. Andrew. Long Jump, J. D. Andrew. Putting the Weight, A. E. Fyfe. Throwing the Discus, A. E. Fyfe. One Mile, K. M. Backhouse. High Jump, H. D. Dale. 440 Yards, A. E. Fyfe. 220 Yards Relay, Hill End. Mrs. J. Paterson Ross kindly presented the prizes.

London University Championships and Inter-Hospital Sports were held for the first time since the beginning of the war on July 26th, at Tooting Bec. Illness, holidays and general apathy had taken their toll of the Bart.'s team so we did very well to gain fifth place in the London University Championships and fourth in the Inter-Hospital Sports, particularly as all our points were scored by J. D. Andrew and A. E. Fyfe. J. D. Andrew won the 120 hurdles in the Inter-Hospital Sports, and placed in the Long Jump and High Jump. A. E. Fyfe won both sprints and placed in putting the weight. Middlesex Hospital were easy winners of the Inter-Hospital Sports and are London University Champions. The absence of our captain, M. A. C. Dowling, through illness, was particularly noticeable as he would probably have won more points than anyone else present. He is to be congratulated on being elected Captain of the London University Tyrian Club.

[Better advertising might have produced more competitors. At Bart.'s the only mention made of the sports was the small list for competitors' names which was put up only one week before sports day.—ED.]

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Grant, R. N. R.
Gupta, H. C.
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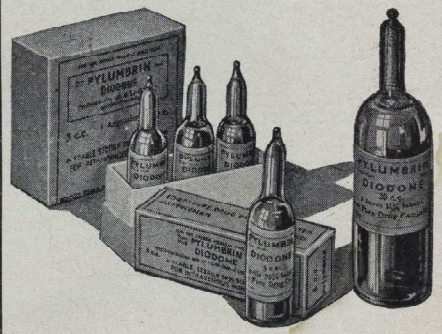

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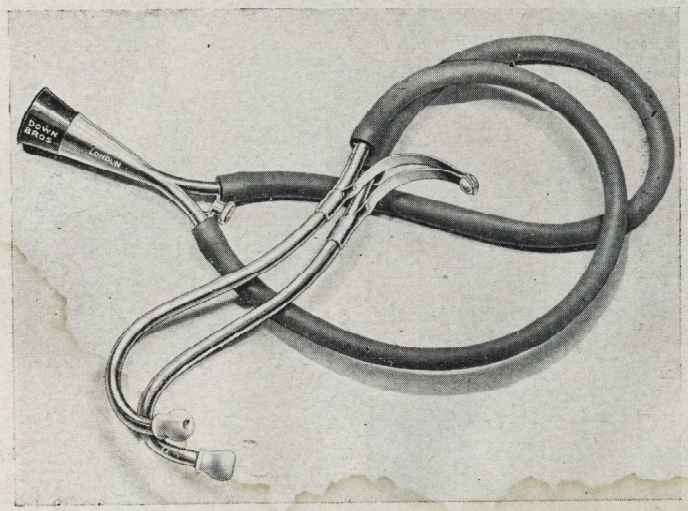

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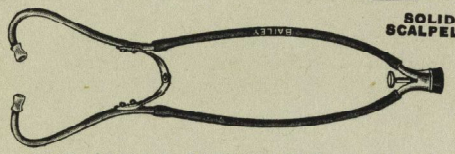

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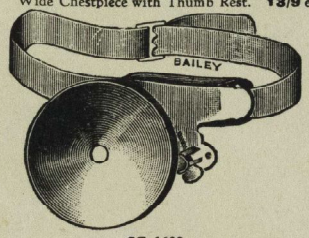

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SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

SEPTEMBER 1943

VOL· XLVII No. 8.

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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THE NEXT GENERATION

Within this issue of the JOURNAL will be found a letter by a priest, and a short article on the principle of purpose. We make no apologies for bringing the attention of our readers to bear upon the subject of religion so repeatedly. The importance of understanding the principles of religion have been stressed in these columns previously. They must be understood not only from the personal philosophical point of view, but with the idea of helping others, by being being able to sympathise with their beliefs, and being able to offer suggestions whereby they can reconstruct their lives on a more spiritual basis, the doctor being consulted on these matters very frequently. We would emphasise again that true understanding can only come through a personal relationship with God.

Turning to another problem which can perhaps be approached better following this preliminary emphasis on the personal relationship, it seems to us that not enough is said about religious education, in the recent proposals that have been made concerning education in this country. How often it is said that one generation rarely hands on the benefit of its own experience to the next. Many believe that the young must find out " the truth " for themselves, that they must learn by experience. One of the great exceptions to this point of view is religious experience, although it is so often said that one must find one's religion entirely unaided by others. " Never be influenced," it is emphasised. We must oppose this. A man who has gained the personal relationship with God, and understands truly the ultimate values of Christianity, is in a very strong position to educate the next generation. He has discovered the only method of approach to religion which can be successful, and must continually teach the young, and guide them towards this approach. They must benefit by his experience. The principle of education in which children must learn for themselves how to live, and not be influenced in any way, should be altered. There are many false and unsuccessful approaches to religion, all of which can be seen in our midst to-day. The Church is criticised, often unjustifiably, because the critic only sees members of a congregation who are only too obviously making the wrong approach. It does seem that the only way to right this is to start from the beginning, in the school. Here it must be clearly taught that the spiritual side of life must come first. The whole principle of education must be based on this simple truth. Instead of the weekly scripture lesson on a reading from the Old Testament, let there be real simple religious instruction by men and women who do truly believe what they are teaching. They must be individuals who have found the right approach, and have reached an honest understanding of the principles of Christ's teaching, and can hand on to the next generation the fruits of their invaluable experience of a personal relationship. There are many schoolteachers to-day who have to give religious instruction which they themselves do not believe. No enquiry had been made into their religious beliefs. We must get beyond this. There have been proposals, in Parliament, to raise the school leaving age. Surely it is not only a case of more education that is wanted, but a thorough revision of the kind of education that is given.

Again we would emphasise that education must be revolutionised to the extent of teaching

that our spiritual life must be the centre of our existence, and that if only we would base our lives on this, the other multitude of problems that beset us would, of a surety, gradually right themselves.

LIVER DEGENERATION IN THYROTOXICOSIS

By I. M. HILL

Whilst it has for some time been recognised that jaundice is a rare complication of thyrotoxicosis (the first case was reported by Habershon in 1874[16], Crotti (1922) stressed its grave prognostic significance[11] and Assmann differentiated toxic and cardiac types[2]) little attention is paid by the current textbooks (e.g., Joll [21]) to the minor degrees of hepatic dysfunction which are frequently found in this metabolic disorder. Recorded cases of acute yellow atrophy in thyrotoxicosis are still relatively few and though the liver changes in this case were not as severe as in some recorded and investigations necessarily not as complete as one would wish, the case forms an interesting basis for discussion.

History

Mrs. E. W., a married woman with two children, employed as a despatch rider, was admitted to a County Institution under a "fourteen day" lunacy order on 20.6.42 with the history that on 3.5.42 she sustained a transverse fracture of the middle third of her right femoral shaft in a motor-cycle accident. This was treated in a general hospital by skin traction until the skin condition necessitated the insertion of a tibial pin under general anæsthetic on 11.5.42. On 14.5.42 she complained of giddiness and diplopia and on examination was found to have exophthalmos, a rapid pulse, but no hand tremor. On 19.5.42 she was irrational, excited, confused and on 31.5.42, when seen by a consultant neurologist, was considered to have exophthalmos without thyrotoxicosis and to be "in a state of confusion." On 12.6.42 a plaster hip spica was applied after the removal of the tibial pin and on 20.6.42 her behaviour was such that she was transferred to the County Institution under a lunacy order.

On admission here she was sweating, flushed, restless and confused; temperature, 97.8; pulse, 112; respiration, 20. The thyroid isthmus was palpable and the remainder of the gland but little enlarged. There was no hand tremor; but Von Graeffe's, Jellinek's, Ballet's, Joffroy's, Stellwag's and Moebius' eye signs were positive and she was considered to be a case of acute thyrotoxicosis.

Her mental condition improved under sedative therapy (phenobarbitone) her pulse remained in the region of 110 and iodine therapy was withheld in the hope that she might return to the general hospital for operative treatment. Ten days later her temperature rose to 102, she complained of right hypochondriac and renal pain and a culture of B. Proteus was grown from a catheter specimen of her urine. Sulphanilamide, G. 2 stat. and G. 1 qque. quart. hor., was prescribed, the temperature responded imperfectly (99.4), the general condition appeared to be improved, but the pulse continued in the region of 130, having fallen from 148. On 7.7.42 her white cell count was normal and the urine sterile; but the patient became more confused, the pulse rose to 140, the temperature remained in the region of 100, unchanged by discontinuing the sulphanilamide after 43 G. had been given. She developed a wailing cry and slight neck rigidity; but on lumber puncture clear cerebrospinal fluid under 85 mms. pressure was withdrawn which proved culturally, cytologically and serologically normal. She became comatose, though her urine at no time contained reducing substances or ketones and she died on 15.7.42, her temperature having reached 104, her pulse 180 and her respiration 60 (thoracic, not ketotic).

At autopsy the body was grossly wasted; the brain, skull, meninges and thymus were normal; the thyroid gland was small (weighing 1 oz.) and fleshy; the lungs showed basal congestion and the heart was normal. The peritoneum contained a little bloodstained fluid. The liver was small (32 ozs. or 900 G.), soft and showed gross macroscopic fatty change with signs of recent perihepatitis. The kidneys showed evidence of chronic diffuse nephritis, but little of pyelitis. There was no evidence of union or even callus formation at the site of the fracture of the femoral shaft.

Discussion

There seems little doubt that the cause of death was acute thyrotoxicosis, complicated by gross liver degeneration. The urinary infection was subclinical, the abdominal pain being due to perihepatitis. Histologically the thyroid gland showed moderate toxic hyperplastic changes and the liver gross degeneration and fatty change. These degenerative changes are most marked in the centres of the liver lobules, where the cells all stain poorly and in many cases are necrotic and fragmented. At the periphery of the lobules a thin area of less degenerate cells is seen; but even these contain many large fat globules. There is remarkably little round cell infiltration, no evidence of venous congestive changes, regeneration, nor of increase of the fibrous tissue even in the portal areas.

Kerr and Rusk[24] first reported acute yellow atrophy in a fatal case of thyrotoxicosis in 1922, Raab and Terplan[33] another the next year, whilst Kerr[22] and Barker[3] recorded further cases in 1930 and Wilensky summarised the relevant literature of this and other groups of the "hepato-renal syndrome" in 1939[43]. The incidence of thyrotoxic liver damage as found in post-mortem specimens was investigated by Weller who reported in 1930[40] that he found a well marked interlobular chronic parenchymatous hepatitis with lymphocytic infiltration and bile duct proliferation in 24 of 44 selected cases of Graves' disease; but only one in a similar control series and he made a similar report on a further series in 1933[41]. The typical histological picture that he described thus differs from that in the case now described, where there was no evidence of a chronic lesion or bile duct proliferation and the necrosis was centrilobular. Lord and Andrus[29] in 1941 made observations on the autopsy findings in six postoperative fatal thyrotoxic cases, of which two were jaundiced. These cases all showed fatty liver degeneration with marked centrilobular necrosis and some degree of chronic cirrhosis. In only one case was the liver smaller than in the case recorded here (850 G. as against 900 G.).

The characteristics of the liver lesion in gross thyrotoxicosis have been widely studied (e.g., Cameron and Karunaratne[6]). Cramer and Krause[10] noted that thyrotoxic livers lacked glycogen: Beaver and Pemberton [6] in a series of 107 cases found acute degenerations both diffuse centrilobular (as in this case) and focal, in small livers, many of which showed cirrhotic changes described by Weller, and Schaffer (1940)[37] confirmed their findings; but concluded that vitamin B and C deficiencies were not ætiological factors as had been previously suggested. In 1935 Mora[31] summarised the situation and considered that hepatic changes appeared to be an integral part of the syndrome of thyrotoxicosis.

The cause of the liver damage and death in these cases is still under discussion. From clinical and therapeutic observations Lahey[27] considered most of the deaths associated with hyperthyroidism to be "liver deaths." On the experimental side, Hashimoto[17] and Goodpasture[15] found that by feeding rats with thyroid, liver damage could be produced apart from congestive changes due to hyperthyroid heart failure, whilst eight years before that, Farrant[13] recorded similar findings in cats and more recently Gerlei[14] in rabbits. In dogs, Kurijama[26] produced a glycogen poor liver by this means and more recently Drill and Hayes[12], using the bromsulphthalein test, showed marked impairment of liver function in dogs in these circumstances, though Simonds' and Brandes' similar findings[38] in 1930 in dogs merely undernourished would rather lessen the value of these observations, which all relate to the excess feeding of animals with normal thyroid substance. They are thus not strictly comparable with thyrotoxic as opposed to hyperthyroid lesions.

Clinical investigators mostly agree that the liver function is impaired in thyrotoxicosis; but the multiplicity of the tests used indicates that none gives an absolute estimate of total liver function. Thus, using the dextrose tolerance[36] and phenoltetrachlorphthalein tests[35], Youmans and Warfield[44] were unable to correlate the degree of liver damage with the increase in basal metabolic rate (B.M.R.); but Hurxthal[19] found that the blood cholesterol level was inversely proportional to the B.M.R. and clinical symptoms. The Rose Bengal[23], galactose[1] and lævulose[25] tolerance tests, Takata Ara[34], bromsulphthalein[30], hæmoclastic crisis[42] tests, plasma prothrombin level [39] have all been suggested. The urobilin quotient is raised in 50 per cent. of cases[18] and recently a cincophen oxidation test[28] and Quick hippuric acid test[32, 7, 4] have found favour. By applying the findings of these tests, Lord and Andrus[29] and Bartels[5] suggest that beneficial preoperative therapy in thyrotoxic patients should include a high calorie, high carbohydrate and high protein diet, rich in vitamin B, but of poor fat content. The carbohydrate question is further emphasised by John[20] in his studies of sugar metabolism and glycosuria in thyrotoxicosis.

Summary

A fatal case of acute thyrotoxic liver degeneration is described, the histological picture varying from that frequently described in this condition. The possibility of sulphanilamide being a further ætiological factor should be borne in mind[9]. A brief review of the work on the investigation of the condition is given.

I am indebted to Dr. A. G. Wilkinson for his permission and encouragement to publish the case and to Dr. N. A. Schuster for the pathological investigations.

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A CASE HISTORY OF CALAMITY

By Denis Merritt

Because of that long standing dictum that medicine stands aloof from politics, the all-important study of state government and international relations has, for centuries, been almost totally ignored by one of the only faculties of educated men in the world who, by training and habit, are daily accustomed to correlate symptoms and arrive at a diagnosis. In the far off days of the origin of this medical philosophy the results of legislative incompetence were not so immediate, universal, nor catastrophic as they are in these days when science has bridged distance and enriched man's power of destruction. It has recently been pointed out by several writers that war is, to all intents and purposes, a disease, and a careful analysis of its results tends to support this view. Its final result is the death of many millions and the disablement of an even greater number; its aftermath is attended by poverty, famine, deficiency disease, and the menace of some vast and lethal pandemic such as that which crossed the world after the war of 1914-1918. In its active stage it causes the setting up of a perverted scale of moral values which, in later years, give rise to examples of moral degeneration of every type. Although its causes may arise from certain pathological changes in the structures of nations, its ravages affect the physiological wellbeing of the individual, and if only for this reason, it is high time that the doctor, whose vocation is man's care, should devote some of his time to the study of its cause and prevention.

There is, nowadays, an evergrowing body of political economists, social scientists and other experts who surround the nucleus of the professional politicians, and there is, therefore, a tendency to believe that it is the province of such men alone to administer and maintain the balance of nations. That their function is not of the utmost importance, I would not for a moment deny, nevertheless they have failed, for the second time within twenty odd years. This is not an attempt to justify or palliate the methods of the totalitarian states, but few, I think, will deny that the septic foci of Prussian imperialism in the last war and the Nazi party

in this one are merely the presenting symptoms of a wide spread disorder in national and international affairs.

Because of the failure of the politicians and economists, I shall, in the following pages, write on War as one would upon a disease, giving its history, aetiology, and, as I see it, cure. This I am doing with no expert knowledge of the subject. The conclusions I have drawn and measures I suggest may be completely erroneous; if so, I stand open to correction. I shall, at least, have done my best to draw the attention of the members of this Hospital to a subject so important that no man can be justified in saying that he has no time to devote to it.

History

It seems reasonable to assume that the first war in this world occurred between two families of cave dwellers. The aggressor was a man with several wives, many children, and inadequate cave accommodation; the victim a man with fewer children and a larger cave. The cry, as to-day, was " Lebensraum." and whether the children understood the cause or not, they almost certainly fought their battle with fanatic conviction.

In part as a result of such family battles, and partly as the strength of communal life became more evident, tribes began to appear in the world, and with tribes appeared chieftains. Once again clashes of interest occurred between neighbours and once again the weaker went to the wall or was absorbed. Thus, in the course of ages, tribes grew to principalities and thence to kingdoms. The chieftains disappeared and were replaced by a king and his attendant court of nobles.

In the days of primitive society when the life of the ruler was more intimately connected with that of his vassals, the point at issue was at least partially understood by those who took part in the battle, but as kingdoms developed and the monarch became more remote from his subjects, the true reason for a war could not be said to impinge upon the orbit of each member of the state. In order to cover this defect, religion was often used to cloak a commercial motive. An example of this type were the Crusades, fought ostensibly on religious grounds, but with the deeper and more mundane object of safeguarding the trade-routes to the East. Yet a further instance can be seen in the militant spirit fostered by Elizabeth; on the surface it appeared to be the revolt of a Protestant country against Catholicism, in actuality its primary object was the enrichment of the Crown.

As it became more apparent to the common people that the interests of kings were not necessarily coincident with those of their peoples, the power of absolute monarchy began to decline. In its place, countries relied upon systems of constitutional government, crude and unrepresentative at their inception, but improving as individual incidents showed each defect. Unfortunately, the wealth which was diverted from the coffers of the Crown now began to pour into the pockets of traders, and the era of the merchant princes started. Their pomp and ceremony was less open, they had no obvious subjects, but their power was immense and they did not hesitate to use it in the furtherance of their own interests. Burke's impeachment of Warren Hastings sprang from his fear that the enormously wealthy " nabobs " of the East India Company would control Parliament by buying up a majority in pocket boroughs.

The introduction of the secret ballot ousted menaces of this type, but the continuance of party government produced a position by which the vast bulk of legislative members were controlled by a select committee. Should this committee be dominated by one particular man, or a small cabal influenced by some outside financial despotism, once again the whole structure of democratic government falls to the ground. Such an incident occurred in 1926 when the British government gave financial assistance to the tottering National Socialist Party in Germany. By so doing, they fought back the communism which threatened to engulf that country, protected the financial interests of many of this country's industrialists, and quite unwittingly sowed the dragon's teeth of this present war.

Ætiology

Throughout the history, I have done my best to stress that wars are the result, not of clashes of the national wills, but of the interests of small groups of highly placed and influential individuals. These people are not the inhuman monsters that soap-box orators love to portray, and I do not for one moment suggest that they deliberately influence international policy, knowing that the steps that they enforce will lead inevitably to war. There are few men in this world sufficiently monstrous willingly to cause the death of millions of their fellowmen; there are, however, many who, when in a position to direct a step which will safeguard their own interests, will do so feeling that some fortunate set of subsequent circumstances will nullify any harm that their action may have caused.

The happiness of the members of a community is dependent, not so much upon the system of government which is in force in their country, but upon the humanity with which the system is administered, and upon the proportion of the country's wealth which can be devoted to social amenities. A benevolent despotism can excel a system of puritanical socialism. The importance of the revenue far exceeds that of the political system in force. Thus, in pre-war days, the average standard of living in such capitalist countries as England and the United States far exceeded that in Soviet Russia.

The true menace lies in the international trade competition by which each country attempts to increase its revenue, raise its general standard of living, and thus justify its internal political system. This leads to the formation of rival protective systems, and the exclusion of some countries from sources of vital raw materials. Each tariff a country enforces for the protection of some home or colonial industry, leads to a corresponding loss in the income of some other country. In the nation thus penalised a spirit of discontent is bred; if its rulers are unpopular a revolution occurs; if, however, their hold is secure, they will sublime this discontent into imperialist militarism and a war ensues.

If this analysis is correct it then becomes apparent that the most influential members of each community seek to justify the political system which assures their existence by seeing that the lesser members live in a state of moderate prosperity. They either do not care about the resultant reduced standard of living in other communities of the world or have not examined the position sufficiently to realise that it will ultimately lead to war. I shall therefore sum up by saying that war is resultant from the unrestrained desire for individual power or self-aggrandisement and pass on to the cure.

The Cure

The cure in the case of every nation falls into two classes, internal and external. The internal treatment is the removal of excessive power from the hands of the individual or party and is not so radical or excessive as one would at first glance imagine.

It will be simpler in the first case to take a hypothetical example and deal with it rather than to talk in terms of broader generalities. Let us, therefore, imagine the existence of a man who, under the present circumstances, is in control of a third of the country's steel supplies. Were we to assess his assets in terms of currency we should say that he was "worth" some arbitrary figure, let us make it £120,000,000. Now compared with the total wealth of this country this figure is a puny one. It does not truly represent the power of this man, which lies in the fact that he is a partial monopolist; he has but to form an alliance with those who hold the other two-thirds of his commodity and the power of that syndicate is immense. If, however, the state took control of his holdings, giving him in compensation government bonds to the value of his assets, and appointing him as a highly salaried official to administer the business as before, the situation would be considerably altered. His investments would no longer be directly related to steel and he would therefore have less inducement to use his power in the furtherance of steel at the expense of some other commodity such as concrete. It is true that he would be somewhat the poorer because his government holdings would yield a fixed dividend of 3½ or 5 per cent., and this reduced income, even when added to his state salary, would hardly be as large as it would have been in his former position. Nevertheless he would still be a very wealthy man and, what would be more to his advantage, a more secure one, for now his assets would be "gilt edged." The state would be in a position to devote some of the increased income they would derive from direct ownership of commercial enterprises to various forms of social amelioration and this should lower taxation. This is the means by which I suggest that the power of individual or collective capitalists may be reduced. That many would oppose such a step bitterly I have not the slightest doubt, but I should like to point out that a far more extreme form of socialism is, or, I should say, before the war, was creeping across Europe towards the British Isles and, were I in the position of the man whom I have imagined, I should console myself with the thought that three-quarters of a loaf is far better than none.

In the previous paragraph I have attempted to deal with what may be described as indirect power which may affect the efficiency of a parliament. We can now see how this would affect the legislative members themselves. In this country we pay over six hundred highly intelligent men an income in the neighbourhood of four hundred pounds a year to devote the bulk of the time to the all important task of guiding our destinies. Personally, I have never come into contact with a member of parliament whose standard of living lead me to believe that this could be his only source of income, and I do not think I exaggerate when I say that

the bulk of these gentlemen have financial interests other than the salary I have mentioned. Because of this position various rather unsavoury little incidents have at times occurred. If now, all private commercial enterprise was, as I have suggested, taken over by the state, any private income that these members possessed would be derived from the government, and the country's best interests would be coincident with their own. It is to be deplored that, at this present moment, this is not always the case.

The present position by which a judge who ministers to truantries of the individual is paid an income of five thousand whilst these, our only legislators, are paid the income I have mentioned is, of course, farcical; but it is an anomaly which can easily be adjusted by the introduction of a suitable scale of remuneration, and the institution of a course of training for men found suitable for this most onerous of tasks. The fallacy of the party system I have already mentioned in a preceding page.

The external treatment of this crisis can be dealt with just as simply. Each country, as I have pointed out, engages in international trade in order to maintain or improve its own standard of living. Let us take a country which we will assume has adopted the system of nationalisation I have advocated. It will now be in a position to calculate exactly what total revenue it will require in order to pay its salaries, the dividends on the securities it has issued, and to maintain the necessary social services of the country. With this necessary figure in mind, and with a knowledge of the size of the market it can cater for, it would be in a position to fix the price of the commodities which it intends to sell in international trade. If now, all the countries in the world adopted this system, they would be in a position to meet in conference and guarantee to produce certain commodities at a certain fixed price if other countries would devote themselves to the production of other commodities, also at a fixed price. In this way each country would hold the power of a monopolist quite irrespective of size and territorial position.

Owing to shortage of space I cannot deal with these matters in more detail. Almost everything I have said has been of necessity a generalisation and is open to contradiction on specific grounds. This does not alter what I contend to be the basic truthfulness of my argument. Many will object upon the ground that the cure I have suggested is Utopian and would not be subscribed to by such imperialist nations as Germany. Human nature is far from perfect and it is for this reason that we have, in this country, a penal code and a police force. Others will suggest that such a cure would be costly and long-winded in putting into practise and to these I answer that, if it has taken nearly four years concentrated usage of the physical and mental resources of nearly the whole world, together with the expenditure of an almost incalculable sum of wealth to reduce us to this present position, we should be fools to begrudge any time or money we spent in placing ourselves in a situation where this most appalling of tragedies can never happen again.

A PRECLINICAL STUDENT WITH CLINICAL EXPERIENCE

In these days when many of those who start the long and often weary path to qualification fall out and join the Forces, it is interesting to see what becomes of them. Some forget all about their medical work and never have any intention of making the effort to go back to it, while others take every opportunity of getting such experience and practical work as comes their way. We have recently had news of H. C. M. Jarvis, who was at St. Bartholomew's Hospital Medical School at Cambridge for the first year of the war. He joined up in the R.A.F. and after training in America he was subsequently taken prisoner after a bombing raid on Germany. Throughout his training until the present time in his prison camp he has missed no opportunity of furthering his medical knowledge and experience; he was evidently one of those who didn't take kindly to the drudgery of the preclinical subjects.

Jarvis' station in America was Pensacola, Florida. Here he was fortunate in meeting the camp medical officer, of whom he speaks very highly. All his spare time and week-ends was spent in the local hospital. A great deal of practical work came his way, largely owing to the prevalence of the knife as a weapon of offence amongst the local negro population. Before long he was allowed to do sutures and minor operations himself and occasionally took over the job of Junior Interne. Much of his time was spent in the operating theatres and I feel it is a great compliment to the surgeon when he says that he watched thirteen operations in one day. He was also able to attend the autopsies on unsuccessful cases. Besides

these he was present at all the emergency operations and assisted at many of them, ranging from women in labour to those who had celebrated the New Year too well. He made short notes on the cases which he saw, some of which are printed below.

I. Negro, aged 25, involved in a car smash. Multiple bruises. Discharged after local treatment.

II. "Four women admitted after swerving from road to avoid cow." Two had wounds to be sutured, one was discharged with abrasions and the fourth was detained on account of shock.

III. Man with a perforated gastric ulcer. This was repaired in the usual fashion.

IV. A naval ensign who had been involved in a serious accident and sustained multiple severe injuries. The right foot and left leg lacerated with a fracture of the femur, tibia, hipbone and patellar on the right side. He was unconscious and not well enough to stand the extensive operations required. So he was put to bed and given injections of morphia, antitetanic serum, together with 500 cc. glucose intraveously, 500 cc. plasma and 500 cc. blood. Signs of cerebral hæmorrhage became evident and although consciousness was regained and another two pints of blood transfused, his condition deteriorated and he died.

V. A seaman admitted with an ant bite on the penis. The irritating effect of the fornic acid had caused great swelling which was reduced after rest and the application of ice packs.

VI. Another accident came in which a sailor had driven a car into a lamppost while under the influence of drink. A deep scalp wound was sutured.

VII. A woman of 25 with an ovarian cyst. At operation this was found to be very adherent and a subtotal hysterectomy was performed owing to malignant change.

VIII. A boy of 5 with an acute mastoid infection requiring immediate operation. Some difficulty was encountered with the anæsthetic as the child had had breakfast quite recently which he proceeded to deposit at regular intervals upon everything within reach. Unfortunately the surgeon's gloves and instruments were contaminated and the operation was held up.

IX. An abortion for medical reasons on a woman four months pregnant.

X. Intestinal obstruction due to a strangulated hernia which was gangrenous and had to be resected.

I have recently heard from his father that he is daily in the prison hospital at Stalag VIII B. in Germany, where he is able to help the British Medical Officer. His address is:—

Sergeant H. C. M. Jarvis,
P. O W. No. 27010,
Stalag VIII B.,
Germany.

We hope his clinical experience will help to carry him through the preclinical years after the war.

ANNOUNCEMENTS

BIRTHS

HARMER.—On June 24th, to Bridget, wife of Michael Harmer, F.R.C.S.—a son.

MARRIAGES

RANDALL—PULLAN. On July 22nd, 1943, at Leeds, Dr. Keith John Randall, elder son of Mr. and Mrs. C. J. Randall, of Exeter, to Helen Margaret Pullan, elder daughter of Dr. Margaret C. Pullan, of Leeds, and the late Dr. C. Durham Pullan.

STEPHEN—MACALISTER. On July 22nd, at Christ Church, East Sheen. Dr. C. S. M. Stephen, elder son of the late Lt.-Col. L. P. Stephen, F.R.C.S.Ed., and Mrs. Stephen, of Grimsby, to Margaret Leslie Macalister, elder daughter of Dr. C. J. Macalister and Mrs. Macalister, of Bourton-on-the-water.

The Chartered Society of Massage and Medical Gymnastics are holding their 1943 Annual Congress at the Great Hall, B.M.A. House, Tavistock Square, on September 24th and 25th. There are lectures by R. W. Watson-Jones, R. D. Langdale Kelham, Lt. Col. St. J. D. Buxton, amongst others. Tickets can be obtained from the Assistant Secretary of the Society, Tavistock House, Tavistock Square, W.C.1.

Contributions for the next issue of the JOURNAL must reach the JOURNAL office by September 13th.

CORRESPONDENCE

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

Dear Sir,

It is very welcome to see discussed in your editorial a subject which, despite its importance, is all too rarely brought to the notice of medical students, that is, the relationship of general practitioner and parish priest. Your article contains a number of inaccuracies and at least one important omission and I should like to criticise it in that light.

It is true to say that the doctor has greater acquaintance with non-church going families than the priest, but the priest's "professional" acquaintances are not limited to his congregation, on the contrary, if an incumbent has a large parish, then his visiting may have to be restricted and the wise priest will restrict it to the non church goers whom he is unable to reach from the pulpit.

Again, it is true that there are many problems outside health that people will prefer to discuss with the doctor, the so-called "man of the world," which either through prejudice or ignorance they keep from the priest. However, when it comes to the last resort when the doctor's skill is of no further use, for it is only that seemingly mystic power of healing that encourages their confidence, then they will turn to the priest for "council, penance and advice." Nor let it be supposed that the priest is necessarily a last resort it is often one of the greatest difficulties in doctoring (I speak from hearsay) that the patient won't tell all his troubles to his doctor, even when they are medical troubles, whereas the priest is often confronted with even these.

To say that the majority of doctors are capable of assisting their patients spiritually and then infer that the majority of priests are not, shows a misunderstanding of spiritual conceptions. Their conception, Sir, is on a level with the title of your article, "Mind and Body," in which you discuss Spirit and Body, it is in the confusion of the sick mind, as dealt with by the psychiatrist, and the sick spirit, as dealt with in the confessional, that the greater part of these misunderstandings arise. You yourself suggest part of the remedy, the providing of a course in psychology to the theological student. Excellent, Sir, but it is already being done, though perhaps not as fully as it might be. It seems to me, however, that the main part of the remedy, the omission I wrote of, lies in our own hands. If the priest is to learn something of the mind, we in turn must learn something of the spirit, and priest but confederates. One of the greatest difficulties a parish priest has to face is the continuous antagonism, both active and passive, of doctors in his neighbourhood—those with whom he should be working for the benefit of mankind. "Public Health" teaches us our job as it relates to the local authorities and government departments, "Forensic Medicine" teaches it as it relates to the law and lawyers, what have we comparable to teach it as it relates to religion and the ministers of religion? (Psychology clinics do not, nor indeed is it their task.) "The church is failing," but the church is more than its ministers, it is every baptised member and the failure is always a personal thing, and if we are to share the responsibilities of other persons' lives, then the failure is so much more our fault and ours to prevent. Medicine is not the priest's job but religion is everyone's.

Yours, etc.,
O. D. CUTHBERT.

S. Michael's Vicarage,
Ravenscroft Avenue, N.W.11.

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

Dear Sir,

The *St. Bartholomew's Hospital Journal* circulates mainly, I take it, among the medical profession; few clergymen will have the opportunity of reading your editorial in the July issue. This is to be regretted, for more reasons than one. In the first place, it is a great encouragement to us parsons to find, in a medical journal, so full a recognition of the fact that the patient, regarded from the standpoint either of the doctor or the pastor, is a unity of body and mind, and that the "health" with which both doctor and pastor are concerned is a "wholeness" (which is, of course, what the word health means) of body and mind. "Body and soul," you truly observe, "cannot be divided; neither can the help they need." If I were to define health as the proper response of the total psycho-somatic individual to the totality of his environment—that is to say, to nature, to his fellows, and to God—I do not think you would wish to dissent? Differences would arise between us, no doubt, when we came to defining our terms; and this brings me to another reason for welcoming your article. The doctor and the priest are, or should be, experts exercising their respective craft—*in the same field*, namely, the patient in his totality. It would seem, then, either that one of them should be excluded from the field, or that—as you and I desire—there should be co-operation between them. But co-operation implies, at least, mutual understanding; it seems highly desirable, therefore, that doctor and parson should each of them know more than he commonly does at present about what the other is trying to do. You will, I hope, forgive me for saying that your article gives the impression that your conception of the priest's objective in his ministrations to the sick is, to say the least, gravely inadequate.

Your view that "the majority of doctors are reasonably capable of assisting their patients spiritually" seems a trifle over-confident!—unless, of course, your claim that "it is the absolute duty of every doctor to be able to help a man to come closer to his God, whatever that may mean" is to be taken seriously—whatever it may mean! Please believe that lack of "knowledge and understanding of human beings," and "painful inadequacy at reaching the average man and gaining his confidence," are not confined to members of the clerical profession: *experto crede*! But you are undoubtedly right in lamenting the "out-of-touchness" of too many of the clergy. It is sometimes the consequence of our laudable efforts to avoid the opposite vices of professionalism and mere heartiness. But partly it comes from our over-absorption in, and over-concentration on, "grace" at the expense of "nature": our tendency to suppose that the sole interest of God Himself is in churchgoing: our blindness to the implications of "first that which is natural, then that which is spiritual."

I am, Sir,
Yours, etc.,
(Canon) CYRIL E. HUDSON.

St. Albans.
25rd July.

HAS LIFE A PURPOSE ?

The June number of the BART.'S JOURNAL contained a report from Hill End, in which a meeting of the Christian Fellowship was commented on. I do not intend to reply to the criticism of the meeting but to give an answer to the last three sentences which read as follows :—

> "The conscientious inquirer without faith will certainly be forced to believe that the Universe is governed by some purpose or that his life has no meaning. The latter devastating conclusion makes the effort of living so unbearable that he turns to the Christian in the hope that he may find a directing force. It is a pity he is told that without an irrational faith no solution can be offered to him."
>
> (St. Bartholomew's Hospital Journal, Vol. XLVII, No. 5, page 165.)

I gather from the context that the phrase "irrational faith" means that the Christian Faith is considered to be irrational because it is not proven—certainly not by the ordinary method as used by science. I would remind the writer that a faith which is proved is no longer a faith but a fact and as such there can be no credit in believing in it. But are we clear what this illogical faith is? It begins here—"A belief in God"—this does not mean that if you will believe in God I will prove His existence—I could not do so even if you did. It means that to be a Christian you must believe in God.

So far the Jewish faith went. But Christianity goes further. A Christian believes that Jesus of Nazareth was the Son of God and that His death was accepted by God as an atonement for the sin of the world. "Sin" is an unpopular word, but if we consider what Jesus Himself said were the two great commandments ("Thou shalt love the Lord thy God with all thy heart and with all thy soul and with all thy mind" and "Thou shalt love thy neighbour as thyself"—Matthew, chapter 22, verses 37 and 39) can any of us say we are without sin? Furthermore, we believe that He rose from the dead and now lives. Such is quite simply the Christian Faith—it is all summed up in a verse in John 3, 16—"God so loved the world that He gave His only begotten Son, that, whosoever believeth in Him should not perish but have everlasting life."

Is this faith illogical? To science it must appear so because science only deals with things that can be perceived by the five senses. It has in the past tended to deny the existence of anything outside these confines. This is especially noticeable in the Freudian Psychologists who claim that there is nothing in the mind of man which cannot be explained by their theories, and that religion is merely a product of man's mental processes. A very good answer is given to this idea by Yellowlees (Textbook of Psychological Medicine) who points out that philosophy only begins where science, including psychology, ends, and that it is illogical to deny the existence of something merely because one cannot understand it.

The standard work on Christianity is "The Bible." We do not ask you to believe it without reading it, but we do suggest that you should read it before criticising it. It should be realised, however, that Christianity is not founded on belief in the Bible but a belief in God.

I can now give an answer to the question "Has Life a Purpose?" by saying "Yes—to the Christian." This purpose is "To try to do God's Will and to live in a personal relationship with Him."

A. C. AKEHURST.

ACKNOWLEDGMENTS

The Journal gratefully acknowledges the receipt of the following publications :—

St. Thomas's Hospital Gazette, Clinical Proceedings, The M.T.E. Journal, King's College Hospital Gazette, Guy's Hospital Gazette, The London Hospital Gazette, Post-Graduate Medical Journal, Nursing Times, General Practitioner of Australia and New Zealand, The Indian Physician, The British Journal of Nursing, Royal Dental Hospital Gazette, League News of St. Bartholomew's Hospital Nurses, The Student, The East African Medical Journal, The Indian Physician, University College Hospital Magazine, Clinical Excerpts, Middlesex Hospital Journal, St. Mary's Hospital Gazette, The Lister Journal, The Clinical Journal, The Broad Way (Westminster Hospital Gazette), University of Sydney Medical Journal, Medical Times.

FROM THE SUBLIME TO . . . .

It is one of the oldest recognised customs in medicine, if not one of the most disreputable—I refer to "snag shifting." Everyone must have met the tragedy of the old dears, and sometimes they are not so old either, who have multitudinous aches and pains which upon examination are not very convincing. Generally one learns while walking the Wards how to avoid some of the major snags—the excuses offered by Clerks against having a diabetic or a colostomy case bear witness to the future capacity of the owner to avoid or deal with "snags."

However, on reaching the exalted status of Houseman one realises to the full the perfidy of one's colleagues . . . the enthusiastic and innocent Houseman soon becomes a bitter cynic and is soon snag shifting with the best of them. Thus after two hours of unavailing treatment of a simple case of nosebleeding the House Surgeon refers the case as one of raised blood pressure to the already harassed House Physician on duty. The obvious answer to make is to refer it back for renal decapsulation to deal with hypertension. If a child has anything whatsoever the matter with it the answer is simply—to the Children's Department it goes. The ultimate end is certain, however, the child becomes an adult at the age of twelve years of age and back it goes to the original sender, accompanied by a polite, if curt, note.

After a few weeks the new Houseman realises the possibilities and limitations of such practices. Thus it is folly to ask for a second opinion on Monday morning, although that particular firm are not above referring six cases to be dealt with by the H.S. personally for determination of residual urine on his busiest morning of the week. When, however, six of his few available Dressers are asked to collect clean specimens the Houseman does get bitter and accordingly makes a vow to refer all awkward cases with doctors' letters for Monday morning—a subtle method of revenge. He accepts with resignation that all cases referred to the Skin or E.N.T. Department eventually find their way back to him for treatment. The duty H.P. soon realises that it is unwise to admit cases over the telephone from seemingly altruistic practitioners of twenty years' experience.

The possible outcome of the Beveridge Health Centre has delightful possibilities. The poor patient, instead of spending one, or at the utmost two days, before reaching the right Department, will have a trying fortnight doing the rounds of every Department, thus enabling each Consultant to get five shillings from the Government. If visits to the Centre are to be rationed in some analogous manner to the points system, what is to be the relative value of constipation as compared with backache? I only hope to live to see the day when the Minister of Health has spent all his laxative coupons and has to resort to the undignified expedient of having an enema.

ANTHONY.

THE PANAMA CANAL PRINCIPLE

To the Ear, Nose, and Throat Department,
St. Bartholomew's Hospital.

Dear Sir,

I get Hay Fever every summer very badly. I've tried everything, and still feel terrible. Just lately I've tried something quite new—Cream of Tartar. I take half a teaspoonful in warm water every day. It takes the fever away, cools the blood, and hardens all the mucus membranes. I haven't had any terrible itching of the eyes and I feel most energetic—so different from other years, when I want to lie on the bed when I am not working.

What I want clinical advice on is whether large doses of Cream of Tartar can be taken into the system without harmful effect. I feel so well it is like a sort of drug-like cocaine, only it doesn't seem harmful. I trained at Bart.'s from 1925 to 1928, so I feel it would be quite in order to make a few inquiries on something which may prevent all fevers from being fateful. Hay Fever is vegetable life or pollen absorbed into the system. Tuberculosis, V.D. and Cancer are minute animal life living in the blood stream and giving off waste products which poison the system and form pus, which collects as an abscess. The principle to combat these diseases should be the principle which enabled the Panama Canal to be built; drying up all the mucus membranes which are inflamed in the linings of the digestive tract and the linings of the lungs, kidneys, heart and liver, and so prevent these minute animal amœbæ from multiplying.

I've taken about 3 ozs. into my system so far, and would be glad to know if I can go on taking my half-teaspoonful a day without harmful effects. It is malic acid, and Cream of Tartar is the froth off grapes in wine-making.

I hope you won't mind me asking for advice, but I don't know you and I don't want to ask my own doctor. They are so amused at people trying experiments on themselves, but Hay Fever is not amusing, it's ghastly.

Your truly,

MRS. ——.

This thought-provoking letter was recently received by the E.N.T. Department. A reply in the affirmative was duly sent.

R. W. I. H.

BOOK REVIEWS

BROMPTON HOSPITAL REPORTS. Vol. XI., 1942. A Collection of Papers Recently Published from the Hospital. (Pp. 136. Copies obtainable from the Secretary of the Hospital, 5s. 7d. post free.) Aldershot: Gale and Polden, Ltd.

This volume follows the usual custom of collecting under one cover the papers published by members of the staff during the past year; previous volumes have in addition often included one or more original communications, but the 1942 number has no such condiment.

As the articles are originally written for various journals, each with its own type of medical public, it is not surprising to find the highly scientific, *e.g.*, Foster-Carter's description of "The Anatomy of the Bronchial Tree" mixed with the most simple clinical exposition, *e.g.*, Wingfield's "Modern Treatment of Pulmonary Tuberculosis"; this, however, gives the impression of rather a hotch-potch if the book is read from cover to cover. Two articles, "Zinc Peroxide Preparations" and "The Care of the Dying," both by Clifford Hoyle, are applicable to general medicine as well as to thoracic disease.

For those who wish to keep abreast with the progress in chest disease the publication of this annual volume serves a most valuable purpose, for the reader is always confident that literature emanating from this famous Chest Hospital is authoritative, and he is therefore able to gain an excellent idea of "what is going on" in this line without prolonged search through many periodicals.

HALE-WHITE'S MATERIA MEDICA. Twenty-fifth Edition. Revised by A. H. Douthwaite, M.D., F.R.C.P. (J. & A. Churchill, 14s. nett.)

It is superfluous to introduce a work so widely known and used; these facts speak for themselves.

The twenty-fifth edition produced as it is in wartime is a remarkable achievement, both on the part of editor and publishers. The text has been revised and several of the more antique remedies tactfully relegated to their rightful place in the mists of antiquity. Additions of note include a list of the drugs added to the British Pharmacopœia since the last edition, and a complete version of the chapter on sulphonamides. This latter is particularly welcome to those who remember the confusing terminology of the older edition.

It is handy in size and cannot be too strongly recommended to student and practitioner alike.

THE MODERN TREATMENT YEAR BOOK, 1943. Edited by C. G. P. Wakeley, C.B., F.R.C.S. (Medical Press and Circular, 12s. 6d. nett.)

If practitioners offer any prayers on the subject of treatment, then this work might be considered the earthly portion of their answer.

Primarily it is intended as a short concise work which is designed to keep the busy service doctor and general practitioner abreast of modern forms of treatment, which he has no time to assimilate from more exhaustive works.

