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REVIEW

It is not often that the JOURNAL appropriates this column for the purpose of airing its own views, but we feel this month to be a suitable one for looking back upon events of the last year or so, in so far as they have affected the career of the JOURNAL. The most striking change has undoubtedly been the restoration of the JOURNAL to its full peace-time status from that of a war bulletin. With this change in status the JOURNAL is now presented free to every student, in spite of doubled cost in production.

We felt when this welcome step added several hundred regular readers to our existing clientèle that we should speedily become deluged under contributions for publication. Well, we have waited now for about a year and the expected deluge has remained as a cloud no bigger than a man's hand. Most of our contributors are still the faithful few who have supported us through our worst hours; and, with one exception, as yet, no new literary Titan has entered our lists.

With a view to determining the causes of this state of affairs—we were averse to scribing them all under the heading of apathy—the writer held an informal plebiscite among as wide a cross section of the hospital student body as he could contrive; a sort of one-man Gallup poll in fact. All those questioned maintained that the JOURNAL could be improved upon, but when asked personally what they proposed to do about it, seventy-five per cent. evaded because they had no time, twenty per cent. pleaded congenital inability to write, and the remaining five per cent. either did not know or did not care!

All of which brings us to the question of our mail bag contents. By far the commonest topic of correspondence to our office is criticism

of the JOURNAL, but let us make it quite clear that we welcome criticism—we have even been known to print articles which had no merit whatever except for their power to jolt a flagging correspondence column.

We feel, quite reasonably, that purely destructive criticism of anything serves no very useful purpose. It is all very well to write to us declaiming the editor as a fool or that certain articles in the JOURNAL are absolute nonsense—we may privately agree on some occasions—but we are not the JOURNAL, we are merely the editorial staff whose primary function is to arrange and publish your efforts. You are, in fact, the JOURNAL. We appreciate that the only way to challenge an author unknown to yourself is through our columns, but how often do we see a mere destructive attack upon a contributor, without the merest semblance of a reasoned argument against his writings? You are fully entitled to maintain that a man's writing is complete rot provided that you explain why, but without such an explanation, correspondence usually descends to a rather undignified literary vendetta. As an example we quote a recently published letter attacking bitterly the writing of one of our staff on the activities of students at one of the sector hospitals. We respect the sentiments which prompted the correspondent to defend that institution so vigorously albeit, we think, so unreasonably. We are accused of lacking appreciation of the labours of our senior staff and of sneering at the nursing staff there. The writer of this page, after nearly two years on the JOURNAL staff, has always been foremost in his admiration of the nursing staff, not only here, but as a profession.

To suggest that we are unappreciative of

their gallant service in these war years is little short of monstrous (though we should like to receive a few more contributions from them than hitherto). We have re-read the article which has caused our correspondent such offence and must honestly state that we can find no basis for such an attack—the only words of complaint which have reached us since the publication of the article.

Another letter, not yet published, comes from a reader whom we salute as probably the JOURNAL's oldest subscriber, since he possesses every number which has ever been published and undoubtedly speaks with some authority on the subject. This writer deplures the descent of the JOURNAL to such topics as politics and religion. When he was at the medical school, he writes, nobody knew nor cared who the current members of the Cabinet were, from prime minister downwards. The contention, in fact, is that medicine cannot mix with either

politics or religion. If this letter is subsequently published, readers will no doubt have plenty to say upon the matter, either for or against. The JOURNAL has no political or religious policy, but we find it hard to recommend sheer ignorance as this correspondent does. Whether we like it or not, doctors and politicians will have to work together after this war. How smoothly this working will take place depends largely upon the reciprocal knowledge of both parties. Many of the heated statements appearing in the press at the moment on the subject of medicine and the state, are added examples of the old adage which couples ignorance with fear.

Let us not, therefore, destroy before we have created a better alternative; let us reason before expressing, and above all, let us cast aside dogmatism, the cloak of ignorance. In other words, let us know what we are talking about before we open our mouths.

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THE WORK OF A HOSPITAL ALMONER

In a recent report issued by the Royal College of Physicians, the importance of an almoner's work has been considerably emphasised, and it has been urged that more use should be made of her, and of the help she can offer in the treatment and care of the patient. She can play an important part as a member of the hospital team, and this, therefore, is a very brief attempt to show what an almoner does and how she can give that help, the importance of which has, of late, been so stressed.

The chief function of an almoner is, to be concise, medico-social work, and this in its turn may be defined as "the art of helping people both through the best use of their own capabilities and through the resources of the family and community, to overcome personal and social difficulties, and to achieve the fullest possible measure of health and independence."* She may also help in diagnosis, as, in the less formal atmosphere of the almoner's office, facts often emerge which have some important bearing on the clinical features of the case and which will afterwards be discussed with the physician or surgeon concerned.

This can particularly be seen, for example, in a case of asthma. Betty C., aged 20, was sent up to the Out-Patients' Department by her

* See "The Functions of a Hospital Almoner"—Institute of Hospital Almoners.

private doctor. She had been suffering from recurrent attacks of asthma since the age of 2, and was put down for admission for thorough investigation. In her interview with the patient and her mother the almoner discovered that the girl had been evacuated to the country at the beginning of the war, and during this time she had been free from attacks. Since leaving school she had never worked, and it appeared that she had always been treated by her family as an invalid. The almoner reported these facts to the physician and suggested that, with his approval, on her discharge from hospital the patient should be placed in suitable employment, possibly in a residential job in the country. While she was an in-patient she had no attack and she was discharged home with a request to the almoner to carry out her suggested plan. The girl herself was anxious to work if possible, and she is now employed as a domestic in a children's convalescent home in the country. Her physical condition was made known to the authorities of the home, and she is having adequate care and supervision. Her general health has improved considerably, she has put on weight and has had no asthmatic attack since she started her job.

The almoner can play an almost larger part in the treatment of the patient, as she can help and encourage him to carry out the recommendation of the medical staff. She co-operates

with the doctor in helping the patient to understand the implications of his disease, and to secure that he makes the best use of the advice that he has been given. The physician may give a recommendation for treatment, but it is the almoner who has to see that the patient is in a position to carry out this recommendation, and this entails constant supervision.

In many cases an almoner can prevent a recurrence or progression of the disease by suggesting a modification or alteration of the patient's life both at home and at work, by assisting him in carrying out the suggested plans, and by keeping in touch with him until he is a self-supporting member of the community once more.

An example of how a medico-social worker could perhaps have prevented a recurrence of disease is seen in the case of a patient, Mr. Charles H., who was admitted at the beginning of this year with a duodenal ulcer. He was treated medically and discharged home with instructions about the necessary diet. During the time he was an in-patient he was not seen by the almoner, and on his discharge he returned to his former employment—that of lorry driving. In the circumstances he could not have returned to more unsuitable work, as it entailed very irregular hours and, in consequence, irregular meals. It was quite impossible for him to keep to any diet and, in addition, the handling of heavy vehicles was too much for him. He has now been re-admitted for operative treatment.

There has been much said of late with regard to rehabilitation, and the medico-social worker can help the patient by acting as liaison officer between the doctor and the Rehabilitation Officer of the Ministry of Labour.

Mr. A. was first brought to the notice of the almoner after two years of hospital treatment for spondylitis. On his discharge from the ward of an emergency hospital he was recommended for Deep X-ray Therapy and massage at the parent hospital. He came on his own account to see the almoner about help with the fare to hospital.

On hearing that his diagnosis meant long treatment and that recovery was unlikely, Mr. A.'s wife left him. She said she could not bear to be tied to an invalid for the rest of her life.

Mr. A. was faced with loneliness coupled with a progressive disease. His job as French Polisher had to be abandoned as his back would not stand the strain involved. The patient was living on an allowance from the Public Assistance Committee.

After treatment the patient improved in health and the almoner discussed with the physician the possibility of securing suitable employment for him. It was decided that he should not be allowed to seek employment in the open market in view of the progress of the disease. Mr. A. was therefore referred to the Shaftesbury Society, who visited the patient and finally arranged for him to go as a trainee to a firm of diamond polishers employing a number of partially disabled persons. The hours of work were moderate and there is a canteen nearby. He started as an unskilled worker earning £3 5s. 0d. per week with a rise of 5s. per week every three months.

Arrangements were made for the patient to continue massage treatment to interfere as little as possible with his work.

Since starting this job in June the patient has been several times to see the almoner and on each occasion he reports that he is getting on well.

An almoner's day-to-day jobs are numerous, and these include:—

1. Arrangements for treatment in general and special hospitals, sanatoria, convalescent homes, open-air schools, special training homes (for instance, for the blind and otherwise disabled), mental or moral after-care homes, and homes or institutions for chronic, senile, or dying patients; and for treatment at clinics under the public authority for maternity cases, tuberculosis, children's ailments, venereal diseases, scabies, etc.
2. Aid to the family during the patient's incapacity, such as arranging maintenance grants from public assistance or voluntary societies, boarding out of children in billets or nursery hostels and schools through public health and education committees, finding temporary work for other members of the family to supplement a reduced income, and rehousing by means of a special plea to the local authority on grounds of health, or by individual effort.
3. Meeting certain material needs such as clothing, special diets, extra nourishment, surgical appliances, escorts, fares and ambulances. These may be paid for by the hospital samaritan fund statutory services or voluntary societies.
4. Safeguarding the patient's interests by help with arrears of contribution to national health, pension, and commercial insurance benefits and by legal advice arranged through the appropriate agency on accident compensation claims, adoption, affiliation

orders, separation orders, and divorce.

An almoner's knowledge of the patient's social background can be of invaluable assistance to the medical research worker, and she can specially report on the social histories of any group of patients undergoing scientific investigation. She can also supply data which will be of great value to the statistician.

Much work has been done in the past and is being done at the present by medico social workers especially appointed to assist in research. A report has been written on the social aspects of rheumatism after a six-months' survey by an almoner and an almoner has recently

been appointed to assist in the Department for Research in Industrial Medicine at the London Hospital.

From the foregoing it is clear that an almoner is a specialist in the social side of medicine and that she can, in co-operation with medical and nursing staff, play a great part in the prevention and cure of disease. The work an almoner does necessitates a careful training, and she qualifies only after studying sociology at University and in Hospital.

NANCY N. SPURLING, A.I.H.A.

MARY E. WHITE, A.I.H.A.

CATHERINE M. S. GRIFFITHS, A.I.H.A.

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THE MILITARY PROGRAMME OF MEDICAL EDUCATION IN THE UNITED STATES

By ELLSWORTH C. DOUGHERTY

On July 1st, 1943, I was ordered to active duty as Apprentice Seaman V-12(S) USNR.* July 1st thus marked for me and many other medical students in the United States the beginning of a new era—in which the federal government through the armed forces is taking on the responsibility of making complete provision for the medical education of the majority of medical students. To those of us here who have known the expenses of a medical education in peacetime our new status in the armed service is highly gratifying.

When several months ago I was asked for an article on some phase of medicine or medical training in the United States, the announcement of the proposed Army and Navy Specialised Training Programme had just been made. Most of the details as applied to medical students were not defined at that time. Since this new phase of our medical training, relating to the country at war, could not fail but greatly interest medical students in another warring country, I felt that an article discussing the Specialised Training Programmes would be appropriate. At that time, however, I could have written on little but rumour. And it has only been within the last few months—since the 1st of July—that most of the details have become definitely known.

The present organisation of American medical training can be best understood through a knowledge of pre-war conditions. For that reason I feel that a brief discussion of pre-war

* V-12 = an enlisted reserve classification for college students; (S) = specialist (medical or dental student); USNR = United States Naval Reserve.

medical training at the institution which I am now attending should preface any description of the present programme.

At the University of California actual medical training formerly began for the would-be doctor after not less than three years of college or university attendance or an equivalent thereof. This therefore meant that such an individual would ordinarily have been in school attendance for a period of fifteen years—including twelve years of grammar school and high school and the three of college or university. It was generally recommended, however, that prospective medical students first complete the four years of undergraduate work and receive the A.B. or B.S. degree in some field related to medicine, such as zoology, before entering medical school. In fact certain institutions in the country held an A.B. or B.S. degree as an entrance requirement. A student was further encouraged to go farther and obtain an M.A. or M.S. and even a Ph.D. degree, which usually required two and four years respectively.

The medical schools of the United States are in general directly associated with a university or college, of which they form a separate college or school, and here at the University of California there was and still remains a School of Medicine, intimately related to the general structure of the university.

The University of California is a state university supported almost entirely by the State of California there was and still remains a School throughout the state, the two large academic campuses being at Berkeley and at Los Angeles,

while a campus at San Francisco includes the Medical School, the College of Dentistry and the College of Pharmacy—all in the so-called "medical centre." Most of the medical students came from the two large campuses—with a student body that reached before the war 17,000 at Berkeley and 12,000 at Los Angeles—some from the private universities within California and from the state-supported "state colleges"—which are a further part of the public higher educational system, although administered separately from the university—and a limited number from outside California. Three years of university work, with courses partly prescribed, were prerequisite to entrance. Some preference was shown students with four years, who usually held A.B. or B.S. degrees, and further preference was accorded those with advanced degrees—M.A., M.S., or Ph.D. The first three undergraduate years were termed pre-medical and included courses in Chemistry, Physics, Zoology, English, and foreign languages, and elective courses. Competition was always keen, for acceptance to medical school depended to a large extent on a student's scholastic record, and the school was one of the least expensive for state residents in the country—\$250 tuition per annum for residents of California who were also United States citizens. For non-residents and non-citizens tuition was about the same as the general tuition in most private university medical schools, namely \$550 per annum. Nominal laboratory and incidental fees were also charged all students. There was usually a maximum of 60 individuals in each year's class.

The war has not materially changed the medical course itself and, even with most of the attending students actually members of the armed forces, the Medical School will continue under civilian administration. One important change has been substitution for the peacetime plan of two semesters of 16 weeks each per year by a wartime plan of three terms of 16 weeks each per year. Therefore, although the course itself has not been shortened, elimination of vacations has meant that students progress half again as fast as before the war.

The first two terms of medical school are spent on the Berkeley campus, the students taking Anatomy (including Histology), Biochemistry and Physiology. The third and fourth terms are spent at the Medical Centre in San Francisco, across the San Francisco Bay from Berkeley, where the students receive instruction in Pathology, Bacteriology, Pharmacology, Preventive Medicine and other preclinical subjects. In addition they also are introduced to a small amount of clinical work in the fourth term.

The fifth through eighth terms are primarily clinical, the students spending most of their time in the hospital wards and the rest in didactic instruction through the medium of lectures and demonstrations. The fifth and sixth terms are spent at the Hospital of the City and County of San Francisco, some distance from the Medical Centre, the seventh and eighth at the University of California Hospital at the Medical Centre, to which a \$500,000 psychiatric clinic has recently been added. The war has halted construction of a new \$2,000,000 university hospital at the Medical Centre for which plans had been drawn and the legislature had voted the money and which will some day be the pride of the medical school. The present university hospital has a capacity of over 300 beds. Other clinical teaching facilities include the Laguna Honda Home, housing approximately nineteen hundred aged persons; the Out-Patient Department, forming part of the Medical Centre, with a daily average attendance of more than 600 patients; the Social Service Department for the University Hospital and Out-Patient Department, and the Children's Hospital.

Before the war the four years that the eight semesters occupied were followed by a fifth year of internship. At the end of this fifth year the M.D. degree was granted by the university, and a state licence to practice medicine was issued to all those who passed the examination of the State Board of Medical Examiners. Now the M.D. degree at the University of California is granted after only eight terms occupying two and two-thirds years, and the State Board examinations are taken almost immediately. A year's internship is then spent after receipt of the degree. There has been talk of interposing here at the University of California an additional term at the country hospital; this move seems highly probable and would increase the number of terms to nine and the period of medical study under present conditions to three years.

The year preceding the outbreak of war saw the advent of compulsory military service in the United States, and although in general pre-medical students were deferred, some were drafted either because of defective scholarship or because of shortsighted local draft boards. Medical students, however, were not drafted. The first year of war witnessed one vital change in the organisation of medical schools: most went on an accelerated programme. In addition both the army and navy offered reserve commissions for male medical students to be held by them in inactive status without pay or military surveyance while they completed their

medical studies. Federal governmental loans up to \$1,000 a year were made available to all medical students. Then in November, 1942, the Specialised Training Programmes were announced. Both the army and navy outlined plans to send a large number of students to college for further training. Included in these programmes were plans to finance medical students.

Briefly, for medical students the programmes were to work as follows. All houlding reserve inactive commissions could resign and be inducted either as privates in the army or as apprentice seamen in the navy. They would then be ordered to inactive duty and at the appropriate time be directed to report for active duty at the medical school which they were attending. Premedical students were also to be placed on active duty and sent to university for premedical work and then to medical school.

This is essentially as the programme has been applied. In my own case I had applied in August, 1942, for a commission as Ensign H V (P)* USNR in the navy and was commissioned in December. In May I resigned, was sworn in as Apprentice Seaman V-12(S), and was ordered to inactive duty. In the meantime my academic and professional studies continued uninterrupted. Finally on July 1st I was ordered to active duty.

We are still in the early days of the programme, and many things will doubtless be different for those who follow us. For example, the navy men have only just received uniforms after three months of active duty. Although students in studies other than medicine and dentistry are housed and fed in organised living and messing establishments, students in these two special fields are permitted to live and eat where they please consistent with regular attendance at classes, and are given an allowance of \$2.75 per diem for subsistence. In general both navy and army programmes work similarly for medical students. The navy students are clothed in the uniforms of reserve midshipmen, but receive the pay of apprentice scamen, namely \$40 per month. The army students have been uniformed as privates first class, with corresponding pay, \$54 per month.

All students on active duty have tuition and laboratory fees paid in full and are loaned instruments and books for current classes. Students wishing to keep books must buy them. Basically, however, all living and essential medical expenses are being sustained by the government. At the present time graduate naval students who have received their M.D. may apply for a naval internship and if accepted will be commissioned and placed on active duty as lieutenants (j.g.); at the end of a year they

will be ready for general medical duty. Otherwise naval students are commissioned as ensigns and revert to inactive duty for a year's civilian internship. At the end of this time they are ordered to active duty as lieutenants (j.g.).

It is planned that the programme will last at least until the end of the war, and it is generally expected by the medical students that their services will be required for some time thereafter during the reconstruction period. Whatever is the outcome, the free education that is being received should more than compensate for the period of service.

Similar plans are being put into effect in all medical schools in the country except for one woman's medical college. Despite the fact that both army and navy may now grant to women physicians commissions of the same rank and pay as men there is no provision for them under the present training programme, although a programme for nurses has been recently announced. At the University of California Medical School, between 10 and 20 per cent. of each class is female. Women are, however, eligible to governmental loans. The Army and Navy Specialised Training Programmes as applied to training for medicine and dentistry must be regarded as a singularly enlightened step which may pave the way to a similar peacetime programme eventually to a system of socialised medicine and dentistry which will give the American people adequate and thorough medical and dental care.

Fortunately for us, we in the United States have had more time to prepare ourselves than you in Great Britain, and the full implications of war are coming on more gradually. No great armadas of enemy aircraft came to bomb New York, Chicago, New Orleans or San Francisco in our first summer of war, nor came during the summer just past. Of American cities only Honolulu has had the cruel experience of being attacked from the air. In fact, in all probability our civilians will not learn the bitterness of war that your people now know and that the people of western and middle Europe, of the European part of the Soviet Union, and of China have experienced to an even greater degree. And thus those of us in medicine here who see service will probably have our taste of war only in foreign parts and only after completion of medical training. However, we hope that in our way we can contribute our best efforts to the winning of the war and to the building of the peace that must follow. We hope that the great humane traditions and professions, such as medicine, may prevail in society and help to give the world the basic securities for which we are fighting.

* H-V(P) = hospital volunteer (probational).

A TENDENCY IN THERAPEUTICS

By D. W. WINNICOTT

Sir Henry Dale in his recent Frederick Price Lecture, "A Prospect in Therapeutics," contrasted the present day interest in treatment with the lack of such interest in the days when he was a student. "I think, indeed, that the period which I thus recall probably represented about the low-water mark of interest and confidence in remedial value of drugs." "It was disappointing to discover . . . that treatment would so often be prescribed with no better hope than to make the patient easier by alleviation of his symptoms, leaving Nature to deal, if possible, with the cause of the trouble." A brilliant description of the new remedies followed.

The enormous recent extension of our power to treat is indeed impressive. However, I hope we need not be dazzled and blinded by it, nor forget the value of the natural tendency towards health and the cure of disease, both physical and mental, which still forms the basis of therapeutics, and whose understanding gives the only good foundation for medical practice. Sir Henry would no doubt welcome the idea that if the instruction of medical students in active therapy should grow at the expense of instruction in what can be done by "leaving Nature to deal with the cause of the trouble," medical practice must degenerate.

To make my point clear I will take two examples of modern therapy and draw attention to the danger of each. First I will mention the treatment of pneumonia by sulphanilamide.

My feelings on this subject, already fairly well formed, were sharpened recently when I found in the Ward of a Children's Hospital that none of the doctors or nurses had ever seen an untreated pneumonia, so that when a pneumonia patient who had had no drugs had a crisis on the fourth day there was general alarm. The belief was that the crisis in pneumonia could only be the miraculous effect of chemotherapy!

Now it horrifies me to think that doctors and nurses do not know that children with pneumonia recover. I cannot see how chemotherapy can be properly applied unless the natural tendency to cure is recognised and fully used. My hope is that at Bart's the natural phenomena are properly respected, and that this fear of cure, based on contact with medical students from other hospitals, is unfounded in respect of the hospital that I still love.

Twenty-five years ago Drysdale's aloof attitude towards therapy did seem rather extreme, but one cannot help seeing that it is much more healthy for students to become familiar with the natural defences than with the drug miracles, which of course they will be glad to be able to use in their practices.

In saying these things I may be criticised by some, who will imagine that because I value the natural bodily defences, I am underrating the value of the new drugs and serums. I am sure this is not so.

But it may be legitimately asked: what actual harm is there in over-estimation of the value of drug therapy? My answer is that for every physically ill person who goes to see a doctor for whom therapy by the new drugs and serums can be scientifically justified, there are hundreds for whom this cannot be said to be true. Yet doctors are afraid to let symptoms go untreated, and they tend more and more to make a diagnosis through watching the effect of treatment rather than as a basis for treatment.

My contention is that it is bad for people never to be allowed to get well by natural recovery. People should go to the doctor to get the responsibility for their illnesses shared, but it is a poor look-out if they never do this without being magic'd, so that recovery, if it comes, cannot be felt by the patient to be natural and a sign that he has it in him to live and keep well.

It seems to be bad for patients, therefore, as well as bad for the education of doctors and nurses, that certain actual infections can now be treated almost mechanically, by little more than the administration of the appropriate drug.

The second way in which I illustrate my point of view, although the subject is vast and cannot be properly dealt with in a few words, is in the matter of the treatment of mentally ill people by induction of fits. Various different methods have been invented for the production of fits and these need not concern us here at the moment. The fact is that a very large number of people are being treated by being given fits. This is a matter which the medical profession should look into immediately. In my mind there is an urgency about this tendency in psychiatry, and I think that the medical profession as a whole should take part in the investigation. Perhaps the psychiatrists will

take a long time collecting their 100 cases here and their 100 cases there, and sifting the results, whereas the general medical public could give an opinion right away.

To simplify my argument I must assume that no harm is done to the brain by such treatment, although this would be difficult to prove, and also that this form of therapy does sometimes "cure" mental disorder, although this again is not beyond doubt.

The main point is that this form of therapy is having a very bad effect on the medical profession. The principle that mental illness is a *disorder of emotional development* has recently been established by the front line research workers, and the public as well as the medical profession have seemed to be on the point of accepting this fact, which is comparable to the acceptance of physiology as the basis of physical medicine. But now therapy by induction of fits appears on the horizon, with its promise of a short cut to mental health. This is retrogressive.

The theory that mental illnesses are disorders of emotional development entails certain painful ideas, including this, that there is no sharp line between mental health and mental illness, and that but few can claim either complete emotional development or perfect mental health. It is no wonder, then, that short cuts to the understanding of human nature are tried out with a good deal of hope before they are found to be disappointing. In this matter of mental health it is rather like it was in the field of morals when it was said: let him who is guiltless cast the first stone.

It is easily understandable that many psychiatrists like the idea, though it is a false one, that mentally ill people are as different from normal people as physically ill patients are different from the doctors and nurses who care for them. If the brain tissue can be incriminated all the better. But it is the truth that we seek, and this theory of mental disease is now thought by many to be discredited.

The important thing is that medical students should be informed correctly as to the relation of mental illness, both neurosis and psychosis, to normal emotional development. Let them not be lured aside by those sirens G.P.I., post-encephalitis, primary mental defect and the senile dementias, physical brain conditions that naturally produce mental symptoms. The true compass in psychiatry is the study of that infinitely complex thing, human nature and its development in the normal individual, starting at least at birth. This subject is worthy of the best brains, and is the sister science of physio-

logy, and is at least as complex. Its study requires years of training, and the application of its theories requires in the practitioner the very highest qualities of personality, even more than does ordinary general medical practice. Personal freedom combined with personal discipline is needed in maximum degree. The work is noble and is concerned with a noble thing, human nature. As compared with this the "cure" of a few individuals by giving them fits is like the pithing of frogs to a physiologist.

I know that this is a strong view to take, but it is my sincere opinion.

Incidentally I have never heard of a doctor who prescribes courses of fits having a course of fits himself. This is incomprehensible to me. Would Pasteur or Ehrlich have developed therapeutic practices which they would not have been willing to undergo themselves? I suppose the explanation is that the psychiatrists say they would undergo a course of fits if they were mentally ill, but they do not believe themselves in fact to be ill. They see mental disease as a disease of the brain from which they are free. But for me and those who, like me, believe that the trouble in mental illness is a disturbance of emotional development, and that no one can claim to be entirely healthy in mind or absolutely fully developed emotionally, unwillingness on the part of the psychiatrists who prescribe fits to take fits themselves seems to indicate that they are not sure that this form of treatment is harmless. Conversely, any psychiatrist who is willing to take a course of fits himself now and again seems to me to have qualified for research in the subject.

A further disadvantage of the introduction of this form of therapy is the effect on the public of the knowledge that if they allow themselves to break down and need a period in a mental hospital they may have to be treated in this way, or (what is just as bad to a mentally ill person) may have to decide whether to allow or to refuse this therapy. It is to be hoped that the view will not be expressed that the public will be frightened off mental illness by the new fear which is being generated of mental hospitals. The best trend in modern psychiatry has been that towards inviting mentally ill people to ask for mental hospital treatment early in their illness. At present it is difficult to know where to send an early case as a voluntary boarder, because for the time being there is practically no institution where a mental patient is allowed to find his own power to recover, so great a hold has the new therapy taken on psychiatry.

Naturally, big claims appear for the efficacy of this new treatment, and the profession is only too familiar with the enthusiasm which brings with it its own successes, whatever the nature of the new therapeutic weapon. But it is sad to hear that depression is being "cured" by fits, with no word to remind one that patients who are depressed tend to recover spontaneously if their case is properly managed. It used to be one of the useful things taught by the psychiatrists that depression phases tend to pass. The trouble with depression is in the degree of the persecutory element in any one case. If it is really intended to treat this persecutory element by dramatisation of the persecution by the giving of fits, then this should be done openly and consciously, and great care should be taken to avoid giving fits in cases in which delusions of persecution are relatively unimportant.

As a matter of fact, mild depression phases are extremely common, they occur in the best of us; and they merge into mourning, which is not only a healthy phenomenon but is actually a touchstone of mental health. Not to be able to mourn is a mental disease. Depression, if an illness, is a noble illness. Richard Burton thought its study worthy of long labour, as his text-book proves. Moreover it is true on the whole to say that people emerge from depression phases richer than they were before, knowing from experience that they have weathered the worst storm to which human nature can be subjected.

The tendency now is to deprive depressed

RUN FOR THE DOCTOR

By H. E. Bloxsome

In March, 1864, Mr. Walker, the parish doctor of Brill, Oxfordshire, found himself in the disagreeable situation of plaintiff in the Thame County Court before His Honour Judge Parry. In the number of "Punch" for April 2nd appears a letter to J. B. Parry, Esq., K.C., beginning:—

My Dear Sir,

Did you ever, in the country, happen to see a stable-boy or the gardener, or a footman in livery, on one of his master's best horses, galloping, full-speed, the shortest way to the nearest market-town? Or did you ever notice Mr. Younghusband running as fast as he could go in the same direction? Of course; and I presume that you understood the meaning of the phenomenon to be the peculiar one which is expressed in the cry of "Run for the

people of the opportunity to gain what there is to be gained from natural recovery from depression, and to "cure" them, that is to say, to drive them to pretend that what matters so much does not really matter. As one "fits" patient said: "I feel happy since I had the fit, but what is the use of that to me? I know that I am not justified in feeling happy, and that the feeling is false."

It should perhaps be pointed out that depression is not a rare illness, like pneumonia; it is in fact very much more common than any physical disease. It can be said that we all have to come to terms with depression, either by learning to tolerate frank Monday morning moods, or by developing hypochondriacal interests in physical organs or functions, or by extending the holiday feeling beyond the period of legitimate holidays, pretending that nothing really matters. There is no physical disease that is comparable. Depression can more easily be compared with hunger, which we tend to cope with by eating, and by organising the supply of food. We cope with depression by working, and by choosing the type of work that we do, and by generally organising what we do with our energy.

Yet depression is one of the diseases now to be treated by fits!

Cannot the profession help the psychiatrists to see human nature in the broad, and so to preserve a sense of proportion in the treatment of human beings who in their journeyings only too often need a harbour? Must the very harbours be studded with mines?

doctor!"

Now, then, how could you have come to the decision which you are reported by my contemporary, "The Bicester Herald," to have pronounced a week or two ago in the Thame County Court in the case of "W. G. Walker v. the Guardians of the Thame Union." No wonder that the reporter thereof has given Mr. Walker's initials. He doubtless thought that plain Walker would be taken to indicate a hoax. And, I must say that the judgment, or misjudgment attributed to you in this matter, is almost incredible.

No doubt you remember the suit to which I refer: but my other readers must know that:—

This was a claim of £3 10s. for medical attendance in seven cases of child-birth. Mr. Sawyer, barrister, appeared for the defend-

ants. The plaintiff represented his own case and in opening it said—My case is very simple, as far as I understand. I reside at Brill, and am a medical district officer to the Thame Union. In that capacity I am called on to attend cases of midwifery. I have done so in accordance with instructions issued by the Poor Law Commissioners. I have now been kept out of my claim for three-quarters of a year; my charge is 10s. per case, contracted with the Board of Guardians, and as their medical officer I am bound to attend cases upon receiving an order to that effect from an overseer. Brill, with a population of 1,400 inhabitants, has no resident midwife and the relieving officer lives at Thame, a distance of seven miles. I have been at great trouble and expense coming over to the Board endeavouring to get what is due to me, and the last time I attended I was told by the Board that I had no claim upon them. If I have no claim upon them am I bound to attend to the orders of the overseers?"

The Board's defence was that although Mr. Walker was bound to attend these cases of midwifery at 10s. a case upon the order of an overseer, yet it was only in cases of urgency that he would be paid for them. They contended, through their counsel Mr. Sawyer, and the learned Judge agreed with them, that cases of midwifery were not cases of urgency, not, in fact, cases of Run for the Doctor.

The Judge said, "What I should term cases of sudden and urgent necessity would be supposing that a woman was taken ill with child-birth on the road, or in a field."

So it appeared that unless the cases of midwifery in Mr. Walker's Union practice occurred on the road or in a field, or in similarly extraordinary circumstances he would not be paid his 10s. at all.

The learned Judge concluded the suit by curtly announcing that "The plaintiff is nonsuited."

"Punch," seething with rage, asks, "I wonder what conceivable case requiring surgical aid you would consider a case of urgency? Would a compound fracture of the skull be such a case, would the case of a foreign body in the wind-pipe, or a wound of the femoral artery? As guardians of the public purse, not to mention their own, the Thame Union Board will now perhaps expect you to decide that not one of the cases just enumerated is a case of urgency among paupers. What case can be, if not that in which, among respectable classes, it is considered necessary to run for the doctor?"

His Honour comes in for a few more scath-

ing comments from "Punch," and the article, which is headed Thame County Law, is only one of many in earlier "Punches" upholding the oppressed medical man, and heartily damning the oppressor, in a style of journalism which was very usual at that time and is found in early numbers of the "Times" and in the "Lancet" as well as in "Punch."

At no time did medical men stand more in need of support than in Victorian times before 1900 and never was support more effectively given than by "Punch's" fine irony and invective.

Another instance, also touching parish doctors, is a full page cartoon by John Leech early in 1848, depicting a young and modest man of remarkably mild and modest appearance appearing before a Board consisting of nine gross and ignorant Guardians, whose grossness must be seen to be believed, when, under the title of

Splendid opening for a young medical man, the following dialogue occurs.

Chairman: Well, young man. So you wish to be engaged as Parish Doctor.

Doctor: Yes, Gentlemen, I am desirous—

Chairman: Ah, exactly. Well it is understood that your wages—salary I should say—is to be twenty pounds per annum; and that you find your own tea and sugar—medicines I mean—and, in fact, make yourself generally useful. If you do your duty and conduct yourself properly, why—ah—you—ah—

("Punch": Will probably be bowled out of your situation by some humbug who will fill it for less money.)

And yet parish appointments were eagerly sought after by young medical men, including my grandfather who successfully applied for one in Gloucestershire in that same year, 1848, sending in thirty-three testimonials ranging from Mr. James Paget, Assistant Surgeon and Lecturer on Physiology to St. Bartholomew's Hospital, to Thomas Hodgkin, Esq., M.D., who stated that he had met my grandfather "some years since, and that comparatively transient intercourse has left on my mind no unfavourable impression."

Dickens, in "Bleak House" alludes to the niggardly treatment meted out to doctors in the Navy—in the magnificent tirade by Lawrence Boythorn. The date is 1852. "By all that is base and despicable," cried Mr. Boythorn, "the treatment of surgeons aboard ship is such, that I would submit the legs—both legs—of every member of the Admiralty Board to a compound fracture, and render it a transportable offence in any qualified practitioner to set them, if the

system were not wholly changed in eight-and-forty hours." "Wouldn't you give them a week?" asked Mr. Jarndyce. "No," cried Mr. Boythorn firmly. "Not on any consideration. Eight-and-forty hours."

It was some time after 1860 that naval and military surgeons were considered worthy of

dining in mess with other officers, and a hard struggle it was to get that concession.

It is pleasant to think we had such champions as "Punch" and Charles Dickens and agreeable to read of their indignation expressed in a style now fallen into a regrettable decay.

The above quotations are by permission of the Proprietors of *Punch*.

TRIFLES IN FOOD

By JOSIAH OLDFIELD.

Was it not of Michael Angelo that it is related that a client came in one day to him and told him that he had been "idle" in that he had done nothing to his painting since his last visit—a fortnight ago.