As such he presumably has the right to expect the contents to consist of suggestions which he might reasonably be expected to carry out, and the book largely succeeds in this respect.

There are a few exceptions to this, such as papilloma of the larynx (admittedly a rare condition), and the treatment outlined is quite outside the scope of those for whom the book is written as described. That these are of considerable academic interest is beside the point, and they are better left in textbooks of surgery.

The great majority of the articles, each composed by separate authors, are very good and remarkably comprehensive, much space is wisely devoted to war-time conditions, and the book is well worth its modest price.

TEXTBOOK OF MIDWIFERY, by Wilfred Shaw, M.A., M.D., F.R.C.S., F.R.C.O.G. (Churchill, 21s.)

There is but one fault we can find in this book, and that is that it is too short. After reading each chapter one feels that the author would have liked to have said much more. This condensation certainly leads to a clear-cut picture of the subject under discussion, and such was the author's intention, but these short, though searching, glimpses leave the reader with the desire to know more of the subject. If such was the author's intention it has been well accomplished, and the book should do much to stimulate the reader to delve more deeply into the problems of Midwifery.

The book is arranged on the classical lines, but a short Introduction is included at the beginning. The author says it represents his attitude towards Midwifery, and in it the reader will find many of the philosophical and sociological points of reproduction discussed. Throughout the text the author is constantly thinking of his readers, who will probably be going to do midwifery for the first time, and many practical and clinical points are repeated several times, and if the reader remembers these alone he will have learnt much from the book. The text is well and clearly written, and terms are not used until they have been explained to the reader. The author and the publishers are to be congratulated on the clear setting out of the matter, and each chapter is concisely and methodically sub-divided. The illustrations number 242, and although some are a little small, all clearly show what the author is describing. Among the illustrations are some excellent photographs of the living fertilised ova of the Golden Hamster obtained by Professor Hamilton and Dr. Samuel. The X-ray photographs, which number some half-dozen, were collected by Dr. Simon.

The book will certainly take its place among the foremost textbooks of Midwifery, and it is hoped that it will enjoy the same popularity as the author's sister book on Gynæcology.

* * * *

We must apologise for a misprint which occurred in the book reviews last month. The author of "The Dysenteric Disorders" is Sir Philip Manson-Bahr.

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

AINSWORTH-DAVIES, J. C. "Calculi impacted in the lower fourth of the Ureter: their removal by the Ureteric Corkscrew." *Brit. J. Surg.*, July, 1943, pp. 34-8.

COHEN, E. LIPMAN. "Psoriasis and Eye Colour. *Brit. J. Dermatology and Syphalis*, May, 1943, p. 131.

DAY, GEORGE H. "Serial Sedimentation Indices a measure of progress in Pulmonary Tuberculosis. *Lancet*, July 24th, 1943, pp. 99 102.

ETHERINGTON-WILSON, W. "Specific gravity of the Cerebrospinal fluid with special reference to Spinal Anæsthesia. *Brit. Med. J.*, August 7th, 1943, pp. 165-7.

FLAVELL, GEOFFREY. "March Fracture: a series of 15 cases from the R.A.F." *Lancet*, July 17th, 1943, pp. 63-9.

JENKINS, G. N. "Paraxanthine as a Natural Antithyroid Substance." *Nature*, June 26th, 1943, pp. 728-32.

KEYNES, GEOFFREY. "The History of Blood Transfusion. *Brit. J. Surg.*, July, 1943, pp. 38-50.

LANGDON-BROWN, SIR WALTER. "Uræmia—Twenty Years After." *Clinical Journal*, July-August, 1943, p. 127.

MCCURRICH, H. J. "The Acute Abdomen in Obstetrics and Gynæcology." *Practitioner*, August, 1943, pp. 83-8.

—— (and Millington, E.). "Classification in Abdominal Scars." *Brit. J. Surgery*, July, 1943, pp. 86-7.

OSMOND, T. E. "The Modern Treatment of Gonorrhœa." *Brit. Med. J.*, July 17th, 1943, pp. 72-4.

At HILL END

When we first arrived at Hill End, starry-eyed and naïvely determined to commit ourselves steadfastly to our clinical studies, we approached a hardened clinician of twelve months' standing as to how many hours work it would be necessary for us to put in *per diem*. "Work?" answered this dispicable old roué, "nobody works at Hill End. It's a very pleasant year in the country." We shied away from the terrible fellow, like a child from a friendly drunk. But now that our stay here is drawing to a close, we are forced to admit to the wisdom of our elders. What with dances and concerts and plays and one thing and another, we have spent a very enjoyable year in these restful surroundings. We have found this part of the world refreshing and healthgiving, as we are constantly reminded by numerous week-end visitors from London, who arrive taking great breaths of Hertfordshire air and loudly feeling better already.

These pages have already discussed the problems of Fresh Air for patients. Why not for staff and students? The post-war hospital, situated in rolling parkland in the Home Counties, would suit us excellently. Or why stop at that? Most of Bart's. could be reconstructed down at Brighton, perhaps, then we could have swimming, sailing, sun-bathing and the Aquarium thrown in.

The above fantasy is the result of doing Pathology in August. One morning when some particularly fine weather was going on outside the black-out, a groan came from the back as the twenty-eighth slide rattled on to the screen. "What!" enquired the lecturer, "Am I going on too long?" An assenting silence greeted his words. "Shall we stop now and reassemble at twelve?" he suggested. But no, the class had its pride and showed it with a disapproving grunt. "Would you like to go out for ten minutes into the fresh air, then?" he asked. This kindly thought was taken as a personal affront by the class, who gripped their fountain-pens the firmer and cried, in effect, "No Surrender!" "Very well," said the lecturer, "I'll go on." And he did. For another half hour.

The jaundiced and half-open eye with which we inspect the world in the earlier half of the morning realized dimly that something was amiss. Ah! A little thought and we had it. The ladies who perform the nursing duties at the Hospital were looking a little odd. You could actually see their caps while they were walking *towards* you. In one or two cases they appeared to have taken the veil, and were covered right down to the eyebrows.

In the interests of our readers we enquired of a nurse the reason for this sudden hirsuite modesty. She told a long and tearful story of safety-pins and kirbigrips, of caps that were now allowed to be folded but once only, and how, as far as the outside world was concerned, she might as well be as bald as a biscuit. Seeing this was no matter of ours we turned away, pondering heavily on the stern profession we had taken up, that can look calmly on a woman's crowning glory solely as a monster playground for streptococci.

After "Wings for Victory," what? "Holiday at Home," of course. At least, that was the excuse printed on the tickets at last month's

dance. Around ten-thirty we wandered along to see how some of our friends were enjoying their holiday. They appeared to be enjoying it very well: it seemed to be doing them a lot of good, most of them were looking better than we had seen them for months, brighter, more cheerful, with a smile and a song never far from their lips. Great stuff, this holiday spirit.

The Dramatic Society is putting the accent on the "Dramatic" this term after the frivolity of last, and is presenting J. B. Priestley's "Dangerous Corner" on September 9th, 10th and 11th. This play has always had an almost hypnotic fascination for us, and we recommend you to go along, should you find yourself near Hill End that week-end. From what we've seen of rehearsals, it looks like being well up to the surprisingly high standard of recent Hill End productions.

G. S. O.

At CAMBRIDGE

Your correspondent, still being away on holiday, can only send news which would be both irrelevant and (we fear) utterly unpublishable.—ED.

SPORTS NEWS

CRICKET

St. Bartholomew's Hospital v. St. Thomas' Hospital. Played at Chislehurst on Saturday, August 7th.

This was our first home match this year and the side were hoping to celebrate it with some good cricket against another hospital which had also had a successful season. We were without Harold, Stephen and Bates, but our opponents were also not at full strength.

Bart.'s batted first on a wicket that looked "sticky" and promised plenty of wickets. Ellis and Brazier opened: the former was playing steadily and carefully without taking risks and was joined by Paget after three runs had been scored. These two stayed together till the score was 25, when Ellis was out leg before wicket to Phillips, a steady bowler who was keeping a good length and giving little away. The runs were coming very slowly and the home side had some trouble in knowing how to deal with bowling outside the off stump and just short of a length. The wickets fell quickly and Paget was the only batsman who put up any real resistance. He made 39 very valuable runs and only gave one chance, but even he never looked really set. Robinson was the only other man to reach double figures and the whole side was out for 82. Seven batsmen were caught and one stumped and it would appear that the keenness to score quickly outweighed prudence; nevertheless the bowling was good and steady throughout.

Juckes opened the bowling and Lucas came on at the other end. Again runs came slowly but unlike our disastrous innings the wickets fell slowly too. Holmes came on for Lucas when two wickets had fallen for 26 runs after 16 overs had been bowled. Eventually they passed our score with four wickets still in hand. Ellis took the final over and the last wicket before the players retired to the pavilion.

St Bartholomew's Hospital—82. (Paget 39; Bellamy 6 for 20).

St. Thomas' Hospital—87 for 7. (Oldham 24; Juckes 3 for 40, Holmes 2 for 10.)

v. Guy's Hospital. At Honor Oak Park. July 24th. Lost by 58 runs.

With a strong side out we had only ourselves to blame for losing this match so easily. The wicket was good when Guy's went in to bat, but such was the energy of bowlers Juckes, Holmes and Lucas, backed up by keen fielding, that the home side were soon struggling for runs. Half the side was out with only fifty on the board, but a determined innings by Saunders, helped by Thompson, did much to improve the position. Brazier distinguished himself by holding three catches (one after a prolonged juggling act), Ellis held one "stinger" at mid-off and Kelly performed creditably behind the stumps.

Juckes was the most dangerous of the Bart.'s bowlers, though Lucas bowled consistently. Guy's were all out before tea for 124 and after the interval Ellis and Walker opened for Bart.'s The former was soon out and while Paget and Walker were together things looked well enough. With the appearance of Saunders, a left hander of considerable merit, in the Guy's attack, an abrupt change came over the miserable glow at one end, Juckes kindled died down to a few embers which remained unkindled as the dreary procession of batsmen came and went. Towards the close, while Livingstone fiddled over the miserable glow at one end, Juches kindled a few sparks at the other with a sharp and savage onslaught which yielded nineteen runs in about half that number of balls and included a powerful six. This was all, however, and with sixty-six on the board the fire finally petered out and Bart.'s had lost by fifty-eight runs—surely our most sorry performance for a very long time.

SCORES:

Guy's Hospital—124 (Saunders 39, Thompson 27; Juckes 4 for 30, Lucas 4 for 30).

Bart.'s Hospital—66 (Juckes 19, Paget 17; Saunders 5 for 18, Murphy 4 for 32).

v. Stanmore. Monday, August 2nd. Won by 30 runs.

Bank holiday saw Bart.'s at Stanmore once again and the usual pleasant game and generous hospitality which we have come to associate with that club was not lacking. The start was somewhat delayed since six of the side waited patiently at the station for a legendary fast car before proceeding by forced marches to establish contact with the remaining units of the side on the ground.

Bart.'s won the toss and a considerable Bank Holiday crowd dispersed themselves round the ground (or in the woods, according to the afternoon's needs) as stanmore took the field. Ellis and Brazier opened confidently against an accurate attack and put on sixty-eight runs before Brazier was caught for a bright forty-one. Ellis fell two runs later for a more stolid but none the less valuable twenty-seven. (The disparaging comment on this innings by a more juvenile member of the audience is not for publication).

Paget and Bates toyed light-heartedly with the bowling but the former was bowled just when he looked set. It is good to see Michael Bates still with us batting as forcefully as ever, and he was the only remaining batsman who could respond satisfactorily to skipper Hunt's demand for an increased scale of run production, whilst keeping his wicket intact. The score mounted steadily, wickets fell fairly regularly, and Bates deceived a number of fieldsmen with a well placed vertical shot before being bowled for a quick and useful thirty-three runs. Soon after, the innings was declared at 165 with eight wickets down, and tea was taken.

The game was resumed with about two and a quarter hours left for play and it was soon evident that Stanmore meant to go for the runs.

Lucas bowled Ham at nine, and eighteen runs later Juckes, the other opening bowler, made a sorry mess of F/Lt. Cockshott's stumps. The Bart.'s fielding during this time had been keen but the throwing-in was distinctly erratic and several over-throws helped the home side along. The third wicket fell at thirty-eight and Dike, the victim, can readily be excused for feeling a trifle mortified at being run out by the first accurate return to the wicket registered by a Bart.'s fieldsman that afternoon. Beckman (one of the opening pair) was beginning to settle down, and his partner, Gough, though guilty of a few highly speculative shots to leg off his stumps, put on fifty runs before a change in bowling brought an abrupt change in the fortunes of the game. Paget, bowling slow right-hand spinners, had Beckman caught at the wicket, and Gough in front of the pavilion by Juckes in his first over. Two left handers now appeared together, and for a time looked dangerous until both left quite suddenly in attempting to force Lucas—the one bowled, the other caught neatly in the outfield by McIlroy. The score now stood at 115 with seven wickets down and good catches by Bates and McIlroy left the last pair together with some fifty odd runs needed. Paget relieved Lucas, who had bowled consistently and well throughout the entire innings, and in his first and last over from this end tempted Yeo some yards out of his crease, while wicket-keeper Kelly obligingly removed his bails to finish the innings and the match. This was not all, however.

With a useful stiffening of the home side further entertainment of a more spontaneous order was provided, and at least one hostelry ran dry before closing time under this determined combined assault. What the good citizens of Stanmore who were unwise enough to seek an early bed, thought of our vocal efforts is not on record, but they were much appreciated by the players and, we believe, by a large though somewhat puzzled audience outside the "Fountain." Then there was that business with the empty tin—but that's another story!

Our thanks to our hosts for the usual pleasant Bank Holiday fixture.

SCORES.

Stanmore.

R. Beckman, c Kelly, b Paget	41	R. A. Hughes, c McIlroy, b Lucas	2
E. W. Ham, b Lucas	4	K. H. Chapman, c Bates, b Lucas ...	7
F/Lt. Cockshott, b Juckes	10	K. E. Watson, not out	7
G. H. Dike, run out	10	T. D. Yeo, st Kelly, b Paget	1
J. E. Gough, c Juckes, b Paget ...	23	Extras	2
R. Dearsly, c McIlroy b Lucas	6		
A. W. Rundle, b Lucas	20	Total	133

BOWLING.

	O.	M.	R	W.
W. R. Juckes ...	12	2	55	1
P. F. Lucas ...	13	1	54	5
C. Paget ...	3	0	22	3

Bart.'s.

R. H. Ellis, b Rundle	27	J. N. H. Jones, lbw, b Chapman ...	4
D. Brazier, c Ham b Hughes ...	41	W. R. Juckes, not out	2
C. Paget, b Rundle	15		
M. Bates, b Dearsly	33	A. V. Livingstone, b Chapman ...	9
M. R. Hunt, b Chapman	15	Extras	11
W. T. Kelly, lbw, b Dearsly	6	Total (for 8 dec)	165

M. B. McIlroy, P. F. Lucas did not bat.

BOWLING.

	O.	M.	R	W.
Rundle	12	2	27	2
Chapman	9	1	30	3
Dearsly	9	0	43	2
Gough	3	0	20	0
Hughes	6	1	31	1

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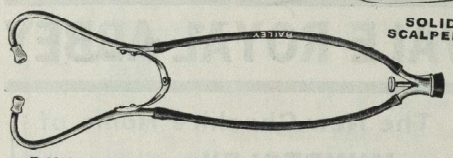

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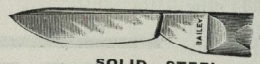

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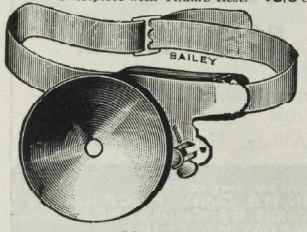

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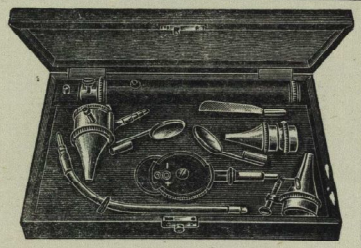

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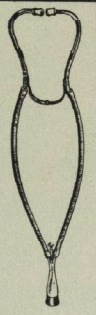

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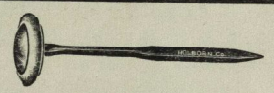

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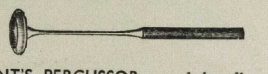

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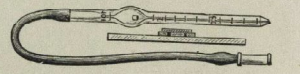

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SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

OCTOBER 1943

VOL. XLVII No. 9.

FIFTIETH ANNIVERSARY NUMBER

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A. MURRAY DRENNAN, M.D., F.R.C.P.(Edin.), F.R.S.E. & **JOHN O. OLIVER**, M.B., B.S., M.R.C.S., L.R.C.P.

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. XLVII OCTOBER 1st, 1943. No. 9

" Æquam memento rebus in arduis servare mentem.—*Horace, Book II, Ode III.*"

The fiftieth anniversary of the foundation of the ST. BARTHOLOMEW'S HOSPITAL JOURNAL has arrived, unheralded, as if ashamed of its advancing years. Ashamed, however, it is not. Only recently has it been born again, rising phœnix like, from the ashes of the War Bulletin. The parent, true Nestor, has faithfully recorded the chronicles of the Hospital and College, but now the cloak of years has been cast, like reptilian scale and beneath we perceive its pristine coat, as yet unblemished by the arrows and slings of time. It is, we hope, a true renaissance which we offer to the future.

Behold this child among his new born blisses, a blitz born issue of a pigmy size, and scorn not its youthful endeavour and new fledged hope. It is moving in worlds not realised and the Avernal path is only too easy. We hope that it will yet learn to climb uphill, though the path be arduous. We will not grieve for its errors, but rather in them find strength for further endeavour, relying on the primal sympathy extended by past and present generations of Bart.'s. We hope they will uphold and cherish this child, for they have the power to lead it through the noisy years of childhood, and through the years of adolescent meandering and mad endeavour, to years that bring the philosophic mind. For thus through half a century has this JOURNAL been nurtured, and we hope our simple creed will not too soon be loaded with an unendurable earthly freight, though custom has indeed lain heavily upon us and burrowed deeply, almost as life itself.

It is fitting at this time to review the foundation of the parent journal. From how great a travail it was born, we can but surmise, and there were at least two abortions. The first occurred in the eighteen seventies, but its gestation was short lived. In 1885 an endeavour was made to maintain a serio-comic journal. This, says the editorial of 1893, like others of its kind, deservedly retired into obscurity. The editorial continued by expressing the hope that the present attempt would be a lasting one. This hope has been fulfilled and we in our turn hope that the present endeavour will last through yet another half century.

In the first issue of this JOURNAL its objects were clearly defined. Let us examine them again and we shall see that never before were such principles more to be upheld nor more worthy to be contemplated. If the JOURNAL has lapsed in any of its functions in the past or present, may we remind our readers that the remedy is in their own hands, the responsibility for this journal rests on each and everyone of you, as the contents reflect your own contributions and efforts.

" The objects of the JOURNAL are, FIRSTLY, to put on permanent record such clinical and other work as is done in this Hospital, which finds its way into no paper, but which is in itself invaluable to the student and practitioner. It will thus enable them to keep in touch with recent work and with the progress of the science and art of Medicine, Surgery, and Midwifery in the Hospital and School.

SECONDLY—To promote and extend the feeling of *esprit de corps* among students, past and present, in their work, amusements, and matters of interest to them in daily life; to note their doings in Athletics, in Examinations, and by publishing Reports of Meetings, Social Gatherings, etc., to give non-active members some idea of the means by which the name of

this great Royal Hospital is being maintained, and so, by example, to rouse them into activity.

THIRDLY—To record such clinical and other lectures as are now given, but never printed in any permanent form, and which many students are unable to attend whilst holding their various appointments.

FOURTHLY—To give publicity of anything original in the way of articles, verse, or drawings, and to act as a means by which those who write may learn to perfect themselves in that art, before they plunge into literary work in a wider sphere, in after life.

FIFTHLY—To bind as much as possible the past with the present, and to keep up the interest of old students in the doings of those now at the Hospital.

It will be circulated among the students, past and present, of St. Bartholomew's Hospital, being the Journal of the Hospital and the organ of the Amalgamated Clubs."

L'ESPRIT DE CORPS, OU LE CORPS SE DECRIE

A Ciceronian Soliloquy on Hirudo the Catiline

The homely beauty of this good old cause, whither it has gone? or is it but sleeping? Great men have been among us. They knew how genuine glory was put on; are there now no such men to bind us in one united whole? The editorial voice reverberates through half a century and echoes crescendo round the fountain. The wilderness around resounds to the crying voice, but ears are deaf indeed and neither hear nor heed. We have tried, albeit feebly, for fifty years to bring some idea to our readers of the means by which the name of this great hospital is maintained. We have tried by example to rouse them to activity. We appear to be failing and we suggest the remedy.

This corporate union, infected by parasites most vicious, riven quaternate by martial circumstance, beholds its members stricken choreiform, and its blood once in hæmoglobin rich, devoured by toxin vile and draining from hirudinous back bite. Better were it, that offending members should be cut off than continue their offence. In places most tender hang, pertinaciously, these glutted leeches; gorged and replete they yet can distend more foully. See how their contractions can be put to useful purposes, sedating them on matter most suppurative deep within the globe or orbit, or anointing the sternum with balm most unguent the pericarditic rub to soothe. We must cleanse this corpus and heal its sores. Through this quarternion of autonomies we must rise triumphant, hegemonic like Athens of old. Their blood sucking must cease, for anæmia threatens. Hæmatinics must be exhibited and you, the present generation, must supply them. You must salt the glutted leeches, let them return chastened, their bloody humor spewn, or languish in their salty bed desiccating osmotically. Then we can answer the voice with chorus unanimous.

"O raise us up, return to us again,
And give us manners, virtue, freedom, power,
For we are selfish men."

* * * *

To mark the occasion of the fiftieth anniversary of the JOURNAL, a new edition of "Round the Fountain" is being prepared. It is sixteen years since the last edition, and this well-known publication has been out of print for many months. Many additions from articles, etc., which have appeared in the JOURNAL since 1927 will be made.

* * *

We understand that Sir Girling Ball is shortly resigning from the office of Dean of the Medical Faculty in the University of London. He has held this office, with distinction, for the past seven years, an occurrence unique in the annals of the University. We are sorry to hear of his resignation, but would like to congratulate him on his term of office, and extend our good wishes to his successor, Mr. John Hunter, the Dean of King's College Hospital Medical School.

We have been asked to state that the Art Exhibition has been postponed, and will now take place in the Great Hall, in the hospital, during the first week in November.

* * *

Several unfortunate printing errors occurred in the last issue of the JOURNAL. The editorial staff wishes to remind readers that these are due to shortage of staff and war-time conditions at the printers, and that such misprints are entirely beyond the control of said staff who do not wish to be thought incompetent or myopic.

* * *

The post of assistant editor has been filled by Mr. G. S. Ostlere.

CASE NOTES OF 1871

Taken by Sir Francis Champneys, later Physician-Accoucheur to the Hospital, whilst a student

I. AMPUTATION OF THE LEG. (Briscoe.)

Injury.

George Cove. Aet 37. Railway Porter, Osney.

Admitted July 5th, 1871.

His foot slipped when engaged shunting some carriages, and a wheel passed over his left ankle. The foot was completely crushed, and the ankle-joint thoroughly disorganised. Amputation by the skin-flap method was performed well, and there was very little hæmorrhage at the time. The stump seemed to be doing remarkably well, and the ligature came away about the eighth day. On the tenth day he complained of a little uneasiness about the bowels, and had some slight diarrhœa, lasting for two or three days. An inflammatory blush made its appearance on the left wrist, which subsided, and was followed by swelling of the right side of the face, at the zygoma. To this succeeded other pyæmic symptoms. The body was covered with a number of small pustules, the discharge from the stump ceased, the temperature rose to 104°. He complained of pain and distress at the sternum, and a loud pleural friction sound was discovered on the left side. The tongue became dry and brown, delirium set in, and he sank on July 26th. The advent of pyæmic symptoms was not marked by any noticeable rigors.

Post mortem appearances.

There was a deposit of recent lymph on the surfaces of both pleuræ, with considerable effusion; some of the coagulated lymph presented the appearance of coagulated blood on its surface, probably from new vessels in the organised lymph. Small secondary abscesses were discovered in the lungs, liver and right kidney, the heart was fattily degenerated, and the spleen was enlarged, pulpy, and rotten.

II. AMPUTATION OF THIGH. (Briscoe.)

Injury. Primary.

Thomas Silks, Farm Labourer, aet 21, was admitted July 19th, 1871.

He was working in a field the previous evening, and his leg was caught in the cogwheels of a hay-cutting machine and he was dragged for 100 yards down an incline. He was brought to the Infirmary 24 hours after the accident, and a compound fracture into the left knee-joint was discovered, in addition to a similar lesion of the tibia, in about the middle third of the leg.

A consultation of surgeons was held on his case the following morning, but he declined to submit to amputation until the third day after admission. Mr. Briscoe then removed the limb immediately above the knee-joint by the skin-flap and circular method.

He seemed to be doing fairly well until early in the morning of the 23rd. At 1.30 a.m., 36 hours after the operation, alarming secondary hæmorrhage occurred from the stump, and he lost a very considerable quantity of blood. The flaps were opened at once, and a ligature was discovered quite detached on the inner side of the stump, but after very careful watching, no arterial jet could be traced. There was a little oozing from the end of the femur and a moderate amount of pressure was applied, leaving the stump open. He was much exhausted from the hæmorrhage and sank at 3 p.m.

Post mortem examination of the stump revealed no further hæmorrhage. The anterior and posterior flaps were in anything but a healthy condition, and the slightest traction detached all the ligatures. There was a large irregular laceration upon the outer side of the left knee, extending into the joint, with a fracture (or rather large abrasion) of the outer condyle of the femur and outer side of the patella. There was also a compound oblique fracture of the middle third of the tibia.

Died July 23rd.

III. POPLITEAL ANEURYSM. (Briscoe.)

William Galloway, aet 45 years. Labourer, working for a corn-chandler. Admitted July 19th, 1871.

He first noticed a small swelling, under the left knee, about six weeks prior to admission, and was perfectly well up to that time. The swelling appeared at night after a hard day's work, and he complained of a little pain and stiffness of the joint. He continued his work for a few days, and then began to suffer so much from what he called a "beating pain" in the knee, and found the swelling increasing so rapidly as to prevent his getting about. Since then (14 days before admission) the tumour had been getting steadily larger, and the pain, extending down the leg to the ankle, had pre-

vented his getting any sleep at night. Upon admission, there was a large diffused swelling under the knee, pulsating visibly to the eye, and apparently distended by each impulse of the heart. To the touch there is communicated a strong distensile eccentric jar, synchronous with the radial pulse. At every third or fourth stroke there is a peculiar lull, and then sudden "tumble" of the impulse in the tumour. Pressure on the femoral artery in Scarpa's triangle completely stops the pulsation, but though a certain reduction can be effected by squeezing, the tumour cannot be thoroughly emptied. There is no pulsation in either the anterior or posterior tibial arteries, but a good deal of œdema of the limb, especially about the ankle. The stethoscope showed two sounds, one systolic, the other diastolic, the former much the more marked, as if the blood were throwing the walls of the tumour into vibration as it passed through a large opening, and then distended the tumour; and the other as it passed out of the same opening by the elastic contraction of the tumour. The sound is louder over the more proximal part of the tumour.

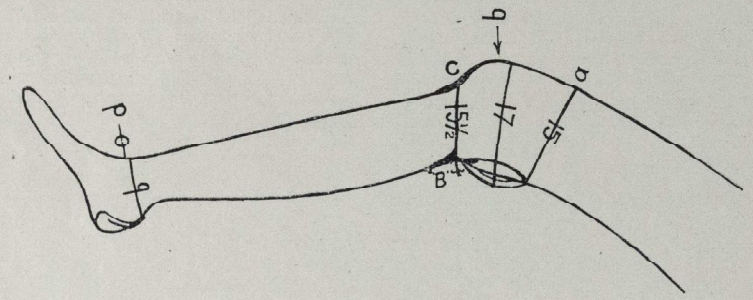

Fig. 1.

The heart's sounds seem clear and normal, but at every third or fourth impulse is the peculiar "tumbling" noticed in the tumour. Temperature in the left or dilated limb 98.4°, in the right 97.4°.

July 27th: Pressure applied by tourniquet over femoral artery from 1 p.m. till 7.30 p.m.

July 29th: Leg much swollen from venous obstruction, especially foot.

Aug. 4th: Swelling much gone down, tumour much harder, and only first (systolic) sound can be heard (tumour less elastic). No pulse at ant. or post. tibial artery. Fascia of leg very loose. Since admission a secondary extension of the tumour steadily increased till July 27th (marked by B and dotted line).

On right side, circumference round patella (↓) was 14 in., round ankle (Ø) 7½ in. (see fig. 1).

Aug. 9th measurement (a) was 14¾ in., (b) 17½, (c) 15½, (d) 9½, œdema of foot quite gone. Second part of tumour (B) not apparently increased. Pulsation in tumour still irregular, intermitting at about every fourth beat. With stethoscope, sounds loudest just in middle of bend of knee. Tumour apparently as hard as when last examined, and almost entirely incompressible.

Aug. 11th: Digital pressure on the femoral 10 a.m., the attendants relieving one another every ten minutes. At 3 p.m. the pulsation suddenly diminished in the tumour, at 8 p.m. it had almost entirely ceased; at 10.30 p.m. it had entirely ceased, but pressure was continued till 1 a.m. It was then discontinued. At 2 p.m. no pulsation could be felt, the limb was then bandaged in flannel, a pad of lint being bound over the tumour.

There was no œdema of the limb, as there was after the use of the tourniquet. In the course of compression, a vessel about as large as the radial artery could be felt running over the middle of the tumour, and superficial to it. This could be stopped by very firm compression of the femoral artery. The man complained of no pain after compression, and said that his "beating pain" had ceased. His skin was somewhat sore from the pressure. He was injected with morphia and slept well.

Aug. 13th: No œdema. Has slept well. No beating in tumour.

Death from Methylene.

Sophia Hudson, age 44 years. Residing at Handboro', was admitted June 21st, 1871, for a tumour situated in the right breast. She had noticed a swelling for the last 17 years which had been slowly increasing. She suffered no pain beyond the inconvenience it gave her, till quite lately. The tumour was the size of a small orange, firm and resisting to the touch. There was decided retraction of the nipple, but no enlargement of the axillary glands. She had been generally out of health for the last two years.

May 23rd: She was brought into the operation room at 12.30, and after the usual quantity of brandy had been given her, methylene was administered in the usual way. 30 drops were shaken out of Bloxham's bottle and poured upon the flannel bag of an inhaler recommended by Mr. Bader of Guy's Hospital. After the inhalation had been continued for about a minute, the face became suddenly livid, the eyes were turned up, the pupils dilated, with a fixed glassy stare. Respiration ceased and the radial pulse could not be felt. There were one or two twitches of the facial muscles and she expired. The inhaler was removed as soon as the face turned livid, and Silvester's method of artificial respiration at once employed for upwards of half an hour, and Stouker's battery and other restoratives used without success.

Autopsy.

The lungs were distended with air, and filled the chest. The heart was small and pale, but not fattily degenerated. The tumour in the right breast cut like a potato, and with the exception of a small spot near the nipple had not the hardness usual in scirrhus. There were several secondary deposits in the liver, varying in size from a pin's head to a chestnut, and slight trace of deposit in the lungs. Under the microscope irregular multi-nuclear cells were seen in the hepatic deposits, of which they seemed chiefly to consist.

The tumour under the microscope presented the appearance of nucleated fibres, interspersed with granules, and in the part corresponding to the hardness, compound cells, with large nuclei irregular, and some fusiform.

There were two fibrous tumours in the uterus.

We wish to express our gratitude to Sir Weldon Dalrymple-Champneys for sending us these case-histories of his father's.

CHINA AND BRITAIN

In the whole course of China's long history there has been no period so pregnant with fundamental change as this last decade. Superficially the passing of the Manchu dynasty and the appearance, for the first time, of a republic may seem of more profound significance. In fact, however, the Republic, up to the outbreak of the Japanese war, cannot be said to have effected any considerable change in the life of China's millions. Indeed, in many provinces the authority of the Executive Yuan of the Kuomintang was, to say the least of it, tenuous. The Japanese, even more than the efforts of the Generalissimo, Chiang Kai-Shek, have succeeded in creating a unity in China that has never before existed.

In the years to come the seismic effect of this metamorphosis will become manifest. But though welded together by hatred of the Japanese, though conscious for the first time of personal responsibility towards the State, there is a danger, when the enemy has been defeated, that the people of China may slip back into the state of cheerful indifference from which they have emerged. The Chinese are the most hardworking, sunny-hearted people of the world, but the very magnitude of their country, and even their provinces, has made them interested merely in things local. On the degree of success with which the transition stage from war to peace is accomplished depends to a large extent the future of the whole world.

Coming from the general to the particular, there are three main fields in which we, in this country, may be of service. These are finance, industry and medicine.

In order to get the wheels of industry turning, in order to enable us to take our part in rebuilding devastated China, and in order to give China a chance to take her place among the four leading nations of the world, we must be prepared to give financial assistance. This

does not necessarily involve any degree of sacrifice on our part. The loan which we must and shall make (and any sum less than £250,000,000 will be insufficient) will be spent in this country, partly in the purchase of plant and machinery and partly in the provision of technical and expert knowledge. When the war is over and we are busily engaged in the search for exportable goods, we must not overlook brains.. China needs to establish many light industries, and if we are prepared to furnish technical assistance and from the loan to supply machinery, we can be re-imbursed in the first place by some shares in the industries to be established and in the second place by the creation of an export market of luxury goods which would be opened to a nation accreting wealth. Thus, if the financial lead is given, industry can to its own profit follow suit.

In no field does China require more aid than in medicine. While it is not true to say that the Chinese medicine man was paid only while his client was well and ceased to be remunerated in period of sickness as was commonly believed, it is the fact that the old-fashioned Chinese doctor (if we can use such a learned word for a herbalist whose belief it is that the seat of all the sensory organs is situated in the stomach) makes a proposed charge for his services in accordance with his expectation of the recovery of the patient. Thus, if a patient appears to him likely to die, he will fix a figure which he knows is beyond the means of his patient to pay. A Chinese "doctor" cannot lose face. In the modern universities, of which there are all too few and of which the university of Chengtu is perhaps the most outstanding, there is a modern school based on Western experience growing up. Their task, however, is gigantic. They have to replace the herbalist and "medicine man" in every city, town and village in China by a competent practitioner. They have to break down the superstition and beliefs of centuries. They have to cope with such plagues as leprosy, hook-worm and typhus. Nor can China offer great rewards at present to those who can and will assist them in this tremendous undertaking. To those, however, whose ambition is to be of service to wide humanity there is no greater field for their endeavours than teeming China.

China has little reason to be grateful to us. In the past we have done our best to exploit the Chinese market and to gain as much wealth as we could while we did little in return. When they revolted as they did during the Boxer rebellion, we quelled them with little mercy. We have forced them to accept in the past our own courts of law in their own cities (though now we have, I am glad to say, abolished extra-territoriality). When they were *in extremis* we closed the Burma Road. We have been their allies for nearly two years, but all we have given them is words of encouragement. Despite all this, the Chinese like us and trust us. Let us see to it in the future that we become worthy of that trust..

B. C. W.

GREEN GROW THE RASHES—O!

By REMBRANDT

The drinking song, usually and wrongly called "Green Grow the Rushes-O," is almost universally known, and is, or was, used as the traditional ending to the annual meeting of the Bart.'s Cambridge Graduates Society. Despite its popularity, the significance of the allusions in it must have puzzled many, and it is in the belief that some information on the subject will be of general interest that this article has been written.

To fix the date of its composition, or to explain some of the allusions, is a matter of some difficulty, because several versions exist in this country, besides at least one French one and a Hebrew one.

In this country it exists in varying forms; in Shropshire, where it appeared to be a "Secret Society" song; in Cornwall as a Christmas Carol; and in Wales as the "Dilly Song" (Welsh *dillyn* = pretty, gay); while a French version, known as "Gousper ou Kerne," is sung in Brittany.

Research by a German called Zunz suggested that the song first occurred in German Hebrew ritual in the Fifteenth Century, and this was supported by a statement in "Die Deutscher Volkslieder" describing the song as originally a peasant's drinking song, which was subsequently adapted by monks, the numbers being declared to signify

(1) God. (2) The tablets of Moses. (3) The Patriarchs. (4) The Evangelists. (5) The wounds of Jesus. (6) The jugs of wine at the wedding of Cana. (7) The Sacraments. (8) The Beatitudes. (9) The chorus of angels. (10) The Commandments. (11) The Eleven Thousand Virgins. (12) The Apostles.

Further research by the same Zunz revealed an earlier song from the Avignon religious festival, used as a festival table song. This song they originally ascribed to the Hebrews, while a true Hebrew song called "Ehad Mi Yodeo (One: who knows?)" occurs for the instruction of Jewish children in Mendez "Service for the First Night of the Passover," in which the numbers go up to thirteen, the thirteenth being the "Thirteen Attributes of God."

If the Hebrew origin of the song is correct, it cannot have existed earlier than the Thirteenth Century, because the Attributes of God were first described at that time by Miamonides, unless it originally existed with but twelve stanzazs, the thirteenth being added after its "discovery"

Although this may help to fix the date, it in no way explains the allusions, because the generally know version printed below bears little relationship to the Jewish one which follows it, and there are no close connecting links between them.

English Version.

I'll sing you twelve-O,
Green grow the rashes-O.
What is your twelve-O?
Twelve for the Twelve Apostles,
Eleven for the eleven who went to heaven,
Ten for the Ten Commandments,
Nine for the Nine Bright Shiners,
Eight for the April Rainers,
Seven for the Seven Stars in the Sky,
Six for the Six Proud Walkers,
Five for the Symbols at your Door,
Four for the Gospel Makers,
Three, three The Rivals,
Two, two The Lillywhite Boys, clothed all in Green-O,
One is one and all alone and evermore shall be so.

Hebrew Version.

Ehad Mi Yodea.
Who knows thirteen?
Thirteen I know.
Thirteen Attributes of God,
Twelve tribes of Israel,
Eleven are the stars,
Ten are the Commandments,
Nine Months preceding childbirth,
Eight days preceding circumcision,
Seven is the Holy Sabbath,
Six Books of Mishna,
Five books of Moses,
Four Mothers of Israel,
Three are The Patriarchs,
Two Tablets of the Covenant,
One is God, who is over Heaven and Earth.

It seems probable that the original Jewish version inspired a Gentile one, also with some religious bearing, which in turn inspired a rather more secular one. Moreover, when we come to discuss the individual stanzas, a number of the allusions in some versions are in all probability the ingenious invention of certain individuals who failed to catch the original version as sung. This would account for the fact that there are several tunes to which it is sung, one of them being a corruption of "Adeste Fideles."

The theory that the present song is an ingenious corruption is bolstered up when we now consider each stanza separately and see the alternative variations, with their interpretations.

One. This is generally accepted in each and every version as referring to God.

Two. *The Lillywhite Boys* are said to refer to Christ and St. John the Baptist, or alternatively to the two natures of Christ. The reasoning here is obscure, to say the least, and any connection would appear to be blasphemous.

Three. *The Rivals.* This may appear to some as merely a reference to "Three's a Crowd—Two's Company," but the real reference is almost undoubtedly to the Holy Trinity, for, in a Shropshire version, three is "the rifle," while yet another is the true one, three being "the Trefoil," which has suffered subsequent distortion to "rifle" and "rivals." Another hypothesis, less likely, is that three is "The Thrivers," said to be a reference to the three Magi.

Four. In all versions this refers to the Evangelists.

Five. *The Symbols at your Door* is also rendered "the ferryman in the boat" and "the symbols in the boat." Of these alternatives, the first, without rhyme or reason, is said to refer to Charon, who ferried the dead across the Styx. The second appears to be distorted gibberish. The real interpretation probably consists in a reference to the inscription on the left-hand lintel of the doors in Jewish houses.

Six. *The Six Proud Walkers.* This line is also rendered as "the Cherubim Watchers," the "Cherrybird Waiters" and as the "cheerful Waiters." An American version has "the ploughboys under the bowl." Any interpretation of this is very difficult, and it was on this point that the "Bart.'s Brains Trust," of recent memory, made its only failure to supply any answer at all. To state that the

" Six Proud Walkers " is a corruption of the " Cherubim Watchers " is straining the evidence indeed, yet interpretations of the others (the " Cheerful Watchers " as Simeon and Anna, or in the singular as St. John of Patmos) seem even less relevant, so that the only alternative is to seek yet another interpretation, such as the " Six " referring to the six Edwards of England or to the six pots of wine at the wedding of Cana. These last seem even more obscure.

Seven. *Seven Stars in the sky.* In all secular versions this seems to refer to the Plough.

Eight. *The April Rainers.* This stanza has two interesting possibilities. One is that it is a corruption of " eight bold reigners " and indicates the eight Henries who ruled England. Other versions of the song, however, use the term " eight bold rangers " and also " gable rangers," which makes it seem likely that it is derived from " Gabriel and the Angels " or " Gabriel the Archangel."

Nine. *Nine Bright Shiners.* Other versions are " Nine the moon shines bright and clear " (Cornish Carol), referring to the Paschal moon. There also exists a stanza " The nine that so bright doth shine." Here the reference is rather obscure, but it is most commonly accepted that it obtains from the " nine delights of Mary," which, being the term of pregnancy, lasted for nine months (moons).

Ten. No explanation is required here.

Eleven. *The Eleven who went to heaven.* This obviously refers to the twelve Apostles less Judas.

Twelve. This again refers to the twelve Apostles.

The explanation offered above is by no means complete, but it will serve as a starting point for any who wish to pursue these investigations further. The writer wishes to thank Dr. George Graham for all the material supplied, and at whose suggestion the article was written.

MY FIRST FEMALE PATIENT

(*With apologies.*)

Resplendent in my blue suit, cleaned especially for my new work, I am stretched out full length on a couch in the Abernethian room thinking of nothing in particular, and somewhat inclined to be stuporose, as I have just been taking a dish of goulash off the hospital; which is well known to one and all as a heavy dish whichever way you look at it. It happens that I am at Hill End on account of the fact that a few days back I persuade the examiners I am just such stuff as doc's are made of, and move in on this territory complete with a stethoscope and an outsize in hangovers, so that I am a great candidate for Veganin tabs two t.d.s for a day or two after my arrival. In fact it is five days before I feel really well again, and it is on this day that I am telling you about that a guy named Paul, who is firm stooge, and a dead wrong to my way of thinking, comes up to me and points out in no uncertain manner that on the morrow the Chief is taking a round in the female wards and I had better know all about my cases or else—thereby rudely awakening me from my slumbers and doing my digestion no good at all.

Well, my patient turns out to be an old frail of some fifty summers, and it appears that she stops some part of a brick wall during an air raid, so that she is now nursing a fractured humerus, only she thinks that it is a broken arm. Furthermore she is the wife of a coal heaver, who is looking after his business during the war, and by the look on her face I reckon she will as soon heave a sack of coal at you as smile, if not sooner. However, I breeze up to her full of confidence and give her a big " hallo " and " does she feel better." This is not well received and she eyes me very suspiciously as I draw up a chair and say that I wish to ask her a few questions; in fact after a few moments it is obvious to one and all that the party is no great riot; me, I am trying to carry on a cheerful conversation, but all I get in response is an outsize in frozen mitts. After a while I see there is no future in this idle chatter and get down to asking this Judy her name, address, age, and complaint. There is obviously a good deal of thinking going on in her brainbox, but finally she sees it my way and gives me the necessary answers. This causes me to breath easier, because I am feeling not a little embarrassed by this time, so I say quick, how come she breaks her arm. This seems to touch off a wrong note, for the next thing I know she is dumber than an oyster; which is saying plenty. I try again with several tactful questions, but still she is about as chatty as a brick wall. By now I am feeling lower than a Mudcat's waistcoat and in sheer desperation point out that she must answer my questions or how else can I tell the Chief all about her case in the morning. At this the old lady comes all over laughing and there is quite a twinkle in her eyes, so I ask her what is the joke. When she recovers her breath, which is quite some time later, she says she thinks that I am the man from the Insurance Company, who has come about how she breaks her arm. This is just a little more than I can take, so I mutter something about operations and leave hastily. In fact it takes me ten days before I get around to examining a female patient again.

A. R. C.

ANNOUNCEMENTS

BIRTHS

McLEAN.—To Joanna (née Morley-Horder), wife of Surgeon-Lieutenant I. E. D. McLean, R.N.V.R.—a son, on August 11th, 1943.

MARRIAGES

CHISHOLM—KNIGHT.—At St. Bartholomew's the Great, on August 9th, 1943, John Chisholm, Surgeon-Lieutenant, R.N.V.R., to Marjorie Knight.

CHANGE OF ADDRESS

MR. HAROLD WILSON: 16, Marsham Court, Westminster, S.W.1. VICtoria 8181; Extension 16.

The JOURNAL wishes to remind its readers that a charge of 1s. per line is made for announcements printed in this column. All communications should be sent to the Editor at the JOURNAL OFFICE.

All contributions for the next issue of the JOURNAL should reach the JOURNAL office (in the pathology block) by Monday, October 11th.

We hope that our readers, inspired by this month's leading article, will enable the JOURNAL to realise the ideals expressed therein, by their contributions.

RECENT ADVANCES IN CHEMOTHERAPY

Some interesting research was recently carried out in this hospital into the treatment of pneumonia in crows.

Jim was found in Epping Forest after a storm, unable to fly, more dead than alive. He was brought to Bart.'s and warded in the West Wing. Condition on entry revealed that his wing primaries had been clipped, probably by someone wanting a pet.

After a few days of steady progress, he suddenly became profoundly toxic, developed a hacking cough and severe dyspnœa. No evidence of pyrexia or pleurisy could be found, since Jim's many lice made close approach undesirable. However, a diagnosis of pneumonia was reached by a senior physician, and chemotherapy was immediately instituted. Half a gram of one of the sulphonamide group was prescribed twice daily. Administration was far from easy. While one hand was used to keep his enormous mandible apart, not always without avoiding at least one sharp peck, particles of the drug were thrust into his crop with forceps. The condition was critical for four days. There was anorexia, and the cough remained unproductive.

Crisis occurred on the fifth day, appetite and interest in life being regained. All his vermin had disappeared, but, unfortunately, some of them had migrated to the male nursing staff in attendance.

Completing a few trial flights, he was launched daily from the top of West Wing, and after falling vertically for some thirty feet, he would level out into a glide, and make a two point landing at the other side of the square.

At the end of each flight Jim would quench his thirst at the fountain, while his attendant kept away cachectic cats who eyed him lustily.

After two weeks of normal health his condition deteriorated. Again he lost interest in food and had difficulty in using his right leg. Jim's last flight ended disastrously. He failed to straighten out from his dive from the West

Wing, and fell on to his beak. The impact caused some degree of concussion, as he remained comatose until found dead in his ward three days later.

Investigations could not be completed by autopsy, since maggots had already devoured a large part of the bird. It seems possible that the original differential diagnosis of psittacosis was the cause of Jim's final illness.

My grateful thanks are due to the Catering Company for a generous supply of scraps.

J. ANDREW.

CORRESPONDENCE

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

I feel that the present system of election is totally inadequate.

A student put up for election must hold some policy which he proposes to pursue if elected, even if only the policy of *laissez faire*.

I feel that it is desirable for each voter to know the candidates' policies and mental qualities and capabilities (included organisational) since his vote should be determined on these facts.

As any student may be proposed, the present system must be based on the obviously false assumption that all students know one another.

The vast majority of students will only know one or two of the candidates intimately, if that. In rare cases a student may know more, but these cases are so exceptional as to be negligible.

The present voting system is based largely on the "good fellow" principle without regard to the policy or qualifications of the candidate chiefly, I hope, because these are unknown. This method introduces the highly irrelevant factors of personal likes and dislikes to an immoderate degree. It also encourages cliques to vote for one of their members irrespective of whether he is fitted for the job or not.

Therefore, I suggest firstly that each candidate should make a short speech to the voters previous to the voting which would enlighten them on his policy and enable them to judge his character and qualifications to some degree; secondly, that the power to recall the representative, if a simple majority of the electorate desire it, be vested in the electorate.

The advantages of these measures are that representatives would be chosen on their relevant merits not on personal feelings, and that the power of recall aided by an adequate knowledge of what measures had been taken would serve to keep the representatives "up to scratch."

Yours truly,

S. P. LAPAGE.

23, Marlborough Gate,
St. Albans.
September 8th, 1943.

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

In your editorial of last month you made some remarks about religious education, rightly suggesting that such education should be in the hands of those who have truly reached an understanding of Christian teaching. You then stated that children should learn from such a man's experience. True. All education is profit from the experience of others. But this does not mean that children should be "influenced" into blind unreasoning following of their teacher's lead. Too many of present-day Christians are such because they were told to be so in their youth, and have never thought about it since.

Surely religious, by which you and I mean Christian, education should, like all other education, develop in the child his critical and reasoning faculties, so that he can study for himself the problems involved. In this way he can, though benefiting by the experience of teachers, reach for himself an understanding of Christ's teaching. This will make him a better Christian than one who is such because no other alternative has been presented to him.

I am, Sir,
Yours faithfully,

HUGH E. CLAREMONT.

St. Bartholomew's Hospital,
London, E.C.1.
September 6th, 1943.

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

Liver Degeneration and Thyrotoxicosis (*Vol. XLVII, No.* 8)

". . . There was no hand tremor; but Van Graeffe's, Jellinek's, Ballets, Joffroy's, Stellwag's, and Morbius' eye signs were positive. . . ."

Therefore Boston's, Dalrymple's, Marie's, and Tellais signs were also positive. But were Abaclie's, Becker's, Bryson's, Gifford's, Guttman's, Lucatello's, Mann's, Mavano'ns, Reizeman's, Rosenbach's, Suker's, Vigouroux's and Wilder's signs positive?

I am, Sir,
Yours, etc.,

A. G. S. BAILEY.

P.S. I regret at the moment I am unable to send you a case record of a case of appendicitis in which Aaron's, Bassler's, Bastedo's, Blumberg's, Brittain's, Federici's, Horn's, Madelung's, Mannaberg's, Meltzer's, Reder's, Roux's, Sumner's, Ten Horn's, Widmer's and Wynter's signs were elicited as well as McBurney's and Rovsing's signs.

Bourne, End,
Bucks.
September 10th, 1943.

BOOK REVIEW

THE ESSENTIALS OF MODERN SURGERY. Handfield Jones and Porritt. Second Edition. (Livingstone, 40s. net.)

We welcome another edition of this book, first published in 1938, and well overdue for revision. Lt.-Col. A. E. Porritt was unable to partake in preparing the second edition, being on active service. Extensive revision has been undertaken, however, and many sections largely re-written. This particularly applies to the section on Wounds, Burns, Hæmorrhage, and Shock; in the first edition these were all covered in one chapter, which has now been divided into two, re-written and brought up to date, with the result that the accounts of these subjects are modern and of considerable value to both students and men in the forces. Other sections which have been re-written include those on Inflammation and Infection, Cleft Palate, Thyroid Surgery, Hernia, Fractures (revised by R. Y. Paton), and Deformities (including a new section on Low Back Pain). There are 125 new illustrations, and special mention should be made of the inclusion amongst these, of six oil paintings by Miss Anna Zinkeissen, working at St. Mary's Hospital as a member of the Order of St. John of Jerusalem. They are excellent pictures, and include two of the kidney (one being of a mixed stone which we never realised could possess such artistic beauty), one of an osteo clastoma, acute cholecystitis, carcinoma of the tongue, and, as a frontispiece, an impression of an operation in progress. These add greatly to the attractiveness of the book, and leave the reader greedy for many more similar illustrations in colour which give such an excellent idea of the appearance of structures *in vivo*.

The book as a whole is not a "cram" book, and there are no long lists such as characterise this variety of textbook. Rather it is a successful attempt to provide, within one volume, a clear account of the pathology of surgery underlying the principal symptoms and signs, with concise notes on treatment. It is easy to read, printed in clear large type, and should be of great value to men taking not only qualifying examinations, but also to those studying for higher examinations. We have no hesitation in recommending this book to all those who are interested in surgery, and have not sufficient time to read the comprehensive works of several volumes.

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

ABERNETHY, D. A. "A Case of Obstructed Labour due to Dysgerminoma." *J. Obst. and Gyn. Brit. Emp.*, August, 1943, pp. 278-280.

ADRIAN, E. D. "Afferent Areas in the Brain of Ungulates." *Brain*, Vol. 66, Pt. I. (June, 1943), pp. 89-103.

FLETCHER, ERNEST. "The Treatment of Osteo-Arthritis by Intra-Articular Injection of Lipiodol and Gomenol." *Post-Graduate Med. J.*, August, 1943, pp. 193-4.

HAMILTON, W. J. (and Barnes, Josephine, and Dodds, Gladis H.). "Phases of Maturation: Fertilization and Early Development in Man." *J. Obst. and Gyn. Brit. Emp.*, August, 1943, pp. 241-5.

HAWKING, FRANK. "Intramuscular Injection of Mepacrine (Alebrin): Histological Effect." *Brit. Med. J.*, August 14th, 1943, pp. 198-9.

HEWER, C. LANGTON. "Further Observations on Trichlorethylene." *Proc. Roy. Soc. Med.*, July, 1943, pp. 463-5.

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At FRIERN

Many diplomas have been won on the battle-ground of Queen's Square since the last Friern news appeared. As sadder and (?) wiser men we lift the veil in the following lines, and thus afford our younger and more frivolous brethren a glimpse of that promised land.

From all points of the compass the faithful arrive each morning, on trolleybus, bike, or on foot. We approach the mosques and minarets of Friern down a leek lined avenue. On your left a herd of T.T. cows—"the sacred herd of Friern"—graze contentedly. On your right what was once a rolling paddock has recently undergone rapid metaplasia into a ploughed field—speculation is now rife as to what will be cultured on this medium.

As if this were not sufficiently alarming, the M.A.V. has closed its doors for ever to students, and has joined Friern's campaign against the acid fast bacillus.

Inside the hospital—"deep down in caverns measureless to man"—the structure has changed but little since the earlier years of the occupation. Mr. Vick's wards are still half a mile apart as the crow flies and rather further than this as the student (and Mr. Vick) walks.

The hub of academic life is the Boys villa, where each day a bewildering succession of speakers cast their pearls, as labor passes thro' dolor to stupor. Nearby may be seen not the least of Friern's many wonders—a public convenience situated on apparently consecrated ground.

Between lectures the inner man leads the way across the road to Dean's Bakery, where a truly excellent lunch may be obtained at a modest price and no cover charge (no covers, either!). The conversation is mainly "shop," which regularly blights your correspondents' appetites for a third sweet.

To all prospective students, we strongly recommend that they acquire a ball of twine and a pocket compass; these articles may be used for measuring joints, plotting the apex beat (and its relation to the mid-clavicular line if you are on one of the medical firms), as well as finding your way out of the catacombs.

The nursing staff wear uniforms as divers and complex as our American allies, but if you're wise you'll treat anything in blue as a sister ("it costs so little," etc., as the words of the popular song have it). For the rest, we confess that many months at Friern have done little towards furthering our knowledge of the various hats, chevrons and stripes worn by the "other ranks."

There are still two medical, two surgical, and a gynæcological firm at Friern. We are charitable enough to suppose that work appears to go on there, although Mr. Beattie appears to possess a dresser with De Quincey's taste for opium, and Dr. Graham a "Bogey" on their respective firms.

Now all that remains is to detail some obliging soul to sign us up for this afternoon's lectures before we retire in haste to more congenial surroundings. You'll find us signed up like this

GLICO.

At HILL END

Another three months over! And, for some of us, another year. The term is dragging its way half-heartedly to a close and the Path. course has come down to discussing *Pulex cheopis*. The leaf, if not actually falling at the moment, is beginning to look a little weary and bedraggled, the apple crop is safely garnered in, and the evening air has taken on that evasive misty chill, the prodrome of Autumn. The rugger player and other Winter animals are stirring uneasily in their Summer sleep, while already we have seen sprinting over the cricket pitch at least one shorted figure, apparently impatient with the leisurely natural change of the seasons. Very soon there will creep into the daylight those husky characters who play mixed hockey on Wednesday afternoons and somehow find enough energy left over to fling themselves into Scottish dancing in the evening. Then we shall finally know that Winter once more has us in her grip.

As far as Hill End is concerned at the moment, the play's the thing, and as this is dealt with elsewhere by our colleague, it leaves your correspondent precious little to write about. This is particularly distressing in view of the fact that as we put key to ribbon this month events of enviable news-value are taking place in other parts of the world. By the time these inconsequential words meet printer's ink —if, indeed, they ever do at all—the Italian Armistice will probably be buried under a complex collection of more recent happenings. At the risk of losing our sense of proportion, we should like to record the way these pleasurable and unexpected tidings were received at this Hospital.

The strains of the National Anthem percolated through the half-closed theatre door, which swung open and shut behind an excited house surgeon. "I say," he exclaimed jubilantly to his chief, who stood with knife poised, at the table, "I say! The Italians have surrendered!"

"Very interesting," remarked the surgeon, making his incision, "Clip."

We found ourselves shaking hands with a nurse, for what reason we are now, on reflection, at a loss to explain. That was the wildest demonstration of enthusiasm we came across. Apart, perhaps, from the member of the medical staff we overheard enquiring happily: "Now, let me see—what else do we get from Italy besides Chianti?" All of which confirms our long-standing belief that circumstances that would bring the average Frenchman to start a riot, the Indian to go on a fast and the Japanese to commit suicide, merely drive the Englishman to write rather pointedly to the Times.

In view of the fact that it is now the end of the term, we will hold a Prize Day. We make the awards:—

To the Surgeon who, one hot afternoon in the theatre, suddenly addressed his dressers: "Now, Gentlemen, a surgeon has two great bugbears—fat and physicians."

To the Chief who last winter not only accepted an invitation to dinner from his firm, but proved he could throw a dart as prettily as any of his clerks.

To the Bacteriologist who, on enquiring of the Zoo if he might take a loopful of lion's manure for investigation of its flora, had several tons of the stuff delivered to his front door by the over-helpful authorities.

To an orthopædics lecturer, for an excellent shot with half a stick of chalk, scored on a member of his audience who had withdrawn into a peaceful sleep.

And to the other members of the class who were grateful enough to murmur in their hearts: "There, but for the Grace of God, go I."

To the theatre orderly who murmured fatherly advice in our ear as we gloved up for the first time (just as we discovered we had six fingers on each hand.)

To the patient who once called us Doctor.

And—first prize of all—to the bewildered new probationer who once called us Sir.

We have always produced this column under the fixed impression—strongly confirmed by scanning our previous efforts—that no one with an I.Q. above that of an African pigmy could bring himself to peruse more than the opening sentence. We find, however, that our fanciful remarks last month about lax life at Hill End have received an audience, leaving us with the uneasy impression that we have portrayed conditions here as very similar to those prevailing in Pompeii during its last days. We apologise, and at the same time, and on behalf of our hard-working friends, we should like to express our thanks to the staff here who have with such tolerance and interest guided our stumbling feet thus far along the pathway of clinical medicine.

And so, in the words of the travelogue, we say good-bye to beautiful Hill End, and dismount from our soap-box for the last time, pausing only to call over our shoulder wishes of good luck to our successor. Now on to Bart,'s, with our usual stern resolution to do more work on our next appointment than our last, but resignedly bearing in mind the words of Johnson describing his second marriage. "It was," he said bitterly, "a triumph of hope over experience."

G. S. O.

"DANGEROUS CORNER"

(by J. B. PRIESTLEY)

At Hill End, September 9th, 10th and 11th.

This was by far the most ambitious production we have seen at Hill End, where previous shows have tended to be of the type appreciable to anyone with a reasonably developed thalamus. The cast had apparently decided upon a play that would give them a chance to ACT, and no one can deny that "Dangerous Corner," where action rarely rises above the working of a cigarette lighter, is essentially an actor's play.

You may remember the piece—six happy and respectable characters who, from the rise of the curtain, plunge into a magnificent orgy of washing their dirty linen in public, the last, in this case, having proved very profitable to Mr. Priestley for several years now. An intriguing enough theme for the ordinary mortal, if this country's press is any guide, and pregnant with the most admirable histronic opportunities, particularly in its later stages, when the entire cast are given the chance to go into hysterics, one after the other.

Whether by intention or otherwise, most of the play seemed to be borne by Miss Barbara Taylor (surely the doyénne of Hill End drama?). She gave a very creditable performance as Freda Caplan, and at times succeeded not only in acting everyone else off the stage but into the corridor outside as well. Her contribution to the general hysteria prevailing in Act III was sometimes a little overdone, and she seemed to have difficulty in deciding what to do with her right hand—between her speeches she spent considerable time aloofly regarding the high drama going on downstage and apparently manipulating an invisible frying-pan.

Miss Kathleen Rees as Olwen Peel handled the part of *femme* (*trés*) *fatale* very capably, although she might have conveyed to us a little more obviously the character of the woman she was portraying. She wisely kept her hysterics *piano*, and gained far more effect thereby with sticky stretches of dialogue designed to transform her, in our eyes, from the gentlest soul on the stage to a murderess of some month's standing. Miss Heather Bangert had no easy part to cope with as Betty Whitehouse, the sweet young bride with the unmentionable past, and although she played it with intelligence, she tended to go off into happy thoughts of her own when not actively taking part in the dialogue.

Miss Joyce Mackenzie played the part of Miss Mockridge with confidence and some skill, considering the fact she had to take on not only Mr. Priestley's confusing first ten minutes, but most of the Hill End audience trooping to their seats as well.

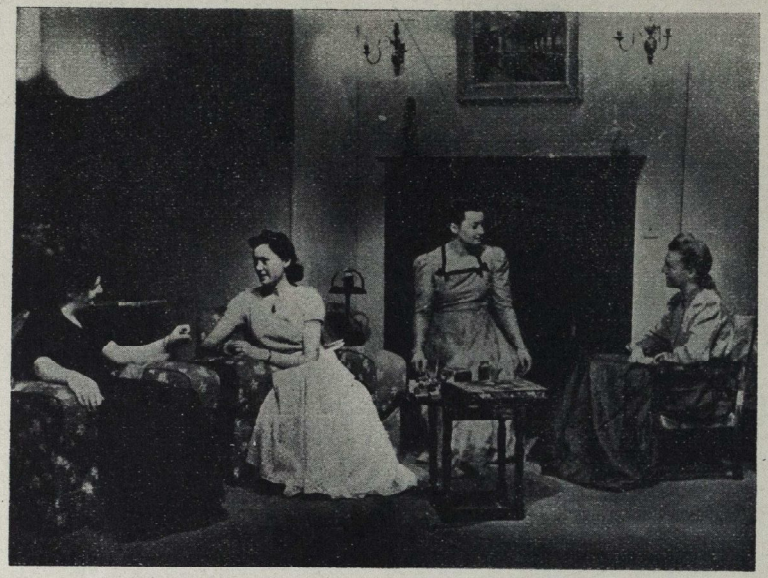
For the men, Mr. Michael Dickinson once more gave a polished performance as Mr. Michael Dickinson. Playing Robert Caplan he never really showed the authority the part called for, but proved himself a pleasant enough character to have about the stage.

Mr. Harold Yauner, as Charles Stanton, gave the best masculine performance, for

although his part was the most kind of all, he was the most kind to *it*. He handled it with restraint, and his characterization was more definite than the others. Mr. John Fuller, who played Gordon Whitehouse, took on a rôle difficult enough to make even a professional think twice, and on the whole tackled it manfully. All the same, he still has to master the first and most important art of acting—that of appearing not to.

Mr. William Royle produced very ably a play in which most of the characters continually go into soliloquies with pianos, mantlepieces, flower-vases and the like, while Mr. Gordon Dingley's set was above the usual standard of the amateur stage and helped materially towards the success of the show. For a success it was; the Dramatic Society has by this time both the talent and experience to give at least a reasonable presentation of a play of this quality. The production had a certain amount of final polish that is only too frequently and obviously lacking in amateur productions, and upon which the whole cast can be thankfully complemented. All the same, we had the impression they found their Dangerous Corner a pretty Steep Hill.

ALAN TOIS.



A scene from "Dangerous Corner" (Photographed by Lionel Parfit)

SPORTS NEWS

In 1939 the Students' Union decided that as teams were not really representative of the hospital and also that games were of a rather scratch nature, no colours should be awarded for the duration of the war.

At the end of the 1942-3 season the Rugby Club committee felt entitled to ask for a withdrawal of the ruling, since they were fielding a regular representative side. At the same time they asked to have a new tie designed (the crested tie originally the club's perogative having become common property). Both the requests were granted by the Students' Union Council. The plan, however, was dealt a mortal blow by the Board of Trade regulations which do not permit any new weavings. The proposed design consisted of a maroon background with small crests on it. There the matter rests until the war ends or the Board of Trade alters its regulations.

* * * * *

TENNIS

Despite lack of previous communiques the club has been active throughout the season.

At the general meeting several matters were discussed: (1) It was suggested that the club's facilities at Chiselhurst be made available for the nursing staff, this was well received by the club, but was felt to be a matter for the students' union.

(2) Mr. Gabril stated that no new balls could be bought, he thought some old ones might be pumped up and refluffed—a remark that was greeted with some not impersonal comment.

(3) It was decided not to join the new United Hospitals Tennis Club started at the Westminster.

In the election of officers, Y. Y. Gabril was elected captain and J. Marrett secretary.

Mr. D. B. Fraser, who was in the chair, was re-elected vice-president.

During the season six first team matches were played, several having to be cancelled because of unsuitable conditions, in addition some second team games were played.

The results were:—

v. St. Mary's Hospital.	Home.	Won 7—2.
v. St. Mary's Hospital.	Away.	Lost 6—3.
v. Metropolitan Police.	Away.	Won 5—3.
v. Metropolitan Police.	Home.	Won 5—4.
v. London Hospital.	Home.	Lost 6—3.
v. Mr. Fraser's VI.	Home.	Won 7—5.

In the last match it is recorded that some of the players were so exhausted they agreed to spin a coin for the final set.

The constitution of the first team has varied, apathy, amour, and even work having been offered as reasons for not playing. The following gentlemen have represented the first and second 6's most regularly:—Y. Y. Gabril, C. E. Harris, J. Marrett, P. C. Mark, R. Grant, I. Peebles, E. Imoasi, J. Mehta, R. M. Chambers, D. Duff, A. R. Corbett, L. W. Cartledge, D. Williams.

CRICKET

The Hospital v. St. George's Hospital. Played at Wimbledon on Sunday, September 5th.

This was our second attempt to play against St. George's; the first had been scratched, but the trouble taken to make sure of this game was fully justified in spite of the fact that a large part of the afternoon was spent fielding and umpiring. Both sides appeared to have some difficulty in reaching their destination, and those who arrived first searched, not without success, for some method of filling in time. The greater part of the teams were gathered together by 3.15 p.m., when the George's captain won the toss and put us in to bat.

Stephen went in first accompanied by Hunt, who overcame his familiar reticence to bat high up in the list. Harold came to join Hunt and the score went up slowly without anything dramatic happening. Brazier then appeared on the scene to augment our rapidly waning batting strength, and the runs began to come quicker, although the bowling was fairly accurate and didn't present any relaxation. Hunt played some very nice shots before being bowled; Brazier, too, played well and only missed his 50 by a few runs. By this time we were down to such stalwarts as Morse, Gibson, Livingstone and Corbett; it was pleasant to have these "old-timers" back with us and to note the high percentage of cricket boots. Monckton had some nice drives while at the wicket, and Morse played his ball in classic style. Livingstone and Corbett stayed together until tea time, leaving Lucas and McIlroy to join once again the ranks of those not called upon to bat.

St. George's came out to bat with 113 to score in about an hour and a half. Lucas opened the bowling with a maiden over. The first wicket fell in the second over to Monckton: this was the best over I have seen him bowl, and the ball that got the wicket was worthy of any bowler. The other opening batsman was aggressive and scoring freely until well caught by McIlroy at mid-on off Harold's bowling; the latter having replaced Monckton. Lucas was plugging away from the other end, keeping the runs down but without much success. A humorous interlude was provided by a ball from Monckton, having been deflected by the bat, striking Lucas heavily on the shin; this appeared to cause the biggest laugh of the day and he gratefully acknowledged the applause. George's played out time uneventfully, having scored 58 for the loss of 5 wickets when stumps were drawn.

Our thanks are due to the captain, Mr. Boxall, and to Mr. Tom Fort for a very enjoyable day.

The Hospital: 112 for 8 dec. (Brazier 44.)

St. George's: 58 for 5. (J. Harold 2 for 2.)

The Hospital v. Broxbourne, Sunday, September 12th.

To the upper Vth in most English Schools the district of Broxbourne conjours up a vision of apples, tomatoes, etc., but to the upper crust of Bart.'s it conjours up thoughts of ball games, excellent hospitality and fruits other than those just mentioned. But perhaps we should begin with the Cricket, although that in its turn only followed what was perhaps one of the best feats of the day, viz., that of our Hon. Sec., who at Liverpool Street successfully embarked an almost complete team onto a rapidly accelerating train.

After losing at poker-dice, Hunt surprised no one by losing the toss; likewise he pleased no one (on our side at least) by making us field first on a wicket which was as dead as it was disheartening. Added to this the team was without its bowlers (both of them). Brazier, Harold and Hunt toiled in vain, and even the arrival of Lindsell did not stop the

opposing batsmen from nibbling, poking and occasionally scoring a run in a none too graceful style. After acquiring 60 runs in 90 minutes they increased their rate of scoring at the cost of a few wickets and declared after two hours with their score at 155 for 6, leaving us just over 90 minutes in which to make the runs. Brazier obtained two wickets, McIlroy successfully enveloped the ball in his hands to make a good catch, Wingate refused to be fooled by the irregular undulations of the outfield, and Corbett put in some useful pre-rugger training while retrieving the boundaries hit off Hunt.

After an excellent tea we opened with McIlroy and Corbett, who shaped well until Corbett was run out. Straight-Bat Livingstone followed after a brief stay, which, however, suffices to give him an average for the season. The first stand came when Brazier joined McIlroy; together they added 50 runs, Brazier producing some of those cover drives which have been getting him so many runs this season. McIlroy smote about him with vigour and creditable discretion to annex 47 runs before being bowled (which, he claims, makes him top of the averages; not bad for an amateur at that). Smith, after four years' absence, found that accurate co-ordination between arms and legs was not to be acquired in two overs. The remaining men played out time when our score stood at 119 for 7. It must be recorded that the spectators, and our excellent scorer, Green, expressed disappointment at being denied the privilege of witnessing Fyson and Wingate in action.

So ended the game, and so began the evening, concerning which we could write with more pleasure than accuracy. Suffice it to say we heard no word of disapproval during an evening full of good wine, good song and good company. And let us spare a word of praise for the vocal chords of Bart.'s, whose efforts made a long return journey all too short.

And thus another season has ended. Despite the added inconveniences and difficulties of war-time, it is worthy of notice that the Cricket Club has this season run a full fixture list without a single default, for which great credit is due to the Secretaries, Lucas and Brazier. Although the season has been full of good cricket and good cheer, perhaps the most noticeable difference in comparison with the last few years has been the greater keenness of the players, which was derived in no small part from their Captain, Hunt. We hope next year's team will be as keen and as successful.

Averages for the Season 1943

Batting.

	Innings	Not Out	Highest Score	Total Runs	Average
C. Paget ...	6	1	85*	268	53.60
M. Bates ...	6	–	69	181	30.18
C. S. M. Stephen	9	–	68	178	19.89
D. Brazier ...	12	–	44	220	19.17
R. H. Ellis ...	7	–	63	122	17.43
M. R. Hunt ...	12	1	37	189	17.18
J. V. T. Harold...	10	4	17	80	13.33
A. V. Livingstone	6	4	9	24	12.00
W. L. Juckes ...	5	1	19	34	8.50
W. D. Linsell ...	7	1	27*	49	8.13
J. V. H. Jones...	5	1	13*	28	7.00
C. B. Holmes ...	7	1	32	41	6.83
P. F. Lucas ...	5	1	5	7	1.75

Bowling.

	Overs	Mdns.	Runs	Wkt.	Average
C. B. Holmes ...	74	6	261	29	8.31
W. D. Linsell ...	28	1	111	11	10.90
P. F. Lucas ...	105	9	415	31	13.38
W. R. Juckes ...	53	10	261	18	14.00
J. V. T. Harold	24	3	119	7	17.00

EXAMINATION RESULTS

UNIVERSITY OF LONDON

JULY, 1943

M.D. Examination

Branch I (Medicine)—Beard, A. J. W.; Fränkel, P.
Branch V (Hygiene)—Herington, C. E. E.; Thomas, B. A.

Second Examination for Medical Degrees

Banks, P. J.
Burrows, C. J.
Fox, R. H.
Hopper, P. K.
Krister, S. J.
Newcombe, C. P.
Rogers, J. C.
Blackledge, P.
Chamberlain, G. B.
Franklin, C. J. G. de L.
Jackson, I.
Lapage, S. P.
Paros, N. L. N.
Williams, J. R. B.
Boxer, E. I.
Davis, P. R.
Hadfield, G. J.
Johnston, M. E.
Millichap, J. G.
Patuck, F.
Yauner, H. D.
Brierley, D. S. N.
Dossetor, A. F.
Holloway, I. T.
Jordan, P.
Murley, A. H. G.
Pugh, J. I.

First Examination for Medical Degrees

Batten, K. L.
Evans, T. L.
Hathaway, A. E.
Teck-Kam, N. L.
Chapman, P. J. C.
Friedman, D. E. I.
Morgan, D. J. R.
Watson, J. R.
Colley, R. O. N. G.
Morgan, R.
Fisher, K. J.
Bennett, G. R.
Felix-Davies, D. D.
Hawkes, P. H. R.
Thomas, W. C. T.
Hearn, C. F. D
Smallwood, R. I. L.
Lloyd, E. A. C.
Jenkins, A. V.
Cretney, P. N.
Thomas, B.
du Heaume, B. H.
Gai, P. N.
St. John, J. M. S.
Whiteley, M. M.
Lonsdale, D.
McIntyre, J. W. R.

CONJOINT BOARD

Pre-Medical Examination

September, 1943

Chemistry—Burns, H. J.
Physics—Vince, A. A. P.; Linden, R. L.
Biology—Vince, A. A. P.; Burns, H. J.; Reckless, M.; Hamilton, M. L.

SOCIETY OF APOTHECARIES OF LONDON

The dates of the Society of Apothecaries of London Examinations for the month of November are:—
Surgery—8th, 10th, 11th.
Medicine, Pathology—15th, 17th, 18th.
Midwifery—16th, 17th, 18th, 19th.

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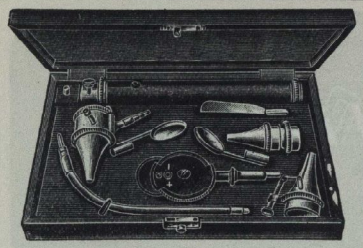

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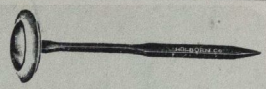

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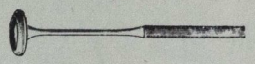
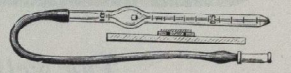


STUDENT'S PERCUSSOR metal handle with small disc and rubber ring - - 1/9



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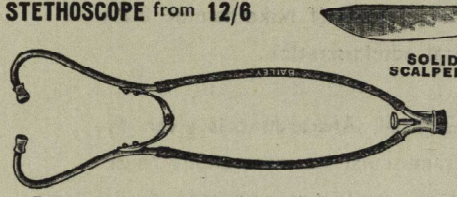

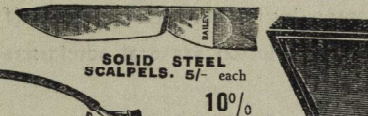

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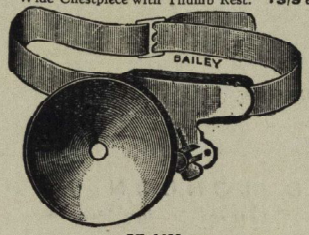

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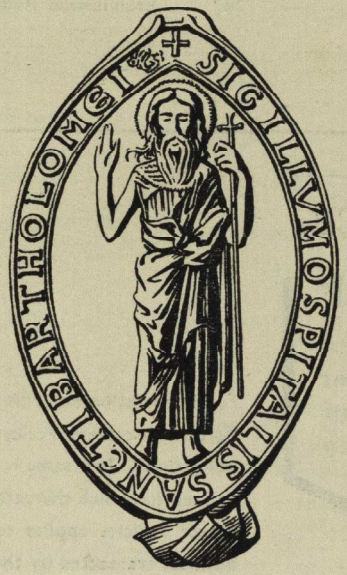

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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THE OTHERS

To those of us working in London, a week's holiday means only one thing: to get out into the country. We have obeyed this instinctive summons, and return, healthier in countenance, determined to say something about it. The first thought that strikes us is the contrast between town and country. At first it seems blatantly obvious that ugliness is all too often manifested in towns, such as poverty and unhealthy living conditions, smoke, noise, horrid messy buildings with no pretence of planning or of architectural beauty; but this is only our preliminary impression, we emphasise. Then in the country, we find peace and cleanliness, fresh air, beauty, but above all, quietness: here the first feelings last, and are constant, however long we stay. Walking and climbing amongst fells soon bring a peace of mind and sense of proportion which are so easily lost in the city. These early hurried thoughts of our comparison give the appearance of great differences which are soon dispelled. First of all, for all their ugliness, there is much beauty within towns. Old buildings, churches, good music, paintings, and libraries are the possessions of the citydweller, to quote only a few instances. Secondly, we do find poverty, dirt, and disease in villages and hamlets, far from the city which

" . . . now doth like a garment wear
The beauty of the morning; . . ."

Acute agricultural problems furrow the brow of the countryman as deeply as the highest finance of the businessman. The " local inhabitant " is much the same as the townsman in his indifference to his surroundings. He is unaffected by the beauty and quiet of his environment, and is often at least as unhappy as the other. This is surely because he has no time for this beauty and quiet we all seek, no time for long walks, or birdwatching, botany, and the like. He has the same fight for bread, means of living for his family, and all the other emoluments of modern civilisation. He cannot afford leisure, and so has none. More often than not, he, like the factory worker, and the business clerk, has no real interest in his work, other than as the sole means of support for him and his family—a far too important problem in itself, for him to think of anything further. He cannot possibly be blamed for this. He sends his sons to the town, to good schools (if he can), that they may make a better start in life, procure better paid jobs, and so possess more comfort than he could ever hope to have. So the sons flock to the towns on their motorbikes, and the circle is about. They migrate back to the country for much needed rest and quiet, whenever they can get opportunity to do so. Neither city nor country dweller look on their work as anything except a miserable means of support; there isn't *time* for interest. Life is too much of a hard fight. So is it with the vast majority of the population.

We ourselves are in a very different situation. The medical profession is essentially one in which every man should make his job his life interest. He usually does: there is little room or occasion for men who have no interest in medicine, they ought to be discouraged from becoming doctors, from the start. Likewise there is a small unfortunate minority of those who become medical men for what they can get out of it, but there is little happiness or peace for the selfiish doctor. Turning from professional men, we meet a different state of affairs, as we have tried to show. The capitalist

system, an excellent one in many ways, probably the best (we are not politically inclined, and will not argue the point), has not been sufficiently practised by men who have solely the interest of the people at large, as their guiding principle, rather than a quest for power and money. It is a system which entirely depends on unselfish aims, if it is to progress successfully.

Some, like ourselves, can afford to cleanse mind and body in the country, with the education and leisure to appreciate it fully. Such experience must determine each of us to work to give similar happiness to the enormous majority who have been less fortunate, because of the mistakes, shortsightedness, and wrongs of previous governments. How easy it is to blame the past! But this majority are indeed powerless to live happily, because of their bitter struggle for existence—this is no sentimental statement, but a hard fact which we would be foolish to ignore. They must be given more leisure, better education, and, above all, better health. We will only achieve this, if their lives are our interest, and we continually strive for a better understanding of themselves and their problems.

DISTURBANCES OF SALT EQUILIBRIUM AFTER OPERATION

By George Discombe

It is well-known that the efficiency of the kidneys depends first, on their structural integrity; second, on the maintenance of an adequate flow of blood through the organ; and third, on the maintenance of a supra-liminal blood pressure. In spite of the repeated quotation of Claude Bernard's dictum, "La fixité du milieu intérieur est la condition de la vie libre," it is not so generally recognised that the maintenance of a normal cellular environment is of equal importance.

Whenever the composition of tissue fluid varies beyond certain limits, the limits of the normal, the function of the cells bathed by that fluid is impaired. Further, within the limits of the normal there is a range, the optimal range, sometimes narrow, within which cells are able to function with maximal efficiency. With our present coarse techniques, this optimal range can but rarely be demonstrated; but that it does exist, at least in some cases, has been shown quite conclusively.

Of all organs of the body the function of the kidney is most easily accessible to chemical investigation; and in assessing the function of the kidney one considers primarily its capacity to excrete metabolites such as urea, its capacity to excrete water, and its capacity to economise the sodium of the body by forming from urea, ammonia with which to neutralise sulphuric and phosphoric acid formed by the breakdown of protein.

Urea is an almost non-toxic metabolite, tolerated in enormous doses by healthy men. It is unique among the components of the body in that it can travel across cell-membranes without hindrance, so that the concentration of urea found in the water of heart muscle differs insignificantly from that of blood plasma, or that of the brain. Since it is equally distributed, it can develop no osmotic pressure at any boundary inside the body. Being a true crystalloid of low molecular weight, unable to ionise and capable of forming no salts in the body it cannot be affected by any unequal distribution of colloidal solutes (Donnan phenomenon), as are the acid and basic ions of the tissues. There are gradients of urea concentration, true, with a maximum in the liver and a minimum in the renal vein; but these gradients are almost independent of tissue boundaries and at no point is there a discontinuity in the gradient producing a sharp difference in osmotic pressure. If urea be retained in the body as a result of e.g. hypochloræmia, it is accompanied by other metabolites, and this retention is the result of impaired renal function. It is not a compensatory mechanism "to maintain the osmotic pressure in the tissues."

Impairment of renal function due to alterations in the milieu intérieur is particularly common after operations, especially in patients whose kidneys are already damaged; together with other factors, such as alteration in renal blood-flow and blood pressure, and inadequate fluid intake, it frequently causes a minor degree of nitrogen retention. If this nitrogen retention is prolonged, or associated with vomiting, examination of the patient's milieu intérieur becomes imperative. As true tissue fluid cannot be obtained analyses must be made on blood plasma, the composition of which bears a definite relation to that of tissue fluid. Complete analysis of the inorganic ions of plasma being very laborious, it is fortunate that only

three ions are of great importance—sodium, chloride and bicarbonate; and since about 90% of the sodium is balanced by chloride and bicarbonate, analysis of chloride and bicarbonate (alkali reserve) supplies nearly all the information of value to the clinician. The salt disturbances of clinical importance are therefore confined to chloride and bicarbonate.

Disturbances in chloride concentration. Normal range 560-620 mgm. per 100 cc. true plasma (as NaCl.) or 95-106 millimols per litre.

Hypochloræmia occurs in the course of any disease or state which involves marked sweating (e.g., fevers, general anæsthesia) owing to loss of chlorides in sweat (anuria in acute nephritis may be caused by lack of chloride (Gachet 1941)); or vomiting, e.g., pyloric stenosis and whenever there is gross fluid loss as in burns (Underhill et al 1923). It is known, moreover, that hypochloræmia renders the gut abnormally sensitive to trauma, producing reversed peristalsis: thus a vicious circle may be set up, vomiting lowering the plasma chloride, and the lowered plasma chloride facilitating vomiting; this can be cut only by massive saline therapy.

Case 1. An appendicectomy for acute appendicitis was performed on a man aged 50. After operation he vomited repeatedly; thirty hours later his plasma chloride was 174 mgm. per 100 cc. (as NaCl.) and blood urea 220 mgm. per 100 cc. The alkali reserve was normal. Intravenous injection of the calculated quantity of sodium chloride in 5% solution stopped the vomiting immediately, and the patient recovered. It was later found that he had been on a salt free diet for two years.

Hyperchloræmia is rare, occurring spontaneously occasionally in chronic nephritis: post-operatively it may be seen after the infusion of excessive volumes of iso- or hypertonic nitrogen retention. It must be remembered that one volume of normal saline contains as much sodium chloride as 1½ volumes of plasma; while even the healthy kidney cannot excrete a urine containing more than 3.4% sodium chloride. A patient given as his sole source of water isotonic saline may easily therefore develop hyperchloræmia; further, he will retain water in order to maintain his body fluids isotonic, and hence develop marked œdema.

Disturbances in bicarbonate concentration. Normal is 53-77 cc. CO_2 per 100 cc. true plasma: or 24-34 millimols per litre.

Increased plasma bicarbonate (alkali reserve) is most commonly seen in patients who take stomach powders to alleviate the pain of peptic ulcer. Magnesium carbonate and hydroxide are particularly likely to produce this effect since they neutralise respectively two and three times as much acid as does an equal weight of sodium bicarbonate.

Case 2. A patient suffering from duodenal ulcer took thrice daily gr. xxx of powder containing equal parts of sodium bicarbonate, magnesium carbonate, and bismuth carbonate. After eight days his alkali reserve was 95 cc. CO_2 per 100 cc.: his blood urea rose to 78 mgm. per 100 cc. Deprivation of the alkali caused a return of alkali reserve to normal in four days. Fourteen days later his blood urea and urea clearance test were found to be normal.

Increase in the alkali reserve also results from vomiting. A sharp distinction must be drawn between vomiting stomach contents only as in pyloric stenosis, and vomiting stomach and small intestine contents together as a result of obstruction lower down the gut. In the first case, there is loss of chloride as sodium chloride and as hydrogen chloride; the hydrogen chloride leaves behind its sodium in the form of bicarbonate, so that not only is chloride depleted, but bicarbonate is increased, producing the high alkali reserve and low plasma chloride which cause the nitrogen retention seen in this condition. (Clausen and Ringsted 1939.)

Case 3. A man aged 66 developed pyloric stenosis and vomited until frequent aspiration of his gastric contents and replacement with saline was adopted. 24 hours before operation his plasma chloride was found to be 270 mgm. per 100 cc., alkali reserve 85.5 cc. CO_2 per 100 cc., the calculated deficit of sodium chloride being 88 gm. He received 71 gm. Na.Cl. in 4 pints of water intravenously and a continuous drip of tap water rectally, before operation, which was not postponed. 48 hours after operation the plasma chloride was 487 mgm. per 100 cc., alkali reserve 57.4 cc. CO_2 per 100 cc. Apart from atelectasis of the left lower lobe recovery was uneventful.

If obstruction is below the ampulla of Vater, not only gastric secretion, but also pancreatic secretion is vomited. The pancreatic juice contains sufficient alkali just to neutralize the acid of the stomach contents, so that sodium and chloride are lost in equivalent amounts. No alkalosis can develop, but there results a depression of plasma chloride in every way comparable with that of Case 1.

Impairment of renal function, and ketosis (if this is permitted to occur) may lead to the retention or production of acid metabolites, so that the patient obstructed below the duodenal ampulla may actually develop a low alkali reserve, in spite of his vomiting. In any case, after detection and removal of the cause rapid improvement usually results from the provision of an adequate supply of chloride and water, either parenterally or in the diet; though if the condition is not recognised, death may occur. In my experience increased alkali reserve due to alkali medication is recognised much less

readily than that due to the vomiting of pyloric stenosis, and is therefore more dangerous. The occurrence of unusual irritability or excessive somnolence in any patient with the symptoms of peptic ulcer who is receiving alkalis should be an indication for estimation of the blood urea or non-protein nitrogen, and if this is raised the alkali reserve must be determined.

Decrease in the alkali reserve is much more frequent. It occurs spontaneously in the presence of gross structural damage to the kidney; owing to the inadequacy of the surviving renal tissue to form ammonia to neutralise acid metabolites, the bicarbonate of plasma is called on for this purpose. It is seen also in ketosis, where organic acids are combined with much of the available base. The most severe degrees are found of course in diabetic coma (down to 12 cc. CO_2 per 100 cc.); but even after 24 hours deprivation of carbohydrates in the normal adult and in even shorter periods in the child a mild degree of ketosis may be found; it is also induced by general anæsthesia. Obviously, some degree of ketosis in the patient will be frequent after operation. If then inadequate (i.e., less than 60-80 G. daily) patenteral glucose is given the patient who can not eat is driven to metabolise his own protein and fat and produces an increasing ketosis and an increasing amount of non-volatile acid (phosphoric, sulphuric) to deplete his surviving store of bicarbonate.