"Done nothing?" replied the Master, "done nothing? Why, I have altered the line of the left eyebrow, extended the curve of the nostril by a hair's breadth and added a shadow under the inner corner of the right eye!"

"Trifles, trifles," replied the irate visitor, "I referred to serious work!"

"It is trifles," gravely replied the artist, "that make Perfection. But perfection itself, is no trifle."

It always strikes me that this is the keynote of the Dietetic Consultant's problem.

After a series of operations how often is the surgeon faced with the difficulty of getting strength and energy restored to a devitalised body.

How frequently is a physician up against the problem of a dull set of organs, barely functioning, and with no abundant overflowing reserve behind them.

We all know that it is a question of nutrition versus toxication but that is not enough.

The careful doctor runs over the sources of protein, fat and carbohydrates. His mind thinks of calcium and iron, and nowadays of vitamins also, and he tries to advise how these elements may be presented in a form suitable to the patient's capacity to assimilate.

Even then he may be baffled by a stubborn non-response by the patient's organs.

Whenever I am called in to a case like this, I always recall Michael Angelo's reproof, and I also recall some of the chapters in that book of delight of my boyhood's days: "Captain Cook's Voyages Round the World," all full of narratives and stories about scurvy—that predatory monster which destroyed ships' crews by the hundreds and by the thousands.

The final picture left on my mind was that whenever a ship had been at sea for a month

or two, the ship's surgeon could prescribe salt horse in unlimited amounts. He could order ship's biscuits and ship's soup without stint. He could double and treble the grog ration. He could ransack his dispensary and give all the drugs known to the profession—and yet the men would steadily deteriorate and go on from bad to worse, until one by one, or even dozen by dozen, they would be dropped over the side, while those that remained behind crawled more and more miserably and lifelessly about their work.

And then would come the landfall!

Poor broken men covered with ulcerative destruction, with loose teeth, falling out of tender, septic gums; with fingers and toes gangrenous and dropping off in pieces; with a leprous condition of foul and stinking sores, were carried ashore.

And all that these dying men got was cooked grass and wild herbs and citrus fruits to eat.

A miracle resulted!

Rapid healing; gay, glad men; joyous vitality renewed! Men again in full manhood once more! And all from the mere "trifles" in a fresh growing dietary.

Verily, foods may be Trifles, but the Health which these Trifles produce is not itself a Trifle!

So would I point out that many a weakly man and woman patient is having an ample supply—not infrequently an excess—of proteins and carbohydrates and fats, but there are lacking from the diet those tiny, trifling, but essential elements, which Nature packs up in many varieties, in every grain, in every root and in every fruit and seed.

In the times of the Plantagenets women had learned by recurrent spring scurvy deaths, the value of early dandelion and nettle leaves and birch sap, wayside growths in sheltered hedges and heaps of rubbish.

The men of the Tudor time, still oppressed by a monotonous, rich diet of salt meat and cheese and rye bread, demanded the "trifles"

found in sprouting barley, and by regularly getting drunk on strong "home-brewed ale" saved their lives and kept up their stamina.

The spice ships, too, went half across the world to bring back from the Celebes and the Solomons, cargoes of various spices worth their weight in gold.

Of late years, our shores have been invaded by Armadas laden with nuts and oils; salads and fruits; vegetables and honey from every quarter of the globe, each in its own season.

Herein are the various essential "trifles" ready to be put on every table of the land.

To-day, our imports have been cut down on. In hospital after hospital, and in patient after patient, have I found signs of early pre-scorbutic ailments.

Cellulitis of the lower limbs; sore gums; onychitis; some gangrene; many skin eruptions and gastric disturbances, remind one of the need for greater variety in the food and the body's insistent demand for essential "trifles."

To-day, I meet these demands by recalling my experiences in the Hospitals of Spain and Italy, where pre-scorbutics were treated with rough red claret drinks, and of France and Switzerland where "Tisanes" were the agencies invoked.

Rough table wines have been out of the question in England, so that I have fallen back on Tisanes, honeys, milk from pasture-fed cows, water cress, salads, home made cowslip and dandelion wines, and all the wild fruits as they came into season, with their freshly expressed juices and jellies.

"TISANES," what are they? Take any freshly growing edible plant—e.g., nettle tops,

dandelion leaves, spring cabbage, leek, chopped carrot, celery tops, water cress, etc.—wash, put any one or several of these with enough water to well cover them. Simmer for half an hour, pour off the liquor and give a wineglass of it each morning.

Another way is to chop up three or four sorts of root and green vegetables and simmer them until tender. Meanwhile, fry sliced onions and potatoes and parsley in fat until brown. Add to the simmering vegetables and cook for a further quarter hour and serve all together as a "soupe maigre." No soda, and only a taste of salt and pepper should be used.

A cup of this soupe maigre should be given daily.

SALADS:

Salads all the year round may be obtained from lettuce; home grown mustard and cress; tomatoes; celery; finely shredded savoy or Brussel sprout; boiled beet; grated apple or white turnip or swede or carrot or artichoke; parsley; endive; blanched dandelion. A little grated cheese, vinegar, chutney, oil or grated cashew nuts, always improve a salad and can be obtained still.

For all patients whose assimilation power has been reduced by increasing old age or by weakening disease, I always prescribe a wine-glass of bran tea, with a teaspoon of honey and a slight bittering of hups each morning. A special Elixir for each night consists of a tablespoon of good red wine, a dessertspoon of honey, and fill up the claret glass with boiling water: A good night food Benediction of blessed trifles thus consists of Wine of Hymettus, Honey of Hybla and Water of Lethe.

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- EVANS, FRANKIS J., M.B. "Continuous Intravenous Adrenalin in Spinal Anæsthesia." *Lancet*, Jan. 1st, 1944, p. 15.
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- HARRISON, G. A., M.D. See Francis, G. E. C.
- HEALD, C. B., C.B.E., M.D., F.R.C.P. "Rehabilitation in Rheumatism." *The Practitioner*, Jan., 1944, Vol. 152, No. 1.
- HORDER, LORD, G.C.V.O. "Rheumatism: A National Problem." *The Practitioner*, Jan., 1944, Vol. 152, No. 1.
- OSMOND, T. E., M.B. "The Modern Treatment of Gonorrhœa in the Female." *B.M.J.*, Jan. 8th, 1944, p. 51.
- SHUCKSMITH, H. S., F.R.C.S., Major, R.A.M.C. "Common Anorectal Conditions in the Army." *Journal of the R.A.M.C.*, Dec., 1943.
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- STUART-HARRIS, C. H., M.D. See Stansfeld, J. M.
- STUART-HARRIS, C. H., M.D. (and Glover, R. E., and Mills, K.C.). "Influenza in Britain, 1942-1943." *Lancet*, Dec. 25th, 1943, p. 790.

Contributions for the next issue (March) of the JOURNAL should reach the JOURNAL Office, in the Pathology Block, by February 10th.

CORRESPONDENCE

A ROUND WITH MR. BUTLIN

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

On reading the Wix Prize Essay for 1943, the Life and Works of Henry Butlin, published in the December number of the Journal, I am induced to send you an account of an incident which occurred on the first day I "walked the Hospital" as one of Mr. Butlin's dressers. It was, if I remember rightly, on the first day of October, 1895, that I was amongst "the small knot of assistants and housemen who waited on the Hospital steps," and duly followed the great man into Colston Ward. The first case was that of a man who had difficulty in passing urine, and Mr. Butlin having heard the dresser's account, declared he would examine the man under an anæsthetic. So the Resident Anæsthetist was called and while he proceeded to induce anæsthesia Mr. Butlin gave us "a grind" on structures of the urethra. Presently he asked the anæsthetist if he was ready and the reply was that the man was under. Mr. Butlin glanced at the patient. "I think he is dead," said he. And so it proved to be. An impressive demonstration of accurate observation, the dangers of chloroform anæsthesia in those days and of reaction to catastrophe.

Butlin was a first-rate teacher and his dressers loved and esteemed him. He suffered from migraine and had a tic of the left eyelid, which was most engaging and friendly. With Charles Barrett Lockwood as his assistant, and Forbes Fraser with E. G. B. Adams as his House Surgeons, it was indeed a "Firm" on which one was proud to serve.

Yours sincerely,

G. S. HAYNES,

FROM AN OLD SUBSCRIBER

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

With regard to a further subscription for the Hospital Journal, I regret to say that having lost my right eye after an accident and the loss of sight in my left eye, I am now unfortunately unable to read, therefore the Journal can be of no further use to me. I have been a subscriber from the very beginning, and I possess every number that has been published. In the early days the material represented a steady realisation of the progress and development of medical science, carefully respecting the traditional dignity of the profession, unfortunately the dive into medical politics has, in my opinion, damned the tradition and dignity of a profession, doomed to degeneration and destruction. In my opinion the one and only remedy is cut out politics. I entered the Medical School of St. Bartholomew's Hospital in October, 1887, and the majority of us did not know, and were not interested to know, even the names of the chief political figures governing us; in fact very few could have named them.

The Journal in recent years has adopted politics and even religion as subjects of considerable exploitation. I do not suppose that you have any room for my feeble remonstrance, and I shall only expect decent destruction and personal forgetfulness on your part.

With kind regards,

Yours sincerely,

VIVIAN T. GREENYER, F.R.C.S. (Eng.)

Edycell,

New Church Road,
Hove.

January 4th, 1944.

CHRISTMAS AT BART'S

The wards at Christmas have always abounded in good fare, good company, and good entertainment, and this year the agreeable triad emerged again, unabashed by war's adverse influence, and despite the inevitable absence of many old friends. The two shows contributed largely to the entertainment.

The R.S.Q. Squad, led by Jimmy Smith, kept up the Residents' tradition of getting away to a rather shaky start, but soon settled down and gave us good value. George Morse was in excellent form, and combining hard work and versatility, kept the laughs going all through. As "Willie," the very precocious schoolboy, he was the high spot of the show. Charles Green showed that curves or crudities were

equally his mark in feminine roles, whilst John Lister deserved special credit for his silent portrayal of a Cockney father. Wykeham Balme was quite alarmingly at home as the lover, and Ken Irving convinced everyone that he was the sort of doctor whose bag would not open when most necessary! Lastly comes Jimmy Smith, who was very competent both at the keyboard and as compère, and who can be truly congratulated on a neat and amusing production.

On Boxing Day the Residents were reinforced by Benson, whom we had not seen since the early days of the war. His expertness at conjuring is greater than ever and he was, of course, a big success.

The "Babes in the Ward" were all new faces on the Bart.'s stage, but they soon showed that they were bristling with talent and new ideas. I can recall very few impersonations of the staff to equal those of Dr. Geoffrey Evans and Sister Surgery by Tony Alment and Peter Robinson respectively, who had obviously scrutinised their victims very closely! The ward scene was very well done, and Hughes, as the hospital Barber, must have left a good many aching sides amongst the male patients. Gordon Thomson as the terribly refined lady almoner, and Bob Pracy as the heavy-handed student, kept the fun going, whilst Westall worked very hard as the poor patient, and deserves a special word of praise. The Egyptian dance by Hughes and Thomson must have taken an extraordinary amount of rehearsing, and was very cleverly synchronised. Roberts changed from a benevolent female to a dastardly villain,

CHRISTMAS AT FRIERN VARIETY SHOW AND "CINDERELLA AND HER SHOE."

Readers of the BART'S JOURNAL must, by now, have become quite accustomed to anonymous animadversions or signed appreciations of what goes on amongst us that one feels that the time has arrived for them to have a chance of perusing a true account of a recent event at the Hospital, about which there can be no difference of opinion.

And that is the production of a Variety Concert and a Pantomime of outstanding merit.

The Variety Concert was produced with the expert skill of Miss Everard and the Pantomime—all of it (words, lyrics, everything except some of the music) was written by Charles Fletcher.

Both shows were excellent and were loudly applauded by a packed hall on two evenings in late December.

The cast in both parts of the programme consisted of nurses—both male and female—resident staff and students.

The Orchestra was provided by the male nurses conducted by Mr. Fred Presswell. At the piano was Mr. Charles Smith, relieved at intervals by members of the Resident Staff (Messrs. Street and Grimson).

The Variety Concert was compered by Bryan Brooke, who managed to maintain a dishevelled

and Headley was equally at home as pianist, raconteur, and the entertaining old grandmother amongst the out-patients. The properties of this show were distinctly elaborate, and whoever made the model fountain which showered out coloured lights had brought off a most ambitious feat. There was a tendency throughout to play at too slow a tempo, I thought, but none the less it was top grade entertainment, and Tony Roberts, the producer, and the cast merit a full measure of praise.

And so we add one more to our war-time Christmases, and again gaiety has preserved its position.

— the wind is chill;
But let it whistle as it will,
We'll keep our Christmas merry still.
Congratulations to all concerned.

R. D. W. S.

appearance and a most disarming diffidence throughout the show.

It contained many first-class turns. Messrs. Stewart Stephen, Anderson and Brooke did a wonderful "strong man" turn, in which almost nothing happened "according to plan."

Stephen gave us the monologue about "The Girl behind the Men behind the Guns"—looking and behaving exactly like the traditional charlady.

The Company sang the Fisherman's Chorus most effectively—with solos by Phyllis Thomas and O'Connor.

The male chorus in "Viola" illustrated what can be done by skilled training of a lot of enthusiastic young men conducted inimitably by Street.

Bryan Brooke and Stephen did a double speech entangled together in such a way that even an Orthopaedic surgeon would have had trouble in unravelling them.

And so, after a rousing final chorus, we passed on to the Pantomime, *Cinderella and Her Shoe*.

This might justly be described as Cinderella with a surgical flavour. Cinderella was a probationer working in the central Operating Theatre, and two of the scenes were laid there, and the other at the Ball.

The part of Cinderella was taken by Stewart Stephen, who, apart from an apparently undisguisable hirsuteness of the chest, became amazingly feminine. The Prince was Miss Everard, who was unable to be anything but charmingly feminine.

Cinderella's Shoe was, of course, a surgeon's white operation boot which would have "fitted" nobody.

The two Ugly Sisters were represented by Messrs. Grimson and Street, and though they were a grim pair—they were not really terrifying.

One kept wondering as one watched them in their very correct uniforms where one had seen them before.

And one realised for the first time what Sisters do with their aprons, when they sit down.

They had one especially excellent song—set to the tune of the Two Gendarmes in one of Offenbach's Operas—all about what they do with a probationer when she appears to be embarking on an affair, with a chorus, "We keep her in, we keep her in."

The Fairy Godmother became a Fairy Godfather—who landed on the stage in a mixture

of flashes and blackouts in shining evening dress. Needless to say, it proved to be Charles Fletcher, who told the ladies of the audience how to make certain essential articles of underwear by the weaving of gossamers and other picturesquely simple materials.

Cinderella went to the Ball on a stretcher "driven" by two comical male nurses, who had a good song about this means of transport, something like "What do you think we've brought this stretcher here for?" (Messrs. Robinson and Willis).

Mr. O'Connor sang two popular songs in his attractive baritone. The whole performance went with a swing.

And one realised that Miss Everard as the producer and Charles Fletcher as both producer and author must have worked very hard.

The cast entered into their performance with zest. And anyone who knows anything about such shows will realise how hard everyone behind the scenes must have worked, because there was no lull at all.

The audience agreed that this was much the best show we have had since the war began, which is saying quite a lot.

R. M. V.

FRIERN NEWS

The advent of Conjoint and University examinations always seem to deal a solemn blow to the social life of students at Friern.

The term was cramped with lectures and tutorials still as popular as ever in spite of the cold back benches.

If you should come into the B.V. at 10 o'clock on a Wednesday morning and see a mental patient canoodling with a student on the front bench—don't be amazed; it's only one of Dr. Strauss's demonstrations. The revision course in Pathology was revived here last term, and we were very pleased to catch some more words of wisdom from Prof. Hadfield and Prof. Garrod; but we felt rather frustrated as there were no wet specimens or slides to supplement the lectures.

We have also had to bid farewell to Messrs. Hemming and Stephen. If Mr. Hemming can examine a hundred and eighty patients from the Archway Hospital "all very constipated and fit for evacuation," and enjoy it, then he will enjoy himself in the army. Mr. Stephen, "the little houseman that goes around with the Red

Doctor," as I once heard him described, was known—to quote his chief—as "the man behind the men behind the scrum"; but, at the Christmas show we discovered that he was "the girl behind the men behind the guns."

We wish them both a safe return.

The wards were very gaily decorated for the Christmas festivities, and everyone, including the patients, seemed to be full of good cheer. A party of nurses and housemen went round the wards on Christmas Eve singing carols. On Christmas Day the housemen did their ward round on bicycles and a trolley, and instead of prescribing for their patients' aches and pains, brought in Father Christmas, who gave every patient a Christmas present.

An impromptu show was presented by the nursing staff and housemen which was very much appreciated by the patients, many of whom refused to believe that it had been first rehearsed only an hour before its first presentation. All this went to the passing of another happy 25th in this vast institution.

R. H. B.

"DJINN AND TONIC"

On Saturday evening, December 18th, a full Reception Hall at Hill End had their fill of thoroughly good entertainment in this well-balanced Christmas Show.

The producer, "Bill" Royle, is very much to be congratulated on mobilising his resources so as to get just the right balance of music, dancing, serious acting, and just burlesque out of the obvious material available.

In a Show like this it is difficult to pick out individuals, but it always has to be done and, undoubtedly, a most important basis to the whole thing was the Moron Trio. On a background of piano by John Atteridge, the delight-

the monologues Bertha Bight and Mr. Fagin. Perhaps his changes of mood were too abrupt, but he certainly succeeded if he wanted to harrow us in the story of Mr. Fagin. Here, as in many other scenes, the lighting was used to effect and he got the applause he deserved, although it may have been partly relief at the end of a rather prolonged agony.

Lorna Hamlyn and Tom Williamson gave us a very pleasing Tango and it was good to see the latter produce a smile: surely, in spite of the concentration required, it wasn't such grim work dancing with such a partner.

Roger Dixey as Gym Mistress and Colonel



Photo by Leonard Parfitt

The Ravioli Bros. with Juanita

ful conceit of Noel Heneghan and the perpetual motion of Bob Ballantine were combined into an excellent band. Besides their own numbers these three provided the music for the dances and essential accompaniment to make a thing like the Ravioli Brothers go well.

Perhaps the outstanding individual performance was Pamela Lloyd in her Tambourine Dance. Here was delightful grace and rare polish which was all too brief for an audience who showed such obvious approval.

Geoffrey Bond, who began as a waiter, showed real skill and considerable versatility in

made us laugh until we were too exhausted to cry and, not being very highbrow, we loved it. It is even reported that Mr. O'Connell was heard to laugh at the range of twenty wards. Dixey was well backed up in the Service by Kingsley Lawrence and we liked the way Keith Sutton, as the popular actor, stood up to their double-barrelled assault.

We should have liked to have seen more of Elizabeth Bacon as Penny, the new bluebelt, whose buckle started it all off by producing the Genii on its first polishing and we can imagine a lot of buying and polishing going on, we

hope not entirely in vain. The production of the Genii was typical of the way the old tricks were turned to good use and it is no disparagement to say that most of the stuff had been done before. The fun of a Christmas Show is to see your friends doing the old things for your amusement, and it is often better fun than the original.

The production of the various parts of the programme against the background of a night club, where the chorus played their part well and the lighting helped to obscure them when necessary, was clever and worked well. Credit must also be given to Peter Banks for his effective, if rather "modern," scenery.

Perhaps the Ravioli Brothers were rather over-emphatic or perhaps they just aren't so funny the second time and, in spite of the valiant efforts their invisible female, Juanita, did get a bit mixed up with one of the tables,

even before the combined weight of the two Colonels shot her up out of sight and mind. We admired the gesture of the producer limbering up his biceps as one of them, but we don't think he would have been recognised if he hadn't appeared Ravioli "proper" at the end. Here, as elsewhere, the mastery of "Bert" was evident.

By no means least and typical of the excellent mobilisation of resources was the Choral Society, rustically clad, who first sang some good carols and, later, gave an even more pleasing rendering of "Swing Low, Sweet Chariot."

Although the producer is moving on to "higher spheres," the talent found and displayed in "Djinn and Tonic" augurs well for the immediate future of the Hill End Bart's Dramatic Society and we do wish them well.

J. P. H.

At HILL END

Groping back for news into the days of the pre-Christmas, we are tempted to try to bolster our efforts with some inherent justification. Why is it that for every month in every year some unfortunate is forced to drag out the featureless past, to sprinkle it with misplaced quotations, to mix it with an irrelevant mass of hollow humour, to write it, to tear it up, to re-write it and finally, with the air of a man who has done a dishonest day's work, to post it to the Editor before the 13th of the month? Straightway comes the answer of calcified opinion, "Why, of course, it enables the far flung Bart's men to read what is happening in their good old Alma Mater." Quietly and rather under our breath we venture to suggest that the average Bart's man, even allowing for the proverbial attachment to storybooks, would have to be flung some considerable distance and heavily at that, before he would read the current editions of the JOURNAL through.

Overruled, the next immediate problem is the selection of a style in which to dress up what little news we can find. The choice is a large one. First and foremost comes the traditional patter of the humorist. In this vein we could tell of the patient who, beckoning us to his bedside, asked "Who is this fellow 'eamy Globin anyway?"; we could enlarge on the magnificent spectacle of a harried producer simultaneously imitating a tap-dancer, directing a lighting rehearsal, arguing with a stage manager and placating a fire-watcher; we could

tell how two well-known figures, both outrageously dressed as nurses, came face to face with the governing powers of the Nursing Staff. But our pen lacks the skill and our brain the brilliance which is necessary to sustained pure humour.

Secondly, we could adopt the statistical style of the sales catalogue, pandering to the petty egotism of all parties. We could say that this or that tambourine dancer was by far the most brilliant turn in the Christmas revue, or that a certain trio were indispensable to any of the better dances being held at the hospital, or that an enthusiastic and somewhat elastic conductor so dominated the choral concert that the singing at times seemed merely a background. Rather cramping? The style we mean.

Again we could relapse into a poetic melancholy. "Dull apathy and outside the rain. A solitary twig of parched holly hangs hopelessly from the faded dowdy light. A callow youth is crumpled into a chair in the corner, vaguely reading a dirty dog-eared novel. A tap at the door. The youth tenses himself into an agony of expectancy. Dramatic pause. The door opens slowly, revealing a shy and lovely nurse. A more dramatic pause. "Are you the fire watcher? I have made you some coffee." Yes, but improbable and against the school rules anyway.

Of course we could impersonate the foreign correspondent of the first trans-atlantic edition of the JOURNAL who will one day stride breezily

into the A.R. and write, "Sitting in this luxurious apartment, surrounded by spacious well-upholstered chairs nestled snugly together round a blazing log fire, my feet deep in the thick warm carpet, I write to you of the youth of our little ally Britain. On every side I see that bright eyed alert efficiency, which so abounds in our own people. These boys are fully awake to the possibilities of life. They are preparing themselves in every way to meet the grim struggle of life which awaits them,

THE LATE DR. D. M. SAMUEL

The announcement of the sudden death of D. M. Samuel, M.B., B.S., Acting Senior Demonstrator of Anatomy of St. Bartholomew's Hospital Medical College, at the age of 29, came as a shock to, and was received with sorrow by, the Staff and Students of "Bart's."

D. M. Samuel came to the Medical College in October, 1930, having gained the Arts Entrance Scholarship. In the following year he won the Junior Scholarship in Chemistry, Physics and Biology. After passing the 2nd M.B. examination he proceeded to the Primary Fellowship course and passed the examination in June, 1933, at the early age of 20. He qualified L.R.C.P., M.R.C.S., in April, 1936, and the M.B., B.S. (London), in November of the same year.

After holding two House appointments in St. Bartholomew's Hospital, he was appointed a Demonstrator in the Department of Anatomy. Subsequently, after the outbreak of the present war, he was appointed Acting Senior Demonstrator.

D. M. Samuel had decided to make the study of Anatomy his career; during the period he was a member of the Staff of the Anatomy

never tiring they pounce on every new idea in every branch of their busy life and exploit it to its utmost possibilities." But then Americans always did exaggerate.

Seeing that we have disregarded all the alternatives, that we seem to have said in one way or another most of what we wanted to, that you must have had about enough of this kind of thing, it seems obvious to us that the best time to finish is now, before we start.

P. J. B.

Department he had acquired an extensive and accurate knowledge of the different branches of Anatomy.

He was a very general favourite with the students and was always willing and able to help them with their many difficulties. His teaching was always clear and concise and direct. In spite of heavy teaching duties owing to the war-time shortage of Staff, Samuel found time to undertake Research work. A preliminary account of his investigations was published two years ago in the Journal of Anatomy. He had hoped to submit for publication at an early date a full detailed account of his investigations of the early embryology of the golden hamster.

Samuel was a very agreeable, conscientious and helpful colleague in the Anatomy Department. His early death has been a great loss to the Members of the Department, to the Medical College, to Anatomical Research and a very personal loss to me.

We extend to his parents, two brothers and sister, our sincerest sympathy.

W. J. H.

At CAMBRIDGE

After three weeks of vacation, we are once more back amongst our own kind, and that, coupled with the consequent scarcity in news, set us wondering how the medical student of to-day differs from his prototype of the last century.

If we are bold enough to take the Preclinical as a representative collection of that genus and contrast them with their forebears, it should be possible to effect this comparison. The diffi-

culty is in the choice of our yardstick—should it be extracts from bygone "Journals," the reminiscences of our elders, or popular fiction? Of course it should be all three, but for our purpose, we only have access to the last two of these. One was supplied recently by a Junior Abernethian Society Brains Trust, and the other by a well known work on practical anatomy, and by such books as "The Pickwick Papers."

A previous issue reports the Brains Trust to have decided that to-day's medical students "are now less bullied by anatomists, better behaved, more interested in co-education and mostly have girl friends." All these, with the exception of the first, seem to be reasonable conjectures; only to-day we had the privilege to witness and to take some small part in the beginning-of-term interviews in the department in question. Surely the looks of apprehension, the furtive tie-straightening and chin-feeling, together with the general "Old Bailey" atmosphere, would not have been tolerated by the generation of Benjamin Allen and Bob Sawyer? Perhaps, though, this is occasioned rather by a forward surge in the technique of the anatomists than by one in the opposite direction by the students.

Another difference is the apparent super-conscientiousness of former years. It appears actually probable that, once upon a time, students really did "provide themselves with six eyeballs from oxen," stuff various cavities with "tow, steeped in preservative," inflate synovial sheaths with blowpipe and bellows, and find *all* the cutaneous nerves, while we have even heard a story about a man who found a sphenopalatine ganglion, but this was probably only a corruption of the needle-and-haystack proverb.

Many changes in general appearance and demeanour would seem apparent, but, on analysis, they are merely superficial. Dickens describes for us in some detail two students of his time. One is said to have "presented, altogether, rather a mildewy appearance, and emitted a fragrant odour of full flavoured Cubas," while the other was peculiar for a "sort

of slovenly smartness and swaggering gait," and "eschewing gloves, looked upon the whole something like a dissipated Robinson Crusoe." This would seem an excellent point upon which to show our own superiority, but for all our rainbow-like pullovers, trousers and scarves, we recently heard a lady refer to us all as looking as though we had "just come out of the rag-bag." Even our Cambridge-influenced taste is essentially the same as the Pickwickian Jack Hopkins of "Bartholomew's," who "wore a black velvet waistcoat with thunder-and-lightening buttons."

As to behaviour, the crux of the matter would seem to be the catastrophic rise in price, with accompanying fall in quality, of intoxicating liquors. The reader of any account of student life of years ago cannot help but be impressed by the tremendous quantities of alcohol consumed both "on and off the premises." Not the least gratifying feature of this practice was that lack of funds seems to have been no deterrent. We are not told how much credit Mr. Sawyer was able to obtain at the wine vaults in High Street where he obtained his spirits, but it must have been considerable. Such things, alas, do not seem to happen now.

"Pickwick" was published in 1837, and our other references do not go back for more than sixty years, so this brief sketch is far from complete. Let us hope that it causes some reader with time, patience and ingenuity to take up the threads where we have left them, and give us a much more complete picture of the subject. He might even win a Hawthornden prize. Who knows?

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

BOOK REVIEWS

A POCKET SURGERY. First Edition. P. H. Mitchener and A. H. Whyte. (J. & A. Churchill. 10s. 6d. net.)

This book, the surgeon's reply to the pocket medicine, is also within limits useful. It is not addressed primarily to students, but as a war-time aid to Service doctors and practitioners. How far it will succeed along these lines is, so far as we are concerned, a matter for conjecture. It is a very condensed and concentrated version of "The Science and Practice of Surgery" by the same publishers. In the belief that the book will undoubtedly be used by undergraduates we may state that the reviewer used it fairly extensively at a recent final examination. It is considered that it would be imprudent to all concerned to publish the result of this experiment. Used in the right hands it profitably fills usefully that precious pocket space left by the ravages of austerity tailoring!

ESSENTIALS FOR FINAL EXAMINATIONS IN MEDICINE. Second Edition. J. de Swiet. (J. & A. Churchill, Ltd. Price 7s. 6d. net.)

The second edition of this little book has been revised and brought up to date. Within the limits concisely expressed by the author we consider that it is an excellent and profitable companion to those long train and bus journeys that are so often the war-time student's lot. Emphasis is laid on the necessity for the previous reading of larger textbooks.

The index and arrangement of the contents is along alphabetical lines; perhaps this tends towards confusion when seeking quick references, although within its small covers lies a wealth of information.

Used as the author indicates, it is undoubtedly a very useful work—as a substitute for any known textbook definitely no! You have been warned!

SPORTS NEWS

RUGGER

v. London Hospital. January 8th, 1944. Won 22-0.

Three of St. Bart.'s tries were scored by one of the forwards, A. Jones, but this does not mean that the game was dominated by forward play. It was because on this occasion Arthur Jones was liberally rewarded for constantly following up. St. Bart.'s were playing four reserves and were lacking the assistance of their great scrum-half, Stuart Stephen, who has joined H.M. Forces. That they won so handsomely was largely due to the fact that their three-quarters, good individual players, combined effectively for once and attacked again and again. The last try of the match was a pattern of Rugger play and would have pierced any defence.

Pitman at fly-half received the ball well inside St. Bart.'s half at a time when London was pressing

strongly. He set his three-quarters going and each centre made ground, drew an opponent and gave a beautifully timed pass. Davy (right wing) thus had a clear run for 20 yards and then passed back to his centre, R. F. Jones, who had run up on his outside. Jones carried on to near the line, when meeting opposition he passed inside to A. Jones, who scored a try, which Jukes converted.

Bart.'s forwards again played an excellent game and were ably and vociferously led by Richards. Anderson and Thompson as usual were very much to the fore.

Pitman gave a grand exhibition of fly-half play and scored one try by successfully selling the dummy to no less than four opponents. He also kicked a penalty goal. The remaining try was scored by Valentine (left wing).

SOCCER

v. London Hospital. Saturday, January 1st. Away. Won 4-2.

The effect of New Year's eve was apparent in some of us, and coupled with the fact that we hung around for about an hour in the cold waiting for our opponents, makes it surprising that we won.

The most outstanding and pleasing feature of the game was that A. Murley, our centre-half, was at last able to put his previously wasted skill into successful operation. For the first time we took the field with four forwards who had an idea of what was required of them; it was a joy to see the half-backs pass the ball up to our supporters from Cambridge, Mangan, Blackman and Burns and to see them on three occasions slip between the backs and put a bouncing ball into the net. It startled

some of our elder brethren and gave us hope! Just before half-time Peebles scored again, bringing the score to 4-0.

The second half brought out our old weakness of falling back on laurels not completely won. They scored two in a short time, which fortunately made us pull ourselves together and hold them until the end.

We are sorry to say good-bye to Dr. Harold, and we should all like to send him our appreciation for his initiative and encouragement in raising this side. We wish him the very best in his new travels.

Team—Dallas-Ross; Harold, Walker; Cartledge, Murley, Griffiths; Peebles, Blackman, Mangan, Robinson, Burns.

SQUASH

v. Metropolitan Police. Won 3-2.

On January 13th a refreshed and rejuvenated squash team set out after the Christmas recess for Trenchard House, which we gathered from the telephonist at Scotland Yard was a hide-out for Metropolitan Police. However, very few of the Policemen we met on the way had ever heard of it, which didn't make it any easier to find. Starting at 7 p.m., Williams faced 6 ft. 5 ins. of brawn and 6 ins. of moustache, the latter having a demoralising effect, and lost 3-0. Brazier then bounced around the court rather more successfully than his opponent and won by 3-1. Marrett, in playful mood, matched

his racket against the side wall when leading by two games to love, and as invariably happens with him, the wall won a rather unequal contest, but, in spite of this, staggered home with a borrowed racket and won by three clear games. Kelly managed to stop on his legs long enough to win by three games to one, but one felt that had he lost the fourth game, as he nearly did, his opponent would have won the last game with some ease. Gabriel, with the match already won, didn't need to exert himself—he was very tired, having come to Trenchard House by taxi, and lost by three games to one. Rumour has it that he didn't take his sweater off.

ANNOUNCEMENTS

MARRIAGE

McGUIRE-LIDDELL.—At St. Bartholomew-the-Less on December 18th, 1943, Neil Gilbert McGuire, M.B., B.S., to Alison Erna Liddell, S.R.N.

DEATH

NUNN.—On Friday, December 3rd, 1943, James Henry Francis Nunn, M.R.C.S., L.R.C.P., formerly of Upper Tooting, S.W., aged 72.

SOCIETY OF APOTHECARIES
OF LONDON

The dates of the Society's Examinations for the month of March, 1944, are:—

Surgery—13, 15, 16.
Medicine, Pathology—20, 22, 23.
Midwifery—21, 22, 23, 24.

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

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GILDING THE LILY

John Fothergill, looking down at the passing world from the steps of the Thame "Spread-eagle," wondered why doctors had not adopted some standard uniform. In his own white jacket and silver-buckled shoes he echoes the vexed complaint of Flavius to the unfortunate carpenter—*'you ought not walk upon a labouring day without the sign of your profession.'* A pity, perhaps, that from all the centuries of tradition behind our calling we have not inherited a fixed and characteristic outfit. After all, lawyers and judges have succeeded in evolving unmistakable garbs, so have schoolmasters, guards officers, mayors and parsons. As well, of course, as cricketers, policemen, waiters and bus-conductors.

Every Englishman affords himself the luxury of traditions, even if they are only the traditions of the race-course and the dart-board. Consequently his clothes, the model and admiration of less self-indulgent peoples, remain a proud monument to the triumph of tradition over—unhappy word—utility. His professional dress, where it has long enough existed, has become adorned with pleasant relics of its first wearing, long outlived in usefulness. The sky-bus of the future, slipping smoothly through the atmosphere without the paraphernalia of fare-stages, will probably adorn its airmen with a replica of the traditional bell-punch.