In most cases, depletion of the alkali reserve to 45 cc. CO_2 per 100 cc. produces little effect; but where other factors such as structural damage to the kidneys, and low blood pressure, are involved, even this 20% drop may be important.

Case 4. A man aged 45 was subject to a partial gastrectomy. For a week after operation his condition was unsatisfactory, and his blood urea gradually rose to 174 mgm. per 100 cc. At this time his alkali reserve was 45.8 cc. CO_2 per 100 cc. and plasma chloride 576 mgm per 100 cc. The calculated quantity, 24 gm. of sodium bicarbonate, was given suspended in water in 4 equal doses at intervals of 2 hours through a Ryle's tube. Within 24 hours there was marked improvement in his mental and physical state and his alkali reserve was found to be 68.6 cc. CO_2 per 100 cc. The blood urea rapidly fell to normal and later recovery was uninterrupted.

Combinations of disturbances. It is obvious that all possible combinations of these conditions may occur; increased or decreased alkali reserve without or with hypochloræmia, or simple hypochloræmia.

Exceptions. In emphysema there is a tendency for the alkali reserve to be raised, sometimes to figures well above, and for the chloride to be depressed well below the usually accepted range of normal. If this is suspected, preoperative analysis of plasma to establish that individual's normal is imperative.

Procedure. Urine tests can often be done at the bedside, and therefore should take precedence of blood analysis if possible. This is so for chloride. It is tested for by adding 1 cc. nitric acid to 5 cc. urine and then adding excess silver nitrate. If no precipitate appears the plasma chloride is below 500 mgm. per 100 cc. and is dangerously low. If a thick curdy precipitate appears, the plasma chloride is within normal limits or perhaps raised; intermediate degrees of precipitation may occur and indicate varying degrees of chloride deficit. Most patients can be controlled by repeated urine testing and consequent adjustment of the salt intake. Plasma chloride determinations are needed only occasionally for confirmation or when massive salt therapy is needed.

The bicarbonate cannot be controlled at the bedside. Patients with grossly increased alkali reserve frequently excrete neutral or faintly acid urine. The alkali reserve will be estimated, therefore, far more frequently than the plasma chloride.

For analysis, venous blood is taken with the minimum of stasis and without hæmolysis. A dry sterilised syringe and 10 or 14 gauge needle are best; failing that one washed out with 3.8% sodium citrate. At least 10 cc. blood are taken, the needle removed, and the blood run, mixing gently, into an oxalated container; it is best to add a liquid paraffin seal to avoid loss of CO_2.

The single therapeutic dose. Since it is necessary to call on the laboratory as little as possible the problem is that given a deficit of chloride or bicarbonate, how may one calculate what weight of sodium chloride or bicarbonate is needed to restore the composition of the body fluids to the normal range? This dose having been given to the patient one may call on the laboratory for confirmation; in this way serial analyses can often be avoided.

Let us assume that the patient contains 70% water throughout which the body electrolytes are distributed with a concentration equal to that of the plasma. The mean normal plasma chloride is 590 mgm. per 100 cc.; the bicarbonate 64 cc. CO_2 per 100 cc.

Suppose the patient weighs W kg. and has a plasma chloride of X mgm. per 100 cc. Then his deficit of sodium chloride is 590—X mgm. per 100 cc. body water. In the whole body this is

$$\frac{7W}{10} \times 10(590\text{-}X)\text{mgm.} = \frac{7W(590\text{-}X)}{1000}\text{grams.} \quad (1)$$

The deficiency of bicarbonate is calculated similarly. 84 Gm. $NaHCO_3$ yield 22,400 cc. CO_2, so that 1 cc. $CO_2 = \frac{84}{22.4}$ mgm. $NaHCO_3$.

Hence if the observed alkali reserve is Y cc. each 100 cc. body water needs $(64\text{-}Y)\frac{84}{22.4}$ mgm. $NaHCO_3$ and the whole body needs

$$10 \times \frac{7W}{10} \times \frac{84}{22.4}(65\text{-}Y) \text{ or } \frac{W(64\text{-}Y)}{38.1}\text{gm.} \quad (2)$$

Since the patient is usually sick and cannot be weighed, because overdosage is dangerous, and because sodium is chiefly extra-cellular, it is best to give two-thirds the above dose: for arithmetical convenience, the coefficients may be adjusted slightly.

The recommended doses are, therefore, for chloride

$$\tfrac{2}{3} \times \frac{7W(590-X)}{1000} = \frac{W(590-X)}{214}\text{G or, for convenience, } \frac{W(590-X)}{200}\text{G.}$$

A deficit of 100 mgm. is therefore corrected by $\frac{100W}{200} = \frac{1}{2}W$ Grams. Nacl. Since isotonic saline contains 0.9% Nacl, $\frac{1}{2}W$ Grams is contained in 55 cc. isotonic saline, so a convenient approximation is "50 cc. normal saline per kg. body weight for every 100 mgm. chloride deficit."

For bicarbonate, the expression becomes

$$\frac{W(64-Y)}{60}\text{ G.}$$

Administration of massive doses. Salt loss is always accompanied by water loss, so that generally isotonic saline is a satisfactory fluid to administer parenterally until chloride is excreted again; then glucose or glucose-saline is given. Quite severe degrees of hypochloræmia can, however, exist without clinical signs of dehydration. Rarely the occasion is urgent, the chloride deficit being extreme (Cases 1 and 3): here hypertonic saline may be given, provided that an ample supply of tap water can be supplied either by mouth or per rectum. The concentration may be up to 5 times normal (4.5%). More concentrated solutions are apt to cause pain and thrombosis though they can be used.

Case 5. A woman aged 28 developed a pernicious vomiting of pregnancy which persisted after termination of pregnancy. She became icteric, developed a furuncle, and was found to be severely hypochloræmic. When the furuncle was incised under anæsthesia 200 cc. 18% sodium chloride solution was injected intravenously. Vomiting ceased, and she drank (and retained) nine pints of water in the next eleven hours. Recovery was uneventful

Bicarbonate may be given by mouth in divided doses. In my experience most patients will tolerate 2 Gm. or gr. xxx in water every two hours, or even every hour: but if larger doses are needed they tend to vomit. In such cases quantities up to 8 Gm. (gr. cxx) can be given every two hours directly into the stomach through a Ryles tube (Dr. H. R. Ives, personal communication). Intravenous injection is needed but rarely. Sterilization is difficult since the solution decomposes on heating, but the 6% solution can be autoclaved in mineral water bottles with wired on stoppers, which are filled almost completely and heated and cooled very slowly; under these conditions the carbon dioxide liberated cannot escape and recombines on cooling.

As an illustration, let us suppose a patient weighing 11 stone is found to have a plasma chloride of 270 mgm. per 100 cc. and an alkali reserve of 37 cc. CO_2 per 100 cc. plasma. The calculation is

$$11\text{ stone} = 11 \times 14\text{ lb.} = \frac{11 \times 14}{2.2}\text{ kg.} - 70\text{ kg.}$$

Chloride deficit = 590 − 270 = 320 mgm per 100 cc.

Bicarbonate deficit = 64 − 37 = 27 cc. CO_2 per 100 cc.

$$\text{Chloride requirements} = \frac{70 \times 320}{200} = 112G \text{ or } 70 \times 50 \times 3.2 = 11{,}200\text{ cc. of 0.9\% saline.}$$

$$\text{Bicarbonate requirements} = \frac{70 \times 27}{60} = 31.5G$$

$NaHCO_3$, or 540 cc. 6% solution.

In such a case, isotonic saline is useless, for 11.2 litres can be given only in two or three days; in 5% solution, however, 112G require only 2,200 cc., or $3\frac{2}{3}$ pints, which is easily given within twenty-four hours. However, the sudden introduction of such a large mass of NaCl. may well disturb the patient unless adequate supplies of water are available. A suitable procedure would be:—

1. Start a continuous rectal drip of tap water.
2. Give one pint of 5% saline intravenously followed by 540 cc. of 6% bicarbonate.
3. Give the second pint of 5% saline, followed by a pint of 5% glucose.
4. Give the rest of the 5% saline followed by 5% glucose.

5. Continue the rectal drip until the patient no longer complains of thirst or until he can retain water by mouth.

The total fluid to be given intravenously is 3,000-3,600 cc., which given at 40 drops a minute or 120 cc. hourly would take 24-30 hours; over half the deficit would be corrected in the first 12 hours. It would be desirable, of course, to test the urine for chlorides at intervals.

The bicarbonate could be given by mouth if circumstances permitted; doses of 2G every two hours, or 8G every three or four hours through a Ryles tube would be satisfactory.

Occasionally laboratory facilities are entirely lacking. Even under these conditions the chloride deficit can be corrected safely if a tube, nitric or sulphuric acid, and silver nitrate are available. The normal range of plasma chloride is 60 mgm. per 100 cc., and if chloride is absent from the urine it is quite safe to give sodium chloride in a dose calculated to raise the plasma chloride by this amount: using (3) the dose required is $\frac{1}{3}$ W grams or 30 cc. normal saline per kg. body weight. If chloride remains absent from the urine after one or two hours, the injection may be repeated until chloride is excreted again; then the usual maintenance dose of 3-4 Gm. NaCl. daily may be given and the water requirements of the patient made up with isotonic dextrose or rectal tap water. This method was recently adopted for a comatose patient whose superficial veins were not only invisible and impalpable, but went into spasm immediately on being touched. After 5 weeks in coma he recovered consciousness and is now convalescent.

It must be remembered that the ideas discussed here are intended to be of assistance to surgeons dealing with patients whose body chemistry has already become abnormal. Prevention is here much better than cure, and if the principles laid down by Avery Jones and Morgan (1938) are followed, this article is unlikely to be needed, though in my experience the daily maintenance dose is 8-12G, higher than that recommended by these authors. In spite of all care, however, difficulties sometimes arise and an acquaintance with the empirical rules given here may occasionally save the life of a patient.

I regret that I cannot in every case acknowledge the source of my material. The cases are selected ones from the practice of St. Bartholomew's between 1935 and 1938 and Hill End during 1942 and 1943 and under present conditions my laboratory records and memory alone have been available. They are drawn from material sent to the laboratory by every surgeon in the hospital. I feel that I owe a special debt to Dr. George Graham, who first interested me in the problems of acid-base equilibrium, and to Sir Girling Ball and Dr. Geoffrey Evans under whose care was the first patient whose uræmia yielded to vigorous salt therapy calculated on the principles set forth above.

Since writing the above my attention has been drawn to a paper by Bartlett, Bingham and Pederson (1938) in which the authors conclude that for every 100 mgm. chloride deficit the patient requires 0.5G sodium chloride per kg. body weight, a figure identical with that given by the calculations set out above.

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A BLACK-OUT IN THE LAST CENTURY

By Major-General Sir Charles Gordon-Watson, K.B.E., C.M.G.

With the approach of winter our thoughts are focussed on the trials of the black-out and it occurs to me that an account of the personal experience of the first black-out in war may be worthy of record.

On October 25th, 1899, the Roslin Castle, the first transport to leave Southampton for the war in South Africa, steamed into the harbour of Las Palmas on a scorching hot day. A cruiser, H.M.S. Niobe, was in harbour to receive transports. Here the first news of fighting reached us—the battle of Glencoe and defeat of the Boers and the wounding of Gen. Symons, who was in command—there was no wireless in those days. About 4 o'clock the same day, having coaled, we steamed out of harbour. On board we had the 2nd Battalion of the West Yorks, under the command of Lt.-Col. Walter Kitchener, brother of Lord Kitchener, General Hillyard commanding the 2nd Brigade and his staff, a Field Hospital, a Bearer Company, a detachment of 2nd Devons, some A.S.C. and A.P.D. units, and last but not least, a contingent of nine civil surgeons, the first to go out, which included three Bart.'s men, A. E. Wynter, R. W. Jameson and myself.

Shortly before we left harbour an officer came on board with sealed orders from the Niobe, and a tug raced after us to give us more news from the front.

As evening approached, after a steering breakdown and some hours' delay, a rumour went round that we were altering course and going out of the beaten track outward in the Atlantic and, what was worse, there were to be no lights on board.

It had been noted by all that in the harbour there was a torpedo boat flying the German flag. It had been fitted out by Krupp's for the Brazilian Government but not handed over. Our arrival coincided with the coaling of this rather mysterious ship. Rumour had it that it had sailing orders for the same evening. The Roslin Castle could steam at 15 knots, the unknown one at 22 or better. Was she a possible purchase of Kruger's with which "to stagger humanity," his own phrase. These and suchlike thoughts were rife and there was a general desire to see the Niobe close at hand, but the Harlech Castle and the Lismore Castle were due on the following day, and the Niobe must wait to give them orders. Our troops were urgently needed and there was no time to waste. Anyway on that evening the first black-out in war was staged. We dined by candle light, with the port-holes pasted up with brown paper. The ship carried no lights, a cheerful prospect had we been on the beaten track, which we were not. Rifle and ammunition were served out on deck and a guard detailed, though what use could they be! The smoking room was not blacked out, so we could not play cards and could only stroll on deck and speculate on the sudden appearance of the "privateer" or on the sudden explosion from a torpedo!

As I strolled on deck I struck a match in mid-Atlantic to light my pipe, when a voice from the other side of the deck (Col. Kitchener) called out, "Put that light out!"

As we were watching a storm at sea suddenly far away on the horizon a blaze of light appeared. The cry went up, "Searchlight," but it was only the rising moon. And so to bed.

THE BEAUTY OF NATURE

By P. K. Robinson

During these days of difficult travel and short holidays, those of us who love wild places must, to a great extent, live on memories. Nevertheless, there are many evidences of country life in the City.

In the late spring and summer several pairs of black redstarts could be seen and heard amongst the ruins of the Guildhall, Charterhouse, and the scarred City Churches. The fine black cock bird, with its white wing-bar and red rump, and the browner hen bird were very beautiful. It seemed to be the delight of the cock bird to perch on a tall tower or building and pour forth his song—a mixture of warbling and harsh croaking. Catching flies in the evening he was a lovely sight; at one moment perching on a wall, the next, suddenly darting off and catching a fly with the skill of a fly-catcher. Returning to his perch, he would wag his tail characteristically, from side to side, and the setting sun would light up his colouring.

In St. James' Park, in the spring, the wild mallard, wigeon, pochard and pin-tail foregathered, having left for a period their lonely marshes to visit this lake, in the centre of the world's largest city.

By Blackfriars Bridge are now several lesser black backed gulls, which have come from their breeding places on inland lakes, or the steep cliffs farther north, while in the Hospital Square, in the evening, starlings congregate in the plane trees and chatter until it is dark.

Bright patches of rose-bay willowherb grow among the stones, in and around the cellars of ruined buildings. Even among bomb débris, this common flower has a beauty of its own, and reminds us of the misty purple carpets seen beneath woodland trees. Yellow groundsel grows along with it. These wild things give rise to a train of thought—of whence they came and whither they are going. For many of the ducks do not stay long, in their urban surroundings, and since the end of July the redstarts have not been heard, and the flowers are now fading and seeding.

The mention of mallard takes me, in imagination, back to a lonely strip of Welsh coast. I stayed here in the spring, at a farmhouse, situated by a mountain stream, which, a quarter of a mile further on, ran into the sea. The beach was sandy here, and at the foot of the sand dunes was a strip of shingle. Behind the sandhills was low marshy land, with patches of scrubby trees and gorse. At that time the gorse was out, and was a blaze of yellow, and gave off a strong coconut scent,

which together with the air from the sea was very invigorating. Both by the shore and inland there was a wealth of wild life to see and study. Several pairs of oyster catchers and ringed plovers nested among the pebbles, above high water mark. The oyster catchers' nests were mere hollows scraped in the sand, amongst the stones, with little protection from the strong winds which blew from the sea. The eggs were wonderfully camouflaged. One of these black and white birds could often be seen on the shore, standing, as if on guard to warn its mate on the nest of approaching danger. They can sight people a long way off, and they have a habit of facing the sea when "on guard"; and when suspecting danger they move further away, keeping their eyes out to sea, and so not giving away the position of their nest. The greyish brown ringed-plover, with its fine black gorget, was running about the sand at low-tide, feeding on shell fish, sand-hoppers or worms. When it reached the shingle it was impossible to see it, unless it was moving. It nested there in a mere scraped hollow, but sometimes it decorated its nest with small fragments of sea-shells. Occasionally a group of grey sanderlings fed on the shore, and ran about, pecking here and there for a worm or mollusc, twittering softly as they ran, and looking like a company of well-fed aldermen. At the slightest alarm feeding stopped, and they all faced the sea, and if necessary, rose, uttering a shrill cry until they alighted, with quivering wings, some distance away, to recommence their search for food.

Above high-water mark, behind the sand hills, there was a stretch of water edged with tufted grass and an occasional gorse bush. One day I saw a female mallard suddenly fly from a bush at the edge of the water, and on going to look, there was a nest right in the middle of the bush, containing nine olive-brown eggs; but since the bird was circling round, I did not wish to disturb her, so walked away.

Amongst the rough ground many other birds nested—larks, peewits, pipits, and stonechats—each having their own interesting song, habits and appearances. One day, I disturbed a heron feeding in a stream five yards away. Greatly startled, it spread its great wings and flew off. In rain or sunshine, dippers were actively searching underwater for food, in the stream by the house; coming up at intervals to perch on the stones, surrounded by swirling water. Wagtails were most often seen as flashes of white, as they flew upstream under the ivy-covered bridge.

The cry of the curlew was often heard—near the coast at low tide, and up on the moors. As it was spring its tremulous love song filled the air. The singer would rise and fall with fluttering flight, producing a torrent of liquid notes, uttered faster and faster as it came earthward. It was a rare pleasure at nightfall to hear the curlew and the larks still singing, intermittently, with the music of running water as accompaniment.

Flowers were abundant, too. The woods were carpeted with bluebells and patches of primroses; violets and lady's smock grew unobtrusively in the lanes; on the boggy ground were groups of buck bean, a pink and white feathery plant; the small, blue-flowered milk wort grew half hidden in the grass, amongst dwarf purple orchids.

Every part of this strip of coast and its hinterland had some interest for the patient observer. One of the most amazing things about it was, that the scene itself had beauty and grandeur in its composition, but every minute part which went to make it had a fascination of its own. Every living thing has beauty in its form and colour. To the average individual, natural scenery is beautiful enough, but anyone who has studied the form of animals and birds knows how wonderful is the intimate structure of their bodies. Whether we are so trained or not, in places like this we can find great happiness. Here is a fund of vital interest, which increases as we get to know it better. Here is life, with all its intricacies and complications, and yet it is in such places that we can attain peace and serenity, so long as we approach humbly. The secrets and the joys of nature are not experienced by the arrogant or the impatient. If we will go quietly, we can gain a great deal from the wild places. When we get away from the towns, and the rush of civilization there is a quietness, which can almost be felt. All the artificialities of modern life leave us, and we are free to enjoy the simple pleasures of the open air—simple, yet so rich in interest, to those familiar with them. Then the beauty of the countryside is manifest in its vastness and its minuteness, and one wonders at such creation. The more one knows of animals and flowers and living things, the more one loves them. Rupert Brooke reminds us of

"Rainbows: and the blue bitter smoke of wood;
And radiant raindrops couching in cool flowers;
And flowers themselves, that sway through sunny hours,
Dreaming of moths that drink them under the moon; . . .
Firm sands; the little dulling edge of foam
That browns and dwindles as the wave goes home; . . .
Sleep; and high places; footprints in the dew;
And oaks: and brown horse-chestnuts glossy new;
And new-peeled sticks; and shining pools on grass;—"

This love of the countryside and the happiness it brings is partly an attitude of mind. It does not necessarily come to those with great possessions, indeed money cannot buy it. That people have experienced it for a long time, is evident from literature and poetry—from the Psalmist onwards. I recall a conversation in "Lavengro" in which Jasper says:—

"There's night and day brother, both sweet things, sun and moon and stars, brother: all sweet things: there's likewise wind on the heath: who would wish to die?"

"In sickness, Jasper?"

"There's the sun and the stars, brother."

"In blindness, Jasper?"

"There's wind on the heath, brother: if I could feel that I would gladly live for ever. Dosta, well now, go to the tents and put on the gloves and I'll try to make you feel what a sweet thing it is to be alive brother."

In nature there is something to see in all our moods, and usually something which reminds us of our own small part in the scheme of things; and yet serves to remind us of the potential beauty and possibilities of man and to encourage us. We can by approaching nature gently, gain great enjoyment and peace of mind; and help ourselves to see beauty and find pleasure in our "common" life. This philosophy is admirably summarised by Edward Wilson, when he says, "Let our joy in life be in the free gifts of God, for which we never even asked, and we shall be too happy even to wish to leave them and begin to look for higher things. Never let us fix our hearts on anything in such a way that it can affect our spirits, or our appreciation of the joys and the beauty, and the blessings, that are showered on us every single day we live. If we can only grasp this fact, that so long as we don't plan big or little joys for ourselves in life, God will most certainly give us the most heavenly power of enjoying little things, which in our selfish eagerness for our own ideas of happiness, we are treading underfoot, every day, just where we are."

A PSYCHIATRIST'S FANTASY

By S. M. Coleman

It was early afternoon and I was enjoying a brief doze before the fire, a pardonable habit in late middle life, when there was a knock at the door. I hastily assumed a more impressive position at my desk as the porter entered. There was a gentleman who would like to see me; no, he had no appointment, but the name aroused my curiosity, for it was one closely associated with the early history of my hospital. I asked the porter to show him in.

An old, but alert, gentleman of trim appearance entered. "How do you do, Mr. Kute?" I said, rising from my chair. "It is a great pleasure to meet a member of the family that has done so much not only for this hospital but for the cause of the insane in general." And I motioned him to a chair. He told me that he was in the district only for a short stay and remembering well from boyhood the beautiful old buildings and pleasure grounds, had taken the opportunity of visiting the asylum.

"Not asylum, sir," I interrupted, "this is a mental hospital and a very up-to-date one, too."

"Mental hospital, if you prefer it," he rejoined, "nevertheless asylum is a beautiful old English word with the happiest conotations. I must admit it came as rather a shock to me to find the old buildings and gardens gone and, in their place, these curious little redbrick villas, rather like a garden-city."

I saw he was distressed and hastened to explain that the old buildings, beautiful as they undoubtedly had been, were totally unsuited to the needs of a modern institution. The new lay-out had been, in fact, one of my earliest achievements and one of which I felt justly proud. I saw he remained unconvinced and went on:—

"Certainly it was your distinguished relative," and I waved my arm towards the mantelpiece, where there hung a portrait of that very unrepresentative example of his class, the eighteenth century gentleman; "who added humanity to the treatment of the insane, but," I added, "it has remained for our generation to add science."

While I was speaking he got up and walked

towards the print. It presented a kindly, if austere, old gentleman of that period, whose mission it had been to strike off the chains, put a stop to the beating and other abuses of the unfortunate inmates of lunatic asylums.

"I am afraid I have not kept up my association with these hospitals," he said. "Chance has led me into other walks of life. But, now that I am here, would it be too much trouble if I asked you to show me round the hospital. I should like to see how science has built on the foundation laid by my relative."

I assured him that it would be no trouble and guided him out into the grounds. As we walked towards the treatment centre we discussed the latest war news and Mr. Kute said that it seemed terrible to him that man should for ever be using science only to invent more lethal weapons in order to destroy his neighbour. I whole-heartedly agreed, suggesting that it is as if a child were given a charge of dynamite to play with. He is incapable of putting it to any useful purpose.

As we entered the treatment centre, I said, "I think you should first see some patients undergoing malarial therapy. I am showing you this method first because its discovery marks the beginning of the modern era—the treatment of mental illness by physical means."

"What is the rational?" he queried. I explained that high fever had been found to benefit this particular mental illness and also that it had been noted that where malaria was prevalent this form of insanity was seldom to be found. In the ward I saw that one patient was in rigor and I drew Mr. Kute's attention. The patient was muttering deliriously, shivering and trembling. The temperature registered 105° F.

"Is the treatment very unpleasant?" my companion asked. "Well, of course," I had to admit, "a rigor isn't exactly pleasant," but added, "The results justify the temporary unpleasantness."

"You mean they recover?"

"No, I am afraid they don't all recover, but instead of rapidly dying, the bodily health markedly improves, even if the mental state remains unaltered."

He made no further comment and I lead him into the next ward, where insulin treatment was still in progress. I explained that this therapy produced coma and sometimes fits and that we had excellent results in a proportion of cases. No, I could not tell him how it worked. A colleague had suggested that it was an endocrine kick in the pants. Mr. Kute seemed rather struck by this.

"Our most recent acquisition is this," I said, showing him an imposing piece of electrical apparatus. "We use it for inducing convulsions." "Are there any risks?" he asked. "Well," I had to admit, "fractures and dislocations do occur and some workers suggest that the severe memory lapses, which are sometimes permanent, are due to small brain hæmorrhages induced during the fit. But I think the end justifies the means. I am afraid I cannot show you the next form of treatment in action. It is used as a last resource, when other methods have failed. It consists in cutting through and severing a part of the brain. After this operation, violent and dangerous patients become benign and quite childlike. Some can even engage in useful occupations of a simple nature."

"There is one last method of treatment I would like to show you. It is called prolonged narcosis. We use it for our mildest cases and it consists in sending the patient to sleep for from ten to fourteen days."

"Do most of them get well?" I was asked.

"Yes, quite a proportion do and those that don't are then given the more drastic methods."

"You mean they get them one after the other; insulin shock and then the convulsive treatment?"

"Yes, and if they all fail, perhaps the operation leucotomy."

"With the sleep treatment do they ever not wake up?"

"Oh! most of them wake all right," I was glad to assure him.

"It seems a pity," he said.

As we left the treatment centre I pointed out the animal house and offered to show him round the experimental laboratories, where the various treatments were tried out on rabbits and guinea pigs. He intimated, however, that he would have to forgo that pleasure, since he was pressed for time.

Walking towards the lodge gates, I expressed my regret that we no longer had a member of his illustrious family on the governing body of the hospital. I was taken back a little by the fervour with which he endorsed my opinion.

A SICK-BAY INCIDENT

In the earlier stages of the war when H.M.S. "Exeter" put up such a good fight and helped to knock seven bells out of the Jerries' prize battleship—a shell landed on the "Exeter" in close vicinity to the Sick Bay. An executive officer felt the bump and dispatched a messenger to the Senior Medical Officer (who had his hands full at the time) and he told a sick berth attendant to take a message to the waiting "runner," to the effect that it was *not* a direct hit on the Sick Bay. The reply was rather curt, and no wonder, for the place was a shambles.

The sick berth attendant, a grey-headed ironic old sinner, delivered the reply in this manner:

"'Ere you! you say Jimmy-the-I wanted to know if that noise was an 'it on the 'Ospital. What did he think it was, an attack of the bloody hiccups?"

D. E. WYNDHAM, *Surg. Comdr.*, D.S.C.

ANNOUNCEMENTS

BIRTHS

BREWERTON. On Sept. 15th, to Sylvia, wife of Lieut. R. S. E. Brewerton, R.A.M.C., a son.

MARRIAGES

CANE—MILLAR.—On April 6th, 1943, at St. Alban's Church, Dar-es-Salaam, Tanganyika, Hugh Cane, M.B., elder son of Dr. and Mrs. Cane, Bungay, Suffolk, to Margaret Millar, eldest daughter of Mr. and Mrs. James Millar, Symington, Lanarkshire, Scotland. Dr. N. Chitton, also of St. Bartholomew's Hospital, acted as best man.

The JOURNAL wishes to remind its readers that a charge of 1s. per line is made for announcements printed in this column. All communications should be sent to the Editor at the JOURNAL OFFICE.

CONSCIENCE

I think most people would agree that the average Bart.'s student is a conscientious sort of fellow. For example, a student having "signed up" prior to the commencement of a lecture, finding that his duties necessitated his being elsewhere at the time of the lecture, would, I am sure, immediately eradicate his name from the list before leaving to execute his duties. Recently I heard an interesting story from a fellow student which illustrates what an important part conscience has played in his life, and, although the story is against himself, he has given me permission to recount it.

It was one of those sultry July days when every movement is an effort and one dreams of shaded verandahs and iced drinks. My friend —from now on referred to as Mr. K.—was alone on duty in the Casualty Clearing Station, his colleague having taken his leave because "it is ten to six, old chap, and you can't keep a woman waiting when you've got a date; besides no one will come in in ten minutes anyhow." There he sat in the murky gloom waiting for the big hand to reach the hour, while through his mind passed thoughts of kaolin poultices—was it ten or twelve he had made that day?—and then his landlady, Mrs. Toggle, with another "nice herring for your supper, Mr. K.!" The thought of having to make a thirteenth kaolin poultice was almost too much for him—besides it would be unlucky—and so he decided that he should go. The man from the West Wing might be early, and anyhow, no one would miss him in ten minutes.

But Mr. K. had a conscience and, with grim determination, he pulled his white coat around him, and prepared himself for five minutes of the worst. The worst arrived on a stretcher at three minutes to six! But Mr. K. was ready for any emergency, and was washing his hands with the air of a surgeon with at least one F.R.C.S. A house surgeon appeared and advised Mr. K., "Clean up his head, and put some sutures in, and then give him some A.T.S., will you, K.? And before you go there's a fellow over there with a bad ankle. Put some strapping round it and tell him to come back in a week. O.K.?" A rather feeble "O.K." from Mr. K. indicated that it would be done. Mr. K. was proficient in the art of suturing in theory, having recently read Sir Harold Gillies' article in the Bart.'s Journal, but in practice the art of tying the sutures still remained a mystery to him. However, he had his own method and all was going well until, "You'll scalp him if you tug much

harder," was breathed in his ear. The operation was eventually completed, and Mr. K. a little disturbed by the houseman's words—set off to strap an ankle. But as fate would have it, he came face to face with the houseman, who seemed to think that a little practical tuition in the art of stitching was indicated, and that right early.

Eventually, a very tired Mr. K. crept into the humble abode of one, Mrs. Toggle, and, having toyed with a herring for about half-an-hour, he settled himself in an armchair by the window and prepared himself for the pangs of indigestion which inevitably followed herrings cooked the Toggle way. Mr. K. being, as I have said, a conscientious fellow, could not sit idle for long, and reaching for his Conybeare, he opened it at random and started to read. But his thoughts were elsewhere, and he wondered to himself what his colleague was doing with his latest lady friend—an A.T.S. girl this time.

Mr. K. went on to tell me of how the capitals "A.T.S." were associated with a feeling of acute anxiety, and for some time he was at a loss to know the reason why. Then suddenly he realised with horror that he had forgotten to give his patient the A.T.S. injection as instructed. Thoughts of the poor old man lying in bed with jaws locked and neck rigid were interrupted by the entry of Mrs. Toggle with, "Your nightcap, Mr. K., and I'm sure you've earned it to-day." Mr. K. was not so sure. His anxiety was rapidly becoming chronic, and seeking comfort, he asked Mrs. Toggle if she had ever heard of a disease called "tetanus." This was a change in policy on Mr. K.'s part, for he had learnt from bitter past experience that once Mrs. Toggle started talking there was no stopping her. After an hour's solid talking Mr. K. learnt that the Toggle strain was a pretty resistant one, and that illness was hardly known to the Toggle family. She had certainly never heard of "tetanus" and the only illness she could remember was when "poor little Ernie got carried off so sudden with the lock-jaw. So sudden it was, Mr. K. . . .," and with that she left the room in tears. Mr. K. passed a sleepless night that night—the sad story of Ernie Toggle had moved him deeply—but he tells me that, by the early hours of the following morning, he had learnt more on the subject of tetanus than he could normally have learnt in a week.

People who saw Mr. K. later that morning said that he was different .Firstly, he was in the Out Patients' Department *before* nine—something that had never occurred before as far as Mr. K. was concerned—and secondly, he looked as though he'd been working (which, indeed, he had)—also something which had seldom occurred before. He searched the Out-Patients' Department looking for someone with "risus sardonicus" and a bandaged head, but in vain, and on enquiring later in the morning as to whether anyone had seen a patient with a cut head complaining of "a stiffness or rigidity of the muscles of mastication," he was unlucky. So Mr. K. decided that a second opinion on the matter was indicated, and with some trepidation he sought his friend the house-surgeon. As a result of the interview it was decided that Mr. K.'s patient must be found and given his A.T.S. injection. After a search through about eighty cards (Mr. K.'s patient had a very common name) the address was found, and Mr. K. prepared himself for a journey to 107, Cardington Street, Lambeth.

After a journey involving rides by tube, bus and tram, and a considerable walk, first in one direction and then in the opposite direction (no one seemed to have heard of Cardington Street), Mr. K. reached his destination. His patient welcomed him with open arms and said that he never realised that the Bart.'s "follow up" scheme was so efficient! Mr. K.—feeling considerably better at finding his patient still alive—asked a few questions chiefly concerning neck rigidity, and, after a while, tentatively suggested that a ninjection at Bart.'s might be a good thing. To his surprise, his patient was fully agreeable and exclaimed that if Bart.'s were good enough to send a doctor to him, how ungrateful he would appear if he did not go to Bart.'s as advised. (Mr. K. assures me that he really did use the word, "doctor.")

The return to Bart.'s was apparently uneventful, and in due course the injection of A.T.S. was given, and the patient advised as to when he should return to Bart.'s to have his stitches removed.

The story ends with the return of a somewhat weary Mr. K. to that haven of peace and quiet—namely, Mrs. Toggle's. On opening the door he was greeted by the inevitable aroma of herrings, but as he explained to me, "You can face anything—even a herring cooked the Toggle way—if your conscience is clear."

P. R. N.

THE PATHOLOGY OF SONG

Recently I became involved in an interesting and quite unique discussion, so that I resolved to set down as soon as possible the facts which emerged therefrom, and perhaps transmit the substance of these to others.

My informant was a middle aged man who happened to occupy the same table in a restaurant at tea-time, and I was immediately intrigued by his rather unusual manner. He was small, alert, and seemingly intolerant of everyone present, particularly the waitress, who was careless enough to deposit a crumpet upon the shoulder of his coat, together with a quantity of tea and boiling water. He made rather more of a scene over this incident than I felt was necessary in so public a place, but it was readily apparent that he did not attach much weight to anyone else's opinion of himself, though I fancy he compensated for this pretty adequately with his own.

For a few minutes we conversed on general topics; he informed me he was a doctor, and evinced no particular interest when I expressed the hope that the examiners would be charitable enough to allow me to follow the same profession in due course.

It was then that the discussion opened, for very abruptly he inquired if I had ever considered the medical significance pertaining to the words of various popular songs. I replied that my knowledge of psychiatric matters was somewhat sketchy, and that as far as I was concerned they had no significance whatever.

"I see you have not grasped my meaning," he said. "I am not interested so much in the psychological basis which prompts these compositions, as in the pathological changes which might be supposed to have occurred in the subjects of these songs."

I confessed that this was an aspect of applied medicine which I had so far overlooked, and excused myself somewhat half-heartedly by murmuring something about an overloaded curriculum.

"Let us consider a simple example," he continued, obviously warming to his subject. "You will no doubt have observed how often in popular compositions, the singer experiences a 'thrill,' usually when brought into contact with the current object of his desires. What do you imagine is the pathological explanation of this thrill?"

Frankly I was still somewhat nonplussed at this remarkable intellectual hobby of my acquaintance, and on the spur of the moment could only hazard the opinion that the phenomenon was possibly the legacy of an attack of rheumatic fever earlier in life.

"You think a cardiac thrill is being referred to on these occasions?" he asked. "I inclined to that view myself at one time, but I am bound to say that while I recognise the wide prevalence of the rheumatic heart, I regard it as unlikely in the light of further consideration. Assuming the thrill referred to is in actual fact cardiac in origin, we must suppose that it is in every case a palpable thrill. Therefore I consider it most unlikely that these people can achieve such a wide variety of other activities, many of them obviously calling for considerable stamina, when they possess at the same time such gross cardiac lesions."

This seemed rational enough to me, so I inquired what conclusions he had arrived at.

"It could not conceivably be a fluid thrill, otherwise," he added, "we must accept the disturbing idea that many individuals are at large with undiagnosed ascites; a supposition which fails to reflect the slightest credit upon our profession. It is equally unlikely that massive effusions are present in other serous cavities, or even that a hydatid thrill is being elicited. "No," he continued, "the heart is so often referred to in this connection, that we must provisionally accept this organ as being the seat of these physical signs. Whether an organic lesion is present it is difficult to say—I incline towards a neurotic explanation myself, and this is certainly in keeping with many of the other sentiments expressed in the songs."

By this time I had begun to realise the absurdity of explaining these conditions literally, but the doctor was not to be put off, for he continued thus: "The strings of the heart are occasionally credited with movement of one sort or another, and I am quite certain that it is the chordæ tendiniæ which are being referred to. Fairly substantial proof of this can be obtained from experiments on the dog, but I have not so far met any human subject who is prepared to acquiesce to such experimental observation."

I was quite certain that he never would either, and I had by now found his complete obsession in the morbid changes of so trivial a subject not a little repellant. He did not appear to notice this, and after a few moments' reflection produced a further item for consideration.

"In these songs," he said, "people often

refer to a state of depression by maintaining they are 'blue.'"

Maliciously enough, I contended that they were probably suffering from an overdose of some sulphonamide or other. He gave no sign that he had recognised the intentional fatuity of such a remark, but merely dismissed the theory with an impatient gesture of his hand.

"You are obviously unaware," said he, "that the word BLUE was in use in this connection at least ten years before the drugs you mention were actively employed therapeutically."

"Well then," I replied, still inclined to ridicule the whole matter, "they are all cyanosed. A man with 'blues in the night' is clearly an individual who is in an orthopnœic state and becomes cyanosed when lying down in bed."

"An ingenious explanation," said he, to my surprise and discomfiture, "I am not sure you are not right there. The presence of the cyanosis is a little obscure, however."

I now began to take more interest as I saw the first chance of impressing the man opposite me. I had recently concluded an exhaustive study in the various modes of production of the cyanosed state, rather more for the benefit of the examiners I was about to face, than for any interest the subject afforded to myself, it is true. I duly rattled off this list, but he did not appear in the least impressed. "I know the causes of cyanosis, probably as well as you," he observed, a little pointedly, I thought, "and the same objections apply broadly as those I outlined when dismissing the rheumatic theory of heartaches, thrills, and the other associated cardiac phenomena. Incidentally, now we are back on this subject, an electrocardiograph of susceptible subjects might go a long way towards establishment of the ætiology of these conditions.

The farthest we can proceed on the matter of the BLUES is that a cyanotic state undoubtedly exists, whether it is endogenous or exogenous is not altogether certain, though the condition is happily transient in the majority of cases.

"These are several of the more common clinical conditions encountered in popular songs," he added, "but there are others less common, though none the less interesting. We find several references to cranial disorders, and one, though I do not at present recollect the precise words, portrays quite clearly a post-encephalitic state. In addition I can recall at least three well authenticated effusions likening a female acquaintance successively to the Mona Lisa, the tower of Pisa, and other objects whose connection appears obscure in the extreme. These we may lay at the door of alcohol, or (with a malicious grin) the ubiquitous spirochæte. Yet another song describes a third party getting 'under the skin' of the singer. This may well illustrate the transmission of some contagious skin lesion, though again the whole matter can be quite satisfactorily explained on the basis of a cerebral disorder. This is perhaps the most fertile field of all for research and I regret that I am unable to discuss the matter further as I have an urgent appointment." So saying he rose and hurried out, handing the waitress some money on the way out.

I was not altogether sorry to see him go, for I had by now a persistent suspicion that the "ubiquitous spirochate" might well have settled down at his door also.

A. V. L.

All contributions for the next (December) issue of the JOURNAL should reach the JOURNAL office, in the pathology block, by November the 8th.

It should be emphasised that the JOURNAL welcomes descriptions of any interesting or unusual cases that may come to the notice of its readers; also any who fancy themselves as poets are encouraged to send in their compositions. Articles of any kind, humorous or otherwise, are always welcome. Caricatures or other drawings are needed; there have been few offered for publication, lately.

There have been many requests for further "Candid Camera" snapshots. It is greatly hoped that some readers will assist the JOURNAL by producing further photographs, in spite of the shortage of material. Film and camera can be borrowed for this purpose, on application to the Editor.

CORRESPONDENCE

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

Hearty congratulations on the Fiftieth Birthday of the JOURNAL.

I was present as a student at the meeting held, I believe, in the Abernethian Room, when the project of a JOURNAL was discussed, and I have read every number that has been produced. I have contributed several articles to your columns, one in one of the earliest numbers and the last, in 1922, on Duodenal Ulcer, which occupied several pages.

May the JOURNAL long continue its useful work of not only instruction but amusement. I always read the "lighter" contributions first, but do not understand the topical illustrations as I am out of touch with the present staff.

The contribution by the son of my old teacher, Sir Francis Champneys, is of particular interest as I am old enough to remember the technique of those days which still survived in the country twenty years later when I was a student.

With all good wishes for the future of Bart.'s and the JOURNAL.

I remain,

Yours faithfully,

GEOFFREY LOWE.

2, Curle Avenue, Lincoln.
October 10th, 1943.

To the Editor, St. Bartholomew's Hospital Journal

Dear Mr. Editor,

I was very interested to read in the current issue that ST. BARTHOLOMEW'S HOSPITAL JOURNAL has reached the 50th anniversary of its foundation. It was my privilege to edit the JOURNAL from 1918 to 1921, and I take this opportunity to express the hope that it will long continue to flourish.

At the same time I should like to congratulate you on your excellent editorial.

Incidentally, I had no idea that the JOURNAL travelled so far afield. Last November I contributed a note on Vincent's Infection, and, my my surprise, find that it has been reprinted in the April issue of the "New Zealand Dental Journal."

With all good wishes.

Yours sincerely,

J. BRAMLEY WHITE.

To the Editor, St. Bartholomew's Hospital Journal

Sir,

May I underline what, to me, is a most important point in your excellent October Editorial—that, from Cambridge, St. Albans and Barnet, the centre of Bart.'s is Bart.'s. For Plans can be correct in form and Planners unanswerable by logic, yet neither can allow for the weight of imponderables such as tradition and example. Surely then must we remember here in this imperial city is the dwelling-place of the spirit of Bart.'s, compounded of all the good that men have left to live after them in the eight centuries of our inheritance. The very stones here radiate those influences for those who will but attune their sensibilities to receive "manners, virtue, freedom, power."

RALPH PHILLIPS.

St. Bartholomew's Hospital, E.C.1.
October, 1943.

To the Editor, St. Bartholomew's Hospital Journal

Sir,

Mr. Merritt's ideas on war are much too naive to pass unchallenged. Firstly, he does not take his own advice; he does not treat the subject on medical principles. He ignores the history of war. Had he studied it he would have known that men living in family groups rarely fight at all, and when they do the cause of the trouble is women rather than "lebensraum." Secondly, the history of civilisation shows quite plainly that war can be creative as well as destructive, and so cannot be regarded as an unmixed evil. Thirdly, Mr. Merritt neglects the medical principle of multiplicity of causes. No reaction of a living creature is the simple effect of a simple cause, but the result of many interesting factors. Hence he should hesitate to think that economics are the only cause of war. The matter is much more complex than that as may be gathered from such books as Dawson's "The Age of The Gods," and Perry's "The Children of The Sun," and "The Growth of Civilization." To say that the Crusades were undertaken only to protect trade routes is just a plain lie. It may be true of Venice and Genoa; it is certainly not true of St. Louis. Fourthly, the main argument is a non-sequitur unless I have quite misunderstood it. I have tried to put it in the form of a syllogism and the best I can do is as follows:—

The selfish power of sections is the cause of all war.
The governments must acquire the selfish power of sections.
Therefore there will be no selfish power of sections to cause war.

This is not a valid argument; it defies logic. A sound syllogism can be made of it, but the conclusion is very different. It is:—

The selfish power of sections is the cause of all war.
The governments must acquire the selfish power of sections.
Therefore the government must acquire the cause of all war.

If the governments acquire all cause of war, it does not seem to follow that there will be no war. That might, or might not, be the case, but the premises do not warrant that conclusion. In other words, the amicable agreement between governments that Mr. Merritt postulates might not be reached.

Concerning Mr. Merritt's suggestion that members of Parliament should be paid as handsomely as judges, it may be remarked that the functions of a legislative are not in any way analogous to those of an executive. To make membership of Parliament a lucrative career is to encourage yes-men and opportunists.

I am, Sir,

Your obedient servant,

G. H. CRISP.

St. Bartholomew's Hospital, E.C.1.
October 17th, 1943.

Dear Sir,

One of your correspondents in last month's JOURNAL raised that old question of Students' Union elections. He suggested, firstly, that each candidate should make a short speech which would enlighten the voters on the policy he would pursue if elected and enable them to judge his character and qualifications to some degree, and, secondly,

that power of recall be vested in the electorate, which would keep the representatives up to scratch. These proposals and the arguments leading up to them would be perfectly good if they were not based on a misconception. The first function of the Council of the Students' Union, to which the students' representatives are elected, is "to manage the affairs of the Union," and the primary object of the Students' Union as set out in its constitution is "promotion of social intercourse and unity of interest among its members." Do the voters need any great statement of policy from their prospective representatives before they are able to do this? Any candidate with a policy which involved major changes in the functioning of the Union would not find that election to the Council would assist him, as that body has not the power to carry out such changes. They could only be brought about by the decision of a Special General Meeting of the Union which every member could attend, and it is not necessary to be a member of the Council to call such a meeting.

Apart from this I am sure that the main body of students do not wish to be bothered with all the electioneering machinery which would certainly be set up by certain elements among them. At a recent meeting at Hill End, at which the President and four officers of the Union spoke, there was an attendance of about one-half of the available students at that hospital. If that was the response to such a meeting in a portion of the college where the students probably have more free time than at any other period in their course, what proportion of the students as a whole are going to take the trouble to listen to election speeches?

Yours faithfully,
A. E. FYFE,
Secretary of the Students' Union.

To the Editor, St. Bartholomew's Hospital Journal

Sir,

I think that all who have attended meetings of our Students' Union Council would agree that the demands made upon them as student representatives do not require much fixity of views; indeed, perhaps the best qualification is to be a "good fellow."

Those who sometimes decry a little hastily their student representatives cannot know that four-fifths of the Council's work is simply administrative in character, while to the questions of policy which from the other fifth it is often best to bring an open mind, prepared to be guided by precedent and to attend to other and wiser counsels.

Furthermore, the suggestion that there should be a mechanism for recalling any "good fellow" who succeeded in campaigning their way into office past the vigilance of such an intelligent and attentive electorate is derogatory to that electorate and as unsatisfactory as is the idea that our Council shall become a political machine.

I am, Sir,
Yours, etc.,
ANTHONY ALMENT, Student.

St. Bartholomew's Hospital,
London, E.C.1.
October 14th, 1943.

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

Perhaps I completely lack subtlety, but I fail to be amused or enlightened by the article "My First Female Patient" in the October edition of the JOURNAL.

First, I assumed that Mr. A. R. C. intended to be amusing. Does the use of bad grammar, slang (such words as guy and stooge) and the experience of "hangovers" constitute humour?

Secondly, I endeavoured to gain some insight into female psychology. The primary reservedness of patients is surely common to both sexes? The mistaking a medical student for an Insurance Agent does suggest amazing ignorance; but is this character specifically female?

Thirdly, I endeavoured to learn something of the psychological state of a medical student before and during his interview with his first female patient. After reading approximately seven hundred and fifty words, I gathered that such a student, in such a situation, is nervous; a fact of which I was already aware.

Perhaps, however, the aim was neither to be amusing nor enlightening.

We preclinicals look to our seniors (especially at Hill End) for intellectual guidance and example. Please help us by occasional enlightenment, and (dare I broach the subject?) humour, the October "At Hill End" was tolerable.

I applaud especially Mr. S. P. Lapage's letter, but I feel that a problem even more fundamental (at least at Cambridge) than elections is the understanding of the apparently highly complex and intangible maze—the organisation known as the "Students' Union." Only when we are agreed upon this fundamental should we be in a position to appreciate the aims of our would-be officers, and hence decide upon the suitability of candidates, and later commend or disparage their efforts. At the moment in Cambridge the word "Union" bears little or no relation to "Students."

I am, Sir,
Yours faithfully,
D. S. GUHA.

P.S, Queen's College,
Cambridge.
October 12th, 1943.

[We regret that some of our readers are so constructed as to be unable to appreciate what we believe was an excellent attempt at applying Mr. Damon Runyan's style to medicine. If every article in the JOURNAL supplied intellectual guidance or spiritual enlightenment, we feel that the same readers would very soon be out of their depth. A true sense of humour is the most important single factor necessary to view this world (and the next) in correct proportion. Without it we are lost. We can only add that if there seemed to be nothing amusing or witty in "My First Female Patient," in spite of the above explanation of its quite plain imitation of Runyan, then it is a case of "it was not mice, it was a shell."—ED.]

We received the following letter, which we would bring to the notice of all our readers:—

ROYAL MEDICAL BENEVOLENT FUND,
1, Balliol House, Manor Fields,
Putney, London.
September 13th, 1943.

Sir,

It is my custom each autumn, through your columns, to invite my medical colleagues to take their part in the Christmas Gifts Fund of the Royal Medical Benevolent Fund.

This scheme, so generously supported by many, has become very remarkable, as it has been the means not only of bringing to many old and lonely people a gift of friendship and sympathetic understanding at Christmas time, but it has also given many of your readers an insight into the great work which the Royal Medical Benevolent Fund is doing daily in helping medical brethren, or the widows and children of deceased medical practitioners, who are in financial difficulties.

We look upon the Christmas Gift of £2 to each beneficiary as something "extra," but I must emphasize that the regular allowances have to be paid throughout the year. New annual subscribers are very urgently needed for our general funds, and surely it is for the present generation of practitioners to take up their share in the work which is a common professional inheritance and tradition.

It is not difficult to realise what happiness and comfort a Christmas Gift of £2 brings to an old doctor, an aged widow or daughter living alone, possibly suffering from illness or infirmity. We, ourselves, know the difficulties and discomforts of our own lives caused by the present war. May I appeal, Sir, very earnestly on behalf of those who have suffered so much more than ourselves?

I venture to make this letter a TWO-FOLD appeal—

(a) To all regular subscribers, to send their "extra" for the Christmas Gifts Fund.
(b) To all others, to show their practical sympathy by becoming subscribers to our general funds.

I do not ask for large contributions.

Christmas Gifts donations should be marked "Christmas Gifts," and all cheques made payable to the Hon. Treasurer, Royal Medical Benevolent Fund, 1, Balliol House, Manor Fields, Putney, S.W.15.

Yours faithfully,
THOS. BARLOW,
President.
19th October, 1943.

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

CORSI, HENRY. "Therapeutic Uses of Thorium-X." *Lancet*, September 18th, 1943, pp. 346-8.

DALE, SIR HENRY. "A Prospect in Therapeutics." *Brit. Med. J.*, October 2nd, 1943, pp. 411-6.

DALLY, J. F. HALLS. "Treatment by Sulphaguanidine especially in Bacillary Dysentery." *West London Med. J.*, July, 1943, pp. 45-9.

FINZI, N. S. "Discussion on the Future of Radiotherapy in Dermatology." *Proc. Roy. Soc. Med.*, August, 1943, pp. 369-70.

HAMILTON, W. J. (and Barnes, Josephine, and Dodds, Gladis H.). "Phases of Maturation, Fertilization and Early Development in Man." *Pros. Roy. Soc. Med.*, August, 1943, p. 525.

JEWESBURY, ERIC C. O. "Misuse of Intravenous N.A.B. for Vincent's Infection." *Brit. Med. J.*, September 18th, 1943, pp. 360-2.

MAXWELL, JAMES. "Recent Advances in Treatment: The Respiratory System." *Practitioner*, October, 1943, pp. 204-9.

WEDDELL, GRAHAM. "Electromyography in Clinical Medicine." *Pros. Roy. Soc. Med.*, August, 1943, pp. 513-4.

WILLIAMS, H. C. MAURICE. "Cutaneous and Conjunctival Diphtheria: A Series of Cases." *Brit. Med. J.*, October 2nd, 1943, pp. 416-7.

At HILL END

The much abused Path. Course ended on September 17th and, happy once more, we went that evening to a dance organised by the Hill End Staff in aid of NALGO. This was a very gay affair. We even saw those stern gentlemen from the Head Male Nurse's Office with face-wide smiles. Games were a prominent feature of the fun and we tried them all in high hopes, soon dashed, of a prize. The anagram on the ticket we did not attempt, having put away the appropriate areas of cortex with our text books. In fact, so decerebrated were we that at the crucial hour of eleven we remarked brightly to our partner, "Look at that silly ass dancing with his hat on." Despite these failures we enjoyed ourselves thoroughly and congratulate the organisers. An impromptu choir rounded off the evening with a very active rendering of "The Swiss (for the duration) Band."

Returning from our brief holiday we noticed that many of our usually sprightly friends were somewhat stiff jointed. We did not question them but found the answer for ourselves the following Wednesday. High pitched whoops and the thunder of hooves from the Hall all added up to—Scottish Dancing! These weekly Caledonian frenzies, in which are included a number of Country Dances and Ballroom novelties, are a weakness of ours and we were soon leaping and yelling with the best. However, our dash of Highland blood prompts us to point out to certain Sassenachs that the essence of the Schottische is not to send flying as many other couples as possible.

Dancing and yet more dancing! What a gay round life here is. By the time these words are in print the Monday night gramophone dances will be gramophone no longer, for a band is being formed. A poster announces them as The Moron Trio, to consist of Nine-fingered Noel, Jelly-jointed John and Barrelhouse Bob. Reckon we all will have to get a hep judy to strut along down and bit that timber for some out of this world jive!

There is at the end of one of Hill End's many long corridors a mysterious door. From this gloomy portal steps lead down into, for all we knew until recently, a chamber of horrors. The other day, however, we saw an old friend emerging and asked him what went on inside. For answer he pointed to the legend

above the door—" Physiotherapy." This had always had for us something of the ring of, " Abandon hope all ye who enter here " (recently inscribed in chalk over the A.R. door) and so we asked timorously what it meant. We were answered with an enthusiastic jumble of words about massage and short wave diathermy and soon converted. That others may be stimulated to investigate this important department of the hospital in which they are studying, we are negotiating for an authoritative article on the work of the Rehabilitation Unit, so that it shall not remain, as it is for many of us, just another name on another sheet amongst a lot of paper from which we try to extract the necessary information to write up a yellow card.

For the rest, in brief—argument is now being had about a play or a show for Christmas. The Dramatic Society, being now in rather a sound groove, weighs heavily for a good play and it would certainly be preferred to the poor " show " of last year.

The grumble this term is that the firms are now too large. Most of us are quite happy in spite of that.

W. K. S.

At CAMBRIDGE

The long arm of the Surgeon having removed your normal correspondent for an indefinite period, we find ourselves required at short notice to skate lightly over the thin ice which constitutes news from Cambridge.

The month of August saw those of us unable to produce a convincing enough alibi encamped " somewhere in Cambridgeshire." We will not dwell long upon this painful episode; suffice it to say that for fourteen days a hundred or so medical students were thrown upon their own resources for social intercourse and entertainment (including song) and that much latent talent was discovered in their ranks. So militarised did they finally become that villagers were on occasion heard to exclaim, " Coo' look, soldiers! "

About eighty students, many of them still convalescent from these rigours, took advantage of the long vacation anatomy course held during September. This course, in spite of some slight misunderstanding between the more speedy directors and " the powers that be," lasted till the end of the month and full term began on October 5th.

By now the term is in full swing, all sporting activities functioning, so far, with great zeal, coffee houses well attended, and the Biochemistry department holding " back numbers " of terminal examinations at ten and sixpence a time.

A general meeting of the Students' Union in Cambridge is being held in the near future and it is to be hoped that we may soon have some definite news of the filling of a very large gap in student life here; that is, of the provision of some form of club room where students of all years can associate. There is a very real need for such facilities, which are long overdue, having been held up by lack of suitable accommodation.

P. J. C. C. and D. K. T.

SPORTS NEWS

RUGBY SEASON 1943-4

The rugby club is still short of shirts. Will anyone who possesses one he doesn't use please send it to the Hon. Sec., R.U.F.C. Any remnant, however tattered it may appear, will be gratefully received and put to good use.

Recently I looked through some back numbers of the JOURNAL and was interested to find that for years sports editors, honorary secretaries and correspondents have all been bewailing the apathy and unathletic frame of mind of the mass of students. Indeed in 1935 this sentiment was to be found in an article which was honoured by promotion from backpage sports gossip to an elevated seat near the editorial.

This year there seems every chance of some improvement, with a little luck and a few more players the rugby club may run 3 teams. At the present moment there are a bare 45 enthusiasts, another 10 would convert the " B " XV from a secretarial dream (? nightmare) into fact.

It is perhaps not out of place to mention that after a lapse of three seasons the soccer club has leapt back to life.

All contributors of sports news will henceforth be requested to wear rose-coloured spectacles and to follow Dr. Goebbel's journalistic form. Our victories will be triumphs of superhuman power and masterly strategy. Any losses we may suffer will be superbly executed withdrawals to shorten our elastic defences. Perhaps by this subtle device we shall stir the stagnant student to interest if not activity; succeeding where our predecessors have failed with invective and ridicule.

This season the XV will be captained by C. S. M. Stephen. If the other 14 can play up to his standard it will be a splendid side.

The outsides are intact from last year, indeed now that Pitman is fit again and with the advent of a fast mover in Dale there should be the makings of a good threequarter line. Stephen and Hawkes now in their third season together should have an admirable understanding at halfback. Four members of the pack remain, and there appear to be several worthy candidates for the other places.

The "A" XV also has a nucleus of old players. A full list of strong fixtures has been arranged for them.

The first XV fixtures are:—

Oct.	2—K.C.H.	*	Jan.	8—London Hos.	*
	9—Guys	*		15—Wasps	*
	16—St. Th. Hos.	*		22—St. Mary's	A
	23—Middle. H.	A		29—O.C.T.U.	A
	30—St. Mary's	*	Feb.	5—Oxford	A
Nov.	6—Cambridge	A		12—Old Blues	*
	13—R.N.A.S.	*		19—Bedford	A
	20—Rosslyn Pk.	A		26—R.N.E. Col.	*
	27—Coventry	A	Mar.	4—P.S. Wand.	*
Dec.	4—1st Airborne Div.	*		11 Nuneaton	A
	11—Welsh Gds.	*		18—Midd. Hos.	*
	18—H.M.S. St. Vincent	*		25—Coventry	*
			April	1—R.A.A.F.	*
				8—Nuneaton	*
				15—Hospital 7s.	
				22—Middlesex 7s.	

*=Home games.

St. Bart.'s v. Kings College Hospital. Home. October 2nd, 1943. Lost 6—15.

This game was a good example of counting one's chickens rather too soon. Nobody expected K.C.H. to be as good as they were—man for man behind the scrum they were far faster and apparently fitter. Our pack heeled the ball with commendable regularity, and just as regularly the outsides failed to do anything with it—due mainly to (1) not watching the ball; (2) lying flat.

The opposing threequarters appreciated early on that our attacks were very delicate, and since they weren't getting the ball from the scrum decided to take it from one threequarter. This they did very effectively, their activities being carried out with great zest and some skill. These factors combined with speed were too much for us; 5 tries were piled up against our scattered defences.

Both our tries were scored in the first half. Davey followed a kick by Pitman to score far out. The second came from about the only movement the outsides carried out, and it was suitably rewarded when Dale scored. Hawkes was unfortunately wide with both kicks.

Team.—Gibson; Dale, Davey, Pitman, Jones; Hawkes, Stephen, Wood, Mathew, Richards, Anderson, Rogers, Corbett, Rimmington, Jones.

St. Bart.'s v. Guys. Home. October 9th, 1943. *Lost* 8—18.

A large crowd assembled at Chislehurst to see this game. Many of them be it noted were Guy's supporters. Perhaps when our centenary year comes along we may also have some travelling supporters.

The game started rather late, but even then we were without our captain, who, when he appeared, said the delay was due to pressure of work—during his absence Corbett acted as scrum half, and perhaps wishing to trick our opponents would put the ball in on the left shouting the while " Coming in right."

In the first five minutes we were awarded a penalty kick, which Hawkes converted with a good kick. Our re-arranged outsides had far more go than last week, and Pitman was getting past his opponent very well, from one of these cut throughs a clean movement started, and Davey ran well to score far out, Hawkes converting. Guys were getting most of the ball in the tight scrums and kept us on the defensive for most of the half. On two occasion Corbett saved what appeared to be certain tries—throughout the game he was the only forward who corner flagged.

In the second half we got more of the ball, especially in the line out where Anderson was prominent; though several moves started well they broke down, usually due to fumbled passes. Also the backs kicked too much, and what was worse they seemed to aim at Lewis, the Guy's back, who was in fine form, so that most of these kicks resulted in a dead loss. Midway through the half Guys rearranged their backs, a move which caught us having a pleasant sleep, the score rapidly became 8—8. While we were thinking about this their left wing came into the line to give them a man over, and they scored again—in fact they scored twice, making 8—18. This sudden collapse was due to (1) lack of training; (2) total absence of corner flagging forwards (Corbett excepted).

Team.—Gibson; Davey, Hunt, Hawkes, Jones; Pitman, Stephen; Wood, Mathew, Richards, Anderson, Rogers, Corbett, Rimmington, Jones.

SOCCER AT CAMBRIDGE

Once again white knees take the place of white flannels on the Queen's College ground, and once again nets appear behind the goal posts and round the cricket square as a protection for that sacred piece of ground.

On looking around we find ourselves in the favourable position of being able to run two teams with a few reserves to spare for those hard days when injuries and exams. beset us. Fortunately, we still have eight of last year's successful combination on which to build a new team; and at a meeting it was decided to retain the same club officers.

The season began with a five-four victory over a strong Queen Mary College team, while the second XI managed to hold the Queen's College first team to a draw.

Against Q.M.C. it was not long before K. A. McCluskey scored his first two goals of the season despite counter-attractions standing on the touchline. H. J. Burns, now playing as an inside forward, also broke his duck, while B. Thomas, at centre forward in place of P. M. Goodrich, who is unable to play this term, snapped in two quick goals during the later stages of the game.

Our captain, M. K. Morgan, gallantly shouldered the responsibility of a centre half, from whence, with R. Xavier and C. Whitehead-Evans, he can conduct his plans of defence.

P. M. G.

HOCKEY

v. Westminster. Ocober 2nd, 1943. Won 1—0.

The hospital hockey team opened the season with a match against Westminster. In spite of going to the wrong Tube station Bart.'s arrived before their opponents, an almost unprecedented occurrence. The standard of hockey was not what it might have been, but it was the first game of the season and the pitch was a trifle rough. The usual little men, who make the ball jump over the average man's stick when he is trying to stop it, were much in evidence.

Bart.'s started strongly, but play was fairly even. The opposing centre forward took advantage of the activities of the local gremlins to put on some dangerous attacks. Then Green on the left wing discarded his boots, and Bart.'s returned to the attack with a new strength but could not score.

At half-time both teams were refreshed with lemonade as a war-time substitute for lemons. Early in the second half Harrison scored for Bart.'s, and shortly afterwards we suffered a major disaster when he had to leave to give an anæsthetic. Despite Harrison's absence Bart.'s managed to hold on to their lead and even do a moderate amount of attacking, leaving the result 1—0 in our favour.

After tea our social side, potentially so strong, but weakened by the absence of Harrison, began to dwindle alarmingly. This was due both to the local lack of facilities and to the approaching Conjoint Exams. Our opponents seemed in no mood to remain, and everyone melted away, leaving only five Bart.'s men to continue the evening in the local.

v. St. Thomas's. Saturday, October 9th. Drawn 2 all.

For this match we were fortunate in having the services of Surg.-Lieut. A. J. Danby and Lieut. R. B. McGrigor, who were both on leave, and a strong team assembled (eventually) at Chislehurst. However, fate, in the shape of London Transport, stepped in, and led to one member arriving too late to take any part in the game, and for the first half we had only ten men. This, no doubt, was partly responsible for the fact that Thomas's took control right at the beginning. Our defence did not seem to settle down well, and the forwards got few chances. The Thomas's forwards were very dangerous, particularly the outside left, but they saved us several times by getting offside at the critical moment. In spite of this and much hard work by Ellis in goal, we were two goals down at half-time.

At half-time one of the umpires, of which we provided two (is this a record?) was drafted into the team to make up the eleven. In the second half our defence proceeded to find its feet (figuratively speaking), and the forwards did quite a lot of attacking. After about 15 minutes McIlroy got the ball in our half, by-passed several defenders, and, discovering that he still had the ball, celebrated by banging it quite decisively into the corner of the Thoma's goal. Five minutes later, during a melée in the circle, McIlroy scored again. Thomas's tried hard to retrieve their position, but our defence performed one miracle after another with supreme sangfroid, and there was no further score by either side.

An extremely enjoyable afternoon was rounded off by an equally pleasant social evening.

v. Guys. Saturday, October 16th. Won 4—3.

The thoughtlessness of the authorities in leaving their pavements projecting four inches above road level on Saturday evenings, the incidence of a post-examinational migration, and other factors, reduced our team, if not to a shadow, at least to a rather cachetic version of its former self. The gremlins, too, were out again in full force, and even the backbones of the side seemed to have difficulty in getting their sticks and the ball in the same place at the same time. Of the first half the less said the better. Guys began by attacking, and before very long scored. Play went up and down the field in a series of rollins, but we never looked dangerous except when on one occasion Harrison took the ball right through the opposing defence, only to flick it just outside the goal. However, another solo effort, this time by Andrew, did lead to a goal. We forced several corners, but did nothing with them, and Guys scored twice more, making the half-time score 3—1.

In the second half we began to get the ball rather more under control, and following a corner Andrew scored again. Inspired by this, our defence went to almost unprecedented lengths to disrupt the opposing attack, and shortly afterwards Giles sent the ball, accompanied by a somewhat generous helping of turf, into the Guys' goal. We were now, if not playing much better hockey, at least showing signs of throwing off the mass paresis which had overwhelmed us at the beginning. Before long the highlight of the afternoon was reached—a terrific goal high and in the corner from a narrow angle, scored by Andrew. A number of anxious moments followed, but we held our lead until the end.

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Medicine, Pathology—13th, 15th, 16th.
Midwifery—14th, 15th, 16th, 17th.

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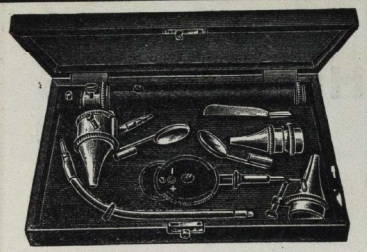

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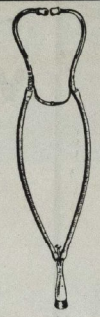

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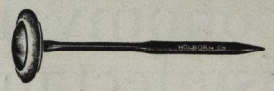

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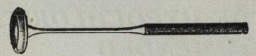

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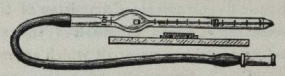

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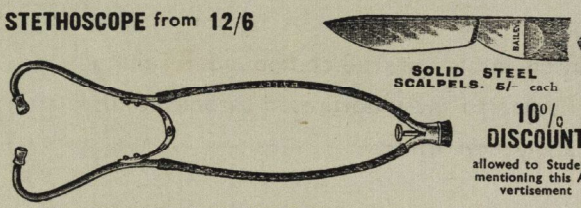

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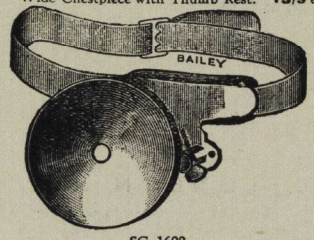

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SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

DECEMBER 1943

VOL. XLVII No. 11.

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. XLVII DECEMBER 1st, 1943. No. 11

THE PANACEA

Too rarely is the exacting accuracy of the experimental physiologist turned against the heady commercial optimism of the patent medicine manufacturer. Such a pleasant encounter occurred in recent months when Ivy,* adapting the technique he employed to demonstrate cholecystokinin, made a critical scrutiny of a popular brand of liver pills.

While overlooking the maker's generous estimation of the importance of bile in alimentary and bodily well-being, the experimenter discovered, probably not to his great surprise, that the remedy had effect neither on the flow of bile nor the contractions of the gall-bladder. So far this rather fundamental observation has discomforted neither the producers nor the consumers of the product: our journeys on the Underground are still lightened by advertisements underlining the importance of keeping our bile on the move.

During recent years legislation has been introduced to put some rein on the imagination of the patent medicine vendor, but its effect on this flourishing and lucrative industry can hardly be regarded as mortal. Although the public may no longer be tragically beguiled into purchasing self-cures for cancer, they are left mercilessly exposed to all manner of attack through their less dangerous but more frequent upsets. How familiar to us are the cures for dyspepsia, constipation and insomnia, ointments that melt away piles overnight, and capsules which offset the effects of turning fifty—familiar to us and anyone else in the Kingdom with eyes in his head to read. In a decade, the patent medicines have created a nation most conscious of its bowels and *fætor oris*.

The popularity of these secret remedies with the public seems to rest partly on desperation, partly on apparently unquenchable human optimism, but mostly on maliciously skilful advertising. This last casts the suspicion that the Press, only too willing noisily to defend the common man against the perils of civilization, can hardly be expected to raise with enthusiasm a subject likely to alienate its most profitable advertisers. Whether we like it or not, any crusade lacking the support of the newspapers is soon likely to find itself becalmed upon a sea of public apathy.

It is difficult to decide how the patent medicine industry should be dealt with—if indeed we are entitled to deal with it at all. The extreme of requiring a doctor's prescription for all medicines, though finally less extravagant for the patient, would be impractical and unpopular; the medicine cabinet is a too well-rooted, though potentially dangerous, tradition in the British home. The trouble lies not in the bottle but on the label, and a stricter control over the accuracy and amount of patent medicine advertisements would prevent much future mischief. It is grotesque that, as at present, substances designed to alter and control the working of man's body should be sold and utilised as irresponsibly as sausages or shaving soap.

How this desirable control is to be exercised is a more elusive problem. We have not since the war been subjected to those Sunday tirades from across the Channel against our miserable state of health, to those lectures from the transmitters of Northern France, into the arms of which the ponderous programmes of our own B.B.C. too often sent us flying. It is press and poster upon which our modern alchemists now

* Quart. Bull. Northwest Univ. Med. School, 1942, 16, 298.

depend, much the same as the strolling medieval quack called attention to his cures for syphilis and the like by hawking aloud his wares in the market-place. Except that the charlatan could hardly set about convincing the hale members of his audience that they, too, were undoubtedly suffering from syphilis, while his modern counterpart takes pains to insist that almost everyone stands in crying need of his beneficial box of pills.

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EVE'S METHOD OF RESUCITATION

By D. Leigh Spence

There has been a large amount of correspondence lately in various medical and lay journals for or against Eve's method of resuscitation from asphyxia, especially due to drowning, and the destructive criticism depends largely on comparing the human body with sponges and rubber bags and expecting a totally inadequate piston to work against a taut membrane, and so on. May I explain, one writer suggested that the total weight of the stomach and intestines (60 ozs.) would not be sufficient to raise the diaphragm or lower it and I do not think that anyone has suggested that, as such, the intestines could do this. A drowning person usually swallows a considerable amount of water, 4 pints or 80 ozs. would be a reasonable amount, and this plus the 60 ozs. would be 140 ozs., or nearly nine pounds, a not inconsiderable weight which would, against a flabby diaphragm, exert a considerable influence. The liver and spleen being fixed organs need not be brought into the picture. The same writer argued that by Eve's method one would expect an alternating congestion and draining of the brain, to its obvious detriment. But could this be so with a position of one second, head down and two seconds feet down, the other two seconds of the cycle being taken up by the movements of the body? If in a healthy body the complete circulation takes seven seconds, I believe that was what I was taught more years ago than I care to remember, then it would be impossible for the respiratory centre to be affected in any way by flooding the brain with CO_2 charged blood. But certainly there is time in this five second cycle for blood to pass to a certain extent through the right heart into the lungs and back into the system, not much, but still certainly more than would be expected by manual pressure on the lower part of the chest of a patient in the prone position.

In a recent letter to the B.M.J. the exact results of an experiment carried out on an anæsthetized person by the three different methods gave the following interchange. Eve's, 580 c.cm.; Silvester's, 400 c.cm., and the much lauded Schafers, 340 c.cm. The discrepancy is too great to allow for argument and I am looking forward to the further details of these investigations when there published.

I feel that resuscitation is the correct terminology for Eve's and artificial respiration for the other two, because in the former one does expect some restoration of the circulation and one can keep the patient decently warm, as proved at a recent demonstration by our casualty services. At the end of the period occupied by Schafers method while waiting for the arrival of the stretcher and trestle everything was done to try and keep the man warm without effect, but within five minutes of placing him on the stretcher he was thoroughly warm, he pulse had improved (noted by an independent observer from a neighbouring district) and he expressed himself to have greatly benefited by the treatment.

The exercise was carried out on a stretcher cum trestle designed and manufactured by an engineer member of our service, it is portable and transported on a two wheel trolley drawn by a cyclist.

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By Gordon Ostlere

In April, 1940, Pilot Officer X, aged 19, was involved in a collision in mid-air and came down in flames, suffering severe burns to his face and hands. In July, 1940, he came under the care of the Plastic Unit at Hill End Hospital, and the following is an account of his subsequent reactions to anæsthesia.

He had previously been treated at another hospital, where he was operated on twice, and during his three-month sojourn there he received Morphia gr. $\frac{1}{4}$ at 4-hourly intervals. His general condition on admission to Hill End was poor, and deteriorated still more, the Morphia being cut down. Three months later he improved considerably, in spite of complete withdrawal of the Morphia, and remained fit ever since. He has been throughout a fairly heavy spirit drinker.

In August, 1940, he underwent the first of the 14 operations so far performed upon him at Hill End. During the succeeding twelve months he had nine operations under Hexabarbitone-GOE anæsthesia, Mist. Hyoscine "A" min. 4 being given pre-op. and Morphia gr. $\frac{1}{4}$ post-op. in all cases. For the first six of these operations the patient's behaviour was completely satisfactory, but before the remaining three his "morale" fell considerably, and he began to face his visits to the theatre with considerable trepidation. He became violent and abusive for 24 hours after operation, had post-operative vomiting for two-three days, and could only be quietened by injection of Morphia gr. $\frac{1}{4}$.

It was decided he should be given an extended holiday from the hospital, and after a period of leave he returned to the R.A.F. and flew as an instructor. He re-entered Hill End in February, 1943, in excellent physical condition, for further surgery on his hands—which, it should be added, calls for a deeper level of anæsthesia than most plastic work, and has quite frequently a painful aftermath. It was noticed on his re-admission that he had great difficulty in sleeping; the usual "P.R.N." hypnotics, such as Veganin and Soneryl, being of little effect.

On February 24th, 1943, he underwent a lengthy hand operation under .5 Gm. Pentothal-Cyclopropane-Gas and Oxygen sequence. Premedication was Omnopon gr. 1/3—Scopolamine gr. 1/150; Morphia gr. 1/6 was given post-operatively. He required an amount of Cyclo. above the average for induction, but on this occasion gave little trouble either to the anæsthetist or ward staff. On May 10th, 1943, an operation on his thumb lasting three minutes required .75 Gm. Pentothal for adequate anæsthesia after the same premedication. A fortnight later an operation was performed on his ilium, for which he was premedicated with Seconal gr. $4\frac{1}{4}$, given $1\frac{1}{2}$ hours beforehand, followed by Omnopon gr. 1/3—Atropine gr. 1/100 $\frac{1}{2}$ hour before induction.

In the anæsthetic room .5 Gm. Pentothal was injected rapidly, but the patient remained awake. G.O.Trilene was administered for $\frac{1}{4}$ hour before a nasal tube could be passed and the patient taken into the theatre. A pharyngeal pack was inserted, and although there was no gross leak in the circuit he had to be maintained on Cyclo. 150 cc./min.—Oxygen 300 cc./min. All the time he remained extremely light, and after $1\frac{1}{2}$ hours of operation he awoke while going back to the ward on the trolley, which he attempted to leave. Half-an-hour later he was throwing sundry objects about the ward, and had become abusive. He was given Omnopon gr. 1/3 intra-muscularly, which quietened him for about an hour. Later he was given Soneryl gr. $4\frac{1}{2}$, and at 10 p.m. 100 mg. Pethedine—four times the manufacturer's recommended dose. Despite all this, he spent a sleepless night during which he complained constantly of pain, and at 7 the next

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In April, 1940, Pilot Officer X, aged 19, was involved in a collision in mid-air and came down in flames, suffering severe burns to his face and hands. In July, 1940, he came under the care of the Plastic Unit at Hill End Hospital, and the following is an account of his subsequent reactions to anæsthesia.

He had previously been treated at another hospital, where he was operated on twice, and during his three-month sojourn there he received Morphia gr. $\frac{1}{4}$ at 4-hourly intervals. His general condition on admission to Hill End was poor, and deteriorated still more, the Morphia being cut down. Three months later he improved considerably, in spite of complete withdrawal of the Morphia, and remained fit ever since. He has been throughout a fairly heavy spirit drinker.

In August, 1940, he underwent the first of the 14 operations so far performed upon him at Hill End. During the succeeding twelve months he had nine operations under Hexabarbitone-GOE anæsthesia, Mist. Hyoscine "A" min. 4 being given pre-op. and Morphia gr. $\frac{1}{4}$ post-op. in all cases. For the first six of these operations the patient's behaviour was completely satisfactory, but before the remaining three his "morale" fell considerably, and he began to face his visits to the theatre with considerable trepidation. He became violent and abusive for 24 hours after operation, had post-operative vomiting for two-three days, and could only be quietened by injection of Morphia gr. $\frac{1}{4}$.

It was decided he should be given an extended holiday from the hospital, and after a period of leave he returned to the R.A.F. and flew as an instructor. He re-entered Hill End in February, 1943, in excellent physical condition, for further surgery on his hands—which, it should be added, calls for a deeper level of anæsthesia than most plastic work, and has quite frequently a painful aftermath. It was noticed on his re-admission that he had great difficulty in sleeping; the usual "P.R.N." hypnotics, such as Veganin and Soneryl, being of little effect.

On February 24th, 1943, he underwent a lengthy hand operation under .5 Gm. Pentothal-Cyclopropane-Gas and Oxygen sequence. Premedication was Omnopon gr. 1/3—Scopolamine gr. 1/150; Morphia gr. 1/6 was given post-operatively. He required an amount of Cyclo. above the average for induction, but on this occasion gave little trouble either to the anæsthetist or ward staff. On May 10th, 1943, an operation on his thumb lasting three minutes required .75 Gm. Pentothal for adequate anæsthesia after the same premedication. A fortnight later an operation was performed on his ilium, for which he was premedicated with Seconal gr. $4\frac{1}{4}$, given $1\frac{1}{2}$ hours beforehand, followed by Omnopon gr. 1/3—Atropine gr. 1/100 $\frac{1}{2}$ hour before induction.

In the anæsthetic room .5 Gm. Pentothal was injected rapidly, but the patient remained awake. G.O.Trilene was administered for $\frac{1}{4}$ hour before a nasal tube could be passed and the patient taken into the theatre. A pharyngeal pack was inserted, and although there was no gross leak in the circuit he had to be maintained on Cyclo. 150 cc./min.—Oxygen 300 cc./min. All the time he remained extremely light, and after $1\frac{1}{2}$ hours of operation he awoke while going back to the ward on the trolley, which he attempted to leave. Half-an-hour later he was throwing sundry objects about the ward, and had become abusive. He was given Omnopon gr. 1/3 intra-muscularly, which quietened him for about an hour. Later he was given Soneryl gr. $4\frac{1}{2}$, and at 10 p.m. 100 mg. Pethedine—four times the manufacturer's recommended dose. Despite all this, he spent a sleepless night during which he complained constantly of pain, and at 7 the next

morning he received Omnopon gr. 2/3 orally, which caused him to settle down. The next day he was quite normal in his behaviour, and no other drugs were administered.

Four weeks later he was operated upon again, for which he was given the same premedication, save that the Seconal was increased to gr. 5¼. Induction was with .5 Gm. Pentothal-G.O.Trilene, and he was maintained on 150 cc./min. Cyclo. The anæsthetic was discontinued as the wound was being dressed, and the patient woke on the table. He was troublesome on the trolley, and on his return to the ward was given Omnopon gr. 2/3 by mouth, but without effect. He slept intermittently after Seconal gr. 3½, but Morphia gr. ¼ at 1 a.m. had an instant result. Though complaining of pain, the next day he was normal.

His latest operation was on July 14th, 1943, when he was given Seconal gr. 5½, and Omnopon gr. ½—Atropine gr. 1/100 premedication 1½ hours and ½ hour beforehand, respectively. He admonished with some vehemence the porters taking him into the anæsthetic room when they caught his elbow on the door, and had an intelligent and energetic conversation with the anæsthetist. I Gm. Pentothal was given, and he was taken into the theatre unconscious but breathing quickly and deeply. Cyclopropane was administered, and a nasal tube was passed on the second attempt, after he had taken enough of the gas to make for respiratory failure in the normal person. He was maintained on Cyclo. 200 cc./min.-Oxygen 300 cc./min., his respirations remaining steady but relatively deep throughout. He was kept at the same gas flow until he was lifted on to the trolley, and woke peacefully half-an-hour later in the ward. He was given 2½ oz. Brandy at 4 p.m., and slept soundly till 8 p.m., when he was given Omnopon gr. 2/3, after which he spent a quiet night. The next day he gave little trouble.

All his post-ops. since his readmission in February, 1943, have been good from the strictly anæsthetic point of view, and there has been no recurrence of his post-operative vomiting. He now states that he does not feel at all ill after anæsthesia, and it may be his "operative morale" is being improved by the use of Cyclopropane.

Conclusions

The patient is a man showing an unusual resistance to anæsthetics and hypnotics, for which the following causes may be found in his history:

1. *Mental Condition.* Fear—secondary to: withdrawal of Morphia after habit formation; number of operations he has undergone; pain; previous bad post-ops.
2. *Previous Anæsthetics.* Sixteen in the last 3½ years. Although repeated administration of the Barbiturates is stated usually to create a sensitivity to the drugs, the reverse seems to have occurred in this case.
3. *Alcohol.* A fairly heavy spirit drinker.
4. *Age.* The patient is a young man.
5. *General Fitness.* His poor general state may have accounted for the ease of his earlier anæsthetics.
6. *Drugs.* His Morphia (and hypnotic) addiction *per se* probably contributed to his subsequent tolerance to anæsthetic agents.

My thanks are due to Mr. R. M. Mowlem for his permission to publish the case, and to Mr. Woodfield Davies and Mr. M. P. Sherwood for their help in its presentation.

THREE FŒTAL ABNORMALITIES

By R. J. Harrison and M. B. McIlroy

The following three cases were seen during a month's Midwifery clerking at Oster House, St. Albans, in June, 1943.

Case I.—Umbilical Fistula.

Mrs. C., aged 27, housewife. *Obstetrical history.* 1938 Normal female child, alive, 7¼ lb.,; labour normal. Last period September 30th, 1942. Due July 7th, 1943. First seen at ante-natal clinic May 13th, 1943; B.P. 120/68. Urine; no albumin. L.O.A., F.H.H. Seen weekly until admission at 8 p.m. on June 7th in labour. Pains good, membranes ruptured at 8.40 p.m., liquor coloured bright yellow, delivered of a female child at 8.50 p.m., third stage 40 mins., placenta and membranes complete. *Baby.* Female, weight 3 lb. 8 oz., premature, cried lustily. The anterior abdominal wall was not closed at the umbilicus. Through a hole half an inch in diameter there protruded the stomach and several coils of the small intestine. The gut was blackened and obviously constricted at the opening in the abdominal wall. There was no sac and the cord could be seen below the intestines passing straight into the abdominal cavity. The baby survived 25 hours during which it vomited bright yellow fluid.

Case II.—Hydrops Fœtalis.

Mrs. S., age 33, housewife. *Obstetrical history.* 1932 Normal female, alive, 8½ lb.; labour normal. 1933 Twins; female, vertex, 7 lb., died 4 hours, jaundiced; female, breech, 6lb., jaundiced, died after 4 days. 1935 Female, stillborn, 36 weeks, surgical induction at Bart.'s, toxæmia. *Family history.* Father d. 80, mother alive, 80. Patient youngest of sixteen children.

Last period October 3rd, 1942. Due July 10th, 1943. First seen at ante-natal clinic March 27th, 1943; œdema of ankles, varicose veins in both legs, dyspnœa, B.P. 120/64; urine, no albumin. Blood urea 28 mg./100 cc. Admitted maternity ward June 2nd, albuminuria, œdema of ankles, B.P. 140/90. On June 7th in the morning complained of pain in the back, frequency and pain on micturition. In the afternoon labour pains started. At 5 p.m. vaginal examination showed cervix almost completely dilated. Membranes ruptured 5.50 p.m. Liquor coloured bright yellow. Delivered of a female child 6.20 p.m. Persistent occipito-posterior, spontaneous face to pubes delivery. Third stage 10 mins. Placenta large, soft, friable, œdematous. Loss normal at delivery, during night patient complained of pain in the right side, lost freely, ergometrine 0.5 mg. intramuscularly. On the second day the patient's temperature was 99.2°, removed from Maternity Block. Course of sulphapyridine for three days, temperature returned to normal, discharged 14th day. *Baby.* Female, weight 7 lb. 15 oz., abdomen grossly distended, whole body œdematous, did not breathe. Oxygen and 5 per cent. carbon dioxide given with artificial respiration, lobeline hydrochloride 1/40 gr. intramuscularly with no effect. Heart stopped beating after 10 mins. *Autopsy.* Massive subcutaneous œdema, ascites, muscles white and œdematous. Spleen slightly enlarged, liver grossly enlarged. Bone marrow macroscopically normal. *Investigations.* Mother, blood W.R. negative, Rh—negative. Father, blood Rh—positive.

Case III.—Mandibular tubercle, macrostomia and other abnormalities.

Mrs. P., age 30, housewife. *Obstetrical history.* 1935. Operation for menorrhagia, curettage. 1938. Abortion at 2 months. Last period September 15th, 1942. Due June 22nd, 1943. First seen at ante-natal clinic January 28th, complaining of a yellow discharge. Trichomonas vaginitis diagnosed and treated. On June 10th head engaged, R.O.A., F.H.H. Admitted in labour June 17th, 7.30 p.m., good contractions every 10 mins. Delivered of a live female child 3.10 a.m. persistent occipito-posterior, spontaneous face to pubes delivery Third stage 25 mins., placenta and membranes complete. *Baby.* Female, weight 5 lb. 2 oz., very blue. On the right side the mouth showed imperfect fusion of the maxillary and mandibular processes for a distance of 1 cm. 1 cm. lateral to the angle of the mouth on the right side was a pedunculated nodule 5 mm. long. 5 mm. in front of the external auditory meatus on the right side were two similar nodules and on the left there was one nodule in a similar position.* The right foot showed talipes calcaneo-varus. At the perineum the skin over the perineal body had failed to close, leaving a furrow lined with mucous membrane extending almost to the anus.

We would like to thank Dr. Hope Simpson and Dr. Goglia for permission to publish these cases.

* See Sir John Bland-Sutton, "Tumours, Innocent and Malignant." 6th Edition, 1917. pp. 531 and 532, Fig. 251.

THE LIFE AND WORKS OF HENRY BUTLIN

WIX PRIZE ESSAY FOR 1943

By Denis Merritt

"Nil actum credens, dum quid superesset agendum."—*Lucanus: Phars. book II.*

In the early years of this century, a shining green phaeton, its wheels neatly picked out in black, was often to be seen in the neighbourhood of the Old Bailey. Seldom early, and never late, the shopkeepers learnt to watch out for its mettlesome pair of black horses, with their white fetlocks and their arched and shining necks, as they came spanking down from Holborn Circus, turned up to Lesser Smithfield Place and wheeled smartly under the King Henry Gate of St. Bartholomew's Hospital, just as the clocks of the city churches were striking the double chime of two o'clock. The clatter of hooves as the phaeton bowled round the Hospital square, and the jingle of polished harness as the coachman reined his horses to a standstill, riveted the attention of any students who lounged by the fountain, and brought to

an end the vigil of the small knot of assistants and housemen who waited on the Hospital steps.