For a long time the frock coat and cravat, the wing collar and top-hat, were as much the trademarks of the physician as the black Gladstone containing his monaural stethoscope and his leaches. But this apparel was never the prerogative of the profession by any means. It could be worn with equal right and as great distinction by any prosperous tradesman with the inclination and taste. By now, this

ensemble has long since been discarded by working practitioners, save for a few doctors to whom we must be grateful for upholding the dignity of medical dress. Brett Young's Dr. Bradley, tottering down to take his evening surgery in morning coat and carpet slippers, represents the past that is, sartorially speaking, dead. Any pleasant remnant of this elegant epoch not already tattered by the last war has been tipped to pieces in this, while dressers in sports coats and slacks, worn and preserved from their pre-clinical days, add colour and a further sign of the times to our war-time wards.

If we had adopted some rigid and honoured costume during the last few centuries, some dress that had remained happily aloof to the advance of years and civilization, we should have been able to wear it, however creased and threadbare, with dignity and a contemptuous disregard for passing restrictions, foibles and fashions. Our brother profession of the Church has accomplished this admirably; we at least have a right to make ourselves distinct as men of good works and mercy, and might well have followed their example. What form this professional disguise would have adopted is impossible to visualise, though as the early churchmen were also peripatetic doers of good deeds, it might possibly have taken on a similar cut. The Bishop's gaiters and top-hat, we are told, are remnants of the days of scattered sees and twisting country lanes, when he surveyed his flock on horseback. The doctor of the past, too, reached the distant limits of his practice in the saddle. If his dress had disregarded the intrusion of the less exacting limousine, we might have had the pleasure of seeing all the senior members of the profession to-day going about their work in breeches, apron and laced

top-hat. The less distinguished practitioner, as well as the houseman and student, would all perhaps have inherited their prescribed uniforms. A pleasant treat for the imagination to wonder what form they would have taken. And an even pleasanter one to visualise how they would have suited their present-day wearers.

So much for fantasy. We have no universal, jealously-upheld uniform. The clothes that the public of a generation or two ago had become trained to associate with medical men and all they represented are leaving us, and leaving us the poorer. Is it too much to hope that reaction will set in when coupons have sunk to the level of pleasant reminiscence, and the few that today uphold the professional dress by example will be allowed to set the fashion?

The advantages of the return of the automatically frock-coated and wing-collared doctor would be material, and a measurable adjunct to therapeutics. In the first place his patients would recognise that he was unmistakably a doctor, and give him their most full and immediate confidence, seeing he so obviously embodied all the learning, wisdom and ethics of the medical profession. That the public is indeed impressed by the traditional raiment of the medical man is obvious from the display of correctly-clad physicians in the wily patent medicine advertisements. The African witch-doctor attires himself in a characteristic and most distinctive way indeed to invoke the re-

spect, suggestibility and confidence of his patients. Whatever his clinical results, these three qualities are the only contents of his pharmacopoeia, and he has flourished thereby for centuries. To quote again the views of Mr. Fothergill, "One wants to feel that the man you are consulting is, *pro tem.*, like God, wholly devoted to his job." The medical attendant ranks next to God to the sick person, anyway, and consequently should look rather godlike himself.

Secondly, the young doctor, once bearing all the outward and traditional signs that he is indeed a doctor, would find his self-confidence proportionately, and probably embarrassingly, increased. He would later become not a susceptible human being, but a doctor, and a good doctor, every time he donned his costume.

Thirdly, how much more authority and respect would the doctor command by his being dressed in this manner so superior and unobtainable to other men?

Each of these attributes would have an effect upon the patient's distrust and malady equally devastating.

We doubt if this post war planning in serge will ever be realised. For the meantime, it is out of the question, and doctors must go about their work in the suits and shirts of ordinary mankind, betraying no hint of their profession other than sticking it in red capitals across the windscreens of their cars.

* * * * *

BARTS ON THE COPPERBELT

By P. B-P. MELLOWS

After leaving the battlefields of Kent in January, 1941, a lengthy and by no means care-free oceanic voyage was made to South Africa by routes completely obscure to my well-versed nautical experience.

The latter served me in some good stead in alleviating the constant anxiety on the score of my accompanying wife and child when the ship's surgeon became ill and the seven passenger "Sawbones" on board voted me to the temporary vacant berth, thereby giving me sufficient work in that small, stuffy, overcrowded ship to put into the background such omnipresent spectres as U-boats, long distance dive-bombers and other pests.

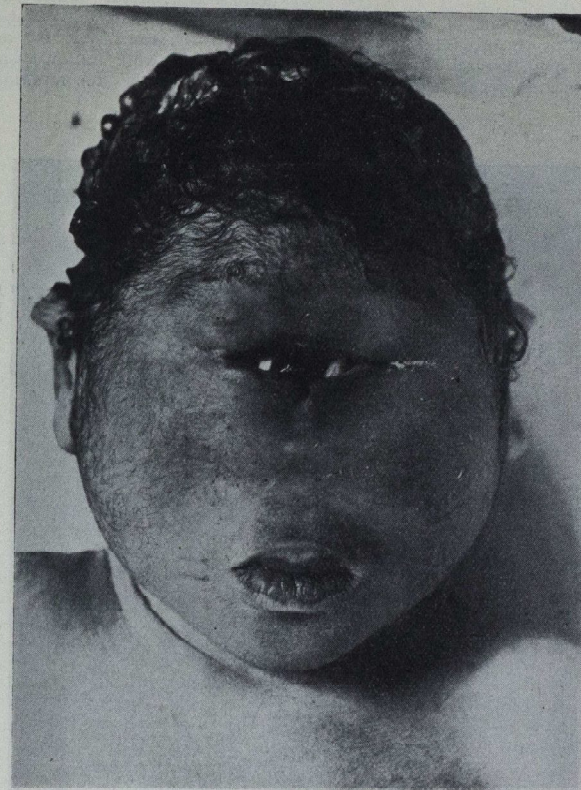
Journeying from South to North through Africa, such familiar names as Kimberley and Mafeking reminded me of that third war

fought during this brief life.

Then a hot, bumpy journey of 45 miles through thick bush, to emerge suddenly into the modern township of Mufulira, with its tarmac roads, electric light, cinema, excellent 18 hole golf course, tennis courts, rugger, soccer and hockey fields, swimming bath, neat modern dwellings with luxuriant gardens and, over and above all, splendidly equipped hospitals and schools.

This is one of the four mining townships of the Northern Rhodesian Copperbelt which are toiling day and night producing a large portion of the Empire's output of copper, the vital metal upon which the war effort is so dependent.

The European population, comprising every known nationality called white, numbers about



2,500 and the African natives approximately 25,000.

It is said that for the population, there is a higher percentage of babies, whisky drinkers and motor cars than anywhere else, which says lots; although with petrol rationing and shortage of Scotch wine that claim must be modified, but certainly yesterday we had 718 white children and to-day 721.

The work is varied and embraces the whole field of general practice with its daily consultations and visits, to the immense range of tropical medicine with all its topographical snags.

The malarial scourge is with us but the daily

increasing activities of a big anti-malarial squad under capable direction, both locally and at home, under the guidance of Sir Malcolm Watson, of the Ross Institute, by the proofing of a 3-mile area round the camp, is gradually reducing its menace.

Fascinating work, draining dambos (swamps) by trenching or by deposition of tailings (end products from the Concentrator Mill), diverting rivers, installing tell-tale mosquito traps and the hundred and one details that are necessary for this endless warfare.

Other insects have we many, but thank goodness the inevitable ant, or rather armies thereof, apparently does not carry disease. The presence

of a giant anthill in practically every garden evidences their amazing energetic activities in the past.

If the foul Hitler or one of his satellites could isolate the virus which could be conveyed on that pest's proboscis, Central Africa would be *non est* in the matter of minutes. No prize

body may be involved, and where the portal system or cavernous sinus have been affected death has occurred. The condition usually improves with conservative and palliative treatment but is responsible for numerous "lost shifts" from work and causes many "invalidings off strength" for resulting "thick leg"



offered for suggestions!

The range of skin problems, from leprosy to athlete's foot, would be a dermatologist's paradise, but sometimes our almost despair.

An interesting condition presumably peculiar to this territory is Acute Thrombophlebitis of unknown aetiology.* The vast majority of cases are Africans and any of the large veins of the

where the lower limb veins have been affected. Limelight on this apparent mystery would be welcomed.

Obstetrics I have already touched upon, but a bicephalic monster and a cyclops within seven days of one another (see photos) take some beating. At the African Hospital we feared the natives would think a hoodoo had

descended upon them, particularly as native medicine men and witch doctors still work a lucrative practice in the Compounds, but an explanatory lecture to the Elders of the various tribes, convened by the District Commissioner with explanatory details of certain similar oddities in Bart.'s Museum, quickly subdued

practically edentulous at an early age and do have pyorrhoea.

Venereal disease is common in the natives and, in the absence of the ministrations of a National Council for the prevention thereof, is spoken of light-heartedly as "ladies'" disease. All cases are isolated and given the full



the panic. In fact, one Chief seemed to be quite peeved to learn that white women could be equally clever.

We have a fully qualified dental surgeon with an excellent surgery who, in addition to his care of the European population, fits the natives with artificial teeth, because, contrary to general conception, many of the negroes become

M. & B. or N.A.B. treatment according to the particular visitation, always hoping, of course, that my sadly neglected knowledge of the three "R's" will allow me to recall the manufacturing chemist's appropriate arithmetical combination. (In the old days the only figure we used was No. 9.)

Snakes, scorpions and spiders give the odd

individual an occasional nip, but only once has a lion invaded our fair township since we arrived 2½ years ago. This old chap tottered from house to house (certainly giving a few frights) in the hopes of an easy meal. At its post mortem it transpired that he had eaten a porcupine, or some such prickly animal, and one of the quills lodged in his throat, and made the attempted digestion of sprightly game such as buck, sable or roan antelope more and more tantalising. His anticipation of a more easily acquired human cutlet was quickly dismissed by one of our local big game hunters.

The plant is a wonderful world of its own the Power House, the Smelter with its huge cauldrons of boiling copper, the Mill with its miles of travelling conveyor belts and giant crushers and finally the labyrinths of workings underground.

There are levels at 660 to 1,400 and more feet following the veins of ore. The Gold Mines on the Johannesburg Reef go down to the more prodigious depth of up, or rather down, to 10,000 feet; I have visited them. It is by no means unusual to be summoned to descend in a cage into the bowels of the earth and be taken for a precarious ride for a mile or so along the main haulage in an electric loco and then plod for a similar distance through sludge and running torrent along an off section or gallery to attend some poor devil who has been gassed, smashed by a premature gelignite explosion or crushed by a falling hanging of rock.

The exhibition of M. & B. therapy has made its dramatic note here as elsewhere and out of 57 pneumonias in the African Hospital in July there were only two deaths, whereas in pre-sulphapyridine days 40 per cent. mortality had sometimes occurred.

Many of the natives come to the mines raw from their villages in the Bush, but good scientifically graduated dietary and excellent housing, plus clinic care of relatives and stringent routine medical inspection of these employees right from the start, and then monthly, contribute largely to their relative good health and the increased output of copper.

All employees, both European and African, are compulsorily inoculated with T.A.B.

Any one of our native employees who loses 4 lbs. in a month is individually investigated for hookworm or other disease and immediately treated for it. We have a well equipped laboratory with two European technicians and their native assistants to deal with this cumbersome task. In the same department anything from a blood-sugar, Kahn or analysis of the swimming bath water or search for the pre-

sence of "rope" organisms in the bread are equally dealt with.

Medical Officer of Health (Township) activities produce many entertaining problems varying from why should an African be drowned in a storm drain on his return from the Beerhall on Christmas Day, to the solution of the wartime absence of methylchloride and the consequent lack of refrigeration of such important essentials as milk, cream, butter and other perishable food commodities.

As the nearest Government M.O. is stationed at Ndola, 47 miles distant, we get a good quota of interesting medico-legal practice ranging from raw murder by spearing, poisoning or shooting to the witnessing of black bottoms being beaten as punishment for gross sexual offences.

We are in the Bush, of course, and despite our splendid modern amenities the claustrophobic factor occurs, which will readily commend itself to my readers psychologically inclined and may recall to some an article I wrote for the JOURNAL from Sacambaya on the upper waters of the Amazon in Bolivia in 1928. Its reactions are felt particularly by female Europeans who are not so actively engaged as their spouses or fathers and feel acutely, on occasions, the omnipresent shut-in-ness of the surrounding bush. Post war plans propose to deal with this problem by a fuller three-mile clearance of the thick vegetation around, in improvements of motor roads and railways, and the laying out of aerodromes.

Domestic labour is cheap and efficient. My domestic staff, for instance, consists of a cook-boy, houseboy, nurse-boy, wood-boy (who provides our fuel, for cooking, from the bush) and two garden-boys, including food and housing for well under £10 a month.

The natives are good fellows and for the most part retain their tribal names but, particularly in the case of personal servants, rejoice in a wide range of nomenclature. Household commodities as names are popular and include Spoon, Saucer, Plate and Cup. Various other utensils, commodities and foodstuffs also have their following, such as Salt, Pepper, Mustard, Cabbage, Ink, Spanner, Porridge, Chair and Table.

Finance invariably has its devotees and Farthing, Fourpence and Tickey (the most popular coin in our local community—the inevitable threepenny bit) are answered to by many of our native staff.

Food on the Copperbelt is good in quantity and quality and varied. Plenty of meat, including venison, and a wide range of vegetables and

fruit, tropical and otherwise, not forgetting the homely mealie (corn on the cob), which is the staple diet of the African native. Fish has a chilly journey of more than 2,000 miles from the coast and a promising fresh water fish industry on Lake Bangweulu and the local rivers will be restarted after the war.

Climatologically the Copperbelt is not ill-favoured considering that we are in tropical Africa, the main redeeming feature being the 4,000 feet altitude. The winter weather from April till September is almost perfect with coldish nights justifying the joy of log fires in the living rooms, and warm sunshine and blue skies during the day.

September and October, the so-called "suicide months" because everyone becomes so dashed irritable (and doesn't the poor doctor know it), certainly are a trifle sticky, but not in the same street as such steam ovens as the Persian Gulf and Malaya. Then the rains break, the dust is laid and tempers are cooled. In the next five to six months an average of about fifty inches of rain falls. The torrential downpours seldom last more than a few hours at the most and are speedily followed by bril-

liant sunshine which makes gardens, with their myriads of flowers, varying from the brilliant coloured bushes of bougainvillea and poinsettias to roses and carnations, a glory to the optical and olfactory senses.

Looking back upon my own varied and not uninteresting career, ashore and afloat, at home and abroad, in public service and private practice, I must admit that this is the happiest, most useful and highest financially remunerated appointment I have held, but if I had my time over again I would not hesitate to enter the Colonial Medical Services. The work of the latter for the right type of man is varied and satisfying and, whilst returning a reasonable income during service, provides at retirement a liveable pension at a sufficiently early age to warrant its enjoyment.

In conclusion, be assured of one happy certainty—wherever you may find yourself, on land or sea, there you will find Bart.'s well represented.

* Reference: Acute Thrombophlebitis of Unknown Aetiology—A. C. Fisher. South African Medical Journal, Volume XV., April, 1941, pages 131-138.

* * * * *

THE ROMANCE OF THE CHALK

By SIR WALTER LANGDON-BROWN

A lecturer turned round from the blackboard on which he had been drawing a diagram. "I hold in my hand," he said, "one of the most romantic things in the world." It was a piece of chalk.

The romance of the Chalk; there is something peculiarly English about its scenery; smooth curving downs covered by a thin green mantle and early spring flowers; ending in the white cliffs of Dover, which always thrill the returning traveller. How was it formed? It was built up over millions of years in a comparatively shallow sea, mainly by the dropping of the shells both of minute forms of life that had floated on the surface, and of larger marine animals. Mixed with the chalk, we always find flints, which are the condensed skeletons and jelly of fossil sponges. It has been estimated that it takes 10,000 years to build one foot in depth of chalk; as the deposit may in some places reach a thickness of 2,000 feet, one can realise what an enormously long history it had. When levels changed and the chalk was raised

to the surface, it naturally formed a flat layer. But then came a terrific explosion, known as the Alpine Storm, when the Alps were thrust high up from a primeval sea. This caused vast ripples in the earth of which the Chilterns and North and South Downs are the survivors.

Many changes occurred during the reign of the Chalk. Previously there had been no flowering plants—only such things as ferns, club-mosses and "horsetails" as we see them to-day. But now flowers were born. Warm blooded animals were few and small; the horse of that time was no bigger than the present-day fox. On the other hand, gigantic reptiles abounded. They died out because they had specialised in size rather than in brain power. A reptile as big as an elephant but with a brain only the size of a three-weeks old kitten had little chance of survival against animals who were quicker and more cunning. The wonder is how they ever arose. This was the period when, as Sir Albert Seward said, "the animal and plant world passed from an ancient to the modern

type, it was an age of transition, an age in which the stage was set for a new company of actors, excepting only man, whose time was not to come until millions of years had passed."

That time came at last. In imagination one sees strange creatures, more ape than man, descending from the forest trees that filled the valleys, to climb up the chalk, there to become more man than ape. For it is in the chalk that we find the first signs of prehistoric man. Here, he could find dry places for habitation above the swampy ground, yet he could sink wells through the porous substance to find water, and he learned to make dew ponds. Still more, he found that he could split flints in such a way as to make sharp edged tools and weapons, which served both in peace and war. The "barrows," tombs which stand out in silhouette against the skyline, tell of battles long ago, as does the fort of Chanctonbury Ring. Chalk, moreover, made excellent tracks for roads; most of our prehistoric roads are on the chalk. They radiate out from that great central mass of chalk, Salisbury Plain, and communication stimulates development. Here on the chalk too, we see the first evidence of religious cults in the great stone temples of Avebury and Stonehenge, and many another lesser shrines, too often the scene of human sacrifice.

When the Romans came, they made use of these prehistoric roads, and improved them, such as the Ickneild Way which cuts diagonally across the Midlands to Norwich, along the line

of the Chilterns. When Alfred the Great made Winchester his capital, a road was constructed to join the city to the old road from Salisbury Plain to Canterbury, thus linking the royal and religious capitals. East of Canterbury five roads radiated out to the coast, to the Cinque Ports in fact, for voyagers never knew to which of those five the winds would blow their craft.

The murder of Thomas à Becket made Canterbury a resort for pilgrims, and the prehistoric road along the North Downs became known as the Pilgrims' Way. The valley of the Medway cuts through the Downs, so the road had to descend to a ford and then climb up again past a prehistoric structure, Kit's Coty, still to be seen. The sacred character that this Way acquired, is shown by the yew trees still scattered at places along it, and by pilgrim churches with a south porch close to the road.

One day Chaucer saw a troop of pilgrims who had started from the Tabard Inn in Southwark for Canterbury. There were learned clerks, a man of law, a knight, a miller, the ribald Wife of Bath and many others, laughing and telling tales; it seemed a holiday rather than a solemn pilgrimage. And as he watched the gay cavalcade streaming along the Chalk Downs, his imagination wove the scene into his "Canterbury Tales," the dawn of our splendid English Literature.

Yes, there really is something rather romantic about the Chalk.

* * * *

A FLIGHT FROM THERAPEUSIS

By E. B. STRAUSS

Dr. Winnicott's interesting article in last month's JOURNAL calls for some reply, since it is expressed in vigorous language and is obviously intended to provoke comment. What is this "tendency in therapeutics" that alarms Dr. Winnicott? I cannot discern it myself, unless it is the tendency to cure patients—a not ignoble medical aim. I do not think that I am being unjust to Dr. Winnicott, if I assume that he is (emotionally) more interested in his attack on shock-therapy than in his feint-offensive on the sulphanilamide group of drugs, seeing that he recently protested against convulsant therapy in the correspondence columns of the *B.M.J.* Dr. Winnicott's original letter and the replies that it evoked should be studied by those interested in the technique of medical controversy.

So far as I can follow Dr. Winnicott's line of reasoning, I assume that he is opposed to *all* treatment, on the grounds that the natural tendency for recovery inherent in the body-mind organism is so strong that outside interference is to be sedulously avoided (as almost impious). I believe that Dr. Winnicott would make an exception in favour of forms of treatment (however useless) which had been sanctioned and made respectable by tradition and the passage of time; and I am quite certain that he would put in a special plea for Freudian psychoanalysis which relies on a great deal more than *vis medicatrix naturæ*.

Dr. Winnicott deplors the fact there is already a generation of students and nurses that has never seen a *natural* pneumonic crisis.

It is also possible that the same generation has never witnessed a death from pneumonia. Is that matter for nostalgic regret? One might with equal reason deplore the fact that few medical men and women are nowadays familiar with small-pox epidemics or fatal cases of cerebrosplinal fever. I am sure that most of us are pleased that Dr. Winnicott was not recently called in to treat the Prime Minister.

However, it would seem that therapeutic empiricism is what Dr. Winnicott objects to most strongly. If empiricism were to be banned from the art and science of medicine, there would be precious little left, and research into the means of relieving human suffering would rapidly come to an end. It is strange that Dr. Winnicott should have such a strong emotional bias against empiricism, seeing that Viennese psychopathology (with its undoubted value) was—and, to a certain extent, still is—so largely an empirical science. Moreover, I think that it will shortly be shown that shock-therapy is by no means as empirical as it would appear to be at the present juncture.

It is odd that Dr. Winnicott should single out for his strictures the two most important advances in therapeutics of the last decade; for it is not an exaggeration to claim that the sulphanilamide drugs and artificially induced convulsions have relieved more human suffering than any other forms of treatment in recent years. Dr. Winnicott is not a psychiatrist (he is a distinguished paediatrician), otherwise he would not identify melancholia with normal grief. In normal grief, for instance, a person is not convinced that he has committed the sin against the Holy Ghost, for which there is no atonement, or that his bowels are stopped up; nor does the normal mourner seek to commit suicide. It is true that the psychoanalysts can provide ingenious—if not always quite convincing—interpretations of melancholic delusions; but it has yet to be shown that psychoanalysis can relieve the depressive syndrome or resolve any form of psychosis. It is noteworthy that the great Freud himself was the first to insist on the therapeutic limitations of his method, especially as applied to the psychoses.

PRINCESS TSAHAI MEMORIAL HOSPITAL

In response to the appeal for donations towards a "John Melly" memorial in this hospital published in the January, 1944, issue, there has been a response of over £60. Lord Horder and Mr. W. McAdam Eccles would

In view of the nature of his practice, it is unlikely that Dr. Winnicott comes across many cases of Involutional Melancholia. This is neither the time nor place for a monograph on the scope and value of electroplexy or any other form of physical approach to mental disorders; however, a few words on Involutional Melancholia may not come amiss. It is a distressingly common form of mental disorder which poisons the last decades of the lives of people who have, characteristically, led blameless lives. This horrible illness causes untold suffering not only to the patients but to their families. With regard to the prognosis in this condition prior to its treatment by means of artificially induced convulsions, it may be said roughly that one third recover after enduring an illness of from one to five years' duration, that one third improve after the same length of time, in the sense of making a fairly good social re-adjustment, and that a third went to their deaths in unrelieved misery. Nowadays, thanks to shock-therapy, more than eighty per cent. of these patients can be *cured* within three months; and it seems likely that those patients who fail to respond to or who relapse after the treatment can be cured by the operation known as prefrontal leucotomy—a form of treatment that would surely horrify Dr. Winnicott even more than the other therapeutic measures that cause him dismay.

Is it needful to comment on Dr. Winnicott's assertion that it is necessary for the exponent or practitioner of any therapeutic procedure to have submitted to it himself first? Should all the surgeons, who perform the operation, themselves undergo hysterectomy? Should all the physicians who prescribe insulin have experienced hypoglycaemic coma in their own persons? Speaking for myself, I would gratefully submit to electroplexy, if an experienced psychiatrist were to consider that I needed it. It may well be that further medical *controltempus* will cause me to have a severe Reactive Depression, which will fail to respond to analytical psychotherapy. In that case, I extend a cordial invitation to my friend, Dr. Winnicott, to come and witness my electrically-induced struggles.

like to see the amount reach the sum of One Hundred Pounds. Further donations may be sent to either of the above, addressed to St. Bartholomew's Hospital, London, E.C.1.

APPENDICECTOMY AFLOAT

The following episode was contained in a letter from Surg.-Lieut. Dick Hall to Mr. Reginald Vick. Our thanks are due to Mr. Vick for sending us the letter for publication.

I am back in harbour after my first trip out, which turned out to be quite eventful in many ways, resulting in my now being in a sister ship of the H.M.S.— while I anxiously await her return.

Exactly eight days ago I had a message from one of the ships with us that there was a case of grumbling appendix aboard. I didn't heed it much as I thought that it was a general signal to all of us, but next day I found that a whaler was to pick me up and take me willy nilly to this case at the M.O.'s request.

The prospect of giving an anaesthetic at sea did not fill me with much glee as quite a sea was running—the whaler disappearing completely in the swell.

Getting aboard the whaler with my bag was quite a feat. One minute it was level with the quarter deck and then 15 ft. below.

Anyway, I got in and did not get wet. I was in old clothes. The oarsmanship was appalling—to you as a Jesus man, it would have looked like a Bateman picture. Actually the sea was bad enough for the coxswain to tell us to cling to the whaler when and if she upset.

Eventually, we got aboard and saw both the patient and the doc. I had arrived under false pretences as he imagined that my predecessor was still aboard.

The case was a lad of 18 looking very well with a two days' history of pain and now rigid in the R.I.F. and there did not seem much doubt. Oschner-Sherren treatment seemed out of the question as his pulse and temperature had just begun to go up and the symptoms and signs had become accentuated.

My colleague had had an H.P. job in — and I don't think anything would have induced him to do the job—so heaving a sigh and feeling a very old man, I said I would.

We were five days out and two days full speed away from land of any kind.

Swabs were sterilized by heating in the galley in a tin and everything else by boiling. We spent a quarter of a cursed hour trying to bolt our operating table to the sick bay deck and the patient watching the arranging of our virgin instruments with a look of blank horror until we put a blanket over his cot.

Eventually we were set to go and we started with 1 gm. of Pento which I luckily managed to get in straight away and the other doc. got

cracking with the open ether.

Meanwhile I divested myself of a Bart's football shirt and struggled with a pair of size 7 gloves and stood poised for action in a pair of grey flannels, sea boots, and a vest.

I remember you letting me do an appendicectomy on a lad in Infirmary 2 with a pararectal incision and with your help and guidance finding it easier than the gridiron I tried later. So off we went, not too badly—I wasn't conscious of any ship's movement—I don't think I would have noticed if we were sinking until the patient was under water.

Eventually we got the caecum delivered and the other medico came round and gave me a hand, leaving the sick bay attendant with the ether bottle. The appendix eluded us for a while and I began cursing under my breath. Eventually we found it kinked, gangrenous, retrocaecal and adherent—anyway, we got it out in the end and partially invaginated the stump.

Threading the needles I found as difficult as anything else with the ship's movement and the fact that the smallest gut would only pass through the eye of a large cutting needle. We left a drain in and fixed up a drip and started intramuscular sulphapyridine.

By the end of the op. my two middle fingers were through the gloves. Nevertheless, the patient never turned a hair and when we landed him to-day, he looked and felt very well and the wound was clean. It says a lot for the natural resistance of the body and the fact that we did not wait for him to get worse.

After it all, I tottered back to the Ward Room for a drink and a cigarette, to find the sea now too bad for me to go back to the H.M.S.—, and so I have been aboard this ship for seven days until we came in to-day. I hope to get back to the H.M.S.— tomorrow and glad I shall be, as all my clothes and shaving tackle are there, and taking a 17 in. collar rules out a loan from here. This has turned out a long letter—not too long, I hope—I particularly wished to tell you of it. My God, how I wished you were there before we started and when we were trying to free the adhesions!

I have the appendix in a bottle—my first on my own. I shall carry it as a trophy back to the H.M.S.—.

CLOVE HITCH OF THE UMBILICAL CORD

By J. H. COULSON

In this case the knot was a true clove-hitch and it was tied tightly round the fetal neck at birth. The clove-hitch is used for tying a rope round a post: it has been well said of it, however, that "this is a knot of universal application and turns up in as many forms as Profens!"

The interest of the case lies in the mechanism of tying the knot. By the ordinary method this knot can only be tied if there is a free end of cord, a state of affairs which does not exist in

signs of foetal distress and much meconium was passed.

To end the delay, and since the head was on the perineum, a 1 in. right oblique episiotomy was done and the baby delivered as a Vertex 2.

As soon as the head was through, the cord was examined. It was twice round the foetal neck and was not pulsating; it was tied in an extremely tight clove-hitch. It was found impossible to loosen the knot and pull the loops

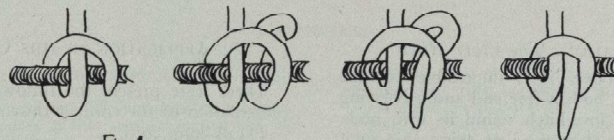


Fig. 1.

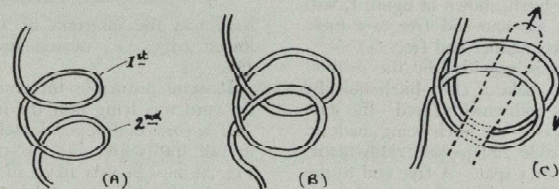


Fig. 2.

the case of the umbilical cord since the placenta is obviously fixed, and it is impossible that the fetus be regarded as a "free end" for the purpose of tying a clove-hitch round its own neck!

HISTORY OF THE CASE

The mother was a primipara, aged 26. She had a normal first stage of 22 hours, the head engaging as an R.O.A.

The second stage was prolonged and lasted 2 hours 35 minutes.

Towards the end of this time there were

down over the foetal head, so two artery forceps were put on, each across both loops, and the cord cut between them.

The baby was in a shocked condition, not blue asphyxia. It was a full-time girl, weighing 6 lb. 1 oz., and subsequently made good progress.

The third stage was normal, lasting 15 minutes.

The placenta was battledore.

The father was a sailor.

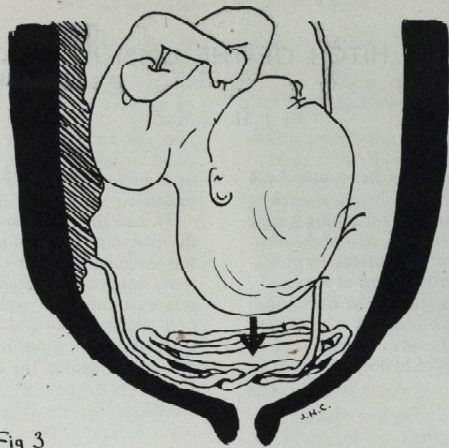


Fig. 3.

EXPLANATION: *The Clove Hitch*

As stated above, it is impossible for the fetus acting as both a free end and a belaying post, to tie a clove-hitch round its own neck, so that the usual method of tying this knot can be ruled out at once. The ordinary method of making a clove-hitch, shown in figure 1, will bend a rope that has one end free to a fixed spar or rail that has neither end free.

An explanation is provided by the method used by sailors to make a clove-hitch quickly, in a rope that has both ends belayed—the state of affairs in this case—the hitch being made in the bight of the rope and passed, ready-made, over the free end of a spar. A free end to the spar is essential for this method, and it is represented in this case by the fetal head.

Anyone interested enough to take a pencil and string and make a clove-hitch as shown in fig. 1 and then withdraw the pencil from the knot, will be able to observe the important fact that a clove-hitch consists of two half-hitches tied round an object in opposite directions.

Figure 2 shows how the sailors' method is done. By two twists of the wrist the two half-hitches are formed (Fig. 2a) and the second is passed in front of the first and laid on it (Fig. 2b); the two together are then slipped over the head of a spar (Fig. 2c) and pulled taut. The rope is then belayed without either of its ends having been used. The clove-hitch is commonly employed in this way for making fast, for instance, a dinghy's painter to a bollard.

APPLICATION TO THIS CASE

There were present the following causes of presentation of the cord in this case:—

- (1) A long cord.
- (2) A small baby.
- (3) A battledore placenta—which might

have had the insertion of the cord into its lowest edge, *i.e.*, nearest to the internal os. (Fig. 3.)

It seems justifiable, therefore, to assume that the cord was lying near the internal os.

If a cord is dropped loosely down, it tends to fall into coils; and two such loops as in Fig. 2a must be very likely to form in the bight of a long umbilical cord lying near the internal os. Uterine contractions would tend to push these two loops on top of one another, and alternate contractions and relaxations might easily result in the lower loop being passed on top of the upper. The state of affairs in Fig. 2b would then obtain in utero. (Fig. 3.)

It would then only require the baby's head to pass down through the two loops (like the bollard, or end of a spar, shown in Fig. 2c) as it would almost certainly do were the two loops lying round the internal os, for a true clove-hitch to be made round the fetal neck. This would be pulled taut as the fetus passed down the birth-canal, thus accounting also for the fetal distress.

I am indebted to Mr. Fraser for his helpful comments on this article.

CORRESPONDENCE

THE PENALTY FITS THE CRIME

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

I was deeply interested in the article by D. W. Winnicott, published in your last number. In it he propounds a novel principle, namely, that doctors should have inside knowledge of the remedies they use by testing them on their own persons. I agree with Dr. Winnicott that a patient would be wise to select, if this be possible, a medical man who has suffered from the complaint about which he wishes to consult him. After having undergone an exploratory laparotomy many years ago I learnt more about the post-operative handling of abdominal cases than I had previously gleaned from any text-book. It is therefore a great advantage to a patient to be handled by a doctor who has inside knowledge of all the discomforts which an operation entails. This opens up a whole series of interesting vistas. Should all specialists be compelled to undergo the treatment appropriate to their own specialities? For the physician this would entail but little hardship. He

would merely have to swallow a number of nauseous draughts and submit to a number of painful injections. The electro-therapist would also get off comparatively lightly. The orthopaedic surgeon might qualify by a month spent in plaster and the dentist by the extraction of a few unnecessary teeth. But it is the specialist whom Dr. Winnicott singles out for such treatment, the psychiatrist, that has my sympathy. He writes: "Incidentally I have never heard of a doctor who prescribes courses of fits having a course of fits himself. This is incomprehensible to me." It is by no means incomprehensible to me. I await Dr. Strauss' reply to this challenge with interest. The proof of the pudding is the eating of it, and the psychiatrist who has voluntarily taken a course of fits will undoubtedly increase our confidence in this form of treatment.

I am,

Yours sincerely,
KENNETH WALKER.

9th February, 1944.

ALMONERS

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

I have read with interest the article on the work of a Lady Almoner in this month's Journal and am glad to know we have at least three Lady Almoners who have gone through the described course of training and gained the qualification of A.I.H.A.

May it also be remembered that in years gone by a training for a Lady Almoner was not available, and an Almoner became such a person because she

had the work at heart, and was capable, and years of experience made her work a great success.

Therefore, in praising the work of our trained Almoners, let us not forget the ones from whom the knowledge of Almoning was first acquired, and who gallantly carried on as pioneers in difficult days.

ANONYMOUS.

The Abernethian Room.

7th February, 1944.

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

- BURROWS, II., C.D.E., Ph.D., F.R.C.S. "Some Sensory Effects of Wounds." *Lancet*, 13th Jan., 1944, p. 84.
- CHRISTIE, RONALD V., M.D., D.Sc., F.R.C.P. "Emphysema of the Lungs." *Brit. Med. J.*, 22nd Jan., 1944, p. 105, and 29th Jan., 1944, p. 143.
- CLARK, B. MAULE (and S. Goldberg). "Pneumonic Plague: Recovery in a Proved Case." *South African Medical Journal*, 27th Feb., 1943, p. 57.
- FLAVELL, G., F.R.C.S. "Congenital Dislocation of the Shoulder." *Brit. J. Surg.*, Jan., 1944, p. 272.
- HAMILTON, W. J., F.R.S.Ed. "Phases of Maturation and Fertilization in Human Ova." *J. Anat.*, Jan., 1944, p. 1.
- HAMILTON, W. J. (and Boyd, J. D., and Hammond, J.). "Transuterine ('Internal') Migration of the Ovum in Sheep and Other Mammals." *J. Anat.*, Jan., 1944, p. 5.
- KLABER, R., M.D., F.R.C.P., D.P.H. "Dermatology and the Public Health." *Journal of Royal Institute of Public Health and Hygiene*, Jan., 1944, p. 8.

- LEVIN, A. B.A.(Camb.) (and Lieut. Donald M. McElroy, U.S. Army Medical Corps). "A Case of Cerebrospinal Fever with Thrombosis of the Right Axillary Artery, followed by Gangrene of the Right Arm, Necessitating Amputation." *Brit. J. Surg.*, Jan., 1944, p. 240.

- MCCURRICH, H. J., M.S., F.R.C.S. "A New Operation for Restoration of the Common Bile-duct Following Accidental Damage." *Brit. J. Surg.*, Jan., 1944, p. 304.

- McKEE, G. K., F.R.C.S. "Trifin Nail and Plate for Pterochantheric Fractures." *Lancet*, 29th Jan., p. 145.

- MURLESS, B. C., M.B.(Camb.), F.R.C.S.E., M.R.C.O.G. "Intrapelvic Rupture of Urethra." *Lancet*, 22nd Jan., 1944, p. 111.

- SEDDON, H. J., D.M., F.R.C.S. "The Early Management of Peripheral Nerve Injuries." *Practitioner*, Feb., 1944, p. 101.

BART'S BAZAAR

The following came to us as an appeal for any clothes you might have that are now unwearable, even by austerity standards. While

*When you're called to join the Forces
Remember that your only course is
To give the things you cannot wear
To Bart's Bazaar—it's very near.
You will not want your Sunday best,
Your worn-out shirt, your holey vest,
Nor flannel bags, gone at the knee
With holes you thought no one could see,
Gay ties that you could never bear
Given long ago by damsels fair,
The books that you have read and read,
The greasy hat from off your head.
Your gifts will soon be turned to cash,
In spending this we'll not be rash.
The patients snugly clad in flannel
Will pray they may be on your panel.
No need for any fuss at all,
One word and we will gladly call.
There's nothing that we cannot sell,
Just give the lot—and say farewell.*

* * *

COMBINED OPERATIONS

This was the first time we had seen young Jones since he had finished his Chief Assistantship and disappeared into the R.A.F. six months ago. We found him one lunch-time in the Vicarage, a very pink and cheerful Squadron-Leader.

"Why, hello," we greeted him, "How are you getting on?"

"Oh, wizard, old boy!" he replied enthusiastically, "I'm at the hospital at X—"

"Busy?" we enquired politely.

"Gosh yes—I'm on ops three days a week. I must tell you about a wizard prang I did the other day—a couple of pints of wallop, please."

"Thanks."

"Well, it was about 2330 hours when the Winco—a nice type—got me on the intercom and said 'There's an erk been sent in from the drome at Y—, probably appendix. Will you and the F/O cope? His MO's with him.' I was a bit cheesed about him passing the can like that, but I said 'Right-ho!' and told the crew to stand by for briefing while I got the

the JOURNAL refuses to be held responsible for the poetry, it warmly supports the cause of "Bart's Bazaar."

tering, so I asked him if he could pin-point the target. He thought we ought to call in the Winco and ask for a fix, but that's an awfully poor show, of course."

"Just as I was getting properly brassed off, and thinking my nav was pretty shaky, I suddenly found I was plumb over the objective, practically at zero feet. And guess what? Absolutely F.F.I.!"

"Really?" we said.

"Two more, please. That more or less shot my undercarriage away. I felt that instead of deserving a gong for all this I ought to get

jankers. You must admit it was a bit of a bind."

We agreed.

"Of course, I couldn't jettison everything and bail out there and then, so I enlarged the target area and went ahead at half revs. Then the next minute—can you imagine? The patient went blue—and curtains!"

"You mean he'd gone for a Burton?" we asked.

He nodded. "Yes. He'd had it."

"Must have been Gremlins," we said.

ALAN TOIS.

It is with regret we have to record the resignation of Mr. Peter Westall, Editor of the JOURNAL since last July. In his conscientious and capable hands the JOURNAL attained its Fiftieth Number, while his efforts to produce a new edition of "Round the Fountain" were, unhappily, only to be defeated by the Paper Control, and must attend the end of the war.

Contributions for the next issue (April) of the JOURNAL should reach the JOURNAL Office, in the Pathology Block, by March 8th.

OBITUARY

LIEUT.-COL. A. E. J. LISTER

By the death of Lieut.-Col. A. E. J. Lister, I.M.S., on December 21st, at Stroud, St. Bartholomew's lost a former student who made a very famous name in India.

Lister was a man of a very quiet and loveable disposition: so much so that unless one knew him well and was in contact with his work, one did not realise what a fine career he had.

We were at Bart's together during the years 1894-1900; Lister passed all his examinations with ease and took the M.B., B.S. London in 1900 and the F.R.C.S. Eng. 1902. He dressed for Sir Henry Butlin who, when he heard Lister had got his F.R.C.S., said, "Dear, dear, what is the world coming to, when boys take men's examinations?" Lister had not then reached the age of 24. While he was at Bart's he won the Brackenbury Surgical Scholarship and was a Prosector at the Royal College of Surgeons.

Though he would no doubt have made a great name as a surgeon in England, Lister decided to join the Indian Medical and passed first in the Entrance Examination, also first out. While at Netley he gained a special Bronze Medal for Efficiency, and gained prizes in Surgery, Hygiene and Clinical Medicine.

Soon after going to India he was posted to the 27th Punjabis and saw active service in Somaliland. He rescued a wounded officer

under fire who afterwards became a General in the Indian Army; saving his life and preventing his arm from being amputated. In connection with this incident one remembers that Lister was a keen boxer while a student and also represented Bart's in Putting the Weight.

When Lister returned to India he seemed to take a great interest in Ophthalmology and while attached to the Staff of H.E. the Commander in Chief, Sir O'More Chiagh, practised Eye work at Meerut, and also worked with Colonel Smith of Jullunder and Amritsar. While working there he wrote an Appendix to Smith's book on the Intracapsular Extraction of Cataracts and analysed the Vitreous Loss occurring in this operation. Lister also wrote on the use of special conjunctival flaps in connection with Intracapsular operations. From 1909 to 1913 he studied, when on leave, in Vienna, Zurich and Paris. Being a very good linguist, he naturally got the greatest benefit from this Post Graduate work.

In 1913 Lister inaugurated the Ophthalmic Department of the King George Hospital at Lucknow. He was also Professor of Physiology, and eventually became Professor of Ophthalmology; the Eye Department grew to such an extent under his leadership that a new extension was carried out. Lister hoped to

return after his furlough in 1920 but found his health would not permit it and he started Consultant work in London.

While in India Lister did a great deal of research work in Ophthalmology and was Consultant to two Viceroys, also to the leading Princes and high officials—his name becoming known all over the United Provinces.

In 1920 he started as a Consultant in London and was appointed Assistant Surgeon to the Western Ophthalmic Hospital, and was author of the Eye section in the Medical Annual from 1922-1930. In 1923 he decided for health

reasons to live at Clifton; he still went on working and was appointed to Bristol Eye Dispensary which he re-organised and greatly developed. He retired in 1933 but still took a great interest in the work of the Dispensary.

In spite of failing health, Lister was mentally active right to the end, always remembering his old friends and taking an interest in their doings. So ended a wonderful life and career, all the more marked as ever since the Somaliland Campaign in 1904 he was never in robust health.

DR. F. D. CHATTAWAY

We have heard with regret that Dr. Chattaway, former Lecturer in Chemistry in our Hospital, died at Torquay on January 26th at the age of 83 years. Several of the older members of the staff, and many other readers of this JOURNAL, who received their introduction to Chemistry at Bart.'s, will have very pleasant recollections of a friendly teacher, who was also a first-rate chemist.

After obtaining a 1st Class degree at Oxford, with a subsequent period of research at Munich, he joined Bart.'s as Lecturer in Chemistry in 1894. He held that post until 1906, when he returned to Oxford, where he was elected Fellow, and later Tutor, of Queen's College. In the congenial atmosphere of Oxford, where the life was better suited to his quiet and retiring nature, he found more time and greater

opportunities for the type of chemical research in which he was specially interested. He published, as sole or as joint author, more than 200 papers, covering such diverse subjects as the chloramines, the derivatives of phenyl hydrazine, and the reactions of chloral. He was a Vice-President of the Institute of Chemistry for six years in all, and a member of the Council of the Institute for fifteen years. In 1907 he was elected a Fellow of the Royal Society.

At Bart.'s he is remembered as one who continued the good work of his famous predecessors (Matthiessen, Frankland, Armstrong, Russell, etc.) by emphasising the value and importance of science in the study and teaching of medicine. To Mrs. Chattaway and her daughter we extend our deepest sympathy.

A. W.

At CAMBRIDGE

Our dance committee must have collected together many of the ingredients of an enjoyable evening, for the latest Cambridge dance is generally considered to have been our most successful to date. It was held in conjunction with Addenbrooke's Hospital, and some enthusiasts tell us that it was the best-organised college dance that they had ever attended. Though numbers were limited to 400, the floor was always full, a marked increase being appreciated after closing-time in the bar. Amongst other things, we noticed a professorial non-smoker winning cigarettes by raffle, and Frank S—k being asked for many a dance by those unaware of his Scottish extraction, whilst we

were lucky enough to have "J" with us to demonstrate the infallibility of experience in a "Statue" dance. To the committee, both male and female, go many thanks in the belief that they, or their successors, will experience no difficulty in selling tickets for any similar future dances.

That these social activities did not weaken the stamina of the Hockey Club at least is shown by their 4-1 victory over Pembroke in the first round of "Cuppers" the following afternoon. The Hospital hockey team were worsted by Cambridge University Wanderers at the beginning of the term. Despite much publicity, this match received very poor touch-

line support, and this may have influenced the result. However, the preclinical sports highlight of the month is the winning of the Inter-College League competition by the Soccer Club. A report, no doubt, appears elsewhere in this issue.

We have lost a genius of organisation in Dr. Mettin, who left us at the beginning of February. We wish him the best of luck in his new position, and thank him for services rendered on innumerable committees.

The last Students' Union meeting was remarkable in that it was both comparatively well attended, and bore a distinct resemblance to a parliamentary question-time. If this interest is maintained, future meetings should not be the drab, under-populated gatherings that we have witnessed so often in the past. As one result of this meeting, a standing entertainments committee is being formed. Their functions are, as yet, a trifle obscure, but we all hope

for, before long, a rendering of "Pedro the fisherman" under their auspices, in the Anatomy Department.

Dr. Bannister, of the Cambridge University Psychology Department, has been giving a series of Normal Psychology lectures during the term, a satisfactory feature of which is that smoking is permitted. It has been some years since such a course formed part of the third year syllabus. Another noteworthy lecture has been that of Prof. Huggett, from St. Mary's Hospital, who was "guest artist" at the Physiology Department a few weeks ago. His visit followed on one of Prof. Hartridge to St. Mary's last term.

This covers some of the multifarious doings of the preclinicals during the past month. We end with this month's notable saying, Prof. H—n (in an embryology lecture), "Ye may well ask what all this has to do with medicine."

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

THE PRE-CLINICAL GLEE CLUB

The Bart.'s in Cambridge "Glee Club" was formed last term amidst all the enthusiasm which accompanies the formation of a new society. With the usual difficulties of fixing practice times, attendances at meetings were a little irregular, and we dreaded what the culmination of the term's activities would be. It was eventually decided to venture into the wards of Addenbrooke's Hospital, and with the permission of the President of the Society, Professor Hopwood, practices were immediately started under the baton of E. R. Griffiths. The performance was fixed for the last evening of term.

We were welcomed by the Assistant Matron, who gave us our route and our time limit, and singing was soon started. We found a piano

in each ward except one. In this case a tuning fork was used to start the singing, and it proved a highly successful part of the programme. We hope that the patients enjoyed the evening as much as we did.

This term the club combined with the Queens' Glee Club to give a concert to the St. Margaret's Society. This experiment was most successful, and it is hoped to run a series of such concerts.

The Bart.'s Glee Club is now, we hope, well established, and is setting an example to the rest of the preclinicals both to overcome the social apathy which has reigned so long here, and to rely on their own means of entertainment rather than those of others.

D. L.

At HILL END

Once again the ponderous wheels of the Dramatic Society have begun to revolve towards a goal even more ambitious, even more densely packed with psychological hysteria, even more the producer's perfect nightmare, than their previous achievements. But this time the driving spirit is keener, the machinery is oiled more freely, the workers are more numerous and we

are confident that the Spring of Nineteen forty-four will see a triumph of efficiency and whole-hearted co-operation which will dwarf any in the annals of the society. My my, what a build up.

The passage of a rather mild January has seen the Hill End rugby team rampaging round the perimeter of St. Albans, battling for the honour

of the hospital on the playing field and in the bar. At Hendon they were well beaten on the field, but won hands down over the subsequent fish and chips. Against Radlett, they won, only to be beaten in the return match by one try and a retired policeman. Against St. Albans' school, an unbeaten team, they employed the principles of pre-operative strategy. They kept their opponents waiting half an hour in the cold wind, they arranged for three players to stroll casually up and down the field smoking contentedly and finally they produced sixteen men, an anaesthetist and a hostile crowd. The latter was by far their greatest asset. Nevertheless, it was a hard fight against keen and plucky opponents to keep the score at three all.

At last a society has been formed to discuss subjects of a deeper nature than the respective merits of the nursing staff and the price of beer. Thither come those who talk, those who think, and more rarely those who think and talk. Of

course, this cuts out the majority of the inhabitants of the A.R., most of whom just sit. So far the subjects have all been primarily religious. The sincere have shown us glimpses of the depth and power of their sincerity, the agnostics have shown a true agnostical attitude by not turning up to defend themselves and the pseudo-philosophers have had lovely games of hide-and-seek with each other, glibly popping in and out of the subconscious and the fourth dimension.

Ending on a note of seriousness, we would like to say that in our opinion, this society, in providing an opportunity for the open discussion of subjects outside the immediate realm of medicine, is surely an admirable opportunity to fill in some of the immense gaps left in our education and thus improve our ultimate efficiency.

P. J. B.

At FRIERN

We regret that the somewhat light-hearted remarks of a previous correspondent were misinterpreted by a member of the senior staff. The matter was referred to in the leading article of last month's issue, and we therefore consider that no further explanations are required from us.

The results of the conjoint examination have robbed Friern of several of its stoutest adherents. No longer shall we see Chief Assistant and student greeting each other most warmly, and reminiscing on the far-gone days when, together, they commenced their clinical studies. Preparations for the next exam. are in full swing (for everybody at Friern is exam. conscious); and much time is spent examining Path. specimens and wondering why "Grey Hepatization" is described as "Hepatic Amyloidosis." Every ward-round is well attended and anyone who can get in five lectures a day well deserves to relax with Betty Grable in the evening.

We wish to congratulate the clerk who bid his patient a "very good afternoon" at the Hospital gate and later remembered that the gentleman concerned was to have been certified that very same day, even though his clerk had thought him a "damned nice fellow." There must indeed be many G.P.I.s with a similar reputation, but it is doubtful whether such a reputation is earned by asking Sisters for "a

little bit of social life."

We also learn that a conscientious Houseman chased a discharged patient all the way to his home, armed with a syringe and needles, a sample of blood, previously collected, having been regarded as useless and poured down the sink.

Recently the Hospital was troubled by a considerable number of mice which seemed especially to affect the female wards. The matter was soon remedied by the introduction of a number of cats, but unfortunately the immigration was not sufficiently controlled and the feline population of the Hospital is growing rapidly. These animals are now as big a nuisance as their smaller predecessors and the condition is becoming serious, and if passive attempts at removal fail, surgical intervention may be necessary.

A tremendous victory has been scored over the pendulous breast, which has for generations foiled the attempts of the clinician at describing the position of the apex beat relative to the nipple. The breast is fixed at right angles to everything by an assistant. The apex beat is then measured from the nipple, and the result is expressed in finger-breadths. This method awaits recognition by the Cardiac Society; meanwhile whoever adopts it does so entirely at his own risk!

S. M. and R. H. S.

SPORTS NEWS

SQUASH

v. R.M.C., Greenwich. Won 3-2.

"The Yacht" is a place we shall remember for some time, as the climax of a most genial evening, as guests of the Navy. We are unlikely to forget "Ere Bill—a new gunvor wivah a bay windel," and occasional remarks from our own particular *Pater Gabrielias*, as he mildly reproved two of our number who launched into song rather too early, and they thus foiled his attempts at "Putting himself over big."

The reader may be asking himself whether the squash team went to Greenwich to play squash, but it's very difficult to report a match, when your own game is the only one you saw. Suffice it to say that Gabriel lost (due to overwork, he says) Kelly lost (due to playing with a new racket, he says), and Marrett, Brazier and Williams all won to give us the match.

Many thanks to the Navy for a splendid match, a magnificent dinner, a superb evening, and may our proposed cricket match be an equal success.

v. St. Mary's Hospital. Lost 1-4.

Lack of practice was very much in evidence, as we were beaten by a team who were no better than we were, but who have the advantage of a court on the premises. Marrett, who should have overawed his opponent, was put off by the fact that he was small enough to run between his legs, and Marrett sweats that on more than one occasion he did—we wouldn't know, but didn't think so. Brazier played very well, but didn't have the finishing power and was just beaten. Kelly played atrociously and should have done better, as should Williams. Yerbury, in the side for the first time, won easily, thus saving the "whitewash."

v. St. George's Hospital. Won 4-1.

Squash, like all others, is a funny game. In the previous match, Brazier played very well, but this match he lost. The four others all won, though Marrett had to fight hard, Kelly, Williams and Yerbury didn't have much difficulty. Brazier and Williams kept the standard flying successfully afterwards, though it tended to droop a bit the next morning.

v. West London. Won 3-2.

Out to avenge a previous defeat, we did well to beat the West London club, especially as we were without Brazier and Marrett. Mr. Fraser opened with a magnificent win in the first game, but, as he said—quote—I saw the red light, and had to go slow—end quote, and lost the next three games.

Kelly played against 40 odd summers, but 40 summers of wile and low cunning; had he held out in the early stages he must surely have won. Yerbury coolly disposed of his opponent, his hair being quite unruined at the end.

Williams, unaware of what was at stake, gave us a shock by waiting till the fifth game, with the score game-ball all, before making his big effort.

With the match at two-all, Gabriel took the court to cries of "Egypt for ever," and with his sweater and hair nicely in place, set about his opponent and won the first two games, but, being tired, he lost the next two.

Apart from an earnest discussion in one corner on the merits of one of the lesser known Tristan da Cunha ha'penny stamps, there was a pregnant silence as the fifth game opened, but Gabriel had recovered, and, playing magnificently, won the game and the match.

HOCKEY

v. Oxford University, at Oxford, 12th February. Lost 5-0.

Until 3.30 p.m. there were considerable doubts as to whether we should be able to field more than half a side—however, the late-comers eventually arrived, and after politely listening to their hard-luck stories we prepared to do battle with our horribly fit-looking opponents. Oxford foxed us badly by scoring a goal in the first minute and a half, while our goalkeeper was adjusting his armour. This was a rude shock and we never really recovered from it. Oxford were evidently determined to score several more goals, and though play was fairly even, and in

spite of the lion-hearted work done by Fison at centre-half, we crossed over at half-time three goals down. In the second half we had more of the play, and both Harrison and Giles made fierce but unavailing raids upon the Oxford goal. We defended stoutly but couldn't prevent them scoring a couple more goals before the final whistle.

Afterwards we were entertained to an excellent tea in Vincent's Club, and, entirely unaided by our opponents, we spent the evening sampling the Oxford ale. We encountered very severe train trouble coming home but that's another story!

ANNOUNCEMENTS

MARRIAGE

HARRISON-GILLIES.—The marriage took place between Richard J. Harrison and Joanna Gillies at St. Peter's, Vere Street, on 22nd December, 1943.

SOCIETY OF APOTHECARIES OF LONDON

The dates of the Society's Examinations for the month of April are:—

Surgery—11, 12, 13.
Medicine, Pathology—17, 19, 20.
Midwifery—18, 19, 20, 21.

EXAMINATION RESULTS

CONJOINT BOARD

PRE-MEDICAL EXAMINATION—
DECEMBER, 1943*Physics*

Batt, B. J.

Biology

Batt, B. J.

Lawrence, N.

FIRST EXAMINATION—DECEMBER, 1943

Anatomy

Edwards, D.

Mehta, M. D.

Maude, A. R.

Mangan, M. K.

Blackman, J. H.

Cochshirc, D. J. E.

Physiology

Jowett, J. H. G.

Edwards, D.

Pearson, F. A.

Storey, J. R.

Pharmacology

Meyrick, J.

Todd, C.

Davies, I. N.

Pracy, R.

Lloyd, G. H.

Cartledge, V. L.

Hilps, E. P. W.

Rassim, F.

Grossmark, G. J.

Grant, M.

Renwick, R.

Routh, C. D.

Osborne, P. F.

Bunting, C. F.

Jones, A.

Watts, E. M.

Meltz, I.

Mason, S.

Parry, H. E.

Watson, D. A.

FINAL EXAMINATION—JANUARY, 1944

Pathology

Todd, I. P.

Gregory, B. A. J. C.

Wingate, A. P.

Roberts, D. C.

Giles, H. M.

McKerrow, C. B.

Andrew, J.

Levy, L.

Blois, J. T.

Beard, T. C.

Waddell, T. R.

Andrews, B. E.

Pracy, J. P.

Sheldon, A. F.

Leech, K. W.

Mayers, J. R.

Medicine

Alterman, J.

Perkins, C. P.

Pracy, J. P.

Green, B.

Jones, V. H.

Robinson, P. K.

Orme, J. D.

Laymond, A. O.

Jepson, L. F.

Duff, D. R.

Mouckton, G.

Livingstone, A. V.

Cotton, T. C.

Spielsinger, R.

Turton, E. C.

Macroft, J. T.

Cooper, J. R. C.

UNIVERSITY OF CAMBRIDGE

M. CHIR.

Brooke, B.

FINAL M.B. EXAMINATION—MICHAELMAS
TERM, 1943*Part I. Surgery, Midwifery and Gynaecology*

Brazier, D.

Gillies, M. T.

Holmes, C. B.

McIlroy, M. B.

Payne, J. C. R.

Veater, D. G.

Giles, H. M.

Hartley, C. E.

Surgery

Jackson, P. E.

Jepson, L. F.

Patel, B. K.

Brady, T. J.

Turton, E. C.

Sills, O. A.

Hurt, R. W. L.

Adams, J. C. I.

McIlroy, M. B.

Peebles, I. C.

Wingate, A. P.

Midwifery

Corbett, A. R.

Eberly, W. J. D.

Duggal, S. L.

Fison, I. G.

Spielsinger, R.

Patel, B. K.

Sankey, P. R. B.

Wingate, A. P.

Giles, H. M.

Holden, F. A.

Scott, M. G.

Bullough, J.

Gillies, M. T.

Roberts, G. F.

Yerbury, G.

Peebles, I. C.

Duff, D. R.

Lucas, P. F.

Finlayson, V. O.

Fison, L. G.

Whitmore, T. K.

Bethell, M. F.

Levy, L.

Whitehead, B. L.

Harrison, R. J.

Claremont, H. E.

Leech, K. W.

Gregory, B. A. J. C.

Hartley, C. E.

Veater, D. G.

Bates, D. V.

McConachie, J. W.

Bethell, M. F.

Brady, T. J.

Bunting, C. F.

Beard, T. C.

Holmes, C. B.

Headley, P. R.

Brazier, D.

Dawson, A. M.

Roxburgh, K. C.

Watson, P.

DIPLOMAS

Alterman, J.

Duff, D. R.

Perkins, C. P.

Macroft, J. T.

Whitmore, T. K.

Harrison, R. J.

Bullough, J.

Cotton, T. C.

Cooper, J. R. C.

Spielsinger, R.

Jackson, P. E.

Brady, T. J.

Hurt, R. W. L.

Turton, E. C.

Livingstone, A. V.

Jepson, L. F.

Bullough, J.

Lucas, P. F.

Finlayson, V. O.

D.A. (R.C.P. & S.)

Harrison, K. O.

UNIVERSITY OF LONDON

M.D. EXAMINATION—DECEMBER, 1943

Branch I (Medicine)—Russell, B. F. B.*Branch V (Hygiene)*—Davies, I. G.FIRST EXAMINATION FOR MEDICAL
DEGREES—DECEMBER, 1943

Mendel, D.

Thomas, O. G.

Austin, S.

Abraham, R. J. D.

Begley, M. D.

Pedersen, D. L.

Wright, W. J.

Dower, G. E.

Vince, A. A. P.

Michaelson, R. A.

Charles, D.

Partington, M. W.

Rosdale, D.

Taylor, D. G.

Jones, K.

Wainwright, A. J.

Carter, F. G. T.

Stanley, H. W.

ST. BARTHOLOMEW'S



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No. 3

INTUITION

Most of the developments in modern medicine have been the result of careful scientific experiments in laboratories and in hospitals, experiments directed by clear thinking and sound reasoning. Yet for the most part medical training tends to neglect the scientific attitude, and the subject is presented as a mass of poorly related facts a certain percentage of which have to be remembered by the student for a limited period, until he is qualified. When he then goes out into the world much of what he has learnt is forgotten, for it is no longer useful. In general practice he is confronted with a new situation which requires clear thought and sound principles. From the very nature of his subject it is obvious that the student will have learned a great deal of dissociated fact. The majority of the signs and symptoms of disease are far beyond our powers of explanation, and treatment is often empirical. In spite of that it seems a pity that he is forced to assimilate unnecessary and unrelated facts, so much of which he will certainly forget, and that he is thereby unable to acquire a more scientific view. Is it not possible for him to be taught the fundamentals, given some understanding of science generally, and of scientific method? He should be shown how to think clearly for himself. Following the history of scientific thought would surely help to develop this. For us to be able to cope with modern rapid advances in science we must be able to grasp the significance of new facts and relate them to what we already know.

Oddly enough, although most of the developments of our age have come from endless scientific experiments, yet many of the new discoveries have occurred by accident or by intuition. There is the story of the discovery

of Insulin by Banting. Unfortunately we have been unable to verify this story, but it is an excellent example. Banting, while still a G.P., read some articles explaining that extracts of the pancreas had the power of lowering the blood sugar when injected into a normal animal. It had been impossible to isolate the enzyme. He was convinced that in the results of these experiments lay the secret of Diabetes. Was this conviction, which led him on to his researches, chance or intuition? It would be interesting if we could find out from other great discoverers if the first germ of their work was similarly revealed. It may well have been luck with Banting's first conviction, but the tenacity with which he held it seems to indicate more. It is said that to a certain extent Marie Curie's discoveries were intuitive. Her first awareness of the importance of substances which had been found to emit rays led her to carry out research into them. The possibility of a new element—radium—with its unique properties, seems to have been intuitive. Her endless research carried out in the face of enormous difficulties, and in such poverty, indicate an amazing conviction in their importance. The tenacity with which intuitive ideas are held reminds one of the delusions of the insane. Intuition has been defined as conviction arising from unconsciously observed facts. Presumably facts which have passed into the unconscious because the conscious mind could relate them to nothing already known. This may be the reason why intuitive flashes usually bring forth something entirely new. Whether this explanation is true or not it is almost impossible to tell. Almost as impossible as it is to collect information about intuitional incidents themselves.

New conceptions in nearly all branches of thought always provoke enormous opposition. They seem to act as a most powerful antigen to the mind, the reaction to which is always violent. Only by rational thinking can we obtain insight into the implication of new ideas and appreciate their value. Of the Art of medicine and of chance we have no control; but we can develop clear thought and sound reasoning. If some of the ill-digested mass of medical

facts could be left aside and in exchange the more logical scientific approach could be developed we should be better off. At present the medical student's mind is developed little by his training. He is so occupied with his gigantic feat of memory that he has neither the time nor the energy to grasp other branches of thought and learn to think clearly for himself.

* * * *

THE 'ÆTIOLOGICAL' APPROACH TO THERAPEUTICS

A FOOTNOTE TO WINNICOTT

By DOUGLAS HUBBLE

It seems to me profitable to analyse Winnicott's article in the February issue of the JOURNAL and to attempt to reduce his protests to first principles.

Halliday¹ has illuminated our approach to aetiology by proposing a series of simple but fundamental questions such as, "Why did the patient take ill *when* he did?" and "Why did he take ill *how* he did?" "What kind of a person is this?" and "What has he met?" Halliday uses these questions to illustrate and probe the biological aetiology of disease. It will be readily seen that clinical medicine, including its latest child, social medicine, is increasingly occupied with the answers to these questions. We are in reaction against the preoccupation of clinical medicine during the last 50 years with "mechanistic (or as Halliday prefers to call it "mechanismic") aetiology" which seeks an answer to the question, "How has the machine broken down?"

I have suggested to Halliday that instead of distinguishing between biological and mechanistic aetiology we should retain two time-honoured words, using "aetiology" for biological cause and "pathogenesis" for mechanism.

The student will discover an absorbing interest in the causation of disease if he analyses for himself the known causes of all the disorders he encounters under "aetiology" and "pathogenesis." He will quickly realise that we are still ignorant of the prime cause of the many common diseases which are his daily study, such as thyrotoxicosis, diabetes, duodenal ulcer, appendicitis and child-rheumatism. He will see, too that in some disorders "pathogenesis" is all-important while in others "aetiology" holds the key.

It is the great value of Winnicott's protests

that he compels us to consider therapy in the same fundamental way that Halliday's questions have driven us to re-examine aetiology. Winnicott when he protests against certain tendencies in therapeutics to day does so on aetiological grounds. These therapies, he emphatically declares, are unbiological—and he gives two instances.

He suggests, in the first place, that chemotherapy is used indiscriminately and unnecessarily in the treatment of lung infections in children. This is no doubt true and it is an example of a tendency to use potent remedies irrationally and irrelevantly which has frequently been noted by distinguished physicians: such as Kyle and Walshe.

Winnicott's reasons for his protest are interesting:—

1. That such therapy obscures the natural tendency to recover (*vis medicatrix naturæ*) and that the understanding of doctors and nurses is thereby impaired. There is some truth in this. A very experienced physician who formerly knew where he stood with pneumonia at any day of the disease and in any person, tells me that if he is faced to-day with a very sick patient at the end of the first week of his pneumonia (and after sulphonamide therapy) his prognosis is very much more inaccurate than formerly.

2. The next objection is more important but less valid. Winnicott deprecates the interference with the body's natural defences—in other words, he protests against the mechanistic interference with a biological process. Here he assumes two things. First that the clinician is capable of determining which child needs sulphonamides to prevent complications or to save its life. This depends on experience and judgment and there is no need to emphasise human

fallibility.

The second assumption is that the child whose pneumonia has been allowed to take its natural course is less likely to have another infection than if its pneumonia had been curtailed by chemotherapy. In other words, that the pre-eminent statesman, W. S. C., might not have had a second attack of pneumonia within a year if his first had not been so mechanically treated.

There are many arguments against both these assumptions. The best immediate verdict is non-proven and the ultimate word will lie with the bacteriologists and immunologists.

3. The third objection is the psychological one that we are denying the sick person the profound and essential certainty that he holds within himself the defences against the dark forces of death. How important this may be analysts like Winnicott must tell us but there is still a preponderating number of disorders in which we have to leave the issue to the body's defences, often without hope of success; more than sufficient one would think to maintain the Ego's positive self-feeling.

Winnicott's objection to the treatment of mental disorder by convulsions is much more fundamental and important. He has shocked and irritated the hundreds of psychiatrists who to-day are using these methods, but the rest of us may take occasion to examine dispassionately the implications of his protest. He bases it squarely on aetiology. *Mental disorder is a disorder of emotional development* and therefore convulsion therapy is an irrational, noxious and mechanistic assault on the brain which while it promises immediate good can but engender ultimate evil.

Before we consider these notions in detail let us see how this principle of an aetiological approach to therapy works out in practice. A fully biological treatment is one which corrects a prime cause of disease. This is seldom possible in developed disorder but it covers all forms of prophylactic therapy from sewage-disposal to child-guidance.

It follows then that first-class medical and surgical therapy is not biological but mechanistic. In many instances such treatment, though admirably successful as in diabetes and thyrotoxicosis, leaves us quite ignorant of aetiology. We inhibit the growth of bacteria, remove the inflamed structures, substitute another mechanism for a failed body mechanism, obstruct chemically the excessive formation of a secretion—and thus restore our patients to admirable health. Although we do not deal with prime causes such treatment cannot be stigmatised as

non-biological.

Non-biological therapy includes treatment that is symptomatic, unnecessary and irrelevant. This embraces Winnicott's complaint about the indiscriminate use of chemo-therapy, and Walshe's² protest against the use of convulsion therapy ("a widespread and too often wholly uncritical and inadequately documented employment of drastic procedures the perils and final fruits of which cannot yet be seen.")

Winnicott's objection to convulsion therapy is far different from this. Here, he says, is a mental disorder whose biological aetiology is well understood and which is susceptible of a biological therapy yet in defiance of these truths a violent electrical or surgical assault on the brain is conducted with results that may appear good to the over-enthusiastic observer but which must ultimately be harmful in the highest degree since the treatment is anti-biological.

Here all the psychiatrists, except the analysts, part company with him. They deny that the aetiology of mental disease lies wholly in a disorder of emotional development; they maintain that analytical therapy of a patient with advanced mental disorder is usually difficult and often impossible; they insist that convulsion therapy restores the depressed patient to a condition where it is possible to help him by more rational therapy. There are two comments that the outsider may be permitted to make. There is no reason to regard the brain as a sacred territory which should be immune from physical assault; both leucotomy and convulsion therapy represent a mechanistic intervention upon anatomical pathways and do not constitute an attack on the patient's personality. Moreover, it is generally recognised in medicine that where an unknown cause has produced a reaction which is irreversible, progressive and permanent—mechanistic intervention, which is crudely directed to the inhibition of the diseased process, is fully justified.