From out of the carriage there stepped a slight, elegant figure in a top-hat and frock-coat. He had blue eyes and grey hair, and something about him seemed redolent of horses. He might, in fact, have been the colonel of a cavalry regiment. This was, however, Sir Henry Trentham Butlin, Baronet, Honorary Surgeon to the Hospital, President of the Royal College of Surgeons, President of the British Medical Association, hurrying from a morning spent on satisfying the demands of the rich in his large private practice, to an afternoon in which he would no less efficiently and conscientiously serve the sick of the poor.

Henry Trentham Butlin was the fourth son of the Reverend William Wright Butlin, Vicar of Penponds in Cornwall, and Julia, his wife. He was born at Camborne on October 24th, 1845, shortly after his father was given the living at Penponds, and, until he came to the Hospital at the age of nineteen, Butlin had spent his entire life in the seclusion of a Cornish village. When he was fourteen years old his father inherited a country house near to Rugby, and, for a little time, the family looked forward to exciting prospects of a fresh life in a different part of the country. Young Henry was particularly elated, for one of the reasons for this move was to enable him to attend at Rugby School. In the end, however, all these plans came to nothing. Mr. Butlin had originally taken his family to Cornwall as the doctors had recommended its climate as one suitable to his wife's delicate state of health, and now it was regretfully decided that she was still not strong enough to stand the rigours of winter in the Midlands.

Young Butlin's disappointment was intense. For the rest of his life he regretted that he had not been a Rugbeian, and later on, at the height of his success, he associated himself with the school by becoming one of its Governors. Instead of Rugby, he and his brothers were educated at home by a tutor. With the exception of his family, contact with other young men was a rarity, and in later years he used to confess that in his early days at the Hospital it required a conscious effort of will to fraternise easily and naturally with his fellow-students.

In 1864, at the age of nineteen, he came to London and joined the Medical College of St. Bartholomew's Hospital. At that time there were facilities for a certain number of the students to live in the Hospital and he therefore became resident. The change from Penponds to London, and from a solitary to a communal life, could not help but act as a hindrance to his early medical years. With much of his energies spent in reorientating himself in his new surroundings, it is not surprising that the student days of a man who subsequently proved himself to be brilliant were uneventful and unmarked by any outstanding academic success. He took his M.R.C.S. (Eng.) in 1867, his L.R.C.P. (London) in 1868, and, there being no immediate vacancy on the hospital House List, he left Bart.'s with the reputation of being a conscientious man who was capable, but by no means brilliant, at his work.

It seems very probable that Butlin himself may have shared this opinion, because he left the hospital with the avowed intention of going into general practice, and by 1870 he was to be found practising at Charing in Kent.

Certain great men start in their childhood with definite and fixed ambitions. Their interests crystalize out early, and from the start they are specialists. In Butlin's case this was not so. His early medical career was essentially one of trial and error. After six months in the country, he realised that general practice held few attractions for him and, having secured a position as House Surgeon at the Hospital, he returned to London.

The importance of this change upon his whole life was immense. His chief was Mr. (later Sir James) Paget, and his association with the great man was virtually the foundation upon which his future was built. He was profoundly impressed, not only by Paget's magnificent ability both as a surgeon and as a clinical observer, but also by the essential honesty and greatness of his nature. For the rest of Butlin's life he kept his old chief's standards as an ideal, and he was never known to refer to him without adding some tribute to his many excellencies. Although Paget had influenced him so profoundly, the young man was still slightly uncertain in which direction to pour his energies, and on the termination of his house appointment in 1872, he applied for and obtained the post, not of surgical, but of medical Registrar to the Hospital for Sick Children, in Great Ormond Street. It is possible, of course, that this step may have been taken, not through any vagueness of interest, but because no surgical appointment may have then been vacant.

In the following year, however, his interests had definitely turned to surgical methods. By 1873, he obtained his F.R.C.S., had won the Jacksonian Prize Essay, with a paper on "Ununited Fractures," and was appointed Assistant Surgeon to the West London Hospital and Surgeon to the Hospital for Hip Disease. He resigned his position at Great Ormond Street to become Surgical Registrar at Bart.'s.

At this time the post was a comparatively fresh innovation in the Hospital and Butlin's predecessors not having perceived the full scope of the office, had concentrated on the clerical side of their duties. This state of affairs he speedily remedied, and it was at once apparent that his morbid anatomical investigations of the Hospital post-mortem cases were both accurate and original.

It was at this period that he came under the second great influence to have a lasting effect upon his life. At Great Ormond Street he had met, and fallen in love with the lady who, in the following year, became his wife. How great was her encouragement and help, can be exemplified by a story told by the late Bruce Clarke, one of his hospital contemporaries. It was at the time when Butlin had a house in Queen Anne Street and Clarke lived almost opposite. On one occasion he was asked in to examine some microscopic sections taken from a case they had been discussing. Afterwards he would often recall his astonishment at the many thousands of slides the room contained, and at Mrs. Butlin's amazing knowledge, not only of where each slide should be, but of its microscopic structure and pathological significance.

In the many eulogistic notices which appeared at his death, it was generally suggested that Sir Henry's success was not the result of any pre-conceived ambition. He was cited as an example of a man who, by concentrating on the efficient execution of each immediate task, rose from strength to strength, and, as it were, fortuitously achieved high honours. The truth of this was only partial. His conscience would not permit him to do any work badly, but by the time he married his ambition was crystallized, and each step he took was purposeful and deliberate. He intended to become a leading surgeon on the Hospital staff, and to achieve this end both he and his wife were willing to make any sacrifice. Firstly, it was essential that he should not leave the Hospital. Because he had no private money and his income was small, he was forced to supplement his salary by boarding four of the students in his own house.

In the second place, in order to occupy the high position at which he aimed, it was important that he should become a fluent public speaker. Here, as in many other things, he had before him the example of Sir James Paget. Oratory is, for the majority, an ordeal, and Butlin was by no means a loquacious man. Towards the end of his life, he gave an address to the Abernethian Society on public speaking. In it, he described the steps he had taken in order to become proficient in this field. His vocabulary, he said, he found inadequate, and to improve it, he would memorize whole pages from the works of great writers and orators. To quote his own words, "I used to stand in an empty room before a glass, reciting passages from Milton, or describing, as clearly as I could, some incident that I had witnessed; or I would lecture on some subject about which I had recently read. At first, I must confess, I would find myself hum-ing and haw-ing, and losing the thread of my discourse . . . But as time went on, I began to speak with greater fluency, and less and less did I have recourse to any notes I had made."

It was a long and arduous business, but, as in all other matters he undertook, in the end he succeeded. When he finally became President of the Royal College of Surgeons, he had the reputation of being one of the most clear and accomplished speakers in the profession. Norman Moore said of him, "In lecturing, he had none of the gestures and fervour of Savory, but had modelled his style on Paget. He stood very quietly, with his hands upon the rostrum, using no notes. His voice was soft but clear, and beautifully modulated. He never appeared to be at a loss for the right word and all his sentences were balanced and admirably lucid."

It has been written of Sir James Paget, "He was a perfect example of a great surgeon who was also a great clinical observer." In Butlin's case, however, the skill of the surgeon was rivalled by that of the pathologist. In 1872, very early in his career, he had been elected a member of the Pathological Society of London, and three years later, when it had become apparent in what direction his interests lay, he was appointed to the Morbid Growths Committee of that Society. His interest in Pathology he continued throughout his life. In 1880, he was made the first Erasmus Wilson Lecturer in Pathology, and held this chair for two years, and by 1896, he had become the President of the Pathological Society. The actual details of his work in this field, however, will be dealt with at a later stage, where their significance in relation to his clinical findings will become more apparent.

To return to Butlin's career as a surgeon, in 1880 he was appointed Demonstrator of Surgery at St. Bartholomew's, and in the following year became an Assistant Surgeon. From 1880 to 1892, he was in charge of the Out-Patients' Throat Department, a position in which he succeeded Sir Lauder Brunton. At the

end of that time, on the retirement of Mr. Morrant Baker, he was appointed Full Surgeon to the Hospital, and five years later, in 1897, became Lecturer in Surgery to the Hospital Medical College. In 1902, he retired from this post, to become Honorary Consulting Surgeon and Governor to the Hospital. He made his name on operative surgery of the tongue and larynx, and, as was only to be expected, in this field it was the removal of the malignant growths that chiefly claimed his attention. Upon this subject he contributed many papers to medical journals, as well as publishing "Diseases of the Tongue" (1885), "Malignant Diseases of the Larynx" (1887), "Operative Surgery of Malignant Diseases" (1887), and "Sarcoma and Carcinoma" (1882).

His surgical technique was excellent, and his knowledge of anatomy extensive. He used strongly to oppose the then prevalent technique of total removal of the tongue in cases of lingual carcinoma, but he stressed the importance of removing all lymphoid tissue which drained the area affected. He it was who pointed out the constancy of lymph drainage from certain portions of the tongue to particular areas of lymphoid tissue, and the name, "Butlin's Gland," still stands as a memorial to his findings.

Until shortly after the first World War, his block dissection of the neck, in cases of carcinoma of the tongue, was the standard operative technique, and it has only fallen into disuse since the more modern treatment of the condition by X-ray therapy has become prevalent.

In the pathological field, Sir Henry was indefatigable. At the time of his entry into the profession, the Humoral Theory of Cancer still flourished, and was supported by Sir James Paget and many others. He himself, however, was far from satisfied by this theory, and, when Virchow's doctrine of "omnis cellula e cullula" become more widely known, he supported it vigorously. Throughout his life he attempted to correlate the pathological and clinical pictures of every case he dealt with. As the result of a life-long study of the subject, the Hunterian Lectures to the Royal College of Surgeons (under the title "Uni-cellular Cancri"), which he had read for him only a few months before his death, embodied extremely revolutionary views on the subject. In these lectures, he maintained that many phenomena of malignant disease otherwise inexplicable, could be accounted for if it were assumed that the cancer cell was an independent protozoal entity, which, prior to its inexplicable proliferation, had existed in the body in a passive, or even a symbiotic condition. These papers were read in 1911, and since that date a great deal of experimental work on the subject has been brought forward. At the present moment, it seems improbable, but not impossible, that Sir Henry's hypothesis is correct, but until the mystery of cancer has been finally solved, it is impossible to assess the value of his final conclusion.

He lived in an age when scientific knowledge was rising from strength to strength. Anæsthesia dates from his birth, and antisepsis from his boyhood. Each week brought some fresh discovery, many of them minor and long since forgot, but some of lasting value. He was too good a scientist to disbelieve any theory which had not actually been proved wrong, and when Dr. Coley began to treat cancer with erysipelas toxins, he was the first of the leading medical men of the country to give it a trial, and his reports on that treatment appeared in the Clinical Journal of London of 1895.

That the bulk of medical opinion should censure a certain treatment, meant little or nothing to him, and in an article upon the value of Spiritual healing in certain cases, which appeared in the British Medical Journal (1909), he wrote, "I would ask whether it is not possible that a power of resistance may, in many thousands of cases, be acquired under the influence of a mental condition, such as strong faith."

Apart from the Hospital and its Medical College, other professional bodies claimed Sir Henry's services. He took much interest in the reconstructed University of London, and was its first Dean of the Medical Faculty. At that time, there was a strong faction which advocated that the entire University be transferred to South Kensington, and Butlin was one of the chief supporters of this scheme. The Chancellor of the University, a member of King's College, equally fiercely opposed the move. Feeling ran rather high upon the subject, and several of Butlin's letters which appeared in "The Times" misled some readers into thinking that he held a low opinion of the Chancellor's ability. This was far from being the case, and a most generous appreciation of his opponent's talents soon emanated from his pen.

The British Medical Association was yet another field for his inexhaustible energies. He held successively the posts of Councillor, Treasurer and President. In the latter capacity, he presided over the annual meeting held in London in 1910.

As he approached the end of his life, more and more honours were heaped upon him. In 1909, he was elected President of the Royal College of Surgeons, and shortly afterwards, the University of Durham conferred upon him the honorary degree of D.C.L., and the University of Birmingham that of Ll.D. His crowning laurel was to be created a Baronet in the Coronation Honours List of 1911. On the 24th January, 1912, he died of tuberculosis of the larynx.

As with many other busy and successful men, it seems almost impossible that he should have managed to have risen to the top of his profession and yet at the same time have developed his many other interests and accomplishments. He was a competent linguist, fluent in French, Spanish and Italian. These languages he taught himself, chiefly in the mornings when he was shaving. He was also an able pianist, and enjoyed playing Mendelssohn and Beethoven. He did this partly because he was fond of music, and partly because he found it an excellent way of keeping his fingers supple.

Although he spent many an afternoon at Lord's or the Oval, and was one of the pioneers of lawn tennis on hard courts, it was in the stable that his heart really lay. It was, in fact, this early love of a good horse which had led him into medicine. In his boyhood days in Cornwall, his attention had been quickened by the blood stock owned by the local doctor. Child-like, he decided then and there that doctors owned good horses, and therefore a doctor he became.

When one looks back on Sir Henry's busy, successful career, upon his indefatigable capacity for work, his keen scientific brain and his lucid, every-ready pen, it seems almost inexplicable that to-day, just over thirty years after his death, his name is seldom heard, even amongst the medical profession. The explanation, however, is not difficult to find. It was not that his work lacked importance, nor his teachings accuracy. Had science not progressed so fast, they might have stood for centuries, and his name become indissolubly allied to the technique of malignant surgery. This was not to be; the artificial production of malignant disease almost coincident with his death, cast doubts upon his theory of unicellular cancri, and the introduction of X-ray therapy in the early twenties superseded his surgical technique too soon for his name to become established. Humanity gained at the expense of his fame, but we know he would be glad of this, for, above all men, he learnt the hollowness of worldly honours. He who had been appointed as the Hospital Lecturer in Surgery when he had no time to spare for lecturing, whose practice had waxed as his strength had waned, and whose crowning honours had come only when sickness robbed them of their savour, who better than he to know "the prize is nothing, the pursuit is all"? And although his name may never rank with some of those heroic and spectacular figures of the medical profession who are long dead, he leaves as fine a reputation as any man can gain—that of an honest, truthful gentleman, who spent his strength, his health, and his life in working for the furtherance of medical science.

* * * *

ACKNOWLEDGMENTS

For some of the details of Sir Henry's private life, I am greatly indebted to the courtesy of his daughter, Mrs. Percy Furnival, and of Sir Humphrey Rolleston, F.R.C.P.

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HOSPITALS AND NEGLIGENCE

By STUART JOHNSTONE

Suppose a hospital sister were to give, by mistake, a dose of lysol to a patient in her ward, instead of Hst. Gent cum Rheo, what would be the result? The most obvious sequel is that the patient would suffer injury and this injury would be the result of negligent treatment. Assuming the failure of all attempts to persuade her that she had been receiving the best and most up-to-date treatment, she might, when able to talk again, decide to consult her solicitor.

Now her solicitor would have no difficulty in advising her that an action against the sister would succeed. Let us pretend, however, that he discovered in this sister a passion for backing horses. This might lead him to doubt her ability to pay the amount of damages likely to be awarded, and force him to consider the question of sueing the Hospital.

Here, at once, he would find himself deep in a maze of legal argument. Is, or is not, a hospital liable for the negligence of a member of its nursing staff?

First of all it may be stated in general that an employer is liable to the person injured for the negligent acts of his employees. It is only in the case of what the law calls "Independent Contractors" that a person (or a corporation) is not liable for the negligent acts of someone whom he employs to do work for him. An independent contractor is one who undertakes to produce a certain result, but who, during the execution of the work, is not under the orders or control of the person for whom he is doing it. A builder, for instance, contracts to build a house of a certain design in a given time, and for a given price. Whether he works on Sundays, or underpays his men, or employs union labour, only concerns himself. He is an independent contractor. A chauffeur, on the other hand, is a "servant." His employer can tell him not only to fetch the meat from the butcher, but by which route to go, and not to drive more than 10 miles an hour. A private secretary, and a business manager earning £1,000 a year, are both "servants" in this sense.

Now most people would think that a nurse came in this second class. She is hardly acting on her own initiative in giving treatment. Yet, in regard to her nursing duties the law has, until 1942 at any rate, appeared to give her the status of an independent contractor. She has been put on the same level as members of the visiting staff. In other words, the hospital would have been no more liable for the negligence of the nurse who burnt a patient with a hot-water bottle, than they would if a surgical chief had left a kidney dish in someone's belly. For some reason, however, a hospital has always been liable for a nurse's negligence in carrying out her administrative duties, such as serving meals. For this purpose she was a servant.

It may seem odd that a hospital should be responsible for negligent cooking, but not for negligent treatment. It does, after all, exist primarily for treating, and not for supplying food. The reason is undoubtedly that the courts have used their ingenuity to save public and charitable funds from too many inroads. Oddly enough, the case which founded this anomalous position was one involving St. Bartholomew's. In it a man named Hillyer sued the hospital for injury to his arm, which occurred during an operation owing to his being placed badly on the operating table. Only negligence of the surgeon was established, for which, as has been said, a hospital is not liable. But the judges went on to discuss the position where a nurse is negligent, and their views were followed in later cases, although strictly Hillyer's case was not an authority on the point as, on the facts, negligence of a nurse did not arise. As laywers say, the dicta were obiter.

This law soon gave rise to difficulties. In a case where a nurse was injured while nursing, and claimed compensation under the Workman's Compensation Acts, she was held to be a servant, and so able to succeed in her action. To hold otherwise would have been grossly unfair, but the decision was inconsistent with earlier cases. The whole law, however, came under review in a case last year which went to the Court of Appeal (Gold *v.* Essex County Council). Here a radiographer, who was qualified as such, but was not a qualified medical practitioner, and who was working under the general instructions of a qualified medical practitioner, applied Grenze Rays to a child's face in order to remove warts, and used inadequate screening (lint) to protect the surrounding tissues. The result was severe burning and permanent scarring. The Court of Appeal held that the radiographer was a servant of the hospital, which was therefore liable for his negligence, and awarded £300 damages and costs. The Court made it clear that if a radiographer was a servant, so also was a nurse. It left undecided whether housemen are or not.

Thus, as matters stand now, there seems little doubt that a hospital is responsible for the negligence of all its staff, whether working in a professional or an administrative capacity, except the visiting staff, including chief assistants and others working on a comparable basis, and possibly housemen.

In conclusion, one other point may be mentioned. In general, if, say, a nurse carries out correctly the instructions of a member of the visiting staff, but such action amounts to negligence, the negligence is that of the member of the staff, and not her's. This would be so except, perhaps, where the member of the staff has made an obvious slip which the nurse ought to recognise, such as prescribing 8 grains of Morphine Hydrochloride instead of $\frac{1}{8}$. Here both would be negligent.

SIMPLIFIED SPEECH

We still hear an occasional heart-cry for the simplification of medical terminology. It is claimed that things have become so chaotic that anyone without three years of medical study to his credit can't understand what we're talking about.

All the better. Before very long we shall have evolved a separate dialect of our own, in which we shall be able to converse together to our hearts' content. Just to show the possibilities of it, we offer you the following drama, translated from the original English:

THE ETERNAL TRIANGLE
(by A. Scarpa et alia)

CHARACTERS:
Lord Osis, The Husband.
Tænia, The Wife.
Frank Pus, The Other Man.

SCENE: The drawing-room in Lord Osis' mansion. Night. TÆNIA is discovered sitting alone by the fire, suturing socks. Over the fireplace is a plaque bearing the old familial crest. She wears over her methylene blue dress a pretty little omentum.

Enter FRANK PUS.

FRANK. Darling!

TÆNIA (with exophthalmos). Darling! After all these years! My chronic love—acute once more! I thought you were still imprisoned.

FRANK. My confinement ended this morning. Darling—we have reached the crisis. Metastasize to France with me, stat.!

(There is a little heavy cervicaling.)

TÆNIA. No, no, let me cerebrate! My husband is due back to-night from a fishing trip to the Isle of Man. In fact, he will be recurrent at any moment. You know how he hates ectopics—and he can become very toxic! If he finds you here there'll be marked clubbing!

FRANK. Yes, I admit he is pretty virulent. But when I look into your stellate eyes in the semilunar light, I become euphoric.

(TÆNIA fetches a flask and beakers.)

TÆNIA. Fluids plus plus?

FRANK. Thank you—that's the optimum concentration. Nasal abrasions!

(The vessel-walls clink together.) They deglutate.)

TÆNIA. Darling!

FRANK. Darling!

(There is sudden stasis of taxi outside the house.)

TÆNIA. My husband! I must screen you quick—behind the one by the fireplace, under that fornix. You must not be manifest when he arrives!

(Resection of door, revealing LORD OSIS in the aperture. He trypsin.)

TÆNIA. Darling!

LORD O. Darling!

(Embrace.)

LORD O. But, darling, you look febrile—you're not pathological, are you?

TÆNIA. No, no, dear, I'm only in the excitement stage. Your absence was a continual diaphoretic. Now—what is the presentation? Not another handbag?

LORD O. No, I've brought you a pouch, of Douglas.

TÆNIA. Just what I wanted! Did you have a stable decussation?

LORD O. Yes, but my case was hyperdistended and my pyjamas herniated on to the deck. A very bad case, you see. What's that! (He vasoconstricts.) I can see a massive opacity on that screen! There is a foreign body in the house!

TÆNIA. No, no, dear——!

LORD O. I am going to perform an exploration of that corner! (He exerts forcible traction on the screen, demonstrating FRANK PUS.) You! You purulent focus! How long have you been extracellular?

FRANK. I was discharged this morning.

LORD O. What—what—are you doing here?

(He fulminates.)

FRANK. As a matter of fact, I was just sloughing off when you came.

LORD O. You have tried to stain my wife! You have let the cover slip off your intentions! I'll fix you! Turning my house into a diverticulum!

TÆNIA. No, No!

LORD O. Out of my way, woman! I wish to manipulate this serpiginous organism! I am going to inflict multiple traumata!

TÆNIA. Don't you dare palpate him! Percuss me first!—Won't you auscultate me?

LORD O. What! Do you not wish me to eviscerate him?

TÆNIA. It would make an awful mess for the maid to phagocytose in the morning. Besides, I feel sorry for him.

LORD O. You always had an over-active sympathetic. I am going to make a threshold-substance of him, at any rate!

TÆNIA. Stop, stop! I must confess——(She has ptosis)——I—I am Frankophilic!

LORD O. So! I am profoundly shocked! (He is ankylosed.) Now I see all. I have noticed a malignant change in you lately. There has been a shifting dullness about you. But, then, you always fluctuated.

TÆNIA. Please, please

LORD O. This man has obviously infiltrated your heart. After having lain dormant for years, the phanerosis has just occurred.

TÆNIA (lachrimally). It is not as bad as the naked-eye appearances.

LORD O. (to Frank). You have been contrectating my wife?

FRANK. Don't be so thalamic! Our conjoint love is more of a fellowship than anything.

LORD O. That's merely a matter of degree. And it doesn't give you any license. Saturated as I am with grief, I can see no solution. You have precipitated a nasty situation! (He speaks with acidity.) I am going massively to necrose you both!

TÆNIA and FRANK. No, no, not that!

(LORD O. draws a wicked-looking scalpel from its lamella.)

LORD O. I shall incise each of you, and then perform extensive venesection on myself!

(Suddenly there are coarse râles of the front door handle.)

VOICE OFF. Doorotomy! In the name of the law!

FRANK. Ha, ha! Too late! I am standing in front of the telephone, and I have phonated to the police. You see they have already sent along a *pes planum*! Your plasma be upon your own cranium!

(LORD O. rotates. Heavy percussion of door.)

LORD O. He'll not get in! This house has the strongest portal system in the county!

(In the latent period FRANK PUS has withdrawn a gun from his trousers' infundibulum.)

FRANK. This is what Darwin meant!

(He shoots LORD OSIS. Mobilizes TÆNIA. There is massive collapse of door, but they have already left by the fenestrations, and make good their escape by means of TÆNIA's cycle.)

Ætiology: ALAN TOIS.

CONVERSATION PIECE

Whilst I have no desire to be thought a man who only delights in the grosser pleasures of life, yet I must truly confess I have always liked my lunch; indeed, the very anticipation of the meal has often distracted my attention in the closing stages of the twelve o'clock lecture to such an extent that I have been wrongfully accused of "sleeping," whereas "day-dreaming" would have been a more accurate diagnosis.

I was therefore more than a little annoyed to discover that I had gone off my food quite recently; indeed, the very thought of lunch-time produced waves of nausea and a feeling of repulsion within me, for which I was quite unable to account. A retrospective view of my actions during the past few weeks shed but little light on the subject:—Friern was still very much the same, and after I had overcome the initial shock of the place, I had been able to lunch there for many months with great satisfaction. At Bart.'s, too, I had been able to further my researches in gastronomy[1] in pleasant subterranean[1] surroundings over a period of several years, so clearly it was not the location that was the cause of the defect.

I next turned my thoughts to the proximity of the exams. but soon ruled this out, for whilst on previous occasions the sense of impending doom had perhaps caused slight anovexia, it had never prevented me from thoroughly enjoying my noontide repast. I was about to search further afield for the cause when it suddenly became only too apparent.

The exams, were indirectly the cause; and how I heartily cursed them. At last I have realised that the one depressing factor about my lunch-time is the conversation being carried on around me:—"I know I won't get Midder, I just don't know a thing," says a voice to my left. "You couldn't know less about it than I do about Medicine, I'm bound to go down." On glancing over my shoulder I recognise two psuedo-erudite gentlemen, both of whom really regard their chances of failure as remote in the extreme.

"But what if the Ochsner-Sherren[2] method fails." "I should put on forks and bring down a leg." "10 minims t.d.s. or is it grains." "Of course there are only eight differential diagnoses." "I well remember a case of mine at Hill End."—and so it goes on, shop, shop, nothing but shop till the walls seem to swim before my eyes and I am forced to flee from the table, my meal forgotten, my enjoyment shattered.

Should this article catch the eye of one of those guilty of this crime of "shop-talking" at lunch, I would like to draw his attention to some modern poetry recently propagated[1] by a vehicle of the L.P.T.B.

"Kindly guard your conversation
You're driving me to desperation."

REFERENCES.

1 Pocket Oxford Dictionary.
2 A Short Practice of Surgery. Bailey & Love.

TUM-TUM.

RETROGRADE AMNESIA

I remember how intensely I disliked my nurse, she used to get soap in my eyes when she washed me, and was always brushing my teeth and combing my hair so that it hurt. She had rather pink cheeks and very fair hair, like the colour of the bread and butter which she persistently tried to make me eat. I remember clearly that we were out for a walk one day and she was very cross. "Master Robin," she said, "you're more trouble than all the other children put together, if you don't sit still you'll fall out of your pram." I remember no more. When I came to myself I was in bed in a darkened room. A soft voice said—"Ah, now at last you are beginning to come round." I opened one eye. A lovely blonde was bending over me. I opened the other eye and her blue eyes gazed sympathetically into mine, her cool hand soothed my brow. "What does it all mean?" I said. Her ripe red lips spoke gently. "Don't try to talk yet," she replied, "but I'll tell you this much, Colonel; you were driving to a conference with the G.O.C. when you had a collision and were thrown out of your car and of course the shock to your brain has caused you to forget." Really this all seems to me very strange, and I simply cannot understand how it is that I have so changed my view about blonde nurses.

E. A. C.

To all our readers we wish a very happy Christmas, and a successful and prosperous New Year (knowing that the January issue of the JOURNAL will most certainly not be published within several days of New Year's Day!) Contributions for the January issue should reach the JOURNAL office (in the Pathology Block) by Monday, December 13th.—ED.

CORRESPONDENCE

October 20th, 1943.

To the Editor, St. Bartholomew's Hospital Journal

Sir,

Whilst agreeing with "B.C.W." most heartily as to the three main fields in which this country may help China, I think he fails altogether in giving a fair picture of what China has already accomplished in the way of modern medicine.

From his paper one would hardly grasp that a Chinese Medical Association with several thousand members was in existence fifteen years ago; that a National Health Administration in the government

at Nanking was, before the war, a powerful influence throughout the whole country; and, during the war, has had Commissions on Malaria and Goitre in Yunnan, with special reference to conditions on the Burma road; and is instituting preventive measures for both these diseases; that a modern maternity service with National Schools of Midwifery was functioning long before the war; that a Chinese pharmacœpia had been published; that prior to the war medical schools such as those at Peiping, Shanghai and Chengtu were in a flourishing condition; and that the questions of plague, tuberculosis and other scourges were not forgotten. Has he never heard of the National Epidemic Prevention Bureau, formerly of Peiping, noted twenty-five years ago for its excellent supplies of biological products, vaccines and sera, which is at the present time re-established in free China?

His pictures of the Boxer rising, the question of extra-territoriality which was forced on us, rather than forced on them and which functioned more in Chinese cities which we had built rather than in purely Chinese ones, are one-sided. He hints that we deliberately closed the Burma road without any consideration of their position. This is a travesty of the facts of the case. With all our faults and mistakes, and in the past these have been many, the writer deliberately ignores the facts that Medical Missionary work in China is over a hundred years old; and that the Chinese Medical Association so fully recognised its value that it arranged for a "Council on Medical Missions" to be continued as an integral part of the National Association, realising that it was the foundation on which the marvellous developments of modern medicine in that land were laid. And I protest that if our help to China "does not necessarily involve any degree of sacrifice on our part" it will be a poor thing.

I am,

Yours faithfully,

J. PRESTON MAXWELL.

White Lodge Emergency Hospital,
Newmarket.

September 30th, 1943.

To the Editor, St. Bartholomew's Hospital Journal

Sir,

Far be it from me to condemn change, or to seem to lend encouragement to an already far-too-rigid division of life and thought into cast-iron compartments. It is in the no-man's land between one special knowledge and another that the most constructive work can often be accomplished.

Medicine and religion have much in common, and I am ready to agree that the dichotomy in the past has been too complete. But the September issue of the Journal contains an editorial, an article and two letters, no less, whose theme is almost exclusively theological, and other recent issues have shown the same tendency. Thus what might have been a feast becomes a surfeit.

To me, at least, this increasing trend of the Hospital Journal towards the outlook of the parish magazine seems a pity and a mistake.

I am, Sir,

Yours faithfully,

E. MILES ATKINSON, M.D., F.R.C.S. (Eng.).

123, East 61st Street,
New York, 21.

[We admit that this almost universal criticism is entirely justified. Unfortunately when the editorial of the September issue was written, it was not known that such a disproportionate amount of material would be on religious matters. As there were no alterations that could be made at the last minute, the JOURNAL had to appear as it was. We do, however, apologise for what has justly been called a surfeit of articles in such a very short space of time, on a subject that needs tactful handling at the best of times. Let it remain to be said that the Editor's enthusiasm overstepped its mark.—ED.]

August 25th, 1943.

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

The Journal follows me round with the faithfulness of a bloodhound, and in my gratitude I wrote off the enclosed notes on the lighter side of nursing in the Middle East:—

Tent life has much to be said for it, but cold showers take some manœuvring, and all privacy goes to the wind. At our hospital we learned how to nurse surgical cases with one primus stove to heat water for all purposes. Bed making was easy as beds only have a top sheet and mosquito net. Up patients did the majority of fetching and carrying and taking messages in the absence of telephones.

Convoy admissions, often at night, were like towers of Babel, because more of our unheard-of Allies seemed to fall sick than our own countrymen. On one occasion Sister received six men, but only four admission cards. The orderly saw them all into bed. The M.O. examined them all next day. The office searched for the missing papers till after about three days a relief sister suggested two might be guards, which proved to be correct. As the patient was in bed, they guarded him from their respective beds, and as they spoke some incomprehensible language all went well for a few days.

On another occasion a P.U.O. was causing considerable consternation under suspect of typhus, due to come weird spots on his back. He spoke Greek in a very husky voice, and not until a Greek M.O. was consulted were the spots diagnosed as cupping! —very common treatment among continental races.

For our recreation, we swim in canals and well-chlorinated baths of all descriptions, sometimes at exclusive clubs.

We ride camels, donkeys and odd horses. Tennis is played on hard sand courts. Golf is available for those stationed near the towns. Out-of-door cinemas are delightfully cool, at one in an Indian Camp chairs were provided for us, but the audience proper sat on its haunches.

Dancing in Nissen huts, mess tents, on concrete floors, and even tarpaulin laid over aeroplane cases is always popular.

Modes of transport vary according to one's station, those of us in remote places have acquired the art of hitch hiking, which is to board a very high lorry by the wheel and drop in over the side. Lifts have been gratefully accepted from Generals in staff cars, contractors with vegetable carts, and authority even smiled on a hearse rather than returning after midnight.

Yours faithfully,

(Sister) D. E. HEALD, Q.A.I.M.N.S.R.

63 General Hospital,
M.E.F.

WELFARE WORKERS' DEPARTMENT

Football boots and kit urgently wanted for East End Boys' Club. These will be gratefully received by the Welfare Workers' Office, C.C.S., St. Bartholomew's Hospital.

BOOK REVIEW

CUNNINGHAM'S TEXTBOOK OF ANATOMY. Eighth edition. Edited by J. C. Brash and E. B. Jamieson. (Humphrey Milford, Oxford University Press, price 60s. net.)

A new edition of Cunningham was long overdue, the last (seventh) being in 1937. The text and illustrations have been thoroughly revised. Revision of the various sections has been undertaken by several new contributors, amongst whom may be mentioned Professor W. E. Le Gros Clark, who has made extensive alterations in the section on the Central Nervous System. Professor J. C. B. Grant, of Toronto University, has revised the section on the Digestive System.

There are eighty-seven new illustrations, fifty-six being new, the others improved by alterations, or the addition of colour, with the result that the book is excellently illustrated throughout, an important point so far as the student is concerned.

Forty-two new radiographs have been added, with the result that the book now contains eighty-four X-ray appearances, which gives an admirable idea of the modern tendency towards more practical and applied anatomy. They are well reproduced and greatly enhance the value of the book.

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

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CULLINAN, E. R. (and Whittaker, S. R. F.). "Outbreak of Sandfly Fever in two general hospitals in the Middle East." *Brit. Med. J.*, October 30th, 1943, pp. 543-5.

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MOREL, M. P. See Keynes and Morel.

NAPIER, L. EVERARD (and Gupta, S.). "Studies in Hæmolysis: with 'Histological Notes' by N. V. Bhaduri and 'Statistical Analysis' by C. Chandra Sekar." *Indian J. Med. Research*, May, 1943, pp. 75-102.

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STUART-HARRIS, C. H. (and Rettie, G. K. C., and Oliver, J. O.). "Rickettsial Agglutination Studies in Typhus Fever." *Lancet*, October 30th, 1943, pp. 537-8.

At HILL END

The event most worthy of record during the past month was the Students' Union meeting in the Abernethian Room. Professor Ross presided and deserves our sincere thanks for coming straight from the theatre to do so. Many questions and suggestions were pressed upon the committee and either answered or taken note of. We should like to emphasise two points which seem to be improperly understood.

1. The Students' Union, surprisingly, consists of the students. It follows thence that any inadequency of its function is the fault of the students. Anyone who wishes this or that to be done is expected to do some of the work himself. If he does no more than collect the names of twenty others of the same opinion and give them to his elected representative on the Council, he will be nearer to achieving his object than by complaining of its absence from the depths of an A.R. sofa.

2. The Hill End Bart.'s Club is a local

organisation for providing local facilities. All students at Hill End are automatically members and are entitled to take part in activities here and, if they wish, apply for assistance to organise further activities. This does not prevent them from taking advantage of the wider activities of the Union.

It is perhaps stressing the obvious to suggest that all students should know the names and possibly the faces of their representatives, and should question them until satisfied about anything they wish to know..

* * * *

We congratulate the Moron Trio heartily on their rhythm and personality. They have brightened the Monday Dances considerably and are very pleasant to dance to.

In spite of the doubts of many, including ourselves, a Christmas Show is being got together. We have been humbled by the keenness and talent displayed at the auditions and wish the greatest success to all taking part.

Hockey and both kinds of Football are now in full swing. Success varies from week to week, but the more important results of enjoyment and exercise are being achieved.

Finally, may we wish you all a very happy Christmas and the fulfilment in 1944 of all you hoped for and did not get this year.

W. K. S.

At CAMBRIDGE

The other day, your correspondents, arriving at a physiology lecture, were somewhat surprised to find that department a perfect hive of activity, although it was as yet only 10 a.m. It was bathed in an aura of expectancy and candle power, reinforced by what, at first, appeared to be Messrs. Flanagan and Allen, but who subsequently turned out to be producer and director, or vice versa. In short, Bart.'s was to be filmed. Our resident rumourmongers told us that the result was to be used as propaganda; we did not know for what. To do justice to the occasion, a number of women were imported to the lecture, and having suitably greeted them, Prof. H——e gained our admiration by commencing an animated discourse on the spleen as if he had been used to this sort of thing all his life. Such was our vanity that we re-appeared after lunch "to help," as one of the senior demonstrators so aptly put it, "grind out a few more yards." Many a Douglas bag was inflated until we went home convinced that Mr. F. H——s must have learnt his directing technique in no less a place than Hollywood.

The Hospital rugger match against Cambridge University was played on November 6th. A large number of enthusiastic preclinicals attended. It must be seldom that the University plays a home match in the teeth of such an actively partisan crowd.

A fencing club has been formed under Dr. Hill's tutelage, and operates in the vicinity of Newnham. A glee party, based on Queen's, caters for our chorally minded students. Other social affairs include a dance to be held shortly in conjunction with Bedford College.

By the time this reaches print, Christmas will be very near, and the wise ones among us have already started our Christmas shopping, such as it is. We met our Nauseous Nephew to-day and asked him what he had managed to get. "Well," he said, "I've got all the hardy annuals, like cycle-clips for Uncle M——y, handkerchiefs for Uncle Neil, a new cat-skin and ebonite rod for Uncle Leslie, and Uncle Gordon's little parcel. Now I'm trying to get some nice new lantern slides for Uncle Arthur with the carbon atoms in red, hydrogen in purple and oxygen in green." "How fearfully jolly," we murmured, "for those attending 9 o'clock lectures with a hangover." "I'm doing my best," continued the N.N., "to raise a cat for Uncle H l, but they are very difficult to come by. I'm afraid Uncle Frankie's crown won't be here by Christmas though." "Never mind," we said, "it ought to arrive before the end of the war." He was full of ideas, and there certainly didn't seem anything left for us to get them, so we went to Queen's to pay our rent. A few minutes later we were looking for an alarm clock for Uncle Willie.

Finally, the preclinicals send their Christmas greetings to the rest of the Hospital.

FOUND.—In a recent Biochemistry lecture, two mongrel dogs. Owner please apply to Dr. R——s.

P. J. C. C. and D. K. T.

SPORTS NEWS

RUGGER

v. Middlesex Hospital. Away. October 23rd. Lost 5—14.

This was a fast open game which Middlesex fully deserved to win. They started off with a rush and nearly scored twice in the first few minutes, eventually they scored an unconverted try followed by a drop goal. Bart.'s fought back but hadn't the punch necessary to break through the defence.

Bart.'s nearly retrieved the game early in the second half, Pitman broke through and put Hunt in for a try which Hawkes converted. Unfortunately the Middlesex notched another drop goal.

There was little to choose between the two packs of forwards, both packs being better in the loose than in the tight scrums. Outside we were at a marked disadvantage both in pace and agility.

Team: Austin; Davey, Hawkes, Hunt, Jones; Pitman, Stephen; Rimmington, Matthew, Richards, Anderson, Thomson, Jones, Moore, Corbett.

v. St. Mary's. October 30th. Lost 11—20.

A large crowd was present to witness this game and, a most encouraging feature, it contained one of our vice-presidents. Certainly the team played better than they have done this season, the most noticeable features being (1) The corner flagging; (2) Improved heeling from tight and loose scrums; (3) Hunt's heroic defence against Kemp.

From the start our forwards gave us at least a 3—2 share of the ball and except for some good touch kicking by Pitman we did very little with it. All the outsides seem to have forgotten any other attacking move except the kick ahead, this they use regularly and with great inaccuracy. By contrast the Mary's backs ran with the ball and with good purpose only the improved corner flagging saved us on several occasions. After two of these runs we were forced to our line from which we recoiled with some excellent forward rushes in which Richards, Anderson and Jones were prominent. We scored first after about 20 minutes, Pitman endeavoured to drop a goal; the ball rose some 3 feet and struck Kemp smartly in the abdomen and rebounded into Pitman's hands, so rapidly changing the direction of attack. Anderson and Jones were up with Pitman, and Jones scored far out, Hawkes failing to convert. Play was even for the rest of the half.

After half time we again got most of the ball and pressed, but not so strongly as before. Unfortunately everyone decided to take a rest for the middle 10 minutes and during this time Mary's scored 20 points which amply demonstrated what they could do given enough of the ball. However, we staged a fine recovery, a forward rush and a good run by Jones took us to their 25, Pitman made half an opening and the forwards were there to carry it on, Anderson eventually scoring. Hawkes again failed to convert. From this moment we threw in all our available forces against some very stubborn defence, at last a quick heel found their blind side disorganised and Hunt ran over for Hawkes to convert. 11 20.

It was a pity we rested from our labours for those 10 vital minutes. Once again a little better training would have made all the difference.

Team: Gibson; Davey, Hawkes, Hunt, Jones, Pitman, Stephen; Rimmington, Matthew, Richards, Anderson, Thomson, Jones, Moore, Corbett.

v. Cambridge University. Away. November 6th. Lost 3—13.

The team bore an unfamiliar appearance owing to reorganisation of the back division. Stephen was away, the versatile Livingstone appearing in his stead. Juckes reappeared in the centre with Jones as partner, his wing position being taken by Hacking.

The game started off at the usual fast 'Varsity pace and we had several useful looking movements, both Hacking and Davey putting in strong runs. Despite these moves the three-quarter line appeared to lack cohesion and there appeared to be large gaps in it—due somewhat to Jones's unfortunate habit of straying back to the wing. Eventually the Varsity broke through the centre and scored. Almost from the kick off they scored again, this time a forward came through the line out a trick they were allowed to perform far too often. We attacked again and a loose movement nearly resulted in Jones and Gibson scoring but the latter kicked over the dead ball line.

Playing against a strong wind in the second half we were mainly on the defensive. However, Pitman and Jones made individually useful runs without managing to make a movement from them. We got less of the ball in this half and when it did arrive it was too slow to be useful. That our opponents did less with the ball was due largely to the admirable way A. Jones caught their half-backs. Despite the vocal efforts of a large crowd of supporters we could not score while the Varsity produced a try and a drop goal.

On the whole our reconstituted three-quarter line hardly justified itself, though Hacking's first appearance was most encouraging.

Team: Gibson; Davey, Juckes, Jones, Hacking; Pitman, Livingstone; Rimmington, Matthew, Richards, Anderson, Thomson, Jones, Moore, Corbett.

HOCKEY

v. Naval Dockyard, Portsmouth. Saturday, Oct. 23rd. Drawn 1—1.

Almost the most remarkable feature of this match was that eleven players, one umpire and a supporter all got to Waterloo on a Saturday morning in time to catch a train leaving at 10.45 a.m.—and more or less spontaneously at that. The United Services Club, where the game was played, have one of the best pitches we have played on, and the latter can certainly not be blamed for anything that did, or did not, happen. We gather our opponents had not played together before—one had last used his hockey stick in Gibraltar, and another flew a hundred miles to perform—but that didn't seem to worry them in the least. Their halves did practically what they liked with the ball, and for the first half we were defending all the time. In fact, the entire first half consisted of a succession of bullies on our twenty-five line. Between these bullies the ball went over the goal, to the left of the goal, to the right of the goal, and underneath the goal. The main

reason it never went into the goal was Ellis, who treated all the opposing forwards with equally undisguised contempt, stopping shot after shot in rapid succession with any convenient part of his anatomy. The remainder of the defence sweated blood, but why Naval Dockyard never scored is a problem somebody else can answer, perhaps. We had one or two attacking efforts, but the opposition had little difficulty in aborting them. However, half-time came and there was still no score.

In the second half, as usual, we brightened up considerably, and play became much more even. Our defence began to get control of the opposing forwards, in spite of an unfortunate mistake whereby one of the latter took McIlroy's eye for the ball and dealt with it accordingly (as McIlroy was not at the time lying on the ball, the interesting point arises of how this was achieved without the whistle going for sticks). We put in several attacks, and after about ten minutes a combined effort by the forwards led to Giles getting a goal. This, naturally, shook the Naval Dockyard considerably, and not long afterwards they equalised. Both sides made frantic efforts to score; Fison was here, there, and everywhere, and Fyfe went on several of his well-known sorties up the left hand touchline; but although Harrison and Andrew almost got through on different occasions, we couldn't quite make the grade. However, our opponents did no better, and the score at full time was still one all.

We must record our appreciation of the very fine tea—and the very fine service which accompanied it—to which we were entertained in the Naval Barracks. It was very pleasant, too, to meet some of our predecessors from Bart.'s, and to note the touching faith reposed in them by the local bar-tenders. In spite of the last train leaving at five past nine, everyone got home safely.

v. King's College Hospital, Saturday, October 30th. Won 4—1.

Ten seconds after the bully off, Andrew got the ball, took it right through the opposition and deposited it neatly in the appropriate goal. This effort was assisted by the fact that Kings had not yet succeeded in deploying a goalkeeper. However, it was all too good to be true, and for the remainder of first half Bart.'s proceeded to give their usual well-known pale imitation of a hockey team. Ten minutes after the start, King's equalised, and the score stayed at one-all until half-time.

After half-time we began to get moving, and before very long Andrew scored another good goal. Play was mostly in the King's half, and our defence moved hitherto unprecedented distances up the field. There were, however, one or two quite hair-raising moments when King's broke away, but Lucas's persistence and Sugden's accurate kicking kept everything under control. The forwards missed one or two goals through reluctance to follow up first shots—understandable in view of the opposing goalkeeper's desire and ability to make the ball travel very fast about three feet above the ground—but Andrew and Brazier, playing a private game of great subtlety, repeatedly fooled the defence, and eventually Andrew scored again. This put everything more or less in the bag, but there was more to come. A loud whizzing noise announced that Fyfe was on the warpath, and arriving at the King's circle with great rapidity he passed the ball to Andrew, who put it neatly in the goal. Full time went shortly afterwards.

Although the standard of hockey was not particularly high, we played more as a team than on some previous occasions; the weather was perfect for hockey, and altogether this was a most enjoyable game.

SOCCER SEASON 1943-44

This season has seen the rebirth of the Soccer Club after a war-time gestation of two seasons. At the Annual General Meeting, held late in September, it was decided that it would again be possible to field a side and that this should be done, especially as the Inter-Hospital Cup was being competed for, for the first time since the war. At the start of the season enough people expressed a willingness to play to raise only one eleven, but since then more people have come forward and asked for a game, some even being lured from the Rugger pitches where they had retired, we hope only temporarily, in the absence of any soccer. With even the addition of three or four more players we could run two regular elevens and give everyone a regular Saturday game. The secretary will be delighted to hear from anyone who would like to play.

The other pressing need is shirts, and following the lead of the Rugger Club we appeal to anyone having a Hospital shirt he doesn't want to send it to the Hon. Sec., A.F.C., when it will be put to very good use. At the moment we cannot even raise eleven remotely similar ones.

This season J. O. Robinson has been elected captain, and of the five matches so far played we have won three, drawn one, and lost one, a fair enough start to our revival. The period is obviously one of experiment as can be judged from the fact that in these five matches twelve different people have played in the forward line. We have all but succeeded in arranging fixtures as a member of the London University League, which this season is divided into two groups of approximately eight clubs each. It comprises the London Hospitals and various other Colleges in the University. At the end of the season the two leading clubs in each group play semi-finals and finals to decide the winner. Of the two matches so far played we have won both, though it must be admitted we have yet to meet any of the stronger clubs.

St. Bart.'s v. Dulwich Hamlet Reserves. Home. October 2nd, 1943. *Lost* 2—5.

In this the first match we lost but did not disgrace ourselves, the score being 2-all ten minutes before the final whistle, when the effects of bad training, our opponents' obvious superiority (all ten of them), and a season's activity on the part of the majority of our team finally told, and Dulwich scored three times before the end.

The first twenty minutes consisted as did most of the game of a battle between our defence and the Dulwich forwards, when J. O. Robinson opened our scoring after a sudden attack by our forwards. Dulwich equalised before half-time to make it 1—1 at the interval. They scored again immediately after the restart with one of our men still in the pavilion, oblivious to the cries of his fellows that he was badly needed on the field. Robinson scored again before Dulwich took charge of the game and kept us defending in our half till the end while they added three more goals.

St. Bart.'s v. Middlesex Hospital. Home. October 9th, 1943. *Drawn* 2—2.

This match showed up what has been obvious so

far this season, that the side tends to relax during the second half on any laurels it may have won in the first. Or maybe it's just been a case of that bad training. Each side started the match with ten men, and by half-time we were two goals ahead, the forward line showing a far higher degree of combination than last week. Our first goal came when our opponents' left back deflected a shot into his own goal, and D. F. Van Zwanenberg added our second. After half-time Middlesex's eleventh man arrived whilst ours failed to materialise. He seemed to inspire them to greater efforts, and they equalised without our replying though we had several opportunities that were missed.

St. Bart.'s v. Battersea Polytechnic. Away. October 23rd, 1943. *Won* 3—1.

This our first league match was played on a muddy pitch in very doubtful weather after the extraordinary phenomenon of the entire team arriving at least half an hour before the game was due to begin. Somewhat dispirited we kicked off half an hour late as a reward for our punctuality. The first half again showed some weakness in front of goal, but by half-time P. Jordan had scored.

After the restart we added another through B. Green before Battersea became more dangerous and carried on the play, largely in their half at the start of the game, into our half. Their efforts were rewarded by a goal. This spurred us on and soon afterwards Jordan, hustling his way about most effectively, hustled the goalkeeper and scored. The rest of the game found us attacking in a rather desultory manner.

St. Bart.'s v. Winchmore Hill Reserves. Home. October 30th, 1943. *Won* 4—1.

Winchmore started the game with only nine men, two of whom, L. Cartledge and J. Adams, were on loan from Bart.'s. Their seven men eventually arrived, though at one stage the Bart.'s players showed obvious doubts as to whether the secretary really had arranged a game at all, and despite an apparent eagerness among the Soccer players to watch the Rugger the game eventually started only to find Winchmore almost immediately one goal up. This hurt our pride and we proceeded to score four times in the next quarter of an hour, twice through Peebles and twice through Kelly. At this stage D. L. Griffiths changed sides to give us ten men apiece and to make the job of our forwards considerably harder. Half-time arrived with no further score.

In the second half Winchmore played far more as a team and generally had more of the game, their defence keeping out any sorties made by our forwards. They scored twice before our defence closed their ranks to keep Winchmore out. The end of the game found Bart.'s attacking but unable to score.

St. Bart.'s v. Northampton Engineering College. Away. November 6th, 1943. *Won* 4—1.

Anxious moments were many before this match, for ten minutes after the arranged time of starting, only nine of our men had arrived, and we actually kicked off with just this number to be reinforced later by the missing two. Thoughts of the slaughter Guys had committed to the tune of 19—0 on the ground the previous week meant that we started the game with some confidence. Almost at once we attacked and scored within ten minutes, when Jordan pushed one through from a general melée. The Northampton defence, however, held firm, and their goalkeeper getting much work to do obviously had his eye well in, while their left back foiled many attacks. Before half-time Green added a second.

The second half found Northampton attacking, and a lapse in our defence allowed one of their forwards to break through and score. After this Bart.'s went over to the attack and scored twice, Peebles by means of a good shot beating the goalkeeper and Jordan demonstrating that the policy of running at the goalkeeper always pays in the end. The game continued for what seemed to a not overworked member of the side an interminable time with much mid-field play and Bart.'s generally on top being foiled by a firm defence.

SOCCER AT CAMBRIDGE

v. Queen's College. Result, Won 13—1. *At Queen's, Wednesday October 20th.*

This, our first league match, was significant in that the large number of goals scored showed without a doubt the active and effective combination with which our forward line works. All the more so, when one realises that, due to heavy rainfall, the ball was in a slippery condition and thus difficult to control.

Techkam, in goal, more than anybody, showed us that he knows how to deal with the ball in this state, which enables the backs to pass back to the goalkeeper with the knowledge that it will reach safe hands.

The pace of the game can be understood when it is realised that five goals were scored in the first eight minutes with a Queen's man touching it but a bare few times.

Our added strength this year is due mainly to our wing-halves Amos and Blackman, whose strong and accurate long passing greatly increases the potentialities of the forward line, both as regards the starting of movements and the scoring of goals.

Thomas and Burns got nine of the goals between them, the rest of the forwards and Blackman getting one each.

Team:—

Teckham; Xavier, Paul; Blackman, Mangon, (Capt.), Amos; Pine, McCluskey, Thomas, Burns, Whiteley.

v. Pembroke, King's and Sidney Sussex Colleges. At King's, Saturday, October 23rd. Result, Won 11——3.

Once again, the score reached enormous heights, and once again our opponents were forced to play with their backs against the wall beneath the swift and constantly recurring attacks of our forwards; but they played gamely to the end, which prevented the afternoon from becoming a mere shooting match.

Never have I seen a forward line so transparently fettered to a goal-scoring policy as is this.

Misfortune has again come to us early this season when Pine, on the right wing, damaged one of his ribs in a tussle with the opposing back.

Thomas and Burns again were the most prominent goal-scorers, getting three and four respectively. McCluskey got two, and Blackman and Amos one apiece, the latter being a hard drive from just outside the penalty area.

We must congratulate three of this team on being chosen to represent the University, and we must thank exams., train journeys and the loyalty to Bart.'s of these players, for the declining of the offer. McCluskey and Burns are not new to the University

team sheet, but this is the first appearance on it of our captain, M. N. Mangan, who was to be the reserve to travel.

Team:—
Teckham; Xavier, Paul; Blackman, Mangon, Amos; Pine, McCluckey, Thomas, Burns, Whiteley.

SQUASH

After a lapse of some seasons during which only a few social fixtures have been played, the Squash Club has been resurrected and a full fixture list arranged. Our own court being out of commission all matches are being played on the opponents' ground; practice games can be played on various courts scattered over London.

If by any chance a reader finds that he still has a Silvertown Standard Squash Ball (or balls) which he doesn't want, would he let the Hon. Secretary have it as such articles are as rare as hens teeth and even more valuable.

v. St. Mary's. Lost 1—4.

Playing first string our revered captain Gabril was up against a fitter and faster man, being beaten 1—3. Stephen then raised our hopes by winning the first game 9—0 without going out. This seemed too much for him and his opponent promptly went to 8—0 in the second game, here I feel Stephen made a grave error by fighting back to the tune of 8—6; the effort of doing this still swathed in a sweater was obviously enormous, in fact he never recovered and lost 1—3.

J. E. Marrett lost in three straight games each being quite a close battle, however he is to be congratulated on a standard of sartorial elegance seldom seen in a squash court today. J. T. Harold played the elder of the brothers Graham and very much against the form book won 3—1. Perhaps it was lucky he didn't know his opponent's previous record until after the game. The Graham brothers having exchanged shoes the younger one took on J. H. Gibson who made a close contest of it for the first game and a half but then developed a stitch, a severe handicap to his fast flagging energy.

v. St. George's. Won 4—1.

This match was played on neutral ground at the West London Club.

Stephen, fired by Marrett's example, appeared immaculately attired in long trousers and sweater, without removing the latter he rapidly disposed of that cheerful warrior Fort.

By contrast Gabril had a tremendous battle against a much younger opponent who refused to let anything go so that each point developed into a minor war of attrition. With the score at 8—0 against him in the fourth game he seemed destined to play the whole 5 games. Not so, displaying a staggering degree of skill and agility he took 10 points in a row to win game and match.

Marrett had a bad time gainst a more skilful opponent, he didn't seem to be getting into his stride at all. In addition he broke a new racket, which seems an expensive way of buying new balls.

Gibson and Brazier disposed of their respective opponents without much trouble.

EXAMINATION RESULTS

CONJOINT BOARD

OCTOBER, 1943

Pathology

Whitmore, T. K.	Leverton, J. C. S.
Jepson, L. F.	David, G.
Green, B.	Turton, E. C.
Smith, W. H. R.	Finlayson, V. O.
Jones, V. H.	Roberts, G. F.
Monckton, G.	Vincent, H. R.
Ernest, M.	Green, C. J. S.
Jackson, L. G.	Wood, A. B.
Bethell, M. F.	Whitehead, B. L.
Adams, J. C. L.	Orme, J. D.
Westall, P. R.	Robinson, P. K.
Claremont, H. E.	Duff, D. R.

Medicine

Whitmore, T. K.	Leverton, J. C. S.
Linsell, W. D.	Lucas, P. F.
McConachie, J. W.	Anderson, A. R.
Jackson, L. G.	Andrews, B. E.
Ernest, M.	Jones, J. N. Harris
Harrison, R. J.	McIlroy, M. B.
Jacobs, H. B.	Green, C. J. S.
Gibson, J. H.	Goodbody, R. A.

Surgery

Livingstone, A. V.	Brazier, D.
Gabril, Y. Y.	Bullough, J.
Corbett, A. R.	Gibson, J. H.
Giles, H. McC.	Marcroft, J. T.
Veater, D. G.	Holmes, C. B.
Bates, D. V.	Gillies, M. T.
Baldry, P. E.	Fox, C. G.
Peck, B. J.	Miller, K. H.
Chambers, R. M.	Jones, W. K.
Roxburgh, R. C.	Hartley, C. E.
Gould, M. G.	Bibbings, G. E. R.

Midwifery

Whitmore, T. K.	Linsell, W. D.
Harrison, R. J.	McIlroy, M. B.
Hughes, M. S.	Chambers, R. M.
Hurt, R. W. I.	Jackson, P. E.
Ridge, L. E. L.	Levy, L.
Green, B.	Whitehead, B. L.
Cooper, J. R. C.	Chaudhuri, M. R.
Lucas, P. F.	Livingstone, A. V.
Baldry, P. E.	Alterman, J.
Pragnell, C. A.	Curé, S. M. F.
David, G.	Wood, A. B.
Turton, E. C.	Smith, W. H. R.

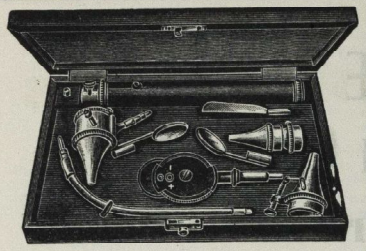
The following have completed the examinations for the Diplomas of M.R.C.S., L.R.C.P.:—

Ernest, M.	Curé, S. M. F.
Linsell, W. D.	Vincent, H. R.
Gabril, Y. Y.	Anderson, A. R.
Jones, W. K.	Miller, K. H.
Pragnell, C. A.	Bibbings, G. E. R.
Green, C. J. S.	Jones, J. N. Harris
Jacobs, H. B.	Goodbody, R. A.
Peck, B. J.	Chambers, R. M.
Gould, M. G.	Baldry, P. E.

SOCIETY OF APOTHECARIES OF LONDON

The dates of the Society's Examinations for the month of January, 1944, are:—

Surgery——10th, 12th, 13th.
Medicine, Pathology—17th, 19th, 20th.
Midwifery—18th, 19th, 20th, 21st.



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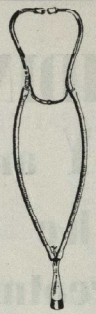

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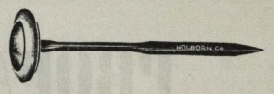
W 214 STETHOSCOPE Guy's pattern, with heavy grey tubing and Doherty's all-metal chestpiece with end to unscrew. 15/6



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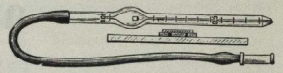

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SAINT BARTHOLOMEW'S HOSPITAL JOURNAL

JANUARY 1944

VOL· XLVII

No. 12.

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. XLVII JANUARY 1st, 1944. No. 12

THE BEDSIDE

There are many times when a spirit of uselessness and redundancy creeps over the student, who contemplates how his life is all too often made up of the passive elements of assimilating information at lectures and ward rounds, of watching as a bystander the work in the wards and special departments, and of concentrating on the ignominious task of trying not to get in the way. It is at these times that he wonders if he has no part to play in the hospital structure, particularly with regard to the patients, of whose misfortunes he makes such frequent unrewarded usage. It is obvious that in the undertaking of routine and relatively foolproof duties, such as the testing of urine, he is making a small contribution to hospital life, but even duties as these put one in mind more of the "boots" than the butler.

It does seem, however, that the student can, and indeed should, be encouraged to charge himself with responsibilities, the effective pursuance of which would materially assist the treatment of each patient, whether this be by way of drugs, surgery, palliation or rehabilitation. In order, however, that these duties may be adequately discharged, the student must surely aim at making contact with his patient by interest and friendliness. A casual enquiry as to general health and bowel habit, or a check-up on some vague and irrelevant family history, rarely sufficies to elicit the real cause of worry in a patient's mind, and he may well be frightened rather than comforted by a prolonged and silent study of the temperature chart. It appears, then, that a friendly and understanding relationship must be established before discussion or advice will be of any avail.

To take a leaf out of the textbook, we may describe the student's activities as being of two kinds: "general" and "specific." Generally in discussion, it is important to imbue the patient with confidence—not the ebullient and irritating cheerfulness beloved of the old-time country practitioner, but a quiet confidence that the patient has the will to recover, and will do so. In this way the patient comes to believe in the surety of the hospital and the skill of his medical attendants.

Specifically, there are many ways in which the student may help, and perhaps the most important is by explanation. It is evident that many patients, in ignorance of the nature of their affection, fill their minds with worries which may be instantly relieved when spoken out and discussed. This is borne out by the experience that once a patient summons courage to start asking questions, and receives satisfactory answers, it is not long before many others approach with their own worries for discussion.

In addition to explaining the nature of the disease, it may be necessary to embark upon the general outline of its investigation and treatment, for nothing can be more irritating to the bed-ridden than the long periods of seeming inactivity which so frequently fall to their lot. If there are no medicines being administered, no tests, no X-rays and no elaborate investigations being conducted, the patient feels neglected and this is surely a dangerous spirit. If it should happen that investigations are being performed, it is often beneficial to indicate the trend of the result, for many anæmic patients are cheered by the sight of a rising graph of their Hæmoglobin level. There are, too, many people suffering from rheumatism, tubercle or even coronary infarction who are able to watch their progress by their E.S.R. and to derive comfort from its falling and to renew their determination on learning of an increase. It is in tuberculosis sanatoria that this policy of in-

teresting a patient in his disease is most widely applied; its value in general medicine may be illustrated by a man with lobar pneumonia, feeling so well after two days' chemotherapy, that he was shown the pulmonary shadow on his X-ray, to convince him that he still required rest in bed.

There are, of course, many other aspects of this valuable work which should be the responsibility of the student. Sometimes it may be necessary to encourage a patient to continue his treatment after discharge, as in diabetes mellitus and pernicious anæmia. In other cases it is important to counteract foolish notions and prejudices, such as a fear of injections, or a horror of being "drugged" with medicines. In every case it is advisable to indicate the approximate length of stay in hospital, for all too frequently he has agreed to come in "just for a few days," and the subsequent disillusionment does not conduce to peace of mind. In many other ways, too, can the patient be helped; by a confident talk before operation, by being sure to avoid just looking at the board without greeting the patient, by always leaving with a cheerful word and by never passing the hopeless cases without acknowledgment, for it is these things which are noticed.

The value of this work is manifested in a letter written over twenty years ago by a patient to Dr. Norman Moore and quoted in his "History of St. Bartholomew's Hospital":

"We always looked forward to the students . . . I began to wonder if one would come to me, when almost directly a very tall gentleman came up and seated himself beside my bed . . . He was very nice and so gentle that it was a pleasure to let him do whatever he liked. They would nearly always be in the ward until dinner-time. I used to enjoy the time the students were there, for they were so bright and cheerful, it did one good if only to look at them."

It may be asked why this work should be practised by the student in particular, when it might seem to fall more properly to the house physician or senior staff. The answer is twofold. First the medical staff are too busy to devote considerable time to each individual patient, whereas the student has relatively few cases allotted to his care. The second reason is that the student in this way becomes acquainted with the worries and prejudices which will hamper his work in the future. It is only by close contact with sickness that he can measure the effect of disease upon the human mind and activity, and this sympathy and understanding in affliction is a sure foundation for medical practice in the future.

RADON IN THE TREATMENT OF RETINOBLASTOMA

By SEYMOUR PHILPS (London)
and A. C. L. HOULTON (Oxford)

In the year 1929 Foster Moore used radon seeds for the first time in this country in the treatment of an intraocular neoplasm. The patient was a man of 65 who had a choroidal sarcoma in his only useful eye, and he therefore declined to have the eye removed. After insertion of radon seeds the tumour slowly shrivelled up, and at the time of his death from intercurrent disease two years later the eye still had useful vision. At that time it was not possible to demonstrate any sign of malignant disease in the eye by clinical means, but permission for a post mortem was not obtained. This was a most encouraging start, and it was felt that the treatment might be successful in dealing with retinoblastoma (glioma retinæ), which, being a very fast growing tumour, would also be highly radiosensitive.

Such an opportunity occurred nine months later.

Glioma retinæ arises in the first few years of life and shows a strong hereditary and familial tendency. If not destroyed it quickly causes death by extension along the optic nerve to the brain. From 1871 to 1924 one hundred and sixty-three patients with glioma retinæ attended Moorfields Eye Hospital, and the proportion of cases where it occurred in both eyes was one in five. It is the general experience of eye surgeons that in about one quarter of all patients with this condition it is bi-lateral, and for such cases the treatment recommended before 1929 was excision of both eyes. It is not unnatural that many parents would sooner see their children dead than submit them to this horrible operation. The first chance to use radon seeds as an alternative to excision of the eyes in a bilateral glioma occurred in 1929, when a boy of five attended Moorfields and was seen there by Mr. Rupert Scott. He was found to have a growth in both eyes, and it happened that the mother was not unfamaliar with the condition, for an elder brother of this boy had had both eyes removed for the same trouble and had died six weeks later. On this account double excision was refused. One eye, being extensively destroyed by growth, was removed, and the child was transferred to St. Bartholomew's, where Foster Moore inserted a three millicurie radon seed into the centre of the tumour in the remaining eye on Nov. 15th, 1929. (1) The growth became chalky white and broke up into pieces, finally disappearing, but on subsequent examinations it was thought that there was some sign of recurrence, and further seeds were attached to the sclera. In the light of after experience there is little doubt that what was thought to be recurrence of growth was, in fact, reparative fibrous tissue, and the eye, therefore, received a larger dose of radium emanations than was really necessary. It says much for the skill with which the radon was applied and kept in position that at the end of the treatment the boy had 6/12 vision in spite of the large dose of radium which had caused some changes at the macula. He is now a healthy lad, able to earn his living by selling newspapers, though his vision has deteriorated owing to an irradiational cataract which he prefers not to have removed.

Since that time several cases have been reported, notably by Stallard in the Gifford

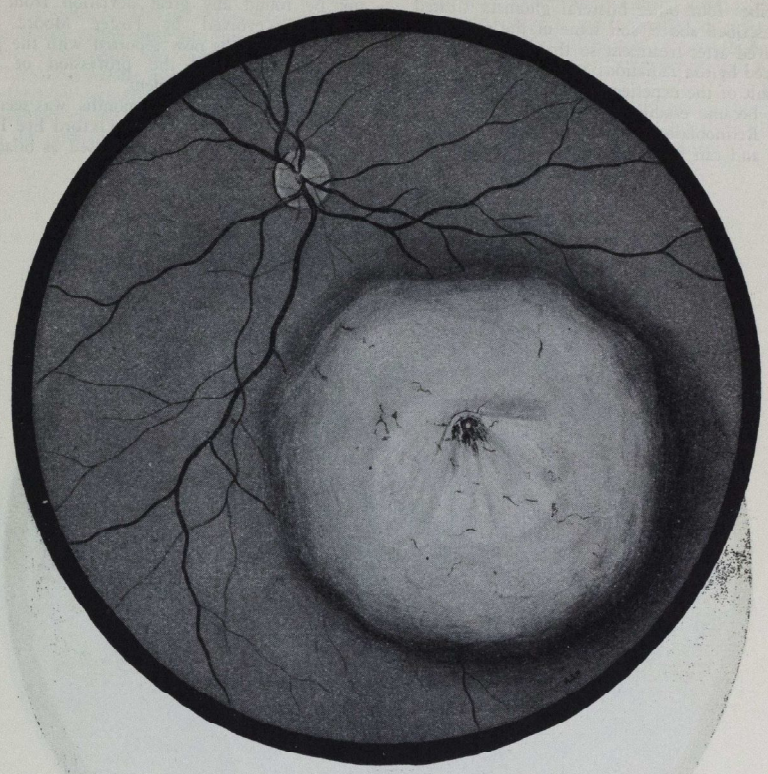

Fig. 1. (25.7.40) *Radon Seed in situ.*

Edmunds prize essay for 1932 (2) in which he describes four other bilateral gliomata treated as described above, and some of the eyes were removed after treatment so that the exact area affected by the radiations could be judged. As a result of the experience gained the following facts became established:—

1. Retinoblastomata are highly radio-sensitive, and can be destroyed by radon seeds inserted into them or applied to the sclera over them.

2. The normal tissues of the eye are also destroyed, but to a lesser extent, and it is possible, by accurate localisation, to apply a dose of radon which will destroy the tumour and leave useful vision in the eye.

3. The operative technique presents no great difficulties.

In the case about to be described there will not be found any great deviation from the technique evolved by Foster Moore and Stallard, and it is now reported with the purpose of reminding the profession of this useful method of treatment.

Clive Holloway, aged 8 months, was seen by one of us (A.C.L.H.) at the Oxford Eye Hospital in July, 1940, and diagnosed as bilateral glioma retinæ. He was transferred to Hill End Hospital (St. Bartholomew's) where the left eye, being half full of growth, was enucleated and the diagnosis confirmed. There was no growth invading the optic nerve. In the right eye there was a globular tumour in the lower nasal quadrant measuring six disc diameters in each direction. There was no retinal detachment and no seedling growths were found elsewhere in the eye. Central vision was good. The subsequent treatment and after history were as follows:—25.7.40. Insertion of one 2.5 millicurie radon seed into the centre of the growth. This point was found by inserting a long catholysis needle into the presumed centre as judged by transillumination and observing the position of the needle by ophthalmoscopy. From the published reports and from personal observation of patients it was evident that there had been a tendency to over-irradiate these tumours, and it was decided to give a minimal dose to this rather large growth and to observe the effect over a long period. Fig. 1 is a painting of the growth with the seed in position.

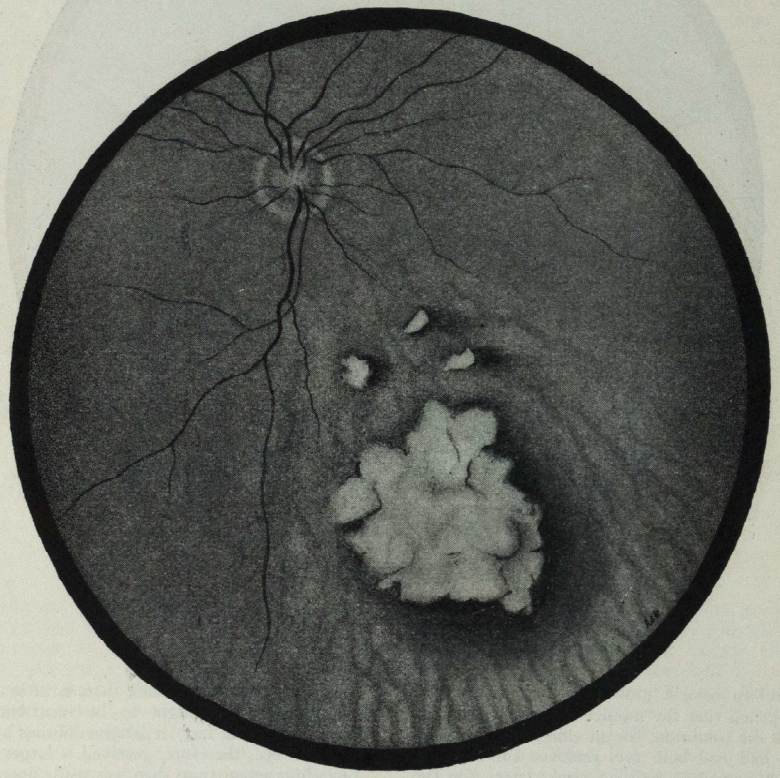

Fig. 2. (26.10.40) 3 *months after irradiation.*

8.8.40. Removal of seed. Condition of the eye very satisfactory. Tumour is the same size, only whiter.

22.8.40. Examination showed a dead white, fragmented growth much smaller than before irradiation. A small button of growth below and medial to the disc looks like a dead fragment broken off.

9.9.40. Discharged from hospital. The baby is well and the eye white. Central vision is good, judged by the baby's response.

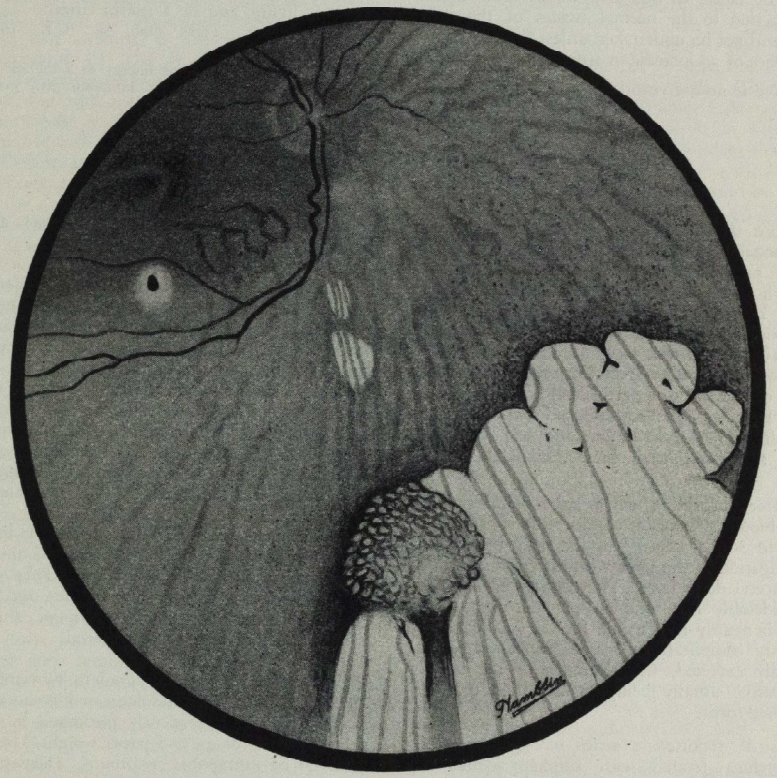

Fig. 3. October, 1943.

19.10.40. Re-admitted for examination. Growth is smaller than on 9.9.40 and dead white, broken up appearance suggested it had been destroyed. Three pieces of growth had separated from the main body. Fig. 2 is an elaboration of a painting made at the time by R. C. Jack, ophthalmic house-surgeon at Hill End.

March, 1941. Improvement. Growth smaller.

The child has been examined repeatedly since that time and the mass has continued to grow smaller. At the present time (Fig. 3) there is a mulberry shaped nob at the site of the tumour. This has grown smaller over the years, and is evidently mostly fibrous tissue. Whether it contains any tumour cells remains to be seen, but it seems unlikely that it does so. A further dose of radon to this area would cause more destruction to the normal tissues of the eye, and will not be undertaken unless there is good evidence of an increase in size of this. No date.

Clive is now 4 years old, and a bright intelligent lad who sees well with his one eye and will soon be at school. He is now of an age when he can co-operate sufficiently to allow of an ophthalmoscopic examination without anæsthetic, and so the interior of the eye can be studied frequently and carefully. He was last examined on Nov. 18th, 1943, and found to have 6/12 vision in his eye. If he can keep this it will mean that he sees well enough to earn his living, and be a useful citizen.

1. Foster Moore. Trans. Oph. Soc. U.K., 1935. Vol. LV., p. 8.

2. Stallard. 1932. Radiant Energy as a therapeutic agent in the eye. Gifford Edmunds prize essay.

A CASE OF SULPHATHIAZOLE OLIGURIA

By P. W. ARUNDELL

Since the introduction of the less soluble sulphonamides, sulphapyridene, sulphathiazole, (and sulphadiazine), several cases of urinary complications due to crystal formation have been reported, both in this country and in America. The occurrence of sulphonamide crystalluria was first recognised by Stokinger[20] (1939) in a patient receiving sulphapyridene This complication is particularly liable to occur following:—(1) Intravenous administration of the drug; (2) Dehydration and low fluid intake, and (3) Partial obstruction of the renal tract.[7]

After absorption of a sulphonamide into the blood stream, a considerable proportion (up to 30 per cent.)[18] of the drug undergoes conjugation in the liver with the production of the acetyl derivative. The conjugated form is considerably less soluble than the free form and is mainly responsible for the incidence of urinary complications.[14,15] Sulphathiazole is rapidly excreted, the clearance of the acetyl derivative usually being greater than that of the free form.

Laird[8] reported a series of 794 cases of gonorrhœa treated with sulphapyridene, in which gross hæmaturia appeared in five cases and anuria once; Spink and Hansen[19] encountered nitrogen retention with oliguria once and gross hæmaturia once among 100 cases treated with sulphathiazole, and others have noted these complications in a similar proportion of cases. Renal function may be depressed during sulphapyridene treatment without the appearance of hæmaturia,[11] and Loewenberg *et alia*[10] report a case under treatment with sulphathiazole which showed no clinical signs of renal damage, concretions however, being found at autopsy in the kidneys, ureters, and bladder.

Pathology.

The lesions may be bilateral or unilateral, and in their earliest form consist of aggregations of crystals and amorphous material anywhere along the urinary tract. Later the ureters and pelvis become dilated and thinned, and the kidneys may become enlarged, pale, and œdematous. The kidney tubules show varying degrees of dilation and epithelial degeneration. The glomeruli may be affected, and some authorities[16] believe that the primary damage is glomerular and independent of mechanical obstruction.

Pepper and Horrack[13] describe the kidneys of a patient who died after a period of anuria while on sulphathiazole treatment. They saw gritty deposits in the collecting tubules, and the pelvis of each kidney was hæmorrhagic, thickened, and filled with gritty material.

Case History.

A man aet. 71 was admitted in November, 1942 with hæmaturia and increased frequency, a large stone (subsequently purloined by his private doctor for use as a paper weight!) being removed by suprapubic cystotomy. Hæmaturia and increased frequency continued, and in July, 1943, he was re-admitted. The urine was found to be heavily infected with staphylococci and B. coli, blood urea was 30 m.g. per cent., and the urea concentration test satisfactory (2.1 per cent.). The prostate was seen to be enlarged by cystoscopy. During the next ten weeks, efforts were made to clear up the urinary infection by means of a suprapubic cystotomy and washouts with 1:8000 oxycyanide of mercury, 1:12,000 silver nitrate, and tidal drainage with sod. bicarb. solution.

A course of 30 G. of sulphathiazole was given (no untoward effects being produced), followed by bladder irrigations with 0.5 per cent. sulphanilamide solution via a Duke's apparatus. The urine remained very infected with staphylococci, strep fæcalis, and pseudomonas pyocyaneus until a suprapubic prostatectomy was performed, after which the infection cleared up almost completely.

The patient was due to go home on October 19th, but on the preceding evening developed pain and swelling of the left testis with a temperature of 103° F. In view of the previous staphylococcal nature of the urinary infection, the administration of sulphathiazole was commenced at 2 G. stat. and 1 G. 4 hourly, together with Haust. pot. cit. ℥ j 4 hourly.

During the next three days the temperature was reduced to 99.2° F. and urinary output was in the neighbourhood of 2 pints per day, difficulty being experienced in increasing this owing to nausea and vomiting occasioned by the drug.

On the fourth day of chemotherapy, the urinary output suddenly dropped to ℥ iij. The drug was immediately discontinued, a copious fluid intake ensured, and linseed poultices applied to the loins. The next day the output was ℥ vij and the patient was drowsy and irrational and complained of headache and nausea. Vomit ℥ xiv. An intravenous drip of sodium sulphate 4.08 per cent. was started and theobromine et sod. salic gr. xv two hourly given.

On the following day, urinary output was only ℥ j, and it was decided to undertake ureteric catheterisation, but as he then passed ℥ xv, this was not done. Blood urea was 44 m.g. per cent. Temperature was subnormal (96° F.) and the pulse rapid (120) and of poor volume. The patient was drowsy, hiccoughing, ashen coloured and produced ℥ xxxiv of offensive brown vomit. The patient died suddenly next morning.

The urine had been alkaline throughout, no macroscopic hæmaturia was observed, and the guaicum test was consistently negative. There had been no complaint of pain in the loins.

At the autopsy the bladder, both ureters and renal pelvices were free from crystals or concretions. The tubules and calyces of both kidneys were packed with sulphathiazole crystals. There was evidence of left epididymo-orchitis, the lower pole of the left epididymis being almost completely replaced by pus.

On histological examination of the kidneys, few obvious changes were seen, with the exception of intertubular œdema and a few sclerosed glomeruli. Some liver degeneration was also observed, but there were no clinical signs of hepatic failure.

Discussion.

The above case emphasises several important points with regard to sulphonamide therapy.

(1) Urinary infections are not infrequently resistant to all forms of treatment when any degree of obstruction is present, the infection rapidly clearing up when the natural drainage channel is fully re-established. Mitchell *et alia*[12] report that 85 per cent. of their uncomplicated urinary tract infections can be cleared up by sulphonamide therapy, whereas only 3 per cent. of those complicated by strictures, stones, tumours, etc., can be thus cured. There are many similar reports. Toomey[22] stressed the importance of urinary retention in bringing about the formation of sulphapyridene uroliths.

(2) The fluid intake during treatment with the less soluble sulphonamides should be high, and an output of at least 1,500 c.c (℥ 50) per day maintained.

(3) The simultaneous administration of an alkaline mixture, *e.g.*,

℞ Sod. bicarb.	...	gr. x
Sod. citrate	...	gr. x
Aq. ad.	...	℥ ss.

decreases the frequency of anuria and oliguria.[17] The urine should be tested daily with litmus to ensure its alkalinity.

It has been shown that sulphathiazole and its acetyl derivative are more soluble in alkaline urine at p.H. 7.5 or higher, than in acid urine.[21] Solubility is minimal from p.H. 5.6—6.6, doubled or trebled at p.H. 7.5 and increased tenfold at p.H. 8.0.[6] Wilson and Billingsley,[23] however, have obtained alkaline urine by ureteric catheterisation from patients with sulphathiazole anuria and oliguria.

(4) On the occurrence of anuria, oliguria (less than 500 c.c. or ℥ xvij per day), pain in the loin, or macroscopic hæmaturia, the drug must be immediately discontinued, a copious fluid intake enforced, and heat or counter irritants applied to the loins. In most instances, these measures will suffice to re-establish urinary flow.

Should crystalluria or microscopic hæmaturia be observed, administration of the drug may be continued, in the absence of urinary dysfunction, the fluid intake being increased.[24]

Ureteric catheterisation and lavage of the renal pelvis with 2.5 per cent. sod. bicarb. may be necessary when the above measures have failed, the cathers being left in situ until the return of urine is clear. This treatment is not devoid of risk, as there is a liability to secondary infection of the kidneys. If the urinary output is above 500 c.c. (℥ xvij) per day, cystoscopy

and ureteric catheterisation can be delayed in the hope that the simpler methods will prove effective.[7] The passage of ureteric catheters may be rendered extremely difficult or impossible owing to crystals of the drug in the ureter, or in the presence of a ureterocele.[1]

In addition to the above measures, Enger and Wendel[4] also recommend the use of diuretics of the purin series and intravenous sod. bicarb. or hypertonic saline. A case is recorded of the successful performance of a nephrostomy on a girl aet. 2, suffering from sulphonamide anuria.[15]

(5) Vomiting with its consequent dehydration can usually be avoided by the administration of alkalis and of nicotinic acid 50 m.g. per day,

(6) More adequate control of sulphonamide dosage is possible by means of periodic estimations of the blood concentration of the drug. Keitzer and Campbell[7] recommend that the blood level of sulphapyridene be kept below 8 m.g. per cent., while Carrol *et alia*[2] state that a blood sulphathiazole level of 5 m.g. per cent. is both safe and effective.

It is hoped shortly to have available in this hospital the materials for the approximate bedside estimation of blood sulphonamide by the p. dimethylaminobenzaldehyde colour reaction (Fuller's rapid clinical method).[5]

I am indebted to Mr. R. Corbett for permission to publish this case, and to Mr. D. O'Callaghan for help in preparing this report.

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KNOTS IN THE UMBILICAL CORD

One of the less important but rather intriguing examples of the inscrutable in nature is the formation of knots in the umbilical cord.

On first acquaintance with the relations of the fœtal parts, even the simple half-hitch seems a rather extraordinary manifestation, while the tying of a knot of such complexity as the one illustrated would seem to depend on something supernatural.

According to Winckel (quoted by Jellett and Madill, Rotunda Manual of Obstretics, 1921) there are at least two conditions for the formation of a true knot:

1. The cord must in length exceed twice the distance from umbilicus to vertex;
2. There must be a small fœtus relative to the quantity of liquor, to ensure its mobility.

In short, there must be plenty of cord, and plenty of room.

The first of these conditions was certainly present in this case, for the cord (with knot still tied) was 24 inches long and the distance from umbilicus to vertex was under 12 inches, for the total length from heel to vertex was only 17 inches.

As to the second point, the height of the uterus was that of a 34-week pregnancy and the length of the fœtus was also that of 34 weeks, so, though this is a roomy stage, we cannot claim pathological roominess in this case. However, the uterus was at this height when the patient was admitted, in labour and with the head engaged, so the amount of liquor was at least on the upper side of normal. (Unfortunately ante-natal data were not available, as the woman had attended another clinic.)

The mother, anxious for an explanation of the premature labour, volunteered before the

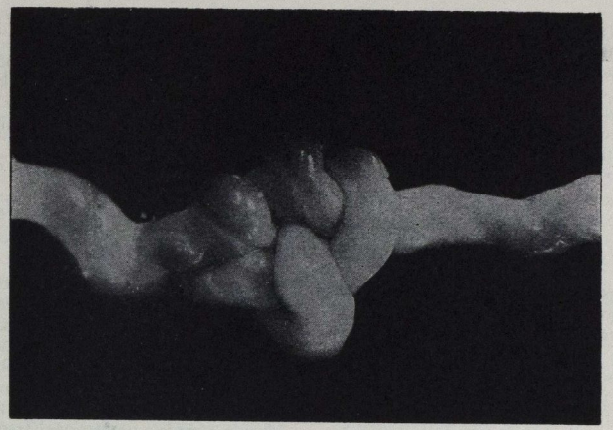

Fig. 1

child's birth that it had been more active than her two previous children. Over-activity sounds a very promising factor in knot formation. Also the fact that the placenta in this case had two fairly large infarcted areas would seem to bear out the idea current among midwives that shortage of oxygen leads to excessive fœtal activity. If we accept this, we can postulate that a simple half-hitch was formed and then drawn tight, intensifying the anoxia and predisposing to a further complication of the knot. Unfortunately for this idea, I find this particular example impossible to reproduce on a piece of string after starting with a tight half-hitch, and it is said that knots almost invariably remain loose until after the onset of labour.

Nevertheless this knot in its final form probably tightened some time before delivery, for the following reasons:

1. It could not be "shaken out" afterwards, but had to be definitely undone to take the second photograph.
2. The Wharton's Jelly was moulded by the

Fig. 2

knot to some extent. (Criteria given by Jellett and Madill, loc. cit.)

3. The fact that the associated "false knots," consisting of permanent bulbous dilations of the umbilical vein, were all *distal* to the true knot (except those within the true knot itself) suggests that the knot was at least tight enough to slow up the venous return for a period of time.

The child was born alive and in good condition considering its age, but unfortunately had a severe spina bifida (myelocele) and died from secondary infection a week later.

I should like to hear from anyone with further examples or views on this subject. In the meantime my thanks are due to Mr. Fraser for his particular interest in this case and helpful criticism of the note.