There is no need to be further detained by the details of this controversy; it has been valuable because it illustrates for us therapeutic criteria established by an aetiological approach.

Treatment then may be:

- (a) *biological*, when it deals with prime causes, as in prophylaxis.
- (b) *mechanistic*, in its inspiration and application but biological in its result, as in the best surgery.
- (c) *non-biological*, seen at its least harmful in symptomatic treatment, generally employed and difficult to defend.
- (d) *anti-biological*, controverting a known aetiology and noxious to the individual

as when, whether by error or design, emotional disorder is treated as a physical disease and vice-versa.

It appears, then, to me that the value of Winnicott's protests against convulsion therapy lies, not in the particular examples with which he has illustrated his thesis, but in his philosophical approach to disease.

In effect he warns the physicians and surgeons who are necessarily concerned with mechanistic therapies to consider carefully whether their treatment is biological in its direction.

No one will deny that this warning is necessary now and will be increasingly needed as the therapeutic promise of the future is harvested.

His second warning is directed to the psychiatrists. He tells them roundly that in pursuing their mechanistic aetiologies and therapies, they are mistaking their purpose and denying their faith. The extraordinary pre-occupation of many psychiatrists with mechanistic

explanations has been to the onlooker the dominating fact in psychiatry in the last twenty years. A septic focus, a low blood-sugar, a glandular dysfunction, a vitamin deficiency, a cerebral dysrhythmia, a conditioned reflex—no theory has seemed too fantastic for belief if only it was mechanistic.

It should be one of the jobs of the psychiatrist to provide medicine with a philosophy. Just as the pathologists canalise, direct and filter the stream of scientific knowledge, so it should be one of the functions of psychiatry to fashion and to interpret current medical thought in the light of philosophy.

Winnicott seems to have started on this uphill task. One may criticise his choice of a battleground but one cannot deny the validity of his principles. And, as Mr. Weller was heard to say, "Hurrah for the principle!"

1. Halliday, J. L., 1938, *Brit. Med. J.*, 2, 11.
ibid. 1943, *Brit. J. Med. Psych.*, 19, 367.
2. Walshe, F. M. R., 1944, *Brit. Med. J.*, 1, 173.

NOTES ON THE MEDICO-SOCIAL HISTORY OF SNUFF

By F. A. AUSTIN AND H. T. EELES

In a world so obviously incapable of settling its differences except by methods of violence, it is with considerable trepidation that the authors introduce a subject so controversial as snuff taking. Yet even though we risk bringing the entire medical profession to blows, we can hardly remain silent concerning a substance which, during the ravages of the Great Plague, was confidently supposed to guarantee to the user immunity from the pestilence. Historians of the period note that those engaged in the large tobacco manufactories were never affected: and indeed the value of snuff as a protection against infection has been recognised in the past by a great number of physicians. Volume 2 of the London Medical Gazette records cures of Epidemic Scarlatina by the administration of powdered tobacco, after belladonna, prussic acid and other remedies had been tried in vain; and Albert Baker (*Smoking and Smokers*, 1845) declared that "with snuff and tobacco medical students are preserved from the ill effects of the rotting carcases by which they are daily surrounded." Sir Astley Cooper even claimed that snuff was the most powerful and successful agent in reducing hernia!

Snuff, when first introduced into Europe, was valued chiefly for its medicinal use as a sternutatory; and it was also, when mixed with charcoal and myrrh, widely employed as a dentifrice. In his "Triall of Tobacco," 1610, Dr. Edmund Gardiner set down an estimate of its value in the following words:

"Sternutatories, especially those which are made of tobacco, being drawn up into the nostrils, cause sneezing, consuming and spending away gross and slimie humors from the ventricles of the braine. These kind of remedies must needs doe good where the braine is repleat with many vapours, for those that have a lethargy or vertiginie, in all long griefs and aches of the head, in continuall senselessness or benumbing of the braine, and for a hicket that proceedeth of repletion." Again, when used in longish pellets put up the nose: "... the subtle parts of the tobacco in inspiration are carried into the trachea and lungs, where they loosen the peccant humors adhering thereto, and promote expectoration." (*Ibid.*)

In view of this manifest esteem for snuff and tobacco as curative agents in the earlier period after their introduction, it is—to the layman at least—somewhat surprising that there developed subsequently the most violent, nay fanatical opposition to tobacco in every form. A veritable host of medical writers hastened to ascribe almost every disorder to which the

human frame is liable to the use of snuff, and all who indulge in it were threatened with a short and miserable life. Death by apoplexy and cancer of the nose were paraded freely as a bugbear for snuff-takers; and grave doctors were not found wanting to declare that the brains of snuff takers were found after death to be dried to a sort of dirty membrane, clogged with soot. A certain Dr. John Hill, in his "Cautions against Snuff," enforced his arguments by numerous "instances of persons who have perished miserably of diseases occasioned, or rendered incurable, by its use." The French physician Hecquet, mindful, no doubt, of Papal Bulls which had anathematized those who took snuff in church, went so far as to angle for the support of Ecclesiastical Authority by suggesting that to take snuff during the period of fasting in Lent was as culpable as partaking of food—an appeal that met with no response from that august body of staunch snuff-takers. Why, the Church even had a brand of its own called Odeur de Rome; and every Pope, from the time of Clement XI onwards, had been an enthusiastic devotee of the box! Another partisan who needlessly spoilt his case was M. Fagon, physician to Louis XIV. He, being anxious to substantiate the unaccountable antipathy of his royal master to the use of snuff, is reported to have devoted his best energies to a public oration of a very violent kind directed against the practice. Unfortunately, however, the excited lecturer failed completely to convince his auditory; for in his most enthusiastic moments he so far forgot himself as to refresh his nose with a pinch.

The opposition to tobacco—these egregious blunders notwithstanding—was formidable indeed. Nevertheless, powerful medical support for the other side was forthcoming throughout the whole period of medical disfavour. The following story, related of the celebrated anatomist, Joshua Brookes, provides a good example of a successful "Snuff Party" counter attack. Brookes, we read, was so immoderately fond of snuff that he daily consumed two ounces. Once, when at a party, a lady who only knew him as "Mr. Brookes," but was ignorant of his profession, observed him frequently take snuff and thereupon volunteered to give him a little friendly advice on the danger consequent on indulging the habit. "I am informed, Sir," she said, "by a doctor of my acquaintance, that all persons who take snuff die of apoplexy."

"Pray how does he account for that?"

"Why he says that there are two little holes which go up from the nostrils to the brain and

that when the brain becomes clogged with snuff the man dies of apoplexy."

The master of the house, who had overheard this conversation, now informed the lady that she was addressing Mr. Brookes, the anatomist, of Blenheim Street.

"Oh dear, Mr. Brookes!" exclaimed she, "you have been a terror to me from my childhood—and for me to be talking to you on such a subject!" "Never mind, ma'am," was the reply of the great dissector, "I am obliged to you for your kind intentions; but next time you see your medical friend, I beg that you will make my compliments to him, and request him to look more closely for the TWO LITTLE HOLES which you mentioned, for I must confess that they have escaped my notice."

Let us now see how the lay public reacted to this energetic controversy. Fortunately for its peace of mind it felt itself under no obligation to depend on medical sanction for its gratifications. On the contrary, the lead in snuff taking which was given by successive sovereigns never failed to receive an enthusiastic following. At the Restoration, Charles II had brought the habit over to England from the French Court, and further impetus was given to it in Court circles by the prevalence of Dutch tastes in the reign of William and Mary. Royal courts have ever been associated in history with highly artificial modes and manners, sometimes of an extravagance that bordered on the ludicrous. No better example of this aristocratic folly could surely be found than the positive rage for snuff which obtained amongst persons of rank and fashion in Queen Anne's day. The exoticism of the mixtures used and the affectations of the takers seem excessive to us to-day; but they combine to make this one of the most colourful periods in snuff history. Scarcely a man of rank in those times but carried about him the insidious dust: some in boxes of porcelain, agate, ebony and tortoiseshell—others, in the hollow head of the cane, an appendage as indispensable as the sword. Here is the sort of thing that went on:

"... a gaudy crowd of odoriferous Tom Essences were walking backwards and forwards with their hats in their hands, not daring to convert them to their intended use lest it should put the foretops of their wigs into some disorder... their whole exercise being to charge and discharge their nostrils, and keep the curls of their periwigs in their proper order. The clashing of their snuff-box lids, in opening and shutting, made more noise than their tongues."

Some of our readers may have had the good fortune to see for themselves a brilliant portrayal of the type by Mr. Leslie Banks as Mr. Tattle in "Love for Love" which, at the time

of writing, is still being played in London at the Haymarket Theatre. Congreve himself—it may be noted—was a snuff devotee. The sorts of mixtures used in this period were well suited to the dandified takers, with their grimacing and posturing. Such creatures were hardly men, and their snuffs were by no means of plain, manly tobacco, being compounded chiefly of denatured dusts tintured with all manner of cloying perfumes: Orangery, Bergamotte, Jasamena, Palillio—the list of names is endless.

In the reigns of the first two Georges the habit spread from the aristocracy through all classes of respectable life: from the Royal ante chambers to the then popular coffee houses, and (if we are to accept the authority of Mr. Tom Browne) even to certain other houses also. It is well known that the great men of the Restoration and 18th century literature were enthusiastic patrons of the coffee houses. At the same time they were, almost without exception, great takers of snuff. We have already alluded to Congreve; and of Dryden, who frequented Wills' coffee house, Ned Ward ("London Spy") relates: "A parcel of raw second-rate beaux and wits were conceited if they had but the honour to dip finger and thumb into Mr. Dryden's box." Addison, Steele, Swift, Pope, Johnson, Gibbon—all of them belonging to those brilliant coteries to be found in the 18th century coffee houses—who, relying on snuff to point the edge of their wit and aid their reflections would also, by the judicious management of their boxes, contrive to lend weight and authority to mere opinion, or to conceal the difficult birth of an epigram.

It must not be supposed that snuff taking was a practice confined to the gentlemen. Encouraged by Queen Charlotte the ladies were taking it in the drawing room. It is said that Her Majesty was remarkable for "a fine arm, and delicate, elegantly formed hand; but we acquit the Queen of all coquettish policy in this, for the more lovely the fingerpost, the more visible for contrast the unclassic outline of the place to which it pointed." She was known as the Royal Pug. The Queen herself favoured a snuff flavoured with musk, civet and essence of millefleurs known as Spanish snuff, to which she added a spoonful of green tea every morning; while even as late as 1840, in the remoter parts of Hampton Court Palace, the Dowagers of her Court were still nostalgically titillating their membranes with an extraordinary mixture of brown rappee and bitter almonds, finely powdered and flavoured with ambergris and attar-gul, which went by the

name of Violet Strasbourg.

But we anticipate. Before writing of this Indian Summer of snuff taking we had done better to treat of the season of its greatest glory, when it came under the direct patronage of that Prince of snuff takers—the First Gentleman of Europe. All the genius for extravagance which characterised the Carlton House set was directed to make snuff taking, the delight of the jeweller and the chief business of the connoisseur. While Messrs. Rundell and Bridge were submitting such bills as £8,205 15s. 6d. for snuff boxes to visiting foreign Ministers at the Coronation of George IV, young bucks were storming the portals of Messrs. Fribourg & Treyer at the first news of each new consignment. The opinions of such men as Beau Brummel were eagerly canvassed by purveyors and quickly circulated about the more fashionable quarters of the town; for merely to take snuff, even with elegance, no longer sufficed in this age of connoisseurship, when a correct nose was as indispensable as a discriminating palate. How widespread was this exquisite nose hunger can be gauged from the knowledge that

"those excellent men, Messrs. Evans, of the Haymarket, became aware of the magnitude of the military movements in Portugal and Spain by the increased demand for snuff made by the Light Division. Nay, we have heard it affirmed that in more than one general action the enemies' ranks were thinned by shots delivered in CANISTERS bearing the well-known label of Fribourg and Treyer."

In the sphere of High Politics snuff was as fashionable as in Court and military circles. Foxe and Pitt, on one side of the Channel, and on the other, Napoleon and his Grand Seigneur Foreign Minister, Talleyrand, were all of them notable snuff takers. Talleyrand, in fact insisted that the practice was essential to all great politicians, as it gave them time for thought in answering awkward questions while taking a pinch.

On the home front, meanwhile, the Prince Regent had set up a veritable arsenal of snuff at Windsor Castle. The Earl of Harrington followed suit by equipping his residence in Whitehall Gardens with a "jar chamber," wherein were rows of jars, together with proper materials of all sorts for the due admixture and management of the snuffs they contained; the whole thing being superintended by a well-informed curator. After his Lordship's death, when this famous collection was sold, the finest sorts realised fabulous prices. Less expensive, but perhaps even more extravagant, was the action of Sir Henry Cooke. So determined was he not to be deceived about the age of rare varieties by manufacturers who were not always

scrupulous, that he bricked up in a dry vault some jars of snuff carefully selected by himself, and thereupon let his house for seven years; and after the expiry of the lease and resumption of residence, had the vaults re-opened, to disclose the snuffs now old and matured to his own certain knowledge and satisfaction. In face of this competition from men of taste, however, the King remained perhaps the greatest of all takers.

"After dinner he had seldom before him less than ten or twelve different sorts in as many splendid boxes; but in the mornings he invariably took a mixture composed originally for Queen Charlotte by Sir Herbert Taylor. The afternoon snuffs approved by His Majesty were: Etenne, Bureau, Martinique, Cologne, Old Paris, Havre, Bordeaux, Rouen; but the most favourite snuff was a Carotte manufactured expressly for him by Fribourg & Treyer."

This firm had the superintending of the King's collection at Windsor Castle, in collaboration with a succession of Masters of the Snuff: Mr. Dupasquier, and on his retiring, Mr. Troup, who was succeeded by Mr. Holmes, and then by Mr. Whiting in collaboration with Mr. Batchelor, in the arms of whom the King, unerring in his sense of the appropriate, drew his last breath.

The King is dead—but snuff taking has a few more years of life. Though still fashionable, the habit was rapidly becoming popular. At the top of the social scale the Royal Dukes sniffed their excellent mixtures; at the bottom of it the midwives and the washerwomen primed their noses with every ounce of cheap Scotch snuff that they could lay their hands on. By now Commerce, scenting a highly profitable market, had stepped in to provide that bountiful supply of an inferior-grade article which was demanded by a nose-hungry nation. To-day the cigarette is ubiquitous: 100 years ago the snuff box easily held its own with the penny twist smoked in a short clay, or the cheap cigar whiff. Mass addiction to snuff was a new phenomenon in England. In Scotland, however, "snush" or "sneshin" had always been preferred by the ordinary citizen to smoking as a mode of taking tobacco—a fact that was recognised in England by the sign of the snuff seller, which took the form of a life-size painted wooden effigy of a Highlander, complete with his horn snuff mull. Probably our readers have come across one of these relics outside some old-fashioned tobacconist's shop.

Alas, snuff taking was to receive its coup-de-grâce from another figure than that of the Highlander: that of the Woman upon the Pedestal.

Where was there to be found a man who could possibly take snuff in the rarefied atmosphere of the Romantic Revival? Smokers, after all, were able to conceal their activities by furtive indulgence in the gun room; but joking references to the game book were no alibi in face of the indelible evidence of a snuffy cravat! So snuff taking became merely a habit of disreputable old gentlemen and of the labouring classes who lay outside the scope of Romanticism, until even there it was finally engulfed by the flood tide of Victorian Respectability. The very names by which snuff was known bear witness to this appalling decline. Whereas at Queen Charlotte's court such names as Macouba and Violet Strasbourg were on everyone's lips, and the Regency Bucks compared Prince's Mixture and King's Carotte with the mixtures of such connoisseurs as Sir William Anstruther and the dashing Colonel Norcott, in this last period Lundyfoot's High-Dried—one of the most famous of all snuffs—was degraded in common speech into "Irish Blackguard." Only in the robust North, amongst the Westmorland farms and in the cotton and wool districts of Lancashire and Yorkshire, did the old habit linger on. Even to-day one may purchase the homely snuffs of these parts: Samuel Gawith's Kendal Brown (named after the brown country cloth woven in Kendal), Illingworth's Golden Pheasant and Cock of the North, Top Mills and Wilson's Sheffield Pride. In addition to these varieties one can usually obtain the basic snuffs from which all others are derived, namely—Scotch, which consists of plain tobacco high-dried and pulverised; and brown or black Rappee (Fr. *rapé*), made by grinding fermented tobacco. All of them good plain snuffs for regular taking, they may be had for the asking at many tobacconists, and are highly recommended by the authors. For those who may require something more exquisite Messrs. Fribourg & Treyer—who, on the death of George IV, purchased many snuffs from the Royal collection—still manufacture a number of historic varieties, many of them dating back to the eighteenth century. These are vintage snuffs, the snuffs of ceremony. Indeed, we know of a college in each of our two oldest Universities where the snuff box is circulated with the port. Once again snuff lends weight to Donnish opinion, and provides a moment's respite for the marshalling of academic arguments. In short—here, at least, snuff has entered into its own again. Long may its use continue!

THE LIFE AND WORKS OF JOHN HUNTER

Wix Prize Essay for 1942

By JEFFERY SPRY LEVERTON

The road from Glasgow to the village of East Kilbride traverses some nine miles of the most delightful scenery to be seen in the south-west of Scotland. On a bend in the country lane leading from Kilbride to Blantyre stands the ancient farm-house of Long Calderwood, sheltered by its grove of trees. It gives the appearance of being something better than the average farm-house. Indeed it does not belie its appearance because for centuries one ancient family lived here, generation after generation being the laird of the surrounding district. High up on the wall to the left of the porch there is fixed a tablet. It reads:

"The Birthplace of two great Scotsmen,
William Hunter and John Hunter,
Born 23 May 1718 Born 13 Feb. 1728
Died 30 Mar. 1783 Died 16 Oct. 1793
Pre-eminent in Medicine and Surgery."

And here it was, in an upper room on the night of the thirteenth of February, 1728, that Agnes Hunter blessed her husband with their tenth and last child and their third surviving son. A few weeks later in the parish church the Minister baptised this latest arrival, John Hunter.

His father came of a line of ancient Hunters—the Hunters of Hunterston in Ayrshire. The Lanerk branch of the family had already been settled at Long Calderwood some two centuries prior to the birth of John Hunter. The family was a highly respectable one and they bore coat-armour of ancient granting. To all accounts, Mrs. Hunter was a charming and capable woman. She may have been too kind to John, but sudden widowhood and the absence of her two elder sons must be reckoned as some excuse. For John grew up with very little restraint on his doings. For some time he attended the local grammar school, where he was taught the rudiments of Latin. He must often have played truant, he certainly learned no Latin and was unable, one of his biographers has said, to read or write at the age of seventeen. John's favourite pastimes were all connected with the open air. He roamed the fields and woods of his native village, collected birds' eggs and helped his father's men on the farm. He related in later years, how he was for ever asking questions about everyday things—"When I was a boy I wanted to know about the clouds and the grasses and why the leaves

changed colour in the autumn; I watched the ants, bees, birds, tadpoles and cadis worms; I pestered people with questions about what nobody knew or cared anything about." For seven long years after his father's death, under the loving and doting care of his aged mother, John led a pleasant but lazy existence. Tiring of this and becoming eager to begin some definite work, he wrote to his brother William in London. William Hunter had been running a highly successful school of anatomy for some years. In his letter, John requested that he might visit him and perhaps be of some use in his school. He intimated that should William refuse, he had nothing left but to join the Army! His brother replied in due course, sending him a cordial invitation.

Early in August, John, accompanied by a Mr. Hamilton, friend of the family, sent out for London on horseback. They reached the capital about September the 15th, 1748, two weeks before the next October session began. With no exception, all Hunter's numerous biographers pass over his journey to London in so many words; much in the same way might a modern novelist, wishing to transfer his hero's sphere of activities to the south, make but passing mention of the night train from Glasgow to London. In 1748 a journey of some odd three hundred and fifty miles was no common occurrence—something a man might plan months ahead and use as his pet "after dinner" subject for the rest of his days. Except in the big towns, hostelries were few and far between, dirty and uncomfortable and apt to be highly suspicious and inhospitable to a lone and bespattered stranger and his horse. It was the hey-day of the highwayman. It is no surprise that Hunter, for this reason perhaps more than any other, welcomed the company of Hamilton. There was no regular coach service—their day was to come just one hundred years hence. Three alternative methods of reaching London confronted the two. One was to travel by private coach. This, the usual method of the aristocracy, involved enormous expense—far beyond the means of a young man like Hunter—and necessitated a retinue of servants. The other alternatives were either to ride on horseback or to walk, with the hope of meeting one of the long broad-wheeled freight wagons which lumbered ponderously and

slowly along the roads of the land—a method of transport equivalent in those days to our modern "hitch-hiking"! Smollet's "Roderick Random" gives some contemporary idea of the adventures that befell travellers by the latter, or indeed by any, method. The similarity between the journey of Random and Strap on the one hand and Hunter and Hamilton on the other, is too striking to be missed. Hunter and Random were both young men starting life, were both travelling from Scotland to London and were both destined for a medical career. Tobias Smollet settled in Chelsea in 1765. Every Sunday evening he "kept a kind of open house—a substantial meal and conversation to make them forget the drudgery of Grub Street." The "them" referred to were his numerous friends; amongst many others were Johnson, Goldsmith, Garrick and John Hunter. What a pleasant hypothesis it would be to suggest that the adventures of John Hunter on his travels, gave Smollet the idea of "Roderick Random." Alas! he published the book when he was quite a young man, in 1748, and the story is known to be largely autobiographical. However, the interest of this contemporary novel remains to all who follow year by year, the life of John Hunter.

William Hunter, his brother and senior by ten years, had by this time been settled in London for eight years. In 1746 he began to lecture on anatomy and by 1748 his anatomy school (at his house in the Great Piazza, Covent Garden) was a flourishing concern. There he was joined by his brother two weeks before the October session. John Hunter, for all his uncouth appearance, at once exhibited a natural flair for dissection. He was given an arm and told to dissect out and display the muscles. He performed his task so well that he was at once put to work on another arm, this one having the arteries injected. William Hunter was delighted at both results and at once claimed that there was a future for him. Very few medical students ever forget their first day in the dissecting room, their first feeling of astonishment and possible repugnance at the waxen figures on the tables, the first unsteady stroke of their scalpel as they began on the gluteal or scapular regions. John Hunter appears to have been at once at home in the atmosphere of the dissecting room. His enthusiasm was aroused and perhaps already in his first week he had ideas of becoming a surgeon rather than a country apothecary.

Besides learning anatomy and helping to run his brother's school, one of John Hunter's main tasks was to assist in the procuring of bodies

for dissection. Even in this, the twentieth century, the supply of "subjects" is far from liberal. In 1748, the supply was almost minimal, a situation grossly out of proportion with the acknowledged use of importance and progress in medical education. In those days the fear of being "anatomised" was prevalent among all classes, the Church frowned on the student of anatomy and the Law beset him with obstacles at every end and turn. Until as late as 1752, an Act passed in the reign of Henry VIII was still law. This Act conferred upon the United Company of Barbers and Surgeons of London, the privilege of obtaining the bodies of four persons executed at Tyburn each year for felony, "to make incision of the same dead bodies, or otherwise to order the same after their said discretions at their pleasures, for their further and better knowledge, instruction, insight, learning and experience in the said science or faculty of surgery." Mr. Mortimer Woolf in his paper "Some Personalities of the Hunterian Epoch" relates how the removal of these four bodies to the dissecting room of the Barbers' Company was always beset by difficulty because of the hostility of the crowds to the so-called "public anatomies." The Company had frequently to prosecute the rioters and compensate the Beadle for injury received. He quotes the following two items from the Company's account book:

" 1739. Item. Paid the Beadles their being beat and wounded at the late execution	£4.4.0.
1740. Item. Paid for mending the windows broke upon bringing the last body from Tyburn	6.0."

It was the practice for the President of the Barbers' Company to receive, in full Court dress, the bodies from the hangman. "The contrast between the formal manner of the President and the surly suspicious bearing of the executioner . . . made the ghastly scene almost ludicrous." Provincial towns fared worse or little better. Anatomists were willing to pay large sums of money for bodies, the "resurrectionists" flourished, it was a time for strong iron railings round new graves.

Of necessity, John Hunter consorted with these ruffians. It is rather amusing how his Victorian biographers use this fact as the main excuse for the rather gay life he was known to lead during his first few years in London. He was a devotee of the taverns and places of amusement and one of his favourite pastimes was to "barrack" inferior theatrical produc-

tions from a cheap seat in the gallery! As one of his more modern American biographers picturesquely describes it—"he smilingly met temptation in a rollicking spirit—with a wine bottle in his hand and a doxy on his knee!" John was, after all, only doing in a more robust form, what the average medical student does when first released from school. However, if he did enjoy himself, he did not allow his occasional dissipation to interfere with his work. His brother can have been no easy task master and there is no evidence to show that John once gave William cause to regret that he had employed him. Indeed, to the contrary, it is known that in 1749, after only one year's dissecting, John Hunter supervised the work of the other pupils.

John Hunter's medical education extended for some twelve years, 1748 to 1760. This was certainly twice and more like three times the usual period but it was to take another sixty or seventy years for any attempt to be made at the standardization of medical education. In the early eighteenth century, there was no one set way for a man to train to become a doctor, it was an age when quacks and unqualified practitioners flourished and a man was judged more by his deeds than by his diplomas. After six months of dissecting, William arranged for his brother to become a pupil, for the summer months, to William Cheselden at Chelsea Hospital. Here he learned the rudiments of surgery as it then was and he returned the following summer, after the winter course at his brother's school was over, to continue his studies. Were it not for Cheselden's illness in 1751 and his untimely death the next year at Bath, Hunter might never have been connected with St. Bartholomew's Hospital. William Hunter chose Percivall Pott as John's next tutor and he attended Pott at "Bart.'s" in the summer of 1751 and in the winter was occasionally present at operations whenever anything extraordinary occurred. This statement emanates from Sir Everard Home, his brother-in-law and early biographer. However, the hospital records do not mention his studentship and Earle, who wrote a short life of Pott, states that he did not start to lecture until 1765. The weight of evidence though, does show that sometime in 1751 Hunter attended "Bart.'s" with Pott as his chief.

In Cheselden and Pott, Hunter had two of the finest surgical teachers of his day. Cheselden lived from 1688 to 1752 and made his name chiefly by introducing the so-called "lateral operation for the stone" which has seen little improvement up to modern times.

For this operation he charged £500 and it was not unusual for him to perform it within sixty seconds. It is a passing reference of this sort which brings home the extent to which anaesthetics have aided the art of surgery. Pott became a surgeon to St. Bartholomew's in 1749. He was then aged thirty-five and he continued in his office for many years. He introduced improvements and rapidly gained a reputation second only to Cheselden's. The story of his being thrown from his horse in Cheapside is almost too well known for repetition. He sustained a compound fracture of the tibia and fibula and not what is now described as a "Pott's" fracture. In many books it is still stated that he did sustain a "Pott's" fracture. A few years later, Both Hunter and Pott were elected Masters of Anatomy at Surgeons' Hall. It is surprising to find Hunter, still a pupil, receiving this honour at the same time as his master. It speaks well of his industry and knowledge of anatomy.

During the eighteenth century, St. Bartholomew's Hospital was almost entirely rebuilt. The first new building was the entrance gate. The new hospital was begun in 1730 and finished in 1759; the funds for this immense task were raised by voluntary contributions and the names of the subscribers perpetuated for all time on the walls of the Great Hall. James Gibb was the architect and he gave all his drawings, time and attendance free of charge. John Hunter arrived at "Bart.'s" just when the main square was being completed. This, too, is much the same to-day as it was in his time. The south block was built anew in 1935 in the same architectural style. This, the addition of a fourth storey with dormer windows to the east and west block, the fountain and its surrounding trees, are the main alterations. Each block was originally connected to its neighbour by an arch and it seems a great pity that these arches have been removed, for they helped to maintain the continuity of the square.

In 1754 and again in 1756 he attended St. George's Hospital during the summer months as surgeon's pupil. His tutor is nowhere recorded but it was probably David Middleton, a friend of William Hunter, also of Scottish extraction and the then Surgeon-General to the Army.

A factor in John Hunter's upbringing, too often overlooked, is the influence of his brother. Without his brother's help, John Hunter might never have had Cheselden and Pott as tutors and might well have found difficulty in becoming a pupil at St. George's. In 1755 William sent him to Oxford. His idea was undoubtedly,

that a year or two at Oxford would polish him up and that a surgeon of any standing should have a knowledge of the classics. John Hunter appears to have gone there with no good grace. He entered as a gentleman-commoner at St. Mary's Hall and his name appeared in the matriculation list of the 5th June, 1755—"Johannes Hunter, ex aula sancte marie virginis Arm. Fil."—so he wrote it himself, his first opportunity to show his contempt for good Latin. The late Sir D'Arcy Power believed that he left Oxford after less than two months' residence. John Hunter said afterwards, "They wanted to make an old woman of me or that I should stuff Latin at the University," and then, pressing his thumb nail significantly on the table, but these schemes I cracked like so many vermin as they came before me." Jesse Foot took his short stay at Oxford as an excuse to jeer at him for his lack of the classics, to which Hunter retorted characteristically, "Jesse Foot accuses me of not knowing the dead languages but I could teach him on the dead body what he never knew in any language, living or dead."

For some nine months he returned to the Great Piazza, where he was by this time on terms of equality with his brother. Should William be unable to lecture, John took his place. In May, 1756, he became sole house-surgeon at St. George's Hospital. His duties were much the same as those of a house-officer in these times. He had less responsibility perhaps and, at St. George's, seems to have been denied the help of "dressers" to do the more arduous of the routine tasks. He left the post in October, after only five months; the usual period was twelve months or more. Jesse Foot jumps at this opportunity to insinuate that he was discharged for incompetence. The truth of the matter is more likely that he retired because of ill-health. Jesse Foot was a contemporary medical man of Hunter's and was also a house surgeon at St. George's in 1766 and 1767. The cause of his life-long animosity towards Hunter seems rather obscure. Peachey states that it originated in "his (Foot's) hope that he might succeed in dividing the town into two parties, over one of which he might assume the leadership and that on the appearance of Hunter's 'Treatise on the Venereal Disease' in 1786, Foot followed with another work on the same subject in 1792, full of abuse of Hunter's doctrine and practice." It would seem that there must have been some further and deeper reason for his unfriendliness. It is stated that Foot received £400 from Hunter's enemies, to write a scurrilous biography; it

appeared in 1794, seven months after Hunter's death.

After leaving St. George's, Hunter returned to the Great Piazza and continued to work at anatomy. He began research on the lymphatic system but had to lay this aside when, in 1759, he contracted pneumonia. By this time, he had worked solidly for eleven years, mostly at his brother's school. He had had few holidays; a visit to Long Calderwood in 1752 and his month or two at Oxford were the only breaks. There was a strong hereditary trait of tuberculosis. A long holiday with a change of air was indicated and on the 30th of October, 1760, he obtained a commission as surgeon on the Staff under General Hodgson. In the spring of the next year he left Spithead and set sail for Belleisle.

He was away on active service for just on two years, spending fifteen months at Belleisle and nine in Portugal. In a letter to his brother from Belleisle, dated September the 28th, 1761, he writes, "Thank God I have succeeded in everything I have attempted; but my practice in gun shot wounds has been in a great measure different from all others so that I have had the eyes of all the surgeons upon me, both on account of my supposed knowledge and method of treatment." He was beginning to show some of the asperity of temper and intolerance of his colleagues which so forcibly characterised him in later years. In another letter he describes his fellow surgeons as "a damned disagreeable set" and goes on "the two heads are as unfit for their employment as the Devil was to reign in Heaven."

After the Peace of Paris in 1763, he was demobilised and returned home on half pay. He was typically English, for he said many times after his return, "I have left long enough to be satisfied how preferable it is to all other countries." It appears that for some three years he lived in lodgings near Covent Garden and supplemented his income by a partnership with a Mr. Spence, who was, in his day, a first class dentist, practising in Soho Square. His experiences as an army surgeon and as a dentist laid the foundation of two of his most famous works, "A Natural History of the Human Teeth," published in 1771, and "A Treatise on the Blood, Inflammation and Gun-Shot Wounds," published in 1794, the year after his death.

In 1763, he purchased the lease of three pieces of land at Earl's Court, at that time a country district, and there he built for himself a residence. The next year, he launched forth once more and moved into a town house in

Golden Square. These two purchases taxed his capital to the limit and it is not surprising that in the autumn of the same year he mortgaged his country estate for £150. It is not at all difficult to understand his ideas behind these two purchases. He intended to start practising and teaching anatomy and surgery to students—hence the town house. He wanted at the same time a quiet home in the country and more especially a place where he could carry on his researches into the anatomy of both humans and quadrupeds, without interference, for by this time he must surely have had ideas of starting a surgical and pathological collection. This collection in later years became a museum and was one of the main objects of his life. His ambition in general practice and even, maybe, in surgery, did not go so far. He probably realised his limitations in the latter art and regarded both purely as money making concerns—money invariably spent on further additions to his museum.

Peacey states that his house was situated in the north-west corner of Golden Square but a County Council commemorative plaque is affixed to the side of No. 30, in the south-west corner—unfortunately not to his original house but to a concrete building eight storeys high and the head office of a cinema company. In his day, Golden Square must have been a pleasant, quiet place to live, situated as it was, on the very outskirts of London, but now it presents a drab, dusty and commercial appearance. It must be remembered that Hunter lived in a London which had as its virtual boundaries, in the north—Marylebone Road, in the south—the Thames, in the east—the City and in the west—Gloucester Road, or as it was then called—Hog's Lane. A print published in 1700 shows Piccadilly to be an open country lane. Knightsbridge was a village, separated from London by two miles of hedges and fields. St. George's Hospital was situated in open country; it was then known as "The Hospital at Hyde Park Corner," but even this only out of courtesy, for Hyde Park was common grazing ground for cattle. It is rather surprising that Hunter selected Golden Square for his town house. The medical profession clustered in the City and the "Harley Street" of those days was in the neighbourhood of Hatton Garden and Finsbury Square. Possibly one reason for his choice was that he wanted to be near his brother's school in Covent Garden.

Three years after his purchase of the ground at Earl's Court, the builders had finished a house to his liking and from then on he spent much of his time there, especially during the

summer months when he slept there to escape the noise and dust of the city. It was an imposing two storied house, plain, square and of brick. From the front door there stretched a paddock dotted with trees and shrubs; in this paddock roamed the less fierce of the many varied animals he kept there. His study window faced across the paddock, eastwards, to the fields beyond. All round the house there stretched, moat-like, a covered cloister about six feet deep—very similar to the areas of London houses. In this area he kept caged his smaller animals and here he carried out a great deal of dissection. The entrance to the cloister was situated near the stable yard and at the other end it opened into a small room. Here he kept a copper boiler used for preparing skeletons. Buckland, who visited and described the house before its demolition, aptly refers to the cloister "through which Master John could wheel a tidy-sized cart or truck and drag into his den anything from a giant's body to a good-sized whale." For both a giant and a whale were dissected down there. The whale he obtained by equipping a special expedition. The giant he procured less prospectively but not less expensively.

Byrne or O'Brien was an Irishman, seven feet six inches in height—a physical property he turned to financial gain by exhibiting himself at shows and fairs. He died in 1783, but having heard that Hunter was keen to obtain his body and having a mortal horror of dissection, he left explicit instructions that his body was to be watched day and night until it could be put into a leaden coffin and sunk at sea. After his death the undertaker carried out his instructions but a servant of Hunter discovered the tavern to which the watchmen went when off duty. Hunter went there and offered the ring leader £50 if he would allow the body to be kidnapped. After a great deal of bargaining, during which the price rose to £200, it was agreed upon. He at once borrowed the money and the corpse was removed to a hackney cab in the dead of the night. Some distance away, in a quiet street, the body was transferred to Hunter's own carriage and driven quickly to Earl's Court. Fearing discovery, the usual method of preparing a skeleton was not resorted to but the body cut to pieces and hastily boiled to separate the flesh. This explains the unusual yellowness of the bones, which otherwise form a magnificent skeleton. There are several versions of this bizarre story differing slightly in detail but this one seems by far the likeliest. How typical of the collector's enthusiasm that Hunter was willing to pay a sum as great as

£500 for a mere bundle of bones; especially when it is remembered that in his day money was worth twice or three times its present

value. O'Brien's enormous feet figure conspicuously in Reynold's portrait of John Hunter.

To be continued

* * * * *

PREGNANCY IN PERNICIOUS ANÆMIA

By G. F. ROBERTS

Anæmias with pregnancy may arise in two ways; either the anæmia comes on as a result of the pregnancy, or an already established anæmia may be complicated by conception. In either case the anæmia may be microcytic or macrocytic in type. In addition there are rare hæmolytic and aplastic anæmias.

Of the anæmias which are seemingly induced by pregnancy, three main types are found: the physiological, the iron-deficient and the pernicious anæmia of pregnancy. The first is not a true anæmia and there is no deficiency in the oxygen-carrying power of the blood. It is mentioned as a reminder that the hæmoglobin estimation will be found lowered by about 15 per cent (26-36 weeks gravid), since at this time the plasma volume has undergone a relatively greater increase than have the red cells or hæmaglobin.¹ The iron deficiency anæmias may arise in several ways. The iron balance may only just be sufficient for the normal needs of a woman, in whom the demands of the growing foetus are gained at maternal expense. Another common feature of pregnancy leading to deficient absorption, is hypochlorhydria during the last three months of gestation.^{2, 3} There may, of course, be secondary causes in contribution, such as malaria, nephritis or malignant disease.

The macrocytic anæmia induced by pregnancy is not certainly established as a separate entity. It is certainly rare and few cases have been investigated with thorough hæmatological technique.⁴ The condition was first described by Osler in 1919,⁵ though it had been remarked upon by Clauvius in 1842. It is said to differ from Addisonian anæmia in that achlorhydria is rare, and spontaneous recovery usually occurs after parturition. Cord changes are not seen. Davidson *et al* have investigated 16 cases of megalocytic anæmia occurring during pregnancy, some of which, however, were refractory to liver therapy.⁶ In India and elsewhere the tropical nutritional anæmia has a high incidence in gravid women (1.7 per cent.), but it is unusual for the pregnancy to proceed normally to term.⁷

The anæmias, on the other hand, which are complicated by pregnancy are two-fold. There may exist an iron-deficient anæmia in a woman subsequently becoming pregnant. The anæmia may be due to dietetic deficiency, or it may be an idiopathic hypochromic anæmia, or it may exist consequent upon some primary cause such as hæmorrhage, malignant disease or nephritis.

True pernicious anæmia, however complicated by pregnancy, is rare, because the age incidence is such that patients have either borne their children or their fertility is so lowered by the anæmia that they are incapable of bearing more. Wilkinson records one case and speaks of two more.⁸ There seems no reason, with normal liver therapy, why conception should not now occur in patients with Addisonian anæmia, and a successful delivery result. Two such cases are reported here, and I believe they are the only cases of this kind to be treated and delivered at this hospital since 1920.

Case No. 1. Mrs. G. P., aged 33 years.

Admitted May 14th, 1934, complaining of pallor, sore throat and tongue. On further questioning she admitted to vomiting, swelling of the ankles and, for the last 6 months, numbness and tingling in the feet and hands. She mentioned that though otherwise regular, her last three periods were diminished in flow.

No relevant past history. Her sister had anæmia, and her brother was in a mental home. She had one male child (17-7-22), when she was aged 22.

On examination she was pale and slightly icteric, the tongue was clean, moist and smooth and the teeth covered with tartar. There was no abnormality in the lungs or the cardio-vascular system. In the abdomen the spleen and both kidneys were felt. There was no lymphadenopathy. There was anæsthesia to light touch, pain and diminished vibration sense over a "stocking and glove" distribution, worse on the right side. The knee and ankle jerks were not elicited, but reflexes, sensation and power were otherwise normal.

The blood count at this time was: R.B.C. 1,620,000. W.B.C. 3,200. Hb 34 per cent.

C.I. 1.06.

Treatment was started with liver (Campolon 2 cc. intra-muscularly daily) and after 5 weeks the blood count was: R.B.C. 3,310,000. W.B.C. 9,800. Hb 78 per cent. C.I. 1.2.

Anisocytosis and Poikilocytosis were noted but no nucleated cells were seen.

Two years later the neurological clinic reported: improved, paræsthesiæ less, vibration sense largely returned. All jerks present. Position sense normal.

In 1935 the blood count showed: R.B.C. 5,360,000. Hb 82 per cent. 2 cc. Campolon weekly now being required.

In 1939 (now aged 38) she became pregnant and attended the ante-natal clinic on July 27th. Her blood count now was: R.B.C. 5,220,000. W.B.C. 8,800. Hb. 78 per cent. C.I. 0.7. Pregnancy and delivery were normal. The first stage of labour lasted 41 hours, the second and third a quarter of an hour each. A male child weighing 6 lbs. 3 ozs., was delivered.

The patient is now on 10 cc. Campolon (or present equivalent) monthly, and is well. The blood count of March, 1943: R.B.C. 5,620,000. Hb 104 per cent. The child is well.

It will be noted that the following investigations were not performed, in this case: Van den Bergh, Fractional test meal, sternal puncture.

Case No. 2. Mrs. C. P., aged 32 years.

Admitted December 4th, 1939, complaining of shortness of breath and pain in the back. The pain in the back and the history relating thereto subsequently proved to be due to a B.Coli infection of the urinary tract. During the last month she had been short of breath, tired and had noticed occasional swelling of the ankles. She suffered with palpitations and liked to sleep partly sitting up. No pain or sensory disturbances in the limbs. There was some excess of loss with the periods but no clots had been observed and regularity was preserved.

She had had rheumatic fever aged 12, which had affected her heart. All brothers and sisters were well. She had no children though no precautions against this possibility had been taken in eight years of her married life.

On examination she was pale; no abnormal feature was discovered in the mouth. The tongue was normal. The lungs appeared normal. In the heart there was clinical evidence of mitral stenosis. The heart was enlarged. There was no evidence of failure of the heart. The liver was not felt and the abdomen appeared normal. There was no neurological abnormality.

The blood count showed: R.B.C. 2,200,000. W.B.C. 4,400. Hb 43 per cent. C.I. 1. The van den Bergh showed a direct positive reaction, faintly after 30 minutes; the indirect reaction was 2mgms—4 units. Three grains of ferrous sulphate t.d.s. were administered for a fortnight when another blood count was done: R.B.C. 2,110,000. W.B.C. 4,200. Hb 53 per cent. C.I. 1.2. At this stage liver (Pernæmon forte 10 cc.) was started on alternate days. Improvement followed and the Hæmoglobin rose to 105 per cent. at the end of 1940.

Readmitted with a relapse in July '41. She complained this time that her fingers go dead. No neurological abnormality, however, was found and examination revealed no new feature beyond a palpable liver and spleen. A blood count was done: R.B.C. 1,160,000. Hb. 50 per cent. C.I. 1.5. Complete achlorhydria was found. Liver was started again and in 3 weeks the blood picture was: R.B.C. 3,560,000. Hb 75 per cent. C.I. 1.05.

In January, 1943 (now aged 36) she became pregnant and attended the ante-natal clinic. After a normal pregnancy she was admitted, slightly overdue, for induction of labour. Her hæmoglobin was 110 per cent. and there was no evidence of cardiac failure. After a Pitocin medical induction she was delivered, after 49 hours of labour, of a healthy male child weighing 5 lbs. 11 ozs. The mother was discharged with a Hæmoglobin of 100 per cent., and the child is well.

Case No. 1, though not fully investigated, displayed the features of Pernicious Anæmia and responded well to liver. It is interesting that she had one child when aged 22, that her symptoms began when aged 33, and that she conceived again some 4 years after her blood count had returned to normal. Judged by the dosage of liver extract required to keep her in good health, the pregnancy does not seem to have affected her condition adversely.

Case No. 2 was clearly proved to be Pernicious Anæmia, and the effect of iron treatment in raising the hæmoglobin without altering red cell count, suggests some coincident iron deficiency. There was no evidence of subacute combined degeneration of the cord. It is noticed that she had not conceived during the first 8 years of her married life and did not do so until 3 years after her blood picture was first restored to normal. Her labour was also complicated by mitral stenosis but there was no evidence of cardiac failure. As in the previous case, the dose of liver extract required to keep her in good health remained the same

after the pregnancy.

Permission to publish these cases has been granted by Dr. A. E. Gow, Dr. Geoffrey Evans and Dr. M. Donaldson, under whose care, at one time or another, they have been.

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THE REHABILITATION UNIT

By L. D. BAILEY, C.B., M.C.

There is no mystery attached to the Rehabilitation Unit.

It is, as its name suggests, a Department, or rather a series of departments, devoted especially to the restoration of function to the diseased or injured body or mind of the inmates of a Hospital.

As Dr. Harold Balme has remarked in an article published in the Monthly Bulletin of the Ministry of Health:—"One of the most interesting developments associated with the medical services of the present war has been the new emphasis placed upon rehabilitation as an integral part of a hospital's activities."

The word "new" is particularly significant as rehabilitation is "as old as the hills" and starts directly a patient enters a hospital and should end only with his discharge.

Unfortunately up to the present time the latter ideal had fallen sadly into the background and many a patient was discharged totally unfit to cope with his former occupation or to adjust himself to a new mode of life. It is to supply this deficiency that the establishment of Rehabilitation Units is essential in every up to date hospital.

The Unit at this Hospital consists of a team of workers all of whom hold Diplomas from the Chartered Society of Massage and Medical Gymnastics, or from the Association of Occupational Therapists or the Army School of Physical Training.

Each and all of these personnel have their specific duties to perform and the correlation of their activities as regards the individual patient is regulated by a Medical Officer, or Physician, in charge of the Unit.

To him are referred cases from every "Firm" in the hospital and it is his duty to prescribe, in collaboration and consultation with the Surgeon or Physician in charge of the case suitable treatment for the condition needing rehabilitation.

Suppose, now, we take a look at the various departments comprising the Unit.

As we come into the first room on the ground floor on a dark winter morning we shall probably find it brilliantly illuminated by numerous Radiant Heat Lamps of various shapes and sizes dispensing warmth and comfort to individuals arranged on plinths or sitting at tables, which gives the department an extraordinarily cheerful appearance, an atmosphere which is fostered throughout the Unit.

Interspersed between these lamps we shall find patients having muscle stimulation from Faradic Batteries directly applied to the quadriceps or to the plantar arches of the feet in baths.

Others may be having the Galvanic current applied in the same way for the relief of pain or dispersal of œdema or again for the stimulation of muscles showing the Reaction of Degeneration.

Wax baths for stiff joints will be taking place in another part of the room and Massage and Movements, both light and vigorous, in yet another.

Passing on to the next room we find that this is given over to Sling Apparatus for the relaxation and movements, both active and passive, of weak and paralysed muscles, to foot-marks on the floor for re education in walking, to wall bars for the exercise of arms and legs with or without pulleys and weights, to sorbo-sponge mattresses for exercises in the lying position and an ankle rolling machine which imitates all the movements of the ankle in a truly faithful manner.

In one corner of this room will be found a wire cage housing a Short Wave Therapy generator for the treatment of deep-seated lesions, vascular disturbances and certain septic skin conditions. The cage is provided to prevent the Hertzian Waves produced by this piece of apparatus from escaping into the surrounding atmosphere and so interfering with

Radio-location and wireless messages to our own aeroplanes.

Infra-Red and Ultra-Violet lamps are used in a portable form both in these departments and in the wards.

Leading out of this department by means of a covered way is the Occupational Therapy Department.

This department is devoted to certain industrial employments designed to occupy both the mind and body of the afflicted patient.

The first room is given up to what are commonly called Arts and Crafts, such as basket making, weaving, wax and clay modelling, leather work, bicycle fretsawing, belt making and smocking, to mention a few.

The next room is a small recreation room where such mild games as skittles, quoits, tenni-quoit and piano playing can be indulged in with remarkable benefit to the patient.

Beyond this room is the woodwork and carpentry section, where all sorts of wooden models and useful pieces of furniture on a small scale can be made either at the bench or the lathe.

Sawing of logs can also be indulged in by the more robust.

Returning now to the Physiotherapy Department we will go upstairs.

Here we find a large room marked out in the centre into a Badminton Court, which is used exclusively as a Gymnasium.

In this gymnasium preliminary classes are taken by members of the physiotherapy staff (wrongly called Masseuses), a list of which is appended below. (Appendix I.)

It will be noted that these classes cater for all individuals and for every kind of disability.

Frequently, but not always, these classes are taken to the accompaniment of a gramophone, which greatly enhances the rhythmical co-ordination of muscle work.

In the next room we have apparatus erected for the final muscular efforts of the convalescent patient, namely, pulleys and weights for legs, ankles and backs.

Charts recording the maximum weight that can be lifted by the sound and injured limb are accurately kept from week to week and progression or deterioration can at once be detected.

A small room on this floor is devoted to

individual breathing exercises until such time as the patient is able to join in the Chest Class.

Finally we come to the Recreation Hall where more advanced classes and games are undertaken by the Instructor of the Army Physical Training Corps.

Here the patient is hardened off before being sent to a Convalescent Depot or discharged to his home. (See Appendix 2.)

We have now got an idea of the actual departments comprising the Rehabilitation Unit, but a large percentage of the work is carried out in the wards long before the patient is able to come to the department.

All the treatments mentioned above can and are begun in the wards:—namely, electrical stimulation of muscles, galvanic treatments, heat in various forms, Ultra-violet light, occupational therapy, and exercises.

It is a refreshing sight on a fine summer morning to see F.F.I. doing their "daily dozen" in the open air, using whatever limbs or muscles are uninjured in order to keep these joints and structures in a moveable and supple condition, as well as improving their general metabolism. That is the advantage of being on the ground floor, you can be wheeled or dragged by willing hands into the open air.

Needless to say that whenever possible all exercises take place in the open, but other wards not so conveniently placed are not neglected and have their classes daily indoors.

The Sisters of these wards all testify to the extraordinary difference these make to the condition of the patient when first they are allowed up, which fact incidentally shortens their period of convalescence.

This, then, constitutes rehabilitation as far as it has gone at present, but there is much more to be done before the picture is complete.

Connected with the scheme should be a close liaison with the Psychiatric and Social Welfare Centres, as well as the possibility of vocational training in some other trade when the patient is unable to follow his former occupation.

It is hardly necessary to say that Bart's is fully alive to all these further improvements and it will be interesting to see the final Unit in a few years' time or as the papers say with regard to the end of the war, "perhaps sooner than some people expect."

* * * * *

The post of Editor has been filled by Mr. Gordon Ostlere. The Assistant Editorship remains temporarily vacant.

At HILL END

This morning we were thrown our copy of the current issue of the JOURNAL. Nonchalantly we began to turn the pages. We were duly aghast at the prospect of a professional uniform to hide the defects in our knowledge and personality, but then even an Editor could not hope to remain untainted in a world which is thinking more and more in terms of uniformed dress, uniformed drills, uniformed ideas and prefabricated houses. To us the idea is just another retrograde step tending to the mass production of text-thumbing scientists and the elimination of the creative artist. The prospect of Bart's on a copperbelt would have compelled our attention even without the photographs to fascinate our morbid "Daily Mirror" minds, and by the time we had finished the article we found we had missed a lecture. With a sigh of relief we began to visualise a progression of clove hitches in umbilical cords. Our happy reverie terminated in a start of dismay when we saw that our news-letter should have reached the Editor yesterday, and now we are frantically trying to recall the events of the past month before the evening post.

The annual Hill End dance was held on Leap Year Day in an atmosphere which combined the smoothness of Victor Sylvester with the joyous abandon of a Harlem free-for-all and an occasional incongruous burst of bonny Scotland.

FRIERN NEWS

Many a curious observer, looking through the gates of Friern, must often have wondered about its internal activities. Few of them could have failed to realise the significance of the long black box which occasionally is seen being trundled on a trolley towards the building near the gate. To most people, however, "Class I Hospital" conveys very little. One lady, obviously unacquainted with the war-time status of the institution, pointing excitedly at a straggling crowd of men, was heard to remark to her companion, "Look! There are some of the inmates out for a walk." Medical students have been called by many different names; but that was probably the first time they have been so described. The lecturer, due to give a grind to these gentlemen, was not, however, included in the statement, for he, together with some of his colleagues, is able to traverse the distance from the wards to the B.V. in his car.

The attendance was so good that at times one could only clasp one's partner and breathe in and out to the crushing rhythm of the Beds and Herts Band. It took us three days to recover and when we finally got up we found we had missed our orange ration, so we sent our chief a note and went to bed again.

Our alarm clock woke us ten days later in time to hear Professor Ross read his paper, "The Doctor and the Patient," to a record audience. We were treated to an excellent exposition on the relationship of the doctor to the body, the mind and the soul of his patient, and the possibilities of co-operation between the doctor and the parson. The paucity of the ensuing discussion was no doubt due to the very size of the audience, which overawed all but the boldest.

Once more the seasonal pilgrimage to the tuberculosis sanatorium has filled the road to South Mimms with hitch-hiking hooligans. Once again most of the brethren fell by the wayside to have tea, while the faithful Christian trudged on to the golden city, where he signed them all up. But the walk back from the "Spot" in the soft light of a spring evening has proved too much for us, so until next month . . . well, of course, we'll go to bed.

P. J. B.

was no successful suit. Perhaps their partners were "either too young or too old."

FRICTU has bidden farewell to Mr. Brian Brooke, who has left for the army. Throughout the last two years he has proved himself not

only a very capable surgeon and teacher, but has been extremely popular for his participation in many social activities. His career at Friern was crowned by his recent acquisition of the M.Chir. degree. We wish him every success.

SPORTS NEWS

HOCKEY

v. St. Mary's Hospital, Saturday, February 26th. Lost 3—1.

This game was the semi-final of the inter-hospital competition; it was played at Honor Oak Park, and we were most unfortunate in losing it. Mary's scored a goal in the first ten minutes as a result of some muddling on the part of our defence; this was a rude shock, as they brought the ball down practically from their own goal-line. After this we returned to the attack and came very near to scoring on several occasions—in fact, so intent upon scoring a goal was Harrison that he forgot to get his head out of the way of one of the Mary's defenders! There was no further score before half-time, and we started the second half with a rush; our forwards throughout the rest of the game seemed to do everything with the ball but put it into the Mary's net—they hit it into the air-raid shelters close by and also through the rigger posts on the next field, but the Mary's goal, no! Eventually with ten minutes to go Giles got fed up with fouling about and hit the ball past their goalkeeper in malignant fashion. We thought then that we had a chance of pulling it off, but Mary's evidently had decided otherwise, because, totally against the run of the play, they scored twice more. A pity, because we really did deserve to win.

v. Broxbourne, Saturday, February 19th. Lost 4—1.

Although this fixture was only arranged late on

Friday evening after our original match with the Middlesex Hospital had been cancelled, we managed to muster ten men and a supporter for the game. Our opponents were short of a goalkeeper, but in view of the weather conditions this was understandable. The umpiring was left to the honesty of the individual performers, and the timing taken from the nearby church clock, which happened to be within the visual range of at least two members of each side.

As is the rule at Broxbourne, the ground was in excellent condition, and the play just before and after half-time was certainly some of the best we have had this season. In the first half, our opponents scored a quick goal, to which Harrison later replied. From this moment till Broxbourne scored again in the second half the ball rattled from one end to the other, both sides making very little use of good opportunities for scoring.

Rather against the run of play, our opponents scored twice more, although most of the play was centred round their "25" with our forwards excelling in the art of dribbling the ball over the goal-line at any point other than between the two posts.

After the game, in the warmth and comfort of the country club, we were given the opportunity of redeeming ourselves a little by winning the darts competition.

Team.—Ellis; Buckley, Durham; Giles, Fison, Roberts, J. M.; Leech, Andrew, Harrison, Brazier.

SOCCER

v. The Preclinicals, Saturday, March 4th. Lost 10—0.

It almost seems as though an apology is needed, a scholarship paper was postponed and Cambridge is not exactly around the corner: surely that is an honour for any team, but we failed completely to make them doubt that they would win after they scored the opening goal in the first few minutes.

For us it was a good and enjoyable game, we were hard worked, and, as usual, never on the ball first, although our effort was considerably greater than ever before. The Preclinicals invariably got there

first and never once missed an opportunity of putting it past Dallas Ross whenever he gave them the slightest opening. But for their extraordinary aptitude in shooting when it seemed quite impossible to us, and provided that we had been able to kick the ball in the right direction when there was nothing between the ball and the net—well, maybe the score would have had just that slight alteration.

Whatever may be said about the game it is pleasingly evident that at some future date Bart's will play a very strong soccer team and may even rival the efforts of our forefathers in the nineties.

v. Forest Hill School, Saturday, February 19th. Won 2—1.

This was in no wise a remarkable game. For the most part our performance was without distinction. Cartledge alone demonstrated to good effect his accustomed verve and pertinacity. Thanks mainly to his efforts—a poor reflection upon the youth and vigour boasted by the rest of us—we managed, after an anxious half-hour in which the scores stood level, to score a deciding goal in the last half-minute.

Many of us had plausible enough excuses to offer. But perhaps had Hunt, with the details of whose legendary odyssey that afternoon through Epping Forest in search of the ground we have since become acceptably familiar, been with us to raise our strength to eleven men, we might have fared better.

Team.—P. Dallas; Ross; P. H. Walker; J. D. Robinson, P. Jordan, A. Murley; L. Cartledge, I. Peebles, J. Adams, D. Van Zwarenberg.

SOCCER AT CAMBRIDGE

BART'S WIN CAMBRIDGE UNIVERSITY LEAGUE

Our remaining league fixture against St. Catherine's was played on February 5th on a neutral ground. The result was 2—0 in our favour. The goals were scored in the first half by Abrahams and McCluskey. From then onwards play was continually in our favour, only sound goal-keeping preventing us from adding more goals. St. Catherine's had several breakthroughs during the second half, but failed to finish. Thus, Bart's are league champions—this being the first time that a college of another University have held this honour.

Team.—Teck-kam; Pine, Davy; Blackman, Amos, McCluskey; Abraham, Goodrich, Thomas, Mangan, Burns.

On February 9th, we played Jesus and Trinity Hall in the second round of the "Cuppers," having beaten Selwyn College 6—2 in the first round. All hopes of winning the double vanished, however, when we were soundly defeated 6—0. In addition, three friendly matches have been played against R.A.F. XI's, the results of which were close and keenly contested.

Date.	Opponents.	Results.
Oct. 20—v.	Queen's (A.)	For 13 Agst. 1
Oct. 23—v.	Pembroke, King's, Sydney (A.)	11 3
Oct. 27 v.	Jesus and Trinity (A.)	5 4
Oct. 30—v.	Caius (A.)	16 2
Nov. 6—v.	Q.M.C. (Ho.)	4 0
Nov. 10—v.	Trinity and Corpus (A.)	5 3
Nov. 13—v.	Clare and Magdalene (A.)	4 1
Nov. 17—v.	Downing (H.)	9 1
Nov. 20—v.	Emmanuel (A.)	7 0
Nov. 24 v.	Selwyn (A.)	10 1
Nov. 27—v.	John's (H.)	4 2
Dec. 1—v.	Christ's (H.)	3 3
Feb. 5—v.	Catherine's (neutral)	2 0

FINAL RESULT.

Played.	Won.	Lost.	Drawn.	For.	Against.	Points.
13	12	0	1	93	21	25

The principal goal scorers were: Thomas (29), McCluskey (27), Burns (14), while the following have played for us in the league championship:—Teck-kam, Amos, Blackman, Mangan, McCluskey, Thomas (13), Burns, Pine, Whiteley (11), Xavier (7), Goodrich, Cookson (5), Pilling, Weston (3), Paul, Gai (2), Whitehead-Evans, Barker, Davy, Abrahams, Luke (1).

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

- EVANS, FRANKIS T., M.B. "Anæsthesia in Gall Bladder Surgery." *Post-Grad. Med. J.*, Feb., 1944, p. 55.
- GARROD, LAURENCE P., M.D., F.R.C.P. "Penicillin: Its Properties and Powers as a Therapeutic Agent." *Brit. Med. Bull.*, Vol. 2 (1944), No. 1, p. 2.
- "Some Observations on Hospital Dust." *Brit. Med. J.*, Feb. 9th, 1944, p. 245.
- GRIFFITHS, H. E., M.S., F.R.C.S. "The Surgery of Gall Bladder Disease." *Post-Grad. Med. J.*, Feb., 1944, p. 47.
- HOWELL, C. M. HINDS, M.D., F.R.C.P. "The Interpretation of Physical Signs: In Diseases of the Nervous System." *Practitioner*, March, 1944, p. 178.
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- MACFARLANE, R. G., M.D. (and O'Brien, J.R.P.,

- etc.). "Re Haldane Hæmoglobinometer." *Brit. Med. J.*, Feb. 19th, 1944, p. 248.
- MAXWELL, J. PRESTON, M.D., F.R.C.S., F.R.C.O.G. "Pregnancy Associated with Congenital Cystic Disease of the Lung." *J. Obst. & Gynaec. Brit. Emp.*, Feb., 1944, p. 42.
- RACE, R. R., M.R.C.S., L.R.C.P. (and Taylor, G. L., H.D., Ph.D.). "Hæmolytic Disease of the Newborn." *Brit. Med. J.*, Feb. 26th, 1944, p. 288.
- REGORDON, E. G., M.D. (and Le Marquand, H. S., M.D.). "Aseptic Cavernous Sinus Thrombosis." *Lancet*, Feb. 19th, 1944, p. 247.
- SHOOTER, R. A., M.B., B.Ch. (and Waterworth, Pamela M.). "A Note on the Transmissibility of Hæmolytic Streptococcal Infection by Flies." *Brit. Med. J.*, Feb. 19th, 1944, p. 247.
- SHORTER, ALAN, M.B., F.R.C.S. "Early Rehabilitation in Abdominal Surgery." *Lancet*, Feb. 19th, 1944, p. 243.

CORRESPONDENCE

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

May I contend the assertion in the Editorial of the March number of the Journal that "The advantages of the return of the automatically frock-coated and wing-collared doctor would be material . . . ? Surely the abandonment of the traditional garb of the doctor has been brought about by the fact that the public is no longer impressed! It has largely outlived the therapeutics of the African witch doctor, and hopes for something more in keeping with the times. In this age of scepticism and distrust of tradition the adoption of an obsolete form of dress would provoke little but ridicule from the public.

So I fear that we must lament in our hearts that we cannot see our friends pursuing their noble calling in a frock coat and top-hat, as do the chimney-sweep of Nuremberg and other cities abroad.

For obvious reasons, I remain, Dear Sir,

Yours sincerely,

SPORTS-COAT-AND-SLACKS.

The Abernethian Room,
March 8th, 1944.

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

Under the heading of "Combined Operations"

in your March issue Alan Tois describes a conversation in the vicarage with "Young Jones" (clearly a pseudonym), who "had finished a surgical chief assistantship and disappeared into the R.A.F. six months ago." I think I am right in saying that this description fits only one person, myself.

Now, sir, cheerful I may be, but pink, no. On the contrary, my acquaintances have often remarked upon a sub-icteric tinge in my appearance which, were I still at Bart's, would probably make Dr. Scowen wish to perform some loathsome new test for liver function on me. But let that pass. The suggestion to which I trace the very strongest exception is not (as you might well imagine) that I fail to find the appendix, but that I approve of R.A.F. slang. No words can convey my feeling on this matter. Indeed, only two days ago I was arguing this point with an Air Vice-Marshal, who had most certainly better be nameless, but who I am ashamed to say strongly approves of this retrograde and schoolboy custom.

In view of the restrictions encompassing serving officers writing to the Press I will subscribe myself by my accustomed nom-de-plume and remain, Sir,

Yours faithfully,

HOGARTH.

March 10th, 1944.

BART'S MEN IN ENEMY HANDS

We have recently received the address of an ex-Bart's man, who qualified some years ago, and is now a prisoner of war in Germany. It is:—

Captain A. R. Dearlove,

South African Prisoner of War No. 1152,

Camp Oflag VII B,

Germany.

We should be glad to publish the names and addresses of any other Bart's men in enemy hands, as their contemporaries may wish to write to them to alleviate the tedium of their enforced rest.

EXAMINATION RESULTS
UNIVERSITY OF LONDON

FEBRUARY, 1944

Pass

Akehurst, A. C.
Hurt, R. W. L.
Siegler, J.
Banjic, H. W.
Jackson, P. E.

Turton, E. C.
Durham, P. D. A.
Linsell, W. D.
Eley, A. J.
Martin, C. G.

Carson, M. B.
Marcroft, J. T.
Simpson, R. A. H.
Wimborne, D.

Jones, V. H.
Pracy, R.
Todd, I. P.

Part II.

Burkitt, E. A.
Herington, G.

Johnson, P. F.
Randall, K. J.

Part III.

Adams, J. C. L.
Sills, O. A.
Hicks, G. E.
Smith, W. H. R.

Rey, J. H.
Whitehead, B. L.
Shirazi, A. M. R.

SUPPLEMENTARY PASS LIST

Part I.

Bunting, C. F.
Lewis, B.
Rey, J. H.
Wells, P. W.

Grossmark, G. J.
Meyrick, J.
Singh, S.
Wood, P. A. T.

ST. BARTHOLOMEW'S



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No. 4

NOTES ON THE WHITE PAPER

Although the Government welcome constructive criticism of the famous White Paper¹, it is a task outside our ability and our space to attempt a comprehensive criticism of it here. That would be tantamount to producing a better alternative to this wide and interlocking scheme that has already devoured so much time and brain-power in its preparation. For this defect we make no apology in view of the performance of the medical M.P.s in the recent debate, who frittered away their opportunity effectively to criticise the scheme. The following are simply some notes on parts of the White Paper, offered as food for argument, for which our correspondence columns yawn hopefully.

Scope of the Scheme

The White Paper trips lightly to avoid stepping on anyone's toes, especially those of the medical profession, with the result that it is in parts too indefinite for solid argument. The scheme is tremendous in its scope, and we must bear in mind that it may have to be imposed on a vast post-war social change, including not only such things as the "Beveridge Plan," but possible political changes of which a few straws have been flying in a very high wind during the war years. At the same time we must not let our ideals run away with our common sense. We must face that we are not yet ready for the idea of "positive health"² which is not fostered in the White Paper, where its inclusion would be unpracticable anyway. But the scheme calls for an alteration of many of our present ideas and deficiencies right through the scope of medicine, the extent of which the Government's remarks on mental disease³ are an example. It is good to note the admission of the importance of environment

in health⁴, but ideal environmental conditions are only obtainable in a relative Utopia.

Any scheme of medical practice must have two fundamental aims—firstly, the patient, that he shall have the best treatment available; and secondly, the doctor, that the best treatment possible shall be meted out to him. It must provide a *via media* between the patient's and the doctor's interests, acceptable to both. Both need equal consideration, for either a dissatisfied doctor or a dissatisfied patient means less effective medicine. We agree that organisation is to some extent necessary in such a vital profession as medicine⁵, though it is unfortunate it has not sprung from endogenous rather than exogenous sources. And the Government cannot really consider such a specialised and proud profession, in which the human element figures so powerfully, along with other "essential facilities" such as roads and water supplies.⁶

Form of the New Service

The position at the moment is that the poor and the rich have adequate treatment comfortably within their financial grasp.⁷ The advantages of being rich under this arrangement are more comfort, no being "taught upon," no waiting for appointments, possibly more consideration and politeness from the doctor, and no loss of social prestige. The sufferers from the present scheme of things are the large and increasing middle classes, who are unable and unwilling to be ill the poor way, and for whom illness is a first-class financial problem. Now assuming the Government scheme were adopted, what would be: The standard of man entering the new service? His attitude to his patients? Their comfort when ill? Their social standing? And how many men would remain to carry on an effective private practice

should patients wish to be ill "privately"?⁸ If people are able to be ill as safely, as comfortably, and without losing social face, under the new scheme, for which they have to pay anyway, they will avail themselves of it. If the new service simply develops into an extended panel they will shy off, and the plan will become ineffective in its essential part.

Administration

The administration of the Government scheme probably causes more forebodings among the medical profession than any other aspect of it. The White Paper states euphuistically that organisation must be only a means to an end⁹, but organisation as understood in many government and county council hospitals—and as exemplified in any government department—is not at all popular with medical men. In these cases organisation has become the ruler of medicine, although it need not always be so. For instance, Bart.'s is a well-organised hospital, but in our case organisation has become the servant of the doctor.

The proposed administration is, briefly, at the centre¹⁰ the Minister, and at his side the Central Health Services Council, an all-professional advisory body, though it can offer its advice unmasked. Below him, the Central Medical Board, executive in capacity, the "employer" (in the Government's reassuring inverted commas) of the doctors, and mainly professional. The personnel of both bodies are to be appointed by the Minister¹¹. We are entitled to ask what type of man will be appointed to each board. We are pretty safe in assuming that places would be found in this administrative framework for our well-known, distinguished clinicians. Would they be members of the advisory council, or part-time members of the executive board? If the advisory council, as it appears from the tone of the White Paper, is envisaged as a fund of our medical brains, will the executive doctors be men who have held executive posts most of their lives, and become divorced from bedside medicine? We are also entitled to know what control the Treasury will be able to exert over the scheme, the indirect influence of which on many public undertakings has frequently been criticised from the floor of the House. We should look for some safeguard against a possible tightening of Government control on the medical profession in the future, however light and benevolent it appears at the moment. Actually, the Central Medical Board has been given considerable powers, apart from holding the purse-strings in its fingers. It can decide the number of patients a doctor can take on¹²,

the distribution of doctors¹³, the allotment of assistantships¹⁴, and the sale of practices¹⁵. Although the Board can ask the advice of the Council on these matters, it is not obliged to take it. The Board will also hear the "complaints by patients."¹⁶ Does this mean the unfortunate doctor will suffer from the supposed grievances that are now ineffective apart from, at the most, losing him a patient?