T. C. BEARD.

THE NORWEGIAN HEALTH INSURANCE

From discussions upon state medicine which have been going on, there emerges a large measure of agreement on certain points, and with these as a foundation it should be possible to build some reasonable system. It is for the medical profession to find a practicable solution. Before the war, the British Medical Association was in favour of a comprehensive medical system, so that all sections of the community should have easy access to efficient medical treatment. Upon this point there is universal agreement, but there has been little advance since then. If the medical profession cannot produce a medical system capable of serving the needs of the public, then they have no option but to submit to the dictation of the greatly-feared politician. Crooked as he may be, he will doubtless produce some solution. From this early starting-point little has emerged but a proposal for the erection of a state medical service with salaried doctors and patients herded to see them; to be ill is not in the interests of the almighty state. Rather a strong interpretation of the proposals, but so it appears to be appreciated by many. The proposal has brought forth a flood of disapproval from which can be sorted some clear ideas—the position of the doctor and the position of the patient. The patient, besides being provided with an excellent medical service, must be able to choose freely his doctor and, if need be, his specialist. An integral part of the efficient medical service is that his relation to the doctor must be a personal one for himself and his family. The position of the doctor is that he must have complete professional freedom to treat as he thinks fit, and to order his own affairs. He must have freedom of movement from one locality to another as he thinks fit—the advancement must depend entirely upon his own initiative and skill.

These are the bounds within which a new medical system must be confined. To be successful it must have the goodwill of both patient and doctor, and these are the bounds of their goodwill.

Before this war there was a comprehensive, efficient medical system in Norway (I shall not call it a state system, or the die-hards will cease reading). It was a state sponsored system of health insurance. It covered 60 per cent. of the population. There was complete freedom of choice of doctor by the patient and for the doctor complete professional freedom.

The scheme covers all persons earning less than £350 per annum. Employed persons over 15 years of age must belong to the organisation, membership of which entitles them to medical attention. The premium varies with the wage of the member. Of this, six tenths is paid by the member, one-tenth by the municipality, one-tenth by the employer, and two-tenths by the state. There are six classes of premium payable to the National Health Insurance, varying with the wage of the member. The lowest payable is about ninepence weekly, and the highest (the £350 income group), one shilling and sixpence per week.

He may go to any doctor either within or outside his area. He pays the doctor one shilling at each visit (throughout the money values are adjusted approximately to our currency). For each consultation the doctor himself is paid five shillings, the first shilling by the patient, the remaining four shillings by the National Health Insurance, to whom he submits his account monthly, with particulars of the patient seen, the number of visits and the diagnosis of the complaint. For visits by the doctor to the patient, he receives eight shillings by day and twelve by night, the patient paying two shillings and three shillings respectively. Specialist treatment is included in the scheme. The usual payment is made by patient and the specialist sends his account to the N.I.H., he receives a higher remuneration than the General Practitioner. Patients may, if they wish, go straight to the specialist; this on the whole is discouraged. In such cases, when the patient's card is sent up by the specialist, the control doctor may decide that it is a case which should have been attended by a General Practitioner and fees will be paid accordingly, the excess must be made up by the patient. If a patient is advised to go to a specialist by his doctor no such step will be taken.

The sceptics no doubt have fastened their attention upon the words, "Control Doctor," and rightly will not be satisfied until his function is explained. The control doctor is an official of the N.H.I. who, besides the function already described, may question the accounts sent in by doctors. If he believes that the number of consultations a doctor gives a patient whose card registers some trivial complaint he may himself see the patient to ascertain that there is sufficient reason for all these visits. There is no question of the control doctor interfering with treatment, or criticising methods.

The medical service does not pay for the commoner cheap medicines. Usual prescriptions are bought by the patient from the chemist. The doctors do not dispense their own. In the chemist shop there is a qualified Pharmacist of ten years' practice. Patent medicines are usually obtained by prescription, but some can be bought by the public. The government controls advertising claims of proprietary drugs. All expensive medicines are paid for by the National Health Insurance, *e.g.*, Liver Extract and Insulin.

National Health Insurance covers all hospital expenses of the patient. These hospitals are supported by the municipality, by the state, or both together. There are few private hospitals. Public hospitals are efficient, the medical side is under the control of the doctors, headed by a medical superintendent. Doctors are recruited from the locality. For each new post, three doctors are recommended by the medical superintendent to the Central Office, who may make the choice, or leave it to the Local Authorities. Here there appears to be a possibility of interference by Party Politics in the appointment of a medical superintendent—or of doctors.

Insurance entitles a patient to physical treatment, such as massage, radiotherapy and the like. There are sick allowances, payment varying according to the premium paid. A person is entitled to twenty-six weeks sick allowance per annum. (In the case of Tuberculosis, thirty-nine weeks.) Working women are given twelve weeks' sick allowance when pregnant, six weeks on either side of the birth of a child.

Pathological investigations and X-rays have a schedule of fees paid by National Health Insurance. Usual ones are done by the general practitioner—E.S.R., Fæcal Occult Blood and the like (E.S.R. approximately two shillings). If not done by the doctor (*e.g.*, W.R.), they may be sent to pathological laboratories at local hospitals or to pathological specialists, each investigation having a standard rate. X-rays are similarly treated. It is unusual for doctors to buy and sell practices. Normally a newcomer will pay only for such equipment as he takes over from his predecessor.

This system neither abolishes nor supersedes private practice, but about 80 per cent. of a general practitioner's income being derived from National Health Insurance.

It is interesting to note that before the invasion of Norway there was a proposal to raise the scope of National Health Insurance from 60 per cent. to include 80 per cent. of the population. This account of the Norwegian medical service is, I am afraid, rather sketchy and incomplete, in particular upon the account of the organisation of their hospitals, but it is my hope that it may add something concrete to the discussions on the improvement of our own medical system. I should like to thank Dr. Alf Seweriin, of the Norwegian Ministry of Social Welfare, for the information and statistics necessary for this article.

F. J. CONWAY.

PRINCESS TSAHAI MEMORIAL HOSPITAL

In July, 1934, John Melly, at one time a house surgeon at St. Bartholomew's Hospital, and who in the first World War, was awarded the Military Cross, set out for Ethiopia to found there, as he hoped, a hospital and medical school in which Ethiopian students could be trained for the healing of their own people. His aim was a 300 bed hospital with a large out-patients' department, three major operation theatres, X-ray, massage and pathological departments, with a fully equipped Medical School block, Students' Hostel and a Nurses' Home.

Early in 1935 we find him writing home from Addis Ababa that at a dinner party in the Palace he had sat next to the Emperor's youngest daughter, "a really lovely girl of 17, a worthy descendant of the Queen of Sheba. Her name is Tsahai, which means 'The Sun" . . . speaks English and French fluently . . . said

she wanted to be a nurse. So I said, 'What about Bart.'s?' and she said, 'Ishi,' which means 'O.K.'"

Already when Dr. Melly was writing thus Ethiopia was threatened by the Italian invasion, and it was soon evident that the Doctor's activities would have to be diverted from the creation of a great permanent hospital to the urgent work of the Red Cross, which the invasion soon entailed. Explosive and incendiary bombs, liquid fire and the crowning iniquity of poison gas, were trained upon a defenceless people. Dr. Melly became the leader of a heroic ambulance service of Red Cross workers who bravely shouldered the super-human task of treating the ceaseless streams of gassed and wounded victims, and continued with unflinching courage, despite deliberate and persistent bombing of the Red Cross camps by Italian 'planes.

In the tragic days when the Italians, by the overwhelming power of poison gas and superior arms of every type, were advancing on the Ethiopian capital, Dr. Melly received accidentally a mortal wound, and died on May 5th, 1936.

In the days that followed the young Princess Tsahai, who shared Dr. Melly's dream of a great teaching hospital for Ethiopia, came with her father to London, and entered the Hospital for Sick Children at Great Ormond Street for training. She won golden opinions there by her industrious devotion to duty, and tender care of patients, and having passed the examinations qualifying her to be a State Registered Children's Nurse, and taken a course at the Royal National Orthopædic Hospital, she proceeded to Guy's for further training.

In June, 1941, after the liberation of Ethiopia by the Emperor's own army of liberation commanded by Colonel (now Major-General) Wingate, and by British and allied forces in other Ethiopian campaigns, the Emperor called his daughter home. She returned with a unit of British Red Cross nurses to initiate the work for the health services of her people, for which she had devotedly prepared during the entire five years of her exile. She was able to start clinics and welfare centres in Addis Ababa, Dessie and Lekemti. Then in the midst of her strenuous activities she died with tragic suddenness.

To commemorate the gallant initiative of the young Princess, and to help those who will continue the essential work for which she laboured, a Memorial Council has been formed of which Lord Davies is Chairman, Lord Horder, Honorary Treasurer and Miss Sylvia Pankhurst founder and Honorary Secretary. An eminent Medical Committee has consented to serve, of which Lord Horder is Chairman, Sir Philip Manson-Bahr Vice-Chairman.

The Emperor, who has given his very warm support and thanks to the Memorial Council, has presented for the Memorial Hospital a site near the Capital, and close to the hot springs which are of curative value, affording ample space for building extension, gardens and so forth. The first unit will accommodate 100 beds and in addition to Administrative Offices, General Hospital and Children's Section. There are at present no separate wards for sick children in Ethiopia, important as these are for child patients and essential for the training of children's nurses. The treatment and study of tropical diseases will naturally take an important place. Ethiopia affords a particularly varied field for such work.

The Memorial Council aims at furnishing a Medical and Nursing School which is an essential requirement of the country, and which it was the devoted intention of Dr. Melly to establish. It is hoped to associate the heroic memory of Dr. John Melly with what promises eventually to be the realisation of his ideal, and it is suggested that a part of the hospital should be named after him, and endowed as a tribute to his valiant life.

Building is now proceeding in Addis Ababa. £22,000 is still required to complete the structure, and a further considerable sum for equipment, in all the cost will be some £100,000.

I am indebted to Miss Sylvia Pankhurst for the above fascinating statement, and Lord Horder and I believe there are many Bart.'s men and other friends of John Melly who would like to subscribe to that part of the Hospital which may commemorate his work. Cheques may be made out to The Princess Tsahai Memorial Hospital and sent either to Lord Horder or to me, addressed St. Bartholomew's Hospital, E.C.1.

W. McAdam Eccles.

Contributions for the next issue (February) of the JOURNAL should reach the JOURNAL Office, in the Pathology Block, by January 13th.

WORKING IN THE DARK

My brow is furrowed, my hair—once gold—is rapidly fading away.
My temper shattered, my cursing profound as people I long to flay.
Our educational bill is high; for this I am told there is need,
But why in heaven neglect to write and teach men only to read?
A race we've produced, efficient and sound—intelligent too I've heard.
But quite unable it seems to me to write more than a single word.
This explanation I write with regret, my frustrated emotions release,
To save my mind from total collapse and gain some mental peace.

For the patient stands before me, frightened and not at its best.
I look for its notes—alas, there are none,
I hunt for the form—yes, there is one,
Badly written, but distinctly One,
ONE solitary word, "chest."
I catch my breath and look again,
Glance at Sister with eyes of pain.
There's no "sex" on this form—and I curse in the hush—
Dare I ask her, or will she blush,
To define the figure in the long green nightie?
Quae intra sunt querite.

Some fresh films come before me, badly obscured by wind.
I look for the age—of course there is none—
These patients are ageless—yes, every one—
Just dropped down from Mars or perhaps the Sun,
And some poor little "pro" has sinned.
I ring the Ward and ask for the Sister,
The phone in my hand begins to blister.
I calm myself and ask with grief
Why in one dose she has no belief?
For Gregory's powder's beyond compare—
Why will these women with feminine flair
Repeat the dose without a chit?
Soror, mihi non culpa sit.

A screaming child is before me—a wriggling exhibition.
My equipment won't rise to such delicate work—I'll try some "high definition."
I glance at the form—my eyes never falter,
I feel like a lamb being led to the slaughter
To give reports on requests such as these "Bony detail"—"Epyphyses."
I lower my gaze—a little more prudent,
The signature is that of a student.

O, hear my plea before I go—
Allah humko maddat do.

Harold Yorke.

ANNOUNCEMENTS

MARRIAGES

RICHARDS—HOFFMAN.—On September 2nd, 1943, at St. Paul's Church, Honiton, Walter F. Richards, son of Dr. and the late Mrs. Richards, of Highgate, to Sylvia Mary, daughter of Dr. and Mrs. Hoffmann, of Honiton, Devon.

HODGE—WALLER.—On December 8th, 1943, at Malmesbury Abbey, Wilts., by the Right Rev. The Lord Bishop of Malmesbury, Dr. Bernulf Llewelyn Hodge, of Gloucester House, Malmesbury, elder son of the late George Llewelyn and of Mrs. Amy Hodge, of 41, Avonmore Road, West Kensington, W.14, to Margaret (Peggy), of Jac-na Parc, Polperro, only child of the late Mr. and Mrs. Henry Francis Waller.

DEATHS

BATES.—On November 21st, 1943, at 44, Foregate Street, Worcester, Tom Bates, F.R.C.S., aged 65, after a short illness.

SUBSCRIPTIONS

The Publication Committee have decided to refuse any further applications for life subscriptions.

Revised prices of the JOURNAL are :-

SINGLE COPY	-	9d.
1 YEAR'S SUBSCRIPTION	-	9/-
3 " "	-	£1 : 5 : 0
5 " "	-	£2 : 2 : 0

DOCTORS' DILEMMA

Narrated by V. C. Medvei

This story was told to me by someone who was present when it occurred. Some of the "dramatis personæ" are still alive; this is my excuse for omitting names and place.

Many years ago, when my informant was still a junior consultant, he was called to join a consultation at the magnificent seat of one of the oldest and wealthiest aristocratic families

in Europe. I believe the young daughter of the house was ill, and the question of an immediate operation or the postponement of the surgical treatment was to be discussed. The consultants consisted of a well-known physician, a surgeon of great fame, of my informant, representing the "modern school," and the family doctor, a shrewd old country practitioner with great experience and a first rate medical knowledge.

The patient had been duly seen and examined by all four of them, and they retired for the discussion, led by the family physician. After careful consideration they decided on immediate operation and began to move to give their opinion to the parents who were waiting anxiously outside. Now the place where our doctors had talked was a very large hall, being the picture gallery and the armoury of the house. As they were going towards the door the great surgeon suddenly stopped in front of a particularly well wrought suit of armour. He was a collector of old arms and a much respected expert in armoury. He looked with the eyes of a connoisseur at the piece displayed and could not resist the temptation of closely inspecting it. The others, knowing his weakness, waited smilingly. The consultation had been very short; so they were not quite unwilling when the great surgeon asked them to help him to put the armour on, just for one moment. The surgeon was squat and fat, and it needed some skill to get int othe cage of steel and iron. But the real difficulty started afterwards when he tried to get out of it again. However hard the three others worked, however expertly he tried to advise them, something must have gone wrong, and they could not get him out. A quarter of an hour passed, half an hour now, but still no success. The members of the family waiting outside grew restless; the family physician went to the door to reassure them; it would not take very much longer. But his appearance, in contrast with his usual calm and cheerful manner, was not very hopeful. Beads of sweat were on his forehead, and his face bore a haunted expression. This gave a presentiment of evil foreboding. What was the doctors' dilemma? What was it they could not agree on, what they did not dare to tell? Eventually, after a very long time, the door opened again. The family doctor came out and asked the village locksmith to be sent for at once. The whole and awful truth could no longer be concealed. The great surgeon was still encased in the suit of armour, and it took the locksmith more than two hours to liberate him.

To end the story, it may be told that the operation was a success; but the incident of the involuntary "Knight in Armour," the doctors' dilemma how to extricate him and what to tell the anxious relatives is still remembered in that village.

CORRESPONDENCE

PANACEA

To the Editor, St. Bartholomew's Hospital Journal

Sir,

Your December Editorial has a commendable subject but an unhappy and unworthy ending. It is discouraging to read that you wonder if we—the medical profession presumably—are entitled to deal with the patent medicine industry at all. It is difficult to imagine who else is qualified to deal with the present reprehensible conditions. As long ago as 1914 a Select Committee of the House of Commons reported on patent medicines and concluded: "That this is an intolerable state of things and that new legislation to deal with it, rather than merely the amendment of existing laws, is urgently needed in the public interest." Owing to the Great War little was done to implement their suggested legislation and little has been done since. So little in fact, that the situation to-day may be summarised as it was by the same committee twenty-nine years ago: "For all practical purposes British law is powerless to prevent any person from procuring any drug, or making any mixture, whether potent or without any therapeutical activity whatever (as long as it does not contain a scheduled poison), advertising it in any decent terms as a cure for any disease or ailment, recommending it by bogus testimonials and the invented opinions and facsimile signatures of fictitious physicians, and selling it under any name he chooses, on the payment of a small stamp duty, for any price he can persuade a credulous public to pay." This succinct exposition holds good to-day with the exception that "cures" may not be sold for certain diseases, such as cancer and venereal diseases. It asks little of an even modest imagination to see what harm is and may be done under the ægis of this lawlessness. Yet your concluding paragraph is a masterpiece of wishful thinking that things are not as bad as they seem. It is pregnant with "hoping" which conceals thoughts, it seems, without any hope at all!

I find it difficult to justify the title of "Panacea" with which you head your remarks and searched in vain for the solution I hoped to find. You employ the current cliché that education of the public will solve the problem. Short of making them all doctors and/or parmaceutists I do not see how they are adequately to protect themselves. My apologies are due for not offering some constructive suggestions myself, but this I hope to do in the future. This letter in the meantime is to express my extreme disappointment in your dismissing so easily a subject of utmost and immediate importance at a time when there rages so much discussion of the ways and means of improving health. Amidst all the attendant controversy there have been mentioned many things of much less moment. To suppose that nothing can or should be done is to suppose that Parliament and, far worse, the medical profession are as indifferent to the health and safety of the nation as are the charlatans, quacks, fictitious physicians, impostors, opportunists, liars, rogues and swindlers, who are at present unhindered in their robbing and poisoning.

I am, Sir,
Yours faithfully,
H. W. BUNJE.

St. Bartholomew's Hospital,
London, E.C.1.
Sunday, December 12th, 1943.

THE JOURNAL

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

I feel I must write to say how good it is to see the Journal these days. At present I am eking out a very slim clinical existence as naval surgeon aboard one of His Majesty's minelayers, and any medical literature is more than welcome, especially when it is the journal of one's old academic *alma mater*. Despite paper restriction, the Journal goes from strength to strength, and its team of ardent contributors seems to be in no ways impaired. I thought the article on "Lecture Notes" in the July issue a most refreshing effusion. Bart.'s is very well represented in the senior service, and I am meeting Bart.'s doctors in numerous ships and naval establishments where the old hospital always proves to be a rallying ground of conversation. It is specially gratifying to note how the various activities of the institution keep going in the face of innumerable war-time difficulties. A junior Abernethian society sounds a bold venture indeed. One hopes the day is not far off now when the various scattered sections of the hospital will merge once more into an organised unit "on a smooth field beside the Holbourn," to quote the words of our founder, Rahere. In the meantime all power to the editorial year and the resulting journal.

Yours, etc.,
J. B. GURNEY SMITH,
Southern Unit, R.N.V.R.

September 22nd, 1943.

"FRIERN NEWS"

To the Editor, St. Bartholomew's Hospital Journal

Sir,

It is interesting to reflect upon the impression likely to be gained by any of our successors who should happen to peruse war-time copies of the Journal, and notably the Jubilee Number.

From the accounts of Friern he would not only dub it a dreary spot—the hell that it is to the student dependent on ready-made entertainment but he would also conclude that the members of the staff there were not doing their job. As a deserter, perhaps I should hold my peace, but I have had the almost peculiar privilege of working regularly at all the three principal hospitals of the Bart.'s group. I would say at once and most emphatically that my colleagues at Friern were second to none in their labours on behalf of their country, their patients, Bart.'s and the students; they have performed manfully an almost hopeless—and seemingly thankless—task in the face of almost every possible discouragement, not least the petty sneers of your Journal.

The housemen and many of the students have been no less zealous.

The nurses, whose uniform your correspondent affects to despise, have on occasions of disaster—fortunately peculiar to Friern of the Bart.'s group—shown initiative and courage deserving the highest praise; some of their colleagues have lost their lives; others have been disabled for life; the conduct of the nurses and their matron has been recognised by the conferment on her of a well-merited distinction. For these women your Journal has had not one good word during four whole years—in fact often the reverse.

If your anonymous correspondent finds Friern gloomy, he might have a less unkindly though for those who are spending the war years there on behalf of Bart.'s, Bart.'s patients and Bart.'s students. In so doing he will be fulfilling what you give as the second object of the Journal, the promotion of *esprit de corps*.

I am, etc.,
H. JACKSON BURROWS,
Surg. Cdr., R.N.V.R.

R.N. Auxiliary Hospital,
Kingseat.
November 16th, 1943.

"MY FIRST FEMALE PATIENT"

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

"The Master said: 'A scholar . . . when in the wrong, let him not hesitate to amend.'" In following this philosophy, it would seem my lot to bow before the superior judgment of others. Upon receiving such welcome enlightenment, I needs must retract all my criticisms regarding "My First Female Patient," and should be grateful if I may use this letter as a medium for conveying my sincere apologies, not only to Mr. A. R. C., but to Hill End in general.

A word of explanation is perhaps necessary. My first reactions on reading "My First Female Patient" were rather those of Dicœopolis in the Theatre when he had to tolerate Theognis. Then on reading the October "At Hill End," it was as though Dexitheus had come forward and sung his Bæotian melody.

I remain, Sir,
Yours faithfully,
D. S. GUHA.

P.S.—Perhaps you were quite correct in assuming "If every article in the Journal supplied intellectual guidance or spiritual enlightenment, we feel that the same readers would very soon be out of their depth."

P.S. Queen's College,
Cambridge.
November 10th, 1943.

BOOK REVIEW

TEXTBOOK OF GYNAECOLOGY (FORSDIKE), by J. H. Peel, F.R.C.S. (21s., Heinemann.)

This book with revision has entirely changed its character. Previously it provided the reader with a bird's eye view of the subject which suffered for that reason. It is now an authoritative textbook which can be recommended to students wholeheartedly. The subject matter has been much expanded—is clearly written and amply supplemented by illustrations. Emphasis is properly laid on treatment. The Appendix contains a useful list of endocrine products available for use in this country.

The book will certainly find an honoured place in Medical Schools.

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

O'BRIEN, J. R., B.M.Oxfd. (and E. D. Hoare and A. D. Watkins, M.D., F.R.C.P.). "Dust as Vehicle of Infection in Children's Wards." *Lancet*, November 27th, 1943, p. 666.

SHAW, WILFRED, M.D., F.R.C.S., F.R.C.O.G. "Textbook of Midwifery." London: J. & A. Churchill, 1943.

WARD, R. OGIER, F.R.C.S., D.S.O., O.B.E., M.C. "An Account of an Improvised C.C.S. from its inception at Offanville to its Closure at Rennes." *J. of the R.A.M.C.*, October, 1943, p. 171.

HOWELL, TREVOR H., M.R.C.P.Ed. "Progressive Cerebral Ischæmia." *Brit. Med. J.*, December 11th, 1943, p. 746.

GARROD, PROF., L.P., M.D., F.R.C.P. "Treatment of War Wounds with Penicillin." [Précis of War Office Report (A.M.D.7).] *Brit. Med. J.*, December 11th, 1943, p. 755.

At HILL END

Poppy Day provided the ever-ready excuse for another dance. We would not like to give the impression that dancing is Hill End's only activity, but it certainly rivals closely the healing of the sick. This particular function was notable for the distinguished performance of a Chief Assistant, who admitted to wearing sock suspenders, being able to reverse and having to kiss his partner. The last was the easiest hurdle as he was dancing with his charming wife, and they both received prizes to a general ovation.

Seeking further material for this report, we set out to tour the hospital. As we left the A.R. a tired voice from the vicinity of the Rugger notice suggested that the team should find more sixteen-year-old opponents (they recently beat a side of that age) after their defeat by the Preclinicals.

As we passed from corridor to corridor we heard the following fragments of conversation which we offer as a picture of the happenings and rumours of the sector.

". .. . Sister and then the Houseman down with 'flu and the rest of the nurses looking like death, I'm running around like a . . ."

"I thought I saw a Ziegfield girl
Standing by the sink,
I looked again and saw it was
A Lend-Lease Theatre pink."

". . . And all they had was a five-room unfurnished maisonette in South Kensington."

Which last reminds that our term of office is over as we join another band of hopefuls bound for Bart.'s. We will delay no further than to wish our successor luck and hope that he may regild the shining mantel of our predecessor which has tarnished somewhat on our shoulders.

W. K. S.

At CAMBRIDGE

Cambridge is almost deserted again. Only Bart.'s and our American Allies, who, like the poor, are always with us, remain to fill its foggy December streets. We, too, hope to retire shortly after our various examiners have done their worst.

As usual, it has been a full term. The Junior Abernethian Society has held two meetings. Sir Walter Langdon-Brown addressed the first of these on "Medicine, Magic, and Reason," while later Sir John Graham-Kerr spoke on "Education."

Professor Paterson Ross addressed a special meeting of the Students' Union at the end of November. He spoke of Bart.'s, its traditions, the allegiance and service it demanded of all connected with it, and the war with the loss to the preclinicals of the sense of continuity with the rest of the Hospital. He told us that we needed faith, faith in the work of Bart.'s, and faith in the future of medicine. It would be presumptuous to précis his talk here. Stephen Paget expressed its quintescence when he wrote, "let us hold fast to the unity of Hospital life and to our bounden duty to the spirit of the place." To revive this bond between student and Hospital a scheme is afoot and should be in operation shortly by which the preclinicals may visit Bart.'s itself for a few days to see and to appreciate the life there.

In this connection it might be added that this term we in Cambridge have been able to hear Sir Walter Langdon-Brown, Professor Paterson Ross and Mr. Vick. We should like to record our appreciation and the hope that many more similar visits will be arranged.

During November a dance was held in conjunction with Bedford College and proved so successful that another has been arranged to take place in February. A very famous Cambridge backwater held these caprices which brought forth a favourable balance sheet.

All the sports clubs have had a measure of success. The Hockey Club has won five fixtures and drawn one. The draw is excused by the fact that two men were missing from the side that day. The Boat Club entered an VIII for the December Time Races, so called because rowed at the end of November. Placed 18th, they made an indifferent start in the foulest weather, and, after passing L.S.E. on the way, were finally placed 13th on the river. The following week they suffered a defeat by a Queen Mary College VIII, whose premature starting methods were too much for Bart.'s, despite their subsequent efforts. Rugger and Soccer reports appear elsewhere.

Finally, it is with deep regret that we have to record the death of Dr. D. M. Samuel. He was a brilliant teacher who will, perhaps, be remembered best by students past and present for his unfailing sense of humour. His passing leaves a great gap in his department and an acute feeling of personal loss to those who knew him. An obituary notice will appear in the next issue.

P. J. C. C. and D. K. T.

SPORTS NEWS

RUGGER

v. R.N.A.S. November 14th. Home. Won 20—0.

Providently the very heavy rain had stopped by the time we kicked off, before a rather smaller crowd than we have had of late, but once again I am happy to say it included two nurses, one very senior and one of less exalted rank.

Our opponents were more enthusiastic than skillful, and we had plenty of the ball; the outsiders were playing better than they had done before, and only the rather slippery state of the ball with subsequent dropped passes prevented them scoring more often. From some of these mistakes the R.N.A.S. made occasional raids without scoring.

Tries were scored by: Pitman 3, McMillan 1, Gibson 1, Hawkes converting one.

v. Rosslyn Park. November 20th. Away. Lost 8—0.

Last year we played the Park on a skating rink, this time the game was ruined by a thick fog. Why the spectators stayed I can't imagine since they can have seen little but the front of occasional line-outs. I am really unable to give any clear account of the game since at no time could I see more than half our opponents, and members of our own side remained hidden for moments on end. Moves such as a cross kick were fraught with danger to both sides since one had to wait until the noise of the ball bouncing gave an indication of its whereabouts.

Our forwards did very well against a very heavy pack, and Matthew is to be congratulated on getting a share of the ball from Tyler. Outside they looked dangerous in the centre when attacking, but at the same time Pitman was able to penetrate this defence on several occasions.

In the first half they scored a try under the posts and converted it as a result of Waterkyn looming up through the fog going in completely the opposite direction to our defence. He repeated the performance soon after, but generously admitted to having knocked on while out of the referee's sight. Territorially I think we had the better of this half, since I very seldom saw any posts. In the second half I saw our posts quite often, so we must have been mostly on the defensive, and since they scored only once the defence must have been good. While it was all rather farcical and fogbound it did show that our pack was able to stand up to much heavier and more experienced opponents.

Team: Gibson: McMillan, Hunt, Pitman, Davey: Hawkes, Stephen; Rimmington, Matthew, Richards, Anderson, Thomson, Jones, Moore, Corbett.

v. Welsh Guards. Lost 26—6.

Weather conditions were horrible for this game, the ground being covered with a layer of mixed snow, ice and mud, the ball resembled a large piece of soap liberally daubed with ice; it would have been hard to catch with warm hands, but with modified pink flippers—very tricky.

The forwards, who naturally did most of the work, started with an excellent rush and appeared to score a try; however, the referee considered it to have been touched down. Very soon after Pitman cut through and gave Jones a try, which was not converted, together with a penalty goal kicked by Hawkes, this made up our score.

The guards so outweighed our scrum that it was often pushed back several yards; however, in the loose the pack did well and produced many powerful rushes. Under these circumstances we were forced to try outside movements without much success, but Matthew is to be congratulated on getting so much of the ball. At kick and rush the Welsh pack proved adept, and most of their score came this way, though one try was scored after most of the side had handled the ball without mishap.

After the game we were treated to a minor Eisteddfod, and though we have no solo voices of their calibre several choral numbers were well received.

v. Airborne Division. December 4th. Won 18—13.

Our correspondent having left his report writing until the day for printing, he was forced to borrow this from the local paper.

This was an enjoyable and an exhilerating game at Chislehurst on Saturday. The men of the Airborne Division, trained to a hair, set the pace and played with great speed and dash from beginning to end.

Bart.'s opened the scoring with a penalty goal, and an excellent try by the full-back, J. Gibson, but at half-time the score was 13—6 in favour of the Airborne Division.

In the second half Bart.'s defence stood firm and their raids on the opposing goal were rewarded by a

drop goal (Juckes) and a try by Hawkes. Finally Davy (right wing) intercepted a pass, had a clear run and scored a try between the posts, which was converted by Hawkes.

For the victors Stephen (captain and scrum-half) played his usual magnificent game. Hawkes at fly-half worked well with his partner and got the ball away quickly. Gibson, at full-back, has never played a better game. The forwards were a match for their opponents and Corbett, Anderson and A. Jones were conspicuous. The three-quarters, as usual, made some brilliant individual efforts, and when they have learnt to combine better and to pass more quickly and accurately, this season's Bart.'s team will make a formidable side for any team to tackle.

Team: Gibson; Jones, Juckes, Pitman, Davey; Hawkes, Stephen; Rimington, Matthew, Richards, Anderson, Moore, Jones, Glanville, Corbett.

Preclinicals, 35; *Hill End,* 3.

This game was played in fine weather at Hill End and ended in the route of the home side; their advanced studies had, it seems, destroyed the defensive powers, under the circumstances the Pre-clinicals scored frequently without much difficulty. The winners played well together, though their tight scrum was rather ragged but redeemed itself in the loose with Smallwood always outstanding. Behind the scrum Hacking appeared master of the situation and scored several tries. With a bit more pace in the centre these outsides would have been excellent. For Hill End, Richards worked hard, both vocally and physically, while Dr. Morgan demonstrated that a man is only as old as he feels. From the point of view of the hospital's future prospects this was an encouraging game, but it was a pity that the cakes didn't appear in time for tea.

HOCKEY

v. Staff College, Camberley. Saturday, November 20th. Away. Won 6—1.

It can now be disclosed that this game was played on one of the foggiest days of the century. Any discrepancies in this account are to be attributed to the fact that each half of the field had to be covered by a separate reporter. Two goals were scored right from the kick-off (if the umpire reads this, we're only joking), both, it is believed, by Andrew. The Staff College, almost unknown to the Bart.'s forwards, then scored; the remainder of the first half consisted largely of a series of offsides on our part.

In the second half the fog became, if possible, thicker. Amid shouts of "Square 6," "Which way did they go?" etc., Bart.'s scored four more goals, these are claimed by Andrew (2), McIlroy and Durham, while the opposing goalkeeper claimed to have been unsighted on each occasion. It can be stated with certainty that Bart.'s success was primarily due to their superior liaison. From this operation, in spite of the weather, and thanks to the Southern Railway, all our players returned safely.

Team: Ellis; Dosseter, Todd; Fyfe, Fison, Goodall-Copestake; McIlroy, Roberts, G. M., Andrew, Durham, Giles.

v. Richmond and Kingston Hill. November 27th. Away. Lost 6—1.

This was the first defeat of the season and somewhat in the nature of a tragedy. Bart.'s played downhill in the first half and had their fair share of the play. As usual, the forwards had difficulty in putting the ball in the goal. At half-time there was no score. Playing downhill in the second half, Richmond completely overran the Bart.'s defence. Bart.'s failed to show their customary second half superiority, and Richmond scored once soon after half-time. Then there was a regrettable incident when the ball deflected into our goal by one of the defenders. The few chances Bart.'s had of scoring were wasted, and before long Richmond had scored twice more. Bart.'s only goal was scored by Andrew, he shot from an impossible angle and the opposing goalkeeper helped the ball into the goal.

Richmond scored twice more to make the score 6—1. We lost this game in mid-field, their halves were always in the right place and their forwards invariably outnumbered our defenders. The Bart.'s forwards did not swing the ball about enough, but in spite of everything 6—1 was perhaps rather flattering to our opponents.

Team: Ellis; Todd, Lucas; Copestake, Fyfe, Dosseter; Giles, Andrew, Harrison, Brazier, McIlroy.

v. Broxbourne. December 4th. Away. Drawn 2—2.

We had the same old trouble at Broxbourne as on so many other occasions—inability to finish. We did score first, when Dale, following an unsuccessful attempt to drive the ball through the Broxbourne goalkeeper's chest, put it in the net the easier way. The ball hopped up and down the field, dodging large numbers of people on either side with consummate ease, and play was fairly even. We did most of the attacking, but Broxbourne made several nerve-racking breakaways, and scored from one of them. After half-time they scored again, which shook us considerably. We now really began to try, and the turf in the Broxbourne circle must have been very tired by the end. We attacked from the middle, we attacked from the side, we did everything but pick up the ball and run with it; but the rich man and the eye of the needle had nothing on that ball and the Broxbourne goal. Our defence raved, shook its head sadly, or merely laughed sardonically, according to taste, in its impotence to assist; the best we could do was one goal scored by McIlroy after a movement in which all the forwards took part. After the usual excellent tea, our social side, with a stiffening of supporters, repaired to the country club for a pleasant evening.

Team: Ellis; Paget, Lucas; Copestake, Fison, Roberts, J. M.; Giles, Dale, Harrison, Brazier, McIlroy.

v. Imperial College. Saturday, December 11th. Won 4—1.

Any resemblance between this and a hockey match was, in the old phrase, purely coincidental. Two inches of snow on the ground may be fine for poets, but as far as hockey players are concerned you can keep it. The view from the pavilion inspired one member of the team to take the field in a mackintosh (he didn't have a top coat), but this was frowned upon. We began with a tastefully decorated red ball, and for a while the chief difficulty was merely to keep in touch with it; after the paint had worn off, however, a much greater difficulty arose, namely, to see it. We ploughed happily around the field, sometimes with the ball, sometimes without it, until Dale scored a good goal, and Durham added another. Our opponents' stickwork and positioning was poor, and we did all

the attacking, while Ellis in goal grew steadily more and more like a stalagmite. At the beginning of the second half the ball got past Ellis before he could get his feet thawed out, but this was the only mishap. Fyfe, not feeling very strong, played on the left wing, and had great fun taking corners and teeing the ball up on tufts of snow. Durham scored again, and Marsh also scored; but for the snow there would probably have been several further goals.

Team: Ellis; Dosseter, Osborne; Buckley, Fison, Goodall-Copestake; Fyfe, Dale, Durham, Marsh, Giles.

v. Lensbury. December 12th. Away. Drawn 2—2.

It was a rather depleted Bart.'s side which went to Lensbury, fortunately Lensbury were not at full strength either, so we had a very even game. In spite of their highly original forward line the Hospital attacked from the start. It was Lensbury who scored first, however, following a breakaway. Shortly after this Brazier scored from a short corner with a good shot. After half-time Bart.'s took the lead when McIlroy took advantage of a slip by the opposing defence to score. For the rest of the game Lensbury had most of the play, and scored following the third of a series of short corners.

Heroic efforts on the part of the Bart.'s defence prevented Lensbury from scoring again, and the score remained at 2—2.

After tea Bart.'s scored a notable success at snooker, and everyone caught their appropriate trains home, an almost unprecedented feat at Lensbury.

Team: Ellis; Lucas, Fyfe; Copestake, Fison, Buckley; Bannerman, Giles, McIlroy, Brazier, Marsh.

SQUASH

v. West London. Lost 3—2.

Against what might be termed our foster-parents we lost a close match by 3—2. The score stood at 2 matches each with Gabril to play—he won the first two games easily, but then allowed himself to be forced into his opponent's hard-hitting style, at which he was not so good and lost three closely contested games.

Stephen and Gibson lost in each case by 2—3, while Marrett and Harold both won easily.

v. Westminster Hospital. Won 5—0.

Westminster were below strength on account of 'flu, and this certainly appeared to be the case, for not one of their players won a single game.

Bart.'s, lacking the wily Gabril, reorganised their ranks, and both fifth strings being ready first, play was opened. Williams beat his opposite number in this position very easily indeed, only conceding three points in as many games. Gibson at number four defeated his opponent with almost greater ease for the loss of only five points.

Next on the court were Marrett and the Westminster number two. This was a better match, but Marrett won in three games without great difficulty and without removing the crease from his natty white shorts. At this juncture a telephone message announced that Stephen would not be present and so Harold moved up into the number one berth. He showed great contempt for this exalted station by disposing smartly of his opponent in three straight games. The last game was played at number three by Livingstone (promoted from honorary spectator on Stephen's default; wearing shoes by Harold, aforementioned natty shorts by Marrett, with shirt, socks and racket by courtesy of Gibson). This resulted in yet another win in three straight games, and the match ended in a five game victory. While still on this high note a few words will be written on the excellency with which Gibson has performed the duties of secretary to the club. These duties involve the selection of teams and the arranging and playing of a pretty full fixture list. It must be remembered in this connection that thanks to the Luftwaffe we arranged and played on the courts of the West London Club, to whom we are grateful for their unfailing co-operation as hosts.

v. Guys. Lost 2—3.

Stephen played magnificently to beat Hildrik Smith, though he did more running his defence was impregnable and he produced many excellent winners.

Marrett for no obvious reason lost to a man he had frequently beaten before.

Gibson and Brazier both allowed themselves to be pushed out after scoring 6 or 7 points in each game they just as regularly lost by 9—7.

Williams, making his first appearance, won a rather slow game.

v. R.N.C., Greenwich. Won 4—1.

At least two members of the team managed to enter unmolested the W.R.N.S.' quarters instead of the R.N.C. This error having been rectified the match was played and won easily. Afterwards we were entertained in almost regal style. Dinner being served in the famous painted hall; at this royal repast Stephen managed to consume enough both for himself and Gabril, whose attentions seemed riveted on the voluptuous murals. Subsequently we returned on the last train haunted by Marrett's maniacal laughter.

RUGGER RETROSPECT AT CAMBRIDGE

At the beginning of the Michaelmas Term all men interested in Rugger were invited to attend a meeting of the Rugger Club.

A captain, secretary and selection committee were duly elected.

After a few practice games 1st and 2nd XV's were formed; and it was decided to keep them as consistent as possible. This proved successful, as can be shown by the results.

The 1st XV have played 7 matches, won 6 and lost 1 to Trinity Hall.

The 2nd XV, under the leadership of Dr. J. Morgan, have won 2 and lost 2; points: for 68, against 30.

Outstanding players of the season have been:—

The Captain, McRobert, who has led the pack very well indeed and who has done a great deal in keeping the team together right through the season.

Third, whose backing-up and quick turn of speed have on several occasions resulted in a surprise try. His converting at times has been quite brilliant.

Maitland, who has hooked with considerable

dexterity, in spite of the tendency of the scrum to "give up the ghost" just as the ball was in sight.

Hacking, whose fleet footedness and defensive tactics have gained and saved many points.

Mackay, our full-back, whose infallible handling and tackling have time and again saved the situation.

Lastly, the committee would like to extend its regrets to those who haven't had many games this season, this being mainly due to lack of time, and to the fact that the Varsity don't have all their players available on the same days as we have.

SOCCER AT CAMBRIDGE

The end of the term has provided the Football Club with renewed interest and thrills, and sees us within the grasp of the League Championship, after which we have striven so vainly for the last three years.

All our matches have been won, except for the all-important match against Christ's College, with whom we managed only to draw. This match was by far and away the best and most closely contested of the season, for so much hung in the balance. Had we won it outright we would have been assured champions, had we lost it both Christ's and ourselves would have been on an equal footing; however, as it is we need only draw our last remaining match against St. Catherine's College to gain the coveted first place.

Less than a quarter of an hour of play had progressed during the Christ's match when we found ourselves with a two-goal deficit. However, after many fruitless attacks McCluskey beat the 'keeper with a drive from the penalty area, after the latter had miraculously saved two successive drives from Pilling. Soon after half-time our defence was opened again, and for twenty minutes we went completely to pieces, during which time they scored again. But, ten minutes from the end, Morgan himself went into the centre, having summed up the opposing centre-half successfully, and from there he scored two quick goals in the space of two minutes to equalise the scores (3—3).

Team: Techkam; Pine, Western; Blackman, Amos, Mangan (Capt.); Goodrich, McCluskey, Thomas, Burns, Pilling.

The League table thus reads:—

	Plyd.	W.	D.	L.	Pnts.
1st—Bart.'s ...	12	11	1	0	23
2nd—St. John's ...	12	10	1	1	21
3rd—Christ's ...	10	8	1	1	17

Each team plays thirteen matches, and should two teams finish with the same number of points, a further match is arranged to be played to a finish. Nevertheless, our goal average has not suffered as a result of this ruling, we having scored 96 goals against a 25 deficit. Of these, 31 were scored by Thomas, 28 by McCluskey and 15 by Burns.

The final and deciding match will not be played until next term, when it is hoped that the loyalty of Bart.'s students in Cambridge will exceed the discomfort of cold feet, and will be voiced on the touch line.

EXAMINATION RESULTS

LONDON M.B.

OCTOBER, 1943

Pass

Alexander, R. F.
Mackay-Scollay, E. M.
Pragnell, C. A.
Conway, M.
Mackenzie, W.
Wigglesworth, G. F.
Irving, J. K.
Moon, A. J.
Zimmermann, J.
McGuire, N. G.
Philpott, M. G.

SUPPLEMENTARY PASS LIST

Part I

Adams, J. C. L.
Hilton, B. J.
Orme, J. D.
Routh, C. D.
Walker, C. H.
Ball, E. W.
Holloway, S. D.
Patel, B. K.
Smith, W. H. R.
West, J. A. T.
Ernest, M.
Laymond, A. O.
Peck, B. J.
Syed, I. H.
Gabril, Y. Y.
Linsell, W. D.
Rémy, M. F.
Turton, E. C.

Part II

Anderson, A. R.
Jones, J. N. Harris
Mortimer, K. E.
Baldry, P. E.
Hurt, R. W. L.
Syed, I. H.
Ernest, M.
Miller, K. H.
Goldstein, Z. H.
Monks, P. J. W.

Part III

Alterman, J.
Linsell, W. D.
Thomson, W. G.
Chambers, R. M.
Marcroft, J. T.
Whelan, W. H.
Egerton, B. H.
Siegler, J.
Jackson, P. E.
Stack, H. G.

SOCIETY OF APOTHECARIES OF LONDON

The dates of the Society's Examinations for the month of February, 1944, are:

Surgery—14, 16, 17.
Medicine, Pathology—21, 23, 24.
Midwifery—22, 23, 24, 25.

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For the sterilisation of non-metallic sick-room utensils and instruments.

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