The local organisation¹⁷ is on the same pattern as the central. The executive in this case is to be composed entirely of laymen, with a professional advisory council¹⁸, and intrusion of the Central Medical Board over the appointment of doctors to Health Centres¹⁹. The essential difficulty here is where the doctor's responsibility to the board ends and to the local authority begins, while there seems to be an opening for local politics and local interests to worm their way into the scheme.

Dr. Bourne's argument²⁰—the man that pays the medical piper must listen to whatever tune he gets—will not cut much ice with a State used to thinking that "payment for" means "control by." The more control of the scheme by the practicing doctors working under it the better. If the organising control becomes obnoxious and hampering, no doctor will work under the scheme.

Consultants

The Government's aim to produce more consultants and to obtain a more even distribution of them through the country²¹ is a most praiseworthy one, but at the moment many consultants seem to take the view that their numbers are not enough to give any real effectiveness to the plan. The position will certainly not be improved in those post-war years when the Government scheme should be getting under way, owing to the large numbers of able young men that have been doing non-specialised work in the forces. The White Paper's reference to the training of consultants²² is encouraging. The number of brilliant brains available to reach consultant status, as we understand it today, is a factor beyond the control of any planning agency. The most the Government can do to produce a higher number of consultants lies in the provision of more opportunities and higher salaries for recently qualified men; the financial difficulties besetting a newly-qualified doctor with the necessary talent have lost many recruits to the consultant ranks in the past.

As for the work of consultants, the time taken previously by their private practices is to be divided between their duties at the central hospitals, the outlying "general practitioner"

hospitals, the Health Centres and in the patient's homes. The question of their remuneration remains indefinite²³, but it will have to be generous in order to attract specialists to the new service, especially as they will possibly be required to work away from London²⁴. In fact, the whole scheme must be financially attractive to obtain the best type of doctor, and there must be no possibility of drastic cuts in pay during times of national poverty, along with that of other "government servants."

Students

Hardly any mention is made in the White Paper of students or teaching. This is a sad omission, despite the Government's excuse of waiting for the report of the Goodenough Committee.²⁵ It gives the impression that the Government's interest in medical personnel only starts at qualification. If the state financially aids the newly-qualified man along the path to specialisation, it is only logical that it should give help in this respect before he takes his diploma. At the moment the grants and scholarships available to medical students are miserably small, and only obtainable by the most brilliant. One has the suspicion that the Government has overlooked the time, work, and money outlay by the average student during his training, while the payment of his fees and upkeep by his parents puts the stamp of "private" on medicine from the word go. Some fundamental changes in the financial side of medical education are called for to keep it in line with the rest of the Government scheme.

Medical education needs some reorganisation itself, but that is another problem. As for medical research, it is most disappointing that the White Paper contains no reference to increased financial aid in this direction.²⁶

General Practice

At the moment the doctor is his own master, and his advancement is entirely in his own hands. This he would lose under the new scheme. What should he stand to gain? It should be freedom from financial worries during and after his professional life, security, opportunity for steady advancement, good equipment provided free, convenience, with time off for holiday and study, and relief from any secretarial and accessory duties. We frankly admit we are in no position to offer criticism of this part of the White Paper. That must come from men who have experienced general practice themselves. We simply append a few marginal notes:—

(i) Group Practice.²⁷ Scheme or no scheme, this seems an ideal method of practice

in these days of increased and increasing specialisation. Before the war grouped practice was becoming more widespread in this country, while in the United States the idea has enjoyed a longer and wider popularity. The importance of team-work in medicine is frequently stressed by teachers, and a grouped practice with each man concentrating on his pet subject—not necessarily with a specialist's degree—the whole backed with easily obtainable consultant and special services would form a powerful weapon to combat the Nation's ill-health. The Government mention the reasons why they consider grouped practices cannot represent the whole shape of the new service.²⁸

(ii) Health Centres.²⁹ These would be agreeable to work in for the doctors, recapturing the efficient atmosphere and convenience of the hospital. They will take a long time to build, considering the housing shortage that we have been warned to expect in post-war years, and they will not all be designed on the expansive lines of the Peckham centre. They might for convenience be evolved from the present hospitals, but they must not be hospitals or they lose their point.

(iii) Private Practice. The Government is eager to explain that private practice will be continued.³⁰ This brings us back to the question of what will be the difference between private and the new public practice? Will the public be justified in thinking "What I pay for must be better?" If the patients of the middle-class choose private treatment, it will prove the scheme has mis-fired.

Finance

The financial side of the White Paper needs an expert adequately to criticise it. At the moment one of the disadvantages of the panel system is the size of the panel that is necessary for reasonable remuneration, leaving the doctor to try and scrape together as large a private practice as he can. Now the new General Practitioner Service is to pay in fees £30 million³¹, about a quarter of which will have to be allocated to chemists, leaving £22.5 million for the doctors. With a population of over forty-five million this works out at a capitation of ten shillings per man per year. Therefore to obtain a gross income of a thousand pounds a year the doctor will need to take on two thousand patients. Would a larger number of people than this depending on him undermine his efficiency?

There are many little snags in the Government's scheme, such as the shortage of nurses and midwives, without whom medicine would come to a standstill. If there is to be a vast

reorganisation of the medical profession some reconstruction of the nursing profession at the same time would be opportune. And we must not forget the troublesome hypochondriacs, now paying for their sins, who will certainly haunt with delight the new Health Centres and the doctor's dreams.

Taken by and large one's opinion on the White Paper lies in the answer to the question: "Is this the sort of medical world I want to go into?" And for the layman "Is this the sort of way I want to get my medical treatment?" What do you think about it? Write to us and tell us.

References to Pages in the White Paper.

1. Page 5.
2. Page 8.
3. Page 9.
4. Page 10.
5. Page 6.
6. Page 6.
7. Page 6.
8. Page 9.

9. Page 8.
10. Page 15.
11. Pages 14, 37.
12. Page 34.
13. Page 35.
14. Page 34.
15. Page 35.
16. Page 36.

17. Page 14.
18. Page 19.
19. Page 31.
21. Page 25.
22. Page 25.
23. Page 25.
24. Page 25.
25. Page 25.

26. Page 41.
27. Page 30.
28. Page 28.
29. Page 30.
30. Page 9.
31. Page 84.

Other Reference.

20. S.B.H. Journal, 1943, Vol. XLVII, page 189.

THE UNRELATED FACT

A DEFENCE OF A LONGSUFFERING MEMBER OF THE COMMUNITY OF KNOWLEDGE AGAINST THE ONSLAUGHT OF MR. EDITOR IN HIS APRIL NUMBER

By P. R. HEADLEY

"... medical training tends to neglect the scientific attitude, and the subject is presented as a mass of poorly related facts..."

"... it seems a pity that he (the student) is forced to assimilate unnecessary and unrelated facts... and that he is thereby unable to acquire a more scientific view."

What is the Scientific Attitude to the "Unrelated Fact"? The above two quotations from last month's editorial seem to show that it would be profitable to discuss this apparently elementary question in spite of the fact that most of the readers of this journal are members of a profession which prides itself on its scientific outlook.

It is unfortunate, but true, that in this "Age of Science" there are many who preach in the name of Science and yet who do not know what it is. At the risk of over-simplification I would suggest that Science consists of:

- (1) The Observation of Phenomena.
- (2) The Classification of these observations into a number of Generalisations about

the behaviour of the world around us.

- (3) The Application of the knowledge thus at our disposal to everyday life.

The process of classification consists of discovering the relation of one observation to another. Generalisations are no more than a simple way of expressing the results of classification. Let us consider an example. Supposing that I take a pin and press it quickly and firmly into the skin of Mr. A. I observe that he jumps. And suppose that I try the same experiment on Messrs. B, C and D, and in each case observe a similar reaction. I will then have made four separate observations. I notice, however, that they are all related one to another by the fact that each is concerned with the effect of pricking with a pin, so I will classify these four occurrences in my mind under the heading "Pin-pricking." It is now not a big step to the generalisation that "When people are pricked by a pin they jump." I will leave it to the reader to imagine what possible uses this knowledge might be put to in everyday life. The importance of this example is that it demonstrates that a generalisation is no more

than a convenient way of expressing and remembering a number of observations, so that instead of having to remember the details of the four experiments with the pin, I now have only to recall the one generalisation.

"But surely," I hear it said, "this is only Common sense." Precisely. Science is common-sense. This is not in accordance with the popular idea of science as an oracle which cannot err. The present tendency is to believe that any statement preceded by such words as "Scientists tell us that..." or "Modern Science has revealed that..." is an infallible declaration of truth. But science is not a weird and wonderful God to whom we must do homage, it is merely the knowledge of men who have kept their eyes open and used their common-sense. The whole body of scientific knowledge is built up from generalisations similar to that given in the example. But, most important of all, each generalisation is built up from masses of "Unrelated Facts." Therefore let us not be too hard on the fact that is unfortunate enough to be unrelated, for it is the basic unit of all knowledge.

A pile of unhewn stones is of little value till the mason fashions them and the builder puts them in order. They are seemingly useless until they have been made part of an edifice. But it is, nevertheless, these same stones which are the building, and without which the workman could do nothing. Similarly, observed facts are science. The value of both facts and stones lies in man's discovery of the relation between these units which are at first sight unconnected. Banting was presented with two unrelated facts. One con-

cerned the effect of extract of pancreas on the blood-sugar of animals, and the other was the fact that diabetics had high blood-sugars. Call it chance or intuition or what you will, but he saw the relation between these two observations, and his understanding of this relationship has benefited diabetics the world over.

This discussion about the nature of scientific knowledge may seem very abstruse and divorced from daily needs, but it has a very important bearing on our attitude towards medical education. As far as possible the subject of medicine should be taught in terms of general principles. But clearly there is much knowledge which has as yet defied all attempts to include it within these principles. This knowledge is made up mostly of "Unrelated Facts." If, in our pre-medical and pre-clinical studies, we are taught how to handle facts, and if we gain an understanding of the way in which they may be woven together into the main body of science, then, when in later years we come up against a "mass of poorly related facts" instead of retiring in discomfort before such a formidable array, we should feel competent to deal with them to the best advantage. We may have to reject many in which we can see no wider significance, but we must always be on the lookout for those which can be included in the building of our knowledge and understanding. Instead of bemoaning their abundance we should rather rejoice that building material is so bountifully supplied! Let us then welcome "Unrelated Facts," whether they be in large or small print, and let us strive to see each one fitted into its place, for such is the Scientific Attitude.

PRE-ROMAN BRITAIN

By D. V. BATES

It is only in the last few years that Archaeology has progressed far enough to enable us to piece together the prehistory of this Island in anything like complete form. And although there are many details still to be elaborated, the general picture is fairly distinct.

The geographer and geologist tell us that before man appeared on the scene, the Atlantic coast ran northward from the Pyrenees, outside Ireland, beyond the north of Scotland, and back again to join the continent of Europe in the region of present-day Denmark. The Thames, the Trent, and the Tweed joined with the Rhine and flowed northward to empty into a much reduced North Sea. The British Isles—

together with a vast tract of land now under the sea—formed a blunt and inhospitable promontory on the north-western tip of Europe.

While Britain was thus still joined to the continent, tiny bands of food gatherers crossed the landbridge to southern England in pursuit of the reindeer and the woolly rhinoceros. These people, who came across perhaps about 50,000 years ago, have left behind them a few bone implements, but little is known of their mode of life. It has been estimated that the population of these islands at this time was about two hundred people.

The climate now began to change slowly over the course of many hundreds of years, so that

tundra gradually gave place to forests. Changes also occurred in land and sea level, and these islands began to resemble more their present-day appearance. Thus, about 10,000 years ago, a new infiltration of immigrants occurred from Europe. These people had developed the technique of chipping flints, which are characterised by their very small size. From their distribution, it appears that "their makers" lived in temporary camps in the summer, and in winter retired to the shelter of caves. These people were followed by further immigrants who specialised in the art of fishing in the lakes that alternated with the forests. They have left behind them bone fish hooks and primitive harpoons, many of them beautifully fashioned.

During this time, largely because of a more suitable environment, the peoples of Egypt had been advancing culturally at a considerable rate. By about 5,000 B.C., there were communities of farmers living round the Nile, and the so-called "neolithic" revolution had begun. For the first time in history, a community was not forced to wander after its food, and therefore could remain in one place. More food was produced than the community needed, and therefore men could be released from the duties of food production. The invention of the wheel, of the sail, and of the plough, and the development of a priesthood were not long in following.

Such a revolution had to spread, and so the first culture of food producers—as opposed to food gatherers—reached southern England in about the year 3,000 B.C. This culture is called "the Windmill Hill" culture from the site near Avebury where its characteristics were first recognised. These people lived in hill-top camps stretched across the downlands of southern England. They used flints for implements and skins for clothing. They made a rough kind of pottery, whose design is obviously copied from leather models.

That was roughly the state of affairs when, in about 2,000 B.C., these islands were invaded and swept by a vast religious movement that started, probably, in Egypt, and spread over the whole of Europe and beyond. The movement was characterised by the construction of elaborate tombs, and the erection of monuments composed of huge stones—the "megaliths" that give their name to the movement.

The people carrying this religion first reached Ireland from France, and from there spread to the region of the Clyde. Later another group settled in the region of the Severn, and from there spread over the south of England. There are differences in the construction of these tombs in these different districts, suggesting

that they represent schisms from some original culture. The burial "barrows" or mounds are long and pear shaped, and contain anything up to fifty individuals. Cremation was not practised.

At this juncture the island, as it now was, was invaded by a roundheaded and aggressive people from Europe. Because of the characteristic design of a drinking cup that was buried with each man, they are called "the Beaker folk." These people, who landed in about 1,600 B.C., organised the country. They were responsible for the development of a network of trade routes that covered most of the country, and of which the Icknield Way that runs at the foot of the Chilterns is a good example. They began to exploit the use of metal, and to develop the technique of making bronze weapons. They organised the import of gold from Ireland, and they had shapely and decorated pottery. But what perhaps is more important is that because of their superior resources, they expanded and unified the megalithic religion. Thus it was that they could build Stonehenge as their cultural capital; for they had so organised the country that stones having a special religious significance could be transported from Wales to Salisbury Plain—a colossal feat when the difficulties are considered. They cremated their dead, and buried them in round burrows, or tumuli, a custom that was to last up to Roman times.

This culture fuses gradually with the next which is characterised by a particular design of food vessel. Gold ornaments are also much in evidence. In a grave in Wiltshire contemporary with this culture, were found some segmented beads known to have been fashionable in Egypt in 1,400 B.C.—the first reliable cross check on dates that we have. Pottery and implements of bronze become more elaborate in design, and trade and industry developed steadily for the next thousand years.

The use of iron was exploited early in Central Europe, with the result that in about 500 B.C. the island was invaded by a warlike people from Europe equipped with iron weapons. They quickly spread over most of southern England. The first wave of these invaders built large hill forts—often on the site of an old Windmill Hill camp—which were strongly built and stockaded. Maiden Castle in Dorset is a good example of these forts, and was surrounded by three layers of ramparts over thirty feet high. Excavation also revealed a store of 22,000 pebbles or sling stones for its defence.

A second wave of invaders arrived in about

300 B.C., and were if anything even more martial. They were equipped with long iron swords—an advance in weapon design not previously seen in this country. These people were also characterised by the use of safety pin brooches, many of them beautifully worked in gold. The expansion of trade continued, and small iron bars were in general use as currency.

In 325 B.C., Pytheas, a merchant from Marseilles, was commissioned to sail to Britain and report on what he found. He has recorded that tin was worked at Land's End; that there were hot springs at Bath; that the people of Kent made a kind of beer; and that it was customary for threshing to be carried out under

PLANNING FOR SPORT

Now that planning seems to have become a national occupation we might turn our attention to sport. It is obvious that some steps must be taken to raise the hospital's sporting activities from their present low level. This level may in some measure be explained as follows.

1. Of about 300 clinical students only about 70 seem to play any games, despite the excellent provisions made for them to do so. A team representing the hospital at anything consists in the main of a selection from the small band of sporting musketeers who appear at every game. One of the most distressing features of our present state is the absence of recruits to this body.

2. Organisation is not very good. While the sector arrangement makes it very much worse, many of the difficulties would still arise if everyone was in London. It is reasonable to say that good secretaries are born and not made; the system of changing every year inevitably destroys any continuity of arrangements. Any outside club secretary, if honest, will admit that hospitals generally are shocking opponents; because the secretaries are always changing and if they do know him there is no effective way of contacting him in emergency and generally absolutely no help can be obtained from the hospital. This state of affairs is very bad for our reputation; if in addition our standard of play sinks, then very soon we shall be looking for opponents in a much lower stratum of sporting society.

cover owing to the atrocious weather. He also reports that there was a considerable trade in corn between England and Gaul.

In 75 B.C., the first invasion of the Belgae took place, and twenty years later, there was a second wave of the same invaders. The main effect of these people on the culture of the island was to open up still further the existing trade routes.

Thus, when Caesar invaded in 55 B.C., he found, not an island full of savages, but a relatively well organised community with extensive trade connections, and great potentialities for wealth and exploitation.

3. All entrants to the medical school fill in a form which among other things has reference to sporting capabilities. Very little use seems to be made of this information, *i.e.*, halfway through the present squash season Mr. X was found to be a first class player; of a retiring disposition, his abilities remained hidden, though no doubt some mention of them could be found on his entry form.

In a recent editorial we were warned that purely destructive criticism was of little value. So having written three destructive paragraphs, here are three constructive suggestions:

(a) A permanent full-time paid secretary should be employed. He should keep a watchful eye on all sporting activities and make all fixtures. The secretaries of opposing clubs would then have someone whom they could get hold of easily and have their queries answered.

(b) A little active encouragement from above is worth a ton of mixed hard work and cursing from below. The clubs now have some say in this. A ruthless axing of the more obviously redundant officials might encourage the others.

(c) A policy of looking for talent. If a man has not learned a game by the time he enters medical school, that is not the time to start teaching him, which is often the state of affairs to-day. This would be largely the job of the secretary mooted in (a).

Any more suggestions?

J. H. G.

All contributions for the June issue should reach the JOURNAL Office by May 8th.

THE LIFE AND WORKS OF JOHN HUNTER

(continued)

By Jeffery Spry Leverton

In the grounds of Earl's Court, Hunter collected an amazing variety of animals. Bulls, leopards and at least one zebra vied with opossums, hedgehogs, pigeons and rabbits for the attention of their keeper. In a large pond he kept almost every kind of fish. Queen Charlotte presented him with a small bull and it was his custom to wrestle with it, both to test his own strength and to discover the animal's method of attack and defence. On one occasion this habit very nearly cost him his life. Later, his two leopards escaped and he carried them back, bare handed, to their cage. It was only after the deed was done that he realised in what great danger he had been and, it is recorded, he very nearly fainted from fright. All these details give a good idea of the complex character of the man. He dissected the bodies of all the species that died and made very many experiments on the living. Two of his buffaloes he harnessed to a cart and was often to be seen travelling to and from his town house in this manner. He was ever anxious to increase his collection and he never let an opportunity go by. There is an amusing story of him in this respect:

He particularly wanted the body of a tiger for dissection but funds were low. He went to Mr. Nicoll, a bookseller friend of his and the following dialogue took place. "Pray, George, have you got any money in your pocket?" Mr. Nicoll replied that he had and Hunter went on. "Have you got five guineas, because if you have, and will lend it to me, you shall go halves!" "Halves in what?" enquired his friend. "Why, halves in a magnificent tiger which is now dying in Castle Street." He got his five guineas.

If ever he came across a travelling showman, he would arrange for the body of any particular animal he had not yet dissected to be brought to Earl's Court on its death. There is a contemporary print (one of many from Foot's illustrated life of Hunter) in the Wellcome Historical Medical Museum, showing Hunter standing up in his buffalo cart bargaining with a rough clad individual in charge of a dromedary and a species of monkey! From all these observations on animal anatomy and physiology, he made copious notes and in 1786 he published his famous work "Observations on Certain Parts of the Animal Economy." It

should be noted that Hunter never put his ideas on paper until he was more than certain of his theories and experimental results. Of his four masterpieces, his book on the teeth was published eight years after his research into the subject, on venereal disease some fifteen years after, on animal economy some twenty years after and his most famous treatise, "The Blood, Inflammation and Gun-Shot Wounds" was published the year after his death, about thirty years after he laid the foundations of the work during his war service overseas. His Earl's Court house was standing until 1866 when it was demolished. It occupied a site which is now opposite the Metropolitan Railway Station.

In 1767 Hunter was elected a member of the Royal Society, three months before a similar honour was conferred upon his brother. It seems very probable that William had irritated the Society by the publication of his "Medical Commentaries" which was nothing more than a very vicious attack upon all his contemporary medical men. It was some time after his election that John Hunter sent in his first communication to the Society "On the digestion of the Stomach after death." In this year, too, he ruptured his Achillis tendon, it is said while dancing. He refused to keep in bed but was up on the third day, keeping his knee extended and his heel raised with his whole leg supported by bandages. He treated himself, and many of his patients afterwards, in this way successfully. The accident inspired him to make experiments on the stages of union of cut tendons in dogs and so he foreshadowed Stromeyer's work in subcutaneous surgery.

On July 7th, 1768, John Hunter was granted the membership of the Corporation of Surgeons, after a viva-voce examination and in this same month his hitherto irregular attendances at the Board Meetings of St. George's Hospital became conspicuously regular, coincident with the grave illness of Thomas Gataker, one of the staff surgeons. On Gataker's death that same year, Hunter was elected one of the surgeons to the Hospital, by 114 votes to 42 over his rival Bayford. Earlier in the year, his brother had vacated his Jermyn Street house for his newly built premises in Windmill Street, whereupon Hunter moved from Golden Square and took possession of the house. The ravages of time and of this present war have dealt

hardly with Jermyn Street. Very few of the old eighteenth century houses remain and there is no tablet to record the whereabouts of his house.

He was now forty years old, had a diploma licensing him to practice, a hospital appointment and more than sufficient knowledge of his profession. All that he required to complete his happiness was a wife. On the 22nd of July, 1771, at St. James's, Piccadilly, he married Anne Home. He had met his future wife as far back as 1763 when he returned from abroad, for he had served in Portugal with her father who was surgeon to Burgoyne's Regiment of Light Horse. On his return to England he had visited her home in Pall Mall on many occasions, so it may be presumed that they had been engaged for about six or seven years. Anne Home was twenty-nine and Hunter forty-three when they married. His wife was a charming and beautiful lady, very fond of gay society and their house was filled often to the extreme annoyance of her husband, with the élite of the town. She was very accomplished and was the writer of several well known songs. "My Mother Bids Me Bind My Hair" which has been immortalised in Haydn's setting, was one of them. She also wrote the words for Haydn's "Creation." On one occasion Hunter returned to Jermyn Street after a hard day's work, to find his drawing-room filled with a noisy crowd of "musical professors, connoisseurs and other idlers whom Mrs. Hunter had assembled." He walked straight in and addressed the company in these words: "I know nothing of this kick-up and I ought to have been informed of it beforehand; but as I am now returned home to study, I hope the present company will retire." The hint was accepted! However much this enforced association annoyed him, it almost certainly improved his manners. He was still very abrupt and inclined to be uncouth and his practice suffered by it. However, in this respect he must have improved immensely between the ages of thirty and forty, for otherwise Anne Hunter would never have waited those six long years for him.

For some time past his relations with his brother had been less cordial than usual. Indeed round about 1780 open dispute broke out between them over their respective contributions to the discovery of the placental structure; this animosity continued unbroken until William's death in 1783. So John's letter to his brother on the eve of his own wedding is understandable and rather characteristic:

"Dear Brother—

To-morrow morning at 8 o'clock and at

St. James's Church I enter into the Holy State of Matrimony. As that is a ceremony which you are not particularly fond of, I will not make a point of having your company there. I propose going out of Town for a few days; when I come to Town I shall call upon you.

Married or not married, ever yours,

John Hunter.

Jermyn Street Saturday evening."

The honeymoon was spent at Earl's Court and he paid the expenses of his marriage out of the proceeds of the first part of his "Treatise of the Natural History of the Teeth," which had appeared the previous May. By the middle of the next week he was back in London and hard at work.

At least one reason for the postponement of the marriage was that in May, 1767, he had inoculated himself with syphilis. Peachey states that it was done inadvertently but there is no doubt that it was a purposeful action and, considering that its effects were then known only too well, an action of a very brave man. He set out to find whether the poison of gonorrhoea was identical with that of syphilis. On a Friday in May he obtained some pus from a patient suffering from gonorrhoea and deliberately inoculated himself with the poison. The sites of insertion quickly ulcerated and the appearance of a bubo suggest that the pus may have contained Ducey's bacillus, causing two soft sores. *Spirocheta pallida* were also present, for his right lymphatic glands gradually enlarged and ulcerated, accompanied by ulceration of the tonsil. By September he had copper coloured spots on his skin and a rash that appeared and disappeared several times. He used mercury to defeat the disease "taken in a sufficient quantity and for the proper time" as he afterwards said. "The time the experiments took up from the first insertion to the complete cure, was about three years." To him it was a perfect experiment and he controlled the symptoms for just the length of time he required to gain all the information he could. When he was satisfied, he increased the dosage of mercury and, as he thought, finally completed the cure. In the light of modern knowledge, his mercurial treatment must have been insufficient and he lived on to suffer the effects of syphilis of his arterial system (combined with angina pectoris) and cerebral syphilis. There is no evidence that he communicated the disease to his wife but it is noteworthy that of his four children, two died in infancy, two died without progeny and none was possessed of particular talent. It is sad

to think that by this pathetic and yet magnificent experiment he shortened his own life and was probably the factor in the extinction of his own line. How very truly did Sir D'Arcy Power in the Hunterian Oration of 1925 refer to John Hunter as "one of the great martyrs to science."

For twenty years after his marriage he was one of the busiest men of his profession. His ever increasing private practice, his appointment to St. George's Hospital, his collection and his numerous writings took up all his time. He took but one holiday in all these years, at Bath, and then only for reasons of health. He spent every penny he earned on increasing his museum and was therefore continually embarrassed financially. Added to this he suffered latterly from anginal and cerebral attacks. In spite of these handicaps his vitality never waned and his enthusiasm mounted year by year. In 1783 the lease of his Jermyn Street house ran out. In any case it was proving too small for a growing family, staff and museum. He took over the lease of No. 12 Leicester Square, together with the corresponding house fronting on to Castle Street (now Charing Cross Road) and the intervening land. On this land he erected a lecture theatre and a "conversazione" room with above them, a museum 52 feet by 28 feet, lighted from the top with a gallery all round. He is said to have spent some £6,000 on this purchase. The house was next door to Hogarth's and although a tablet commemorates Hogarth's residence, there is none to suggest that Hunter ever lived in Leicester Square, still less to suggest that here he did some of his finest work for the cause of humanity and delivered most of his incomparable lectures. In his day, Leicester Square was a residential spot with some ten private houses clustered together on each side. A night club now occupies almost the exact site of No. 12—his house was demolished in 1897, having last been used as the headquarters of the Middlesex Volunteer Artillery. There is a tradition that R. L. Stevenson modelled the house and museum of Dr. Jekyll on the lines of Hunter's house in Leicester Square. It was here that in 1785 he founded the Lyceum Medicum Londinense with himself as president, a society, says the wily Foot, "for disputation, where all were of the same opinion and which consisted of all the same members who visited his levee." The society met every Sunday evening and "were regaled with tea and coffee and treated with medical occurrences."

On the death of Percivall Pott in 1788, he

became undisputed leader of his profession and patients flocked to his house in Leicester Square and to St. George's Hospital for his advice. He was invariably courteous to all his patients, whatever their estate, often keeping "grandees" (as he called them) waiting, while he attended to a poorer patient. On the door of No. 12, this great man—caring so little for his numerous degrees and so little for public acclaim, was content to place a small brass inscribed simply "John Hunter."

At St. George's Hospital he worked hard and conscientiously but he was never a fine surgeon; if anything he was somewhat rough and ready in his methods. With one exception he devised no new surgical technique, but was content to carry out the routine practice of his day. The exception was the treatment he devised for curing popliteal aneurysm. This disease, extremely common in the eighteenth century, is now very rare indeed. The practice hitherto, had been to ligate the sac above and below but this technique, whether due to rough surgery or to lack of asepsis, almost invariably led to gangrene and a high amputation. Hunter had been given permission to make experiments on the deer in Richmond Park. He was led to make an experiment by his interest in the manner of normal growth and shedding of the antlers. In July, 1785, he tied the external carotid artery of a deer and noted the changes in the antler. To his surprise, after a preliminary cooling, in a few days the horn was warm and growing again. He had the buck killed and brought to Leicester Square. On dissection he found that the ligature had not slipped as he thought but that collateral vessels had enlarged and were carrying on the normal blood supply. After much thought, he applied the principles to a case of popliteal aneurysm and found that, as with the antler, the limb first cooled and then regained its warmth and vitality and that all pulsation in the sac had ceased. After several experiments he abandoned his original plan of tying both artery and vein and ligated the artery above. A subsequent patient with this technique lived a further fifty years. On this patient's death in 1837 his limb was procured for the Royal College of Surgeons. It was found that "the vein was pervious, the artery obliterated, the tortuous anastomosing vessels well seen and the aneurysm represented by the small calcareous body not larger than a filbert." In this way Hunter was instrumental in saving hundreds of limbs that would otherwise have been amputated and his operation did more than anything to spread his fame throughout Europe.

He did not get on very well with his colleagues at the hospital. This is understandable because he must have been a difficult man to become friendly with; pugnacious, dogmatic, a little conceited perhaps, and full of scorn for men less clever than he was or for those who would not agree with his own views. Before long he was engaged in a violent quarrel over the question of dividing the pupils' fees between the various surgeons. It may be noted that since his arrival at the hospital the number of students had increased and that he had far more dressers than any of the other surgeons. This quarrel, in one form or another, extended right to his death. However, there must have been one period during which he was held in high esteem by his colleagues, for the Hunterian Society possesses a magnificent gold watch inscribed "Presented to JOHN HUNTER by the staff of St. George's Hospital, London." On the back is written "Left to my friend Charles James Fox, M.P., 1793."

Considerable doubt exists as to the precise date upon which John Hunter commenced to lecture. It would seem that he started somewhere about the year 1770. In later lectures he said himself, "In the years 1772, 1773 and 1774 I had frequent opportunities of giving my opinion in private," and he goes on to say "but what more than all induced me to lecture was the great advantage everyone finds by putting his thoughts into writing." By 1775 he was determined to start his own school of anatomy and deliver lectures for a stated fee. Hitherto his addresses had been given to his private pupils without any charge. On May the 24th, he wrote to Jenner: "My scheme is to teach natural history in which will be included anatomy, both human and comparative . . . I know the scheme will be to your taste." However, Jenner's reply was unfavourable and, disappointed, Hunter dropped the idea for a while; but in the autumn the following advertisement appeared in "The Gazetteer" and "New Daily Advertiser" of the 9th October:

"On Monday, the 30th inst. John Hunter, Surgeon to the Army and to St. George's Hospital, will begin to read lectures on the Principles and Practice of Surgery. The lectures will be continued through the whole winter on Mondays and Fridays and occasionally on Wednesdays, at 7 o'clock in the evening. As no repetitions of the same lectures, called a second course, will be given, those gentlemen who mean to attend will see the advantage of entering at the beginning. Proposals may be had at his house in

Jermyn Street, St. James's. N.B. No admittance without a ticket."

After this first advertisement, a very similar one appeared every year at the end of September of beginning of October. Even in 1793, only sixteen days before his death, the usual notice was given. The course consisted of something like one hundred lectures and lasted until April. The fee was the astonishingly low sum of four guineas. Even then, Jesse Foot said: "The terms were high and the introductory lecture was not open . . . I declined being his pupil." In lecturing, John was the very antithesis of his brother. The latter was renowned for his smooth, polished and powerful oratory, his portrait by Reynolds shows this very well. John Hunter, despite a good deal of experience, never improved his manner of delivery. He was always extremely nervous before the start of a course and used to take a draught of laudanum to calm him. He read his lecture word by word from the paper. Only those who have endured a course of lectures given in such a way know how irritating this can be. Despite this handicap, his fame spread. He may have read his lectures but written on the paper was some of the soundest medical logic and wise deduction from experimental results yet heard. In all his lectures, although occasionally making a mistake in deduction, he never made one of observation. The popularity of his lectures waxed and waned throughout the years. In some courses he had as many as fifty in the audience; in 1786 he had twelve and it is related that in another yearly course the number had sunk to one! Nothing perturbed, Hunter told the attendant to fetch in the skeleton (was it that of O'Brien? somehow one hopes so) and was thus able to begin in the traditional manner, "Gentlemen."

Among his numerous pupils must be mentioned the following names:—Jenner, Astley, Cooper, Abernethy, Parkinson, Home and Physick. All these men were destined to become famous. Jenner's exploits need no mention here. Abernethy was an early pupil of Hunter and in later life he started lecturing to pupils in his own home, very much in the style of his Master. The success of his lectures was so evident that it was the main cause which induced the Governors of St. Bartholomew's Hospital to build a lecture theatre in 1791 and here he began to lecture in anatomy, physiology and surgery. So he became the founder of the Medical School and through him the Hunter's teaching came to "Bart's." He also applied the technique of Hunter's aneurysm operation to cases of external iliac aneurysm. It is re-

corded that he performed this operation four times, twice with success.

Everard Home was his brother-in-law and had been a small boy at Westminster School when Hunter was addressing himself to Anne Home. In later years he was knighted. On Hunter's death he received literally a cartload of unpublished MMS. These he used for his own benefit, making use of much, if not all, of Hunter's ideas for his own works on compara-

tive anatomy. Not content with this, he assigned the whole lot to the flames; this vile deed robbed the world of the greater portion of Hunter's works, as well as Jenner's letters to him.

Dr. Philip Syng Physick went to Philadelphia at an early age, to become later, the "Father of American Surgery" and through him the Hunterian Doctrines were disseminated on that side of the Atlantic.

(to be continued)

* THE ANAEMIAS: AS HEARD AT HILL END.

(1) I met a man. Old friend of mine. "I've got anaemia," he sez. "My friend," sez I, "your trouble is not your anaemia, but your alcoholic cirrhosis of the liver which has caused it."

"By God," he sez.

"No, not by God. By portal obstruction and piles."

(2) Now first of all, the important thing in P.A. is not the C.I., but the M.C.D. and the M.C.H.C. of the r.b.c. Equations have been determined to show that the modal value of the E.M.F. is related to the intake of I.B. . . .

"STUDENT."

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

- BLACKBURN, G. "Surgery in the Field." *Lancet*, Mar. 18th, 1944, pp. 361-365.
 GASKELL, J. F. (and Bowen, W. H.). "Two Cases of Purpura Haemorrhagica." *Clin. J.*, Mar.-Ap., 1944, pp. 43-46.
 LEISHMAN, A. W. D. "An Outbreak of Smallpox in British Troops with a note on the Use of Sulphathiazole in Treatment." *J. Roy. Army Med. Corps*, Feb., 1944, pp. 58-62.
 LONGLAND, C. J. (and Lipmann Kessel). "The Parachute Surgical Team." *Lancet*, Mar. 18th, 1944, p. 381.
 MANSSELL, R. A. "De Excretico Comburendo or Auto Da-Fece in the Western Command." *J. Army Med. Corps*, Feb., 1944, pp. 76-80.

- OAKLEY, W. (and Lawrence, R.D.). "Control of Very Severe Diabetes by a New Arrangement of Insulins." *Brit. Med. J.*, Mar. 25th, 1944, pp. 422-423.
 PARSONS, Sir J. H. "Teaching and Research in Ophthalmology." *Brit. Med. J.* Mar. 25th, 1944, pp. 430-431.
 RADCLIFFE, W. "The Blood Pressure in Midwifery." *Brit. Med. J.*, Mar. 11th, 1944, pp. 524-528.
 RAVEN, R. W. "The Surgical Aspects of Malaria." *J. Roy. Army Med. Corps*, Feb., 1944, pp. 92-96.
 TOOTH, G. "Nervous Breakdown in the Navy." *Brit. Med. J.*, Mar. 11th, 1944, pp. 358-360.
 TURNER, J. W. A. (and Paterson, J. H.). "Lightning and the Central Nervous System." *J. Roy. Army Med. Corps*, Feb., 1944, pp. 75-75.

CORRESPONDENCE

FROCK COAT

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

There is more in the philosophy of dress than the loosely-clad young gentleman who writes from the Abernethian Room appears to realise. This may be the era of impatient youth, bent on iconoclasm and unconventionality, but traditions which die hard have solid foundations and uniform still counts for much.

The policeman in plain clothes is a bulky unimpressive spectacle: all his majesty and authority pass with his disrobing. The panoply of the Royal Horse Guards serves a very useful purpose. Justice seems more certain when administered by scarlet and

ermine; and perhaps even the lion tamer's conventional outfit was purposely designed for its intimidating effect. The ass in a lion's skin if he feels like a lion is for practical purposes a lion. If you look the part, you feel the part, you are at your best in the part, and that is why some of us still cling to the well fitting coat, and trousers with a knife-edge longitudinal fold.

In a desire to be free from the thralldom of uniform your correspondent will presumably not hesitate to be married at Hanover Square in shorts and sweater, an adjustment to the circumstances hardly less logical than attendance on his patients in

sports coat and slacks.

It is implied that the window-dressing of the old-time consultant is superseded by science and efficiency of so high an order that external appearance, sartorial and otherwise, can be completely ignored. That may be—if so, I retire in all humility as a possible has been who perhaps was a never was or unable to march with the times.

The reference to the silken cylinder of the chimney sweep of Nuremberg and—to come nearer

home—the undertaker (*absit omen!*) and the bank-messenger reminds me of the partiality for the dinner jacket by certain "gentlemen" who fear that through their use of "tails" they might be mistaken for waiters.

Yours faithfully,
ADOLPHE ABRAHAMS.

86, Brook Street,
London, W.1.
April 8th, 1944.

EVERYDAY MIRACLE

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

In view of the recent accounts of knotty obstetrical problems in the JOURNAL the following case history may be of interest.

The patient was a Primip. of 35. Past medical history was normal, as was ante-natal examination. The presentation was a vertex, L.O.A., and the head engaged at the 36th week. There was no threatened abortion, A.P.H., Toxæmia, twins or hydræmia.

Labour began at 3 a.m. on March 1st. First stage lasted 14 hours and was normal; there was no premature rupture or sausage membranes. Second stage lasted 30 minutes and culminated in the delivery of a 6½ lb. male infant. Cervix and perineum emerged

triumphant. The third stage was normal. The cord was 20 inches long; in it there were neither reef nor granny knots, clove, rolling nor timber hitches. The placenta was neither bipartite, succenturiate nor circumvallate.

The infant had a surprisingly conventional number of arms, legs, eyes and heads. It breathed.

The father was incognito
The mother was furious.

Yours sincerely,
SARAH GAMP.

B.V.,
Friern Hospital,
March 15th, 1944.

THE EARS OF ALAN TOIS

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

I seem to have put up a major black—I mean, severely compromised myself—with the august Hogarth, who tore me off a strip—dash it! Severely reprimanded me—in your last issue. He suspects he is the "hero" of the humble work of mine that you honoured by publication last March.

There is an uncomfortable literary precedent for all this. Just over three hundred years ago three fellows called Prynne, Burton and Bastwick, got it in the neck for writing things that could be taken both ways about the bishops. The outraged ecclesiastics let them off with life imprisonment, a fine of £5,000, and having their ears removed in the Palace Yard. Prynne defeated part of the sentence by having had most of his ears cut off four years previously, that time for writing derogatory things about the stage. However, we read with gratification that the path to the operation was strewn with flowers, and an angry yell went up from the sympathetic onlookers when the remnants of Prynne's pinnae were sawn off. The only other point of resemblance is that Prynne wrote hard all day long,

with his servant "bringing him ale and a roll every three hours to refocillate his wasted spirits."

Luckily Hogarth ran for the writing-desk instead of to his lawyers, allowing me to explain in comfort what I might have had to mumble out in the dock at the Old Bailey, charged with sedition, libel, alarm and despondency and all kinds of terrible things:—
First, I have never (such is the misfortune of the rising generation) set eyes on the famous Hogarth, so really cannot be expected to know if his complexion is carbolic, coal-tar or palmolive.

Secondly, I think service slang, like all other affectations, needs a gentle leg-pull occasionally.

Thirdly, I deeply apologise, as the papers say, "for any inconvenience that may have been caused him."

And fourthly, the whole thing was the product of my disordered imagination, occasioned by the reference of an R.A.F. patient to his sacred notes as "My — gen sheets."

Yours very sincerely,
ALAN TOIS.

The Abernethian Room,
April 6th, 1944.

At HILL END

An even deeper gloom ebbs sluggishly round the drab passages of Hill End. Our friends of the past year shamble down the drive, a suitcase in either hand, their old creased mias flapping mournfully behind them, on their way to the hurrying mechanical torrents of continuously repeated humanity among which they have been condemned to live. We who are

left behind sit in the heavy silence of an interim when the clock stops ticking, when the piano is obtrusively silent and the crumpled paper on the other end of the greasy sofa becomes an animate thing in the still lifelessness of its environment. In this atmosphere we think of a month of bits and pieces broken up by a fierce and quite inexcusable passion to work for

exams on the part of the nurses, by the equally fierce and quite uncontrollable boobyism on the part of our dysenteric inwards and by the busy preparation for the play "Robert's Wife," about which it is not our business to write. These obstructions, combined with the usual prevalent apathy made the only other social event of importance, the Bal Masque, a complete flop. (Except for those who took the immense trouble to enjoy themselves.) Ignor-

ing the temptation to expand humorously on these sparse events of a featureless past, we turn to the future with the pious hope that those coming to join us will participate wholeheartedly in all the social activities of the hospital and that they will realise from the start the essential truth in the well-known axiom "If you want anything done, do it yourself."

P. J. B.

"ROBERT'S WIFE"

(ST. JOHN ERVINE)

The so-called discussion play is a medium of dramatic expression that has had considerable influence on the theatre since the original production of "A Doll's House." Ibsen was the first dramatist to relegate action to the position of a by-product. This device, developed by Shaw, has since been attempted by many others.

"Robert's Wife," although it falls into this category in a wide sense, remains throughout unsure whether to be a slight comedy of manners or a profound human document. Luckily it is saved from having to make the decision by the fortuitous arrival of a cheque for £5,000 which enables the work of the clinic at Cumbermere to continue, sets the Vicar on the road to the Palace, and conveniently brings the play to a somewhat abrupt close. Surely the important social issues hinted at in the play deserve a less summary dismissal. The arrival of the cheque is a little reminiscent of the appearance, in the nick of time, of the mortgage money.

The Hill End Bart's Dramatic Society gave a very creditable performance of this difficult play. In "Robert's Wife" there is nothing with which the amateur player can cloak his inexperience—no broad comedy to divert and very little dramatic action to distract from the main theme.

As Robert Carson, the Vicar of Cumbermere, John Cozens-Hardy had the advantage of an excellent speaking voice, and gave an unforced and pleasing performance of a man who could be tolerant and sympathetic without being either long-suffering or unctuous. He is beset with problems, barriers that stand between him and the Deanship of Winterbury, but he wrestles with them with a true Christian philosophy and a pound of Parson's Pleasure. Such stuff as Deans are made on.

His major problem, of course, is his wife whose enlightened activities as Medical Officer in charge of the town's birth control clinic threaten to jeopardise his future in the Church. Kathleen Rees played the attractive and earnest Sanchia Carson with considerable skill and charm and, if her age put her at a disadvantage in portraying a woman so much older than herself, she gave no evidence of it.

Another of Robert's problems is Bob, his pacifist son, who is arrested for sedition. This part was very well played by Robert Ballantine with all the youthful ardour and misplaced zeal of an undergraduate with a Idea. As Bob's fiancée, Kathleen Simmons was wholly admirable and gave a delightfully assured performance as the one practical person in a profoundly disturbed household.

Richard Griffith, as the Bishop of Winterbury, the epitome of religious freedom, gave an impish, Jack-in-the-box quality to a performance which could well have been more sedate. His diction was very clear and his mannerisms well chosen. His performance was a suitable contrast to the narrow bigotry of the Rev. Arthur Jefferson (Roger Dixey), obstinately wedded to the theory that sex in any form was Devil's work. Roger Dixey gave a studied, satirical performance in this part that gave a much-needed fillip to the last act of the play. Here at last was our Villain, as smooth and as menacing as any Spanish Inquisitor, and as sincere—the more dangerous for that.

In the smaller parts, Pat Birkinshaw, as Anne the Parlourmaid, was pleasantly convincing; Peggy Hewlitt, as Mrs. Jones, the mother of an erring son, neatly played by Noel Heneghan, showed a good sense of character acting but lacked much of the fire of a mother determined to protect her only son from a witless wife.

Other parts were played by Vera Godfree as

Mrs. Armitage, Audrey Ronaldson as Miss Orley, and John Rogers and John Buchanan as the Detectives.

"Robert's Wife" was produced by Harold Yauner, who clearly appreciated the arguments of the play and who deserves credit for creating, with a large cast, such a striking atmosphere of unity and sincerity. The main production fault lay in the lack of emphasis on movements and

grouping and on exits and entrances which were headlong and unrehearsed.

The scenery was devised and executed by Peter Banks and J. Pavy-Smith who, as purists in the art, believe that a church clock, however distant, should not always stand "at ten to three."

J. R. N.

At CAMBRIDGE

Cambridge news this month is mainly confined to sporting activities, and, apart from these, it only remains for us to report a Students' Union Meeting, the first to be held since the new representatives took office. The election of these representatives was organised by the retiring Senior Secretary with almost as much enthusiasm as was being displayed a few miles away at Bury St. Edmunds by the party organisers from our distinguished counterpart at Westminster. Unfortunately, owing to fuel rationing, no transport was available to convey electors to the poll (a Biochemistry lecture), and thus it is regretted that many still remain both unpolled and "un-signed up." From all this D. J. R. Morgan emerges as Senior Secretary, M. M. Whiteley as Junior Secretary, and F. Andrews as Treasurer.

We would now like to avail ourselves of the opportunity (the first that we can recall) to congratulate the Boat Club on their success in the "Lents." They made two bumps in three days' racing and, inevitably, "would have bumped on the other day too, if only . . ." Be that as it may, their efforts and style were most spectacular, particularly on the third day when

the R.A.F. astern were left, almost literally, rocking in the mighty wash. This term Bart's seems to be a prolific supplier of coaches on the river, though their loyalties are somewhat scattered, and we take no responsibility for what one of them said when he was knocked off his bicycle by a female spectator (*i.e.*, ran her down) at a rather crucial moment. Is it necessary to add that the club broke training in the traditional manner on the Saturday evening?

Unfortunately repeated requests for a report of his club's activities have failed to rouse the Rugger Secretary, who only replies by asking how far it is to Ceylon. It appears, however, that having won the first round of "Cuppers" against Emmanuel, we were beaten in the second by St. Catharine's, being rather unfortunate in that we lost the services of our captain after half-time. Further information than this we have been unable to obtain.

Anatomists will, no doubt, be pleased to hear that this month's most notable remark comes from the physiologists. Prof. H— e (during a physiology lecture), "When I want mental refreshment I turn to Gray's 'Anatomy.'"

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

SPORTS NEWS

RUGGER

The absence of reports from the past two JOURNALS was due to there being apparently no one capable of writing up the games in the absence of our reporter player. Possibly those who did play considered a discreet silence advisable.

A summary of the missing results:—

Jan. 15	v. Wasps.	Cancelled.
" 22	v. St. Mary's.	Lost.
" 29	v. O.C.T.U.	Lost.
Feb. 5	v. Oxford.	Lost.
" 12	v. Old Blues.	Lost.
" 19	v. Bedford.*	
" 26	v. R.N.E. College.	Lost.

* Scratched as we had not enough players available.

Mar. 5th. v. Public School Wanderers. Won 37-5.

Whether this great improvement could be directly attributed to the return of our scribe is indeed

Mar. 11th. v. Nunceaton. Away. Lost 10-8.

Two minutes before the train departed there were but 13 players aboard as the guard's whistle blew the hon. sec. appeared, running well but without the shirts. When eventually released from the luggage van in which he was locked he recovered the shirts from a W.A.A.F., in whose care they had been left. It was obviously our lucky day, as in addition to these feats we managed to borrow a competent spare man to make up our deficiency. A light ball and a strong wind combined to produce a scrappy game. After being in our own half nearly all the game we

Mar. 18th. v. Middlesex Hospital. Lost 21-5.

Pitman being unable to play Hawkes returned to fly-half. We were interested to observe two of our opponents vice-presidents on the touch line; they were no doubt amply repaid for their long and arduous journey, since they saw their pupils give us a neat lesson in how to play fast open rugby. Despite the

Mar. 25th. v. Coventry. Home. Lost 32-5.

One Sunday paper remarked of this game that "Bart's did not play badly but were not quite good enough," which was a very accurate statement. The main difference lay in that when a Coventry man broke away there were always several of his colleagues backing him up; whereas any breaks by our players were usually single-handed. Another great point was that it is, was, and always will be useless to try tackling a 14 stone man by his ears. With this exception the pack did very well against heavy

April 1st. v. R.A.A.F. Won 12-8.

The ground was again iron hard, though our opponents considered it soft judged by their standard. As a game it was a mixture of very good and very bad. The good parts being individual efforts and the bad bits anything that required combination. Thus the pack were excellent in the loose. Corbett, Wood and Richards being prominent in many good rushes, while the tight scrums were ragged. The outsiders likewise did good things individually, but oh, the passing! Both wings, Ballantyne and Jukes, ran with commendable determination when

doubtful, the weakness of the opposition being a more likely cause. Certainly the outsiders played quite well, and most of the scores came from three-quarter movement. A useful practice game.

scored when Pitman ran some 70 yards for an unconverted try. At half-time we were 5-3 down. A large part of the second half was spent in our territory, where only fiendish defence kept the opposition at bay. We scored next when Hunt made a tearaway break in the centre, eventually passing to Jones, who scored; Hawkes converted. Very shortly after they scored another goal, so regaining the lead. Despite considerable efforts we could not score again, though two rushes looked as if they must do. One might fairly say, "Unlucky to lose."

absence of two of their largest and best forwards they got plenty of the ball, with which their outsiders did very much as they liked. The essence of our defeat lay in the fact that the opposing centres were yards faster and considerably fitter than ours; a criticism which probably applied to the whole side, but in their case the results were more apparent.

opposition, Mathew getting us quite a share of the ball; Anderson performed prodigies of valour in the line out. Hawkes and Pitman combined quite well at half-back, the former seems to be adapting himself quite well to the scrum position. Pitman made several good dashes, usually unsupported. Gibson had somewhat of a field day, fielding and kicking with considerable accuracy and was unluckily outside the upright with a long drop kick.

Consensus of opinion amongst the spectators was that the score flattered the winners.

they got the ball, the latter being responsible for two tries. Our third try was scored by Pitman after a long rush. Hawkes was unsuccessful with all three kicks, but did land a penalty; he also had the mortification of seeing another long one hit the cross bar. Gibson was wide of the upright with two drop kicks in fact with a little luck or wider posts we should have scored a lot.

Both the opposition tries were from mistakes made on our line, and I shall always maintain that it is easier to heel than to wheel.

SOCCER

v. Battersea Polytechnic. Lost 3-0.

Playing with ten men and without most of our regular forwards, we did well to prevent our opponents from scoring more often. Against a fast and clever forward line our defence was constantly engaged in breaking up their well-combined attacks. Jimmy Robinson had many little personal battles with the right winger, and at the finish emerged sharing the honours. We managed to lure John Atteridge from his piano long enough for him to deputise for Murley at centre-half, and fortunately for us his feet were as well co-ordinated as his hands, and he gave their centre forwards very little scope.

At half-time we were one down from a very good goal indeed. The ball came in from the right wing and a first-time header put it out of even Dallas-Ross' reach.

In the second half their forwards still kept us pretty busy, and on two occasions broke through and scored. Our own forwards never really got going, and when they did seem likely to score their shooting was a trifle inaccurate.

As a small consolation, may it be recorded that we emerged triumphant in the game of darts which followed.

v. St. Mary's Hospital, Saturday, April 15th. 2nd Round of Inter-Hospital Cup. Won 6-0.

As we had drawn a bye in the first round, this was our first appearance in the 1944 cup. We had got together, the strongest team yet fielded this season, it being made up of about equal parts of the very successful pre-clinical side from Cambridge and the clinical side from Bart's itself.

After being kept waiting for half an hour by our

opponents, they being no doubt unaccustomed to any Bart's side arriving in time—it can have happened few times before—we kicked off with the wind, and five minutes later with the rain. This latter made the new ball extremely greasy, making ball control very difficult throughout the game. We attacked right from the kick-off and almost immediately forced a corner. For the first ten minutes the ball was entirely in the Mary's half, and we came near to scoring several times, once from a free kick just outside the penalty area, but their goalkeeper, playing well, and our erratic shooting prevented this. Mary's now made an occasional sortie into our half, during one of which Ross had the only actual shot he had to deal with during the whole match. After some twenty minutes McClasky opened the scoring from a pass by Mangan, and half-time arrived with the score still 1-0. The Mary's defence played well to keep us out, but it was mainly due to our forwards cramping each other and shooting and passing astray that we didn't score more.

After the re-start Adams at centre-forward played well to the right in order to draw their centre-half away from the left side of the field and to give our left wing more room in which to manoeuvre. This immediately had results, and for 20 minutes at the start of the second half there was some extremely good play—far better than Bart's have ever managed before this season. Our second goal came when a long centre by Mangan was accidentally deflected

HOCKEY

Mar. 18th. v. The Metropolitan Police, at Amber Court ground. Lost 3-2.

It was a pleasure to renew our acquaintance with the Metropolitan Police after a lapse of two seasons. Our opponents started with a lucky goal within the first few minutes of the game. After some even play Harrison scored from a free hit at an almost impossible angle. The Police were only prevented from scoring another goal before half-time by the encouraging exhortations (in no mean terms) of our stalwart goalkeeper.

The half-time interval was notable for the production by the Police of a lemon, this no doubt being due to their complete control of the Black Market. Early in the second half, our opponents scored from a penalty corner. These were very numerous and would have resulted in more goals against us had not Ellis almost occluded the goal mouth. Numerous aggressive sorties by our forwards followed, until after a speedy dribble up the left wing Fyfe equalised the score. The game then became rather scrappy until a few seconds before time, when their left back came up to score from another penalty corner. Fison, as usual, played a very commendable game.

Team.—R. Ellis; P. Osborne, J. P. Lucas; C. Todd,

into the Mary's goal off the head of one of their backs, and our third when Burns centred for Van Zwaneberg to slip it neatly into the far corner of the net after each of the other forwards had missed the ball in turn. We soon scored again through McClasky from a pass by Cartledge, who throughout the game played extremely well both in attack and defence making very good use of the pass back from his inside-forward—a movement really neglected until this match. He was jointly responsible for our next goal, when Mangan scored off one of his passes. Despite this steady stream of goals Mary's did their share of attacking, but were always broken up before any ball reached our goalkeeper. Shortly before the final whistle Adams scored one last goal after Burns had hit the crossbar with a long shot from the wing, leaving us winners by 6 goals to nil.

The whole side had played better than at any time this season, with McClasky and Morgan outstanding in the forward line. Mulley, with the knowledge that his passes would not be wasted on a barren forward line, played his usual forceful attacking game at centre-half, whilst Robinson, showing a great turn of speed at left back, was always prominent and safe.

Team.—W. P. Dallas Ross; R. S. Pine, J. O. Robinson (capt); L. Cartledge, A. H. G. Mulley, D. L. Griffiths; D. F. Van Zwaneberg, K. A. McClasky, D. C. L. Lane, M. K. Mangan, H. J. Burns.

L. Fison, J. Cozens Hardy; H. M. Giles, J. D. Andrew, K. O. Harrison, D. Brazier, A. E. Fyfe.

Mar. 25th. v. The Chameleons, played at Sudbury Hill. Lost 3-2.

The team was not fully represented, so we welcomed Roxburgh on his first appearance on a hockey field, and also Gillies, who had played before. We were seriously distracted during the first few minutes by the unaccustomed sight of female hockey players on an adjoining field. Having recovered from this Brazier, after some skilful dribbling, put the ball into the goal. The rest of the first half was uneventful except for various skirmishes in both circles.

Early in the second half Holmes, who had been cogitating on the right wing, developed some pretty attacks into the opposing circle, one of which resulted in a very neat goal. Soon after this our opponents retaliated successfully. They continued their pressure and were awarded a penalty bully, from which they scored. Their final goal was scored by the inside-right, who ran through the half-way line shortly before the end of the game.

Team.—P. Sugden; C. Todd, M. Roberts; M. Gillies, L. G. Fison, A. R. Buckley; C. B. Holmes, Johnson, J. D. Andrew, D. Brazier, R. C. Roxburgh.

SQUASH

and tired to the courts.

v. Guy's Hospital. Lost 2-3.

Those who had played in the previous match before Christmas threaded their way through the Guy's underworld confident in their ability to find the squash courts—newcomers to the team followed, expressing increasing lack of confidence in the leadership of their betters; but a brisk half-hour's walk, which took us into all sorts of places we are quite sure are seldom visited by Guy's men, brought us hot

The match itself was well worth the walk. Mr. Fraser opened for us, but try as he might he could never make his opponent run quite as far as he had to run himself. But he went down fighting. Brazier, playing a former colleague, was overcome by the memories the meeting brought to his mind, and after scuffling around and doing a lot of retrieving for his opponent left the court having failed once again

to inflict defeat on "Jimmy." Kelly puffed his way around the court, but fortunately was up against another "puffer" and just scraped home. Yerbury disposed of his opponent in his customary manner. Gabril tried hard, but never really looked like winning.

The evening was rounded off with some excellent entertainment in the celebrated "George," and we all but persuaded Mr. Fraser to indulge in the gentle pastime of becoming a cardinal.

v. The Metropolitan Police. Lost 2-3.

Trenchard House had no terrors for us this time, and we marched in with confidence through the front door instead of rather guiltily sneaking in through the back as we did in the previous match, and what is more we arrived at the expected time, so avoiding having to wait 1½ hours for our opponents.

Williams found himself against his former adversary, and once more was mesmerised by that moustache which he swears was two inches longer than a couple of months ago.

Marrett, who has forsaken his long white trousers for utility shorts, which on this occasion had been starched, had a terrific match, but unfortunately just lost. Kelly also had an exhausting match, and although he won he had to be almost carried off the court. Yerbury for once was extended, but nevertheless won. Hughes, who very kindly turned out for us, played very well, but not quite well enough.

The completely unventilated courts at Trenchard House raise an enormous thirst, and we were glad the "peelers" were similarly affected, but were not prepared for their capacity. However, we stuck it out, and what if we were a little boisterous as we passed Marlborough Street Police Court on our way home?

ANNOUNCEMENTS

BIRTHS

HARTLEY.—On February 25th, 1944, at Gravesend Hospital, to Betty (née Nullar), wife of Kenneth Hartley, M.B., B.S.—twin sons.

WELLS-COLE.—On March 12th, 1944, to Peggy (née O'Neill), wife of Surgeon-Lieut. G. H. Wells-Cole, R.N.V.R.—a son.

CHANGES OF ADDRESS

Dr. A. W. FRANKLIN, 47, Queen Anne Street, W.1 (Welbeck 1035); Residence, 37, Avenue Road, St. Albans, Herts (St. Albans 4312).

Mr. COURBLANDT MACMAHON, 2, Upper Cortlandt, Wimpole Street, W.1 (Welbeck 2488).

Dr. ALAN S. PORTER, 12, Bearton Green, Hitchin (Hitchin 1012).

Dr. S. C. HOUNSFIELD, Copping Corner, Bacton, Stowmarket (Bacton 217).

Dr. T. H. G. SHORE, Chieveley, Seymour Road, Mannamead, Plymouth (Plymouth 3224).

EXAMINATION RESULTS

CONJOINT BOARD

PRE-MEDICAL EXAMINATION

MARCH, 1944.

Chemistry.
Stanton, T. J.
Deane, W. H. H.
Brown, H. S.

Coombs, G. A.
Vercoe, M. G. S.

Brown, H. S.
Deane, W. H. H.

Whiting, N. E.

Physics.
Stanton, T. J.
Cohen, H.
Norman, M. H.

Leigh, J. G. G.
Hiscox, H. G. E.
Mager, M. F.

Biology.
Stanton, T. J.
Vercoe, M. G. S.
Whiting, N. E.
Brown, H. S.

Norman, M. H.
Cohen, H.
Leigh, J. G. G.

FIRST EXAMINATION

MARCH, 1944.

Anatomy.
McRobert, R. G. A.
Bomonji, T. R.
Forster, A. L.

Dibb, F. R. F.
Glanvill, M. E.

Storey, B. H.
Thompson, J. M.
Seymour, J. C.
Taylor, T.
Rimington, K. E.
Wells, P. W.
Bulmer, K.
Youngman, R.

Yeardsley, F. J.
Aronson, R. P.
Dossetor, A. E.
Rosenberg, H. N.
Jackman, C. C.
Peck, I. A. W.
Deane, K. R. H.
Davies, G. R.

Physiology.
McRobert, R. G. A.
Moser, J. B.

Forster, A. L.

Pharmacology.
Moore, P. H.

Holgate, J. E.

ST. BARTHOLOMEW'S



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No. 5

DON'T SHOOT THE PIANIST

An embarrassing amount of press publicity has been given to the recent remarks of the Moran Committee* about that long-suffering and long-suffered creature, the Medical Student—or as Bernard Shaw would have it, "of the lowest form of life."

A sizeable section of the public still looks upon every medical student as a twentieth-century Benjamin Allen or Bob Sawyer, which view we consider more tragically ironic than degrading. Now these good folk open their morning papers to discover the medical schools of the country are stocked with a creature that "tends to lack curiosity and initiative; his powers of observation are relatively undeveloped; his ability to arrange and interpret facts is poor; he lacks precision in the use of words." The statement following on this, that these chaps have "neither the character nor the ability to make good doctors" presents something of an anti-climax. The description as it stands would be an under-estimation of a collection of Mental Deficients.

These authoritative conclusions about medical students with which the public were so eagerly presented had been snatched by the newspapers out of their context, an action against which Lord Moran mildly remonstrated in the *Daily Express* the day after their publication. The public have not had the opportunity to realise that, firstly, the Committee is speaking relatively, with regard to the high importance of these qualities in medicine; secondly, that the responsibility for these defects is chiefly laid on the student's training; and thirdly, such students as lack the character and the ability to

become doctors are more to be sympathised with than criticized, as the blame lies on the present system of recruitment that permits them to wander into a medical school (*Para. 12*). In short, if the medical student is an admitted social liability, the fault is at least environmental rather than hereditary.

In order to attract enough of the right men to medicine in the future, the Committee urges that the cost of medical education be lessened and the rewards for its completion increased, the exact opposite of which has recently been achieved by the rising cost of living and the White Paper respectively. Having thus collected a large enough number of recruits, the Committee (*Para. 9*) recommends "that a small body experienced in the assessment of character and ability" should deal with all the young aspirants to differentiate the sheep embryos from the goat embryos. Not only should this body have the sole right to grant entry into the medical profession, but it should control the allotment of the increased number of scholarships as well.

We all know that examiners are not infallible beings, but in comparison with selection committees they are practically automatons. J. L. Brereton in his "Case for Examinations" explains very fully and convincingly the advantages of the present examination system, and his observations rest on fourteen years' experience as a full-time examiner. Dr. Joad, in reviewing this book, made a point of emphasising the frailty of human selection boards if employed as a substitute for the traditional "Exam." He believed that however much an open mind the members of these boards attempted to maintain, some of the candidates could not fail to make an unfair, and really

* Report of the Planning Committee of the Royal College of Physicians of London on Medical Education, 1944.

irrelevant, good impression by reason of their appearance and demeanour at the interview, and vice versa.

The report states that the assessing committee should have "all the information concerning the past record of the student, including his academic achievements, and a report from his schoolmasters on his ability, promise and character." It would be easy enough to form a fair idea of the candidate's academic ability from his school examination record, but the reports from his teachers might quite likely, and understandably enough, be coloured by the personal likes and dislikes of the individual masters. Anyway, what points are the committee looking for in the prospective medical student? Presumably the qualities they maintain the present student lacks will be required, though it is difficult to see how they can be accurately judged on an interview and a headmaster's opinion. What else do they consider goes to make the character of the ideal doctor? It is interesting to wonder how many of our contemporaries would come up to scratch, or how many of our present consultants would have been rejected under such a scheme. Those of you who have read of the early life and personal disposition of John Hunter can imagine what sort of effect he might have had on an eighteenth-century assessment committee.

As medicine is to-day such a specialised and complex affair, and men can go on to become specialists in such varied sections as anaesthetics, radiology, rehabilitation and public health, it is difficult to visualise a character and outlook that would serve as a practical common denominator for every branch. The examination system contains many anomalies, and the suggestions of the Moran Committee are imaginative and backed by several sound arguments, but it seems

LE PLUS ÇA CHANGE

Now we must turn to what the termination of the World War is to mean to us as a Hospital and as a Profession. It should mean the beginning of greater things in our history, already truly great. It is not enough for us to rest on our past; we must consider the future. A true reconstruction does not mean the destruction of our heritage, but the building up on its sure foundation of an edifice which will be of still greater service to humanity. The ideals of our profession—both the medical and the nursing—are essentially scientific and humanitarian, and unless we keep these ideals always in the foreground, our reconstruction will be but an empty sham.

We shall have to "reconstruct" in our

better, all considered, to leave entrance to the medical profession open to all men with the ability to pass the examinations.

To turn to the other reason for the apparently poor quality of to-day's students—the course itself, which the committee declares leaves the overwhelmed undergraduate "intellectually stunned." Later on the Report says (*Para. 53*): "In education we seek to train the student so that he can collect, analyse and interpret facts for himself, to observe and to understand what he observes." (*Para. 55*): In brief, we are (now) trying to compress a quart into a pint pot, with the result that the less important, or rather less urgent, is pushed out in favour of the more urgent, and the scientific approach to medicine is regarded as an impracticable ideal." And (*Para. 98*): "The examination . . . should rather discover the candidate's acquaintance with the general principles underlying his subjects, his grasp on the methods used in clinical enquiry, and his ability to form a judgment on the facts so elicited."

The JOURNAL has forestalled the Committee on these points. Under the title of "Intuition" our April Editorial said much the same, which conveniently spares our having to emphasise our agreement with these principles now.

The rest of the Report contains many excellent and mostly overdue suggestions for the reorganisation of the medical course. We have not the space adequately to comment on these in detail, which is not the real purpose of this article anyway. Its *raison d'être* is simply an understandable desire to vindicate the medical student a little, or at least to offer the Public the plaintive western request that they Don't shoot the pianist—he's doing his best.

Medical School, in our Nursing School, in Research, in Medical Practice, and in the new relations which are arising between our profession and the public. Let us therefore put our whole energy into the matter, and let us make ourselves worthy of the men and women who have set us so great an example in their unparalleled devotion and sacrifice.

* * *

Take now the drawbacks to the proposed system [a State Medical Service]. The first is the question of promotion. In every Government service the leading fact is seniority. The men are so uniform and have so little opportunity of being otherwise that selection is

extremely difficult. It is equally difficult to get rid of an incompetent. When selection is exercised it invariably gives rise to dissatisfaction. I heard the last lists of the R.A.M.C. freely discussed, and I was surprised at the amount of distrust that was exhibited. If that happens in a small body, what would happen in a body twenty times the size? What knowledge could the inspector possibly have of the real character of a man's work in practice, or whether he was doing it well or ill? Supervision in such matters would be a farce.

The second drawback is the bad effect upon a man's efforts which is exercised by possession of very moderate prospects, which he can hardly be deprived of, but can hardly hope to improve. A general practitioner has—and so you will have—an immense amount of the dullest work in the world, and there is no one who can tell whether he does it well or ill. What do you suppose will be the effect upon a man not naturally industrious (and how many of us are?), who, working out his attendances at an average of a few pence for each, thinks that he is paid too little, yet sees no prospect of getting more by working harder?

And akin to this is the effect upon the general level of the profession. At present we recruit from a very good intellectual class. Men feel when they come to us that the system is elastic and that there is room for a good man to make his way. If you turn it into a rigid organisation where the power of individual effort is reduced to a minimum you will get recruits no doubt, but they will be as a rule of a much lower class of mind. There are, no doubt, exceptions. I have known one or two. But the other is the broad rule, and includes the vast majority of men.

So far I have argued the scheme upon its merits. But in addition it is worth while to

think of the practical difficulties of putting the scheme into practice. It would be a proposal nothing less than revolutionary, and, as far as I can gather, would be opposed by the great majority of the profession.

* * *

In his opening statement Col. Waring said it was impossible to divorce medical education from medical practice. The objects to be aimed at in medical reconstruction could be put in the following brief form: (1) To improve the education of students so as to make them more efficient for medical practice; (2) to improve the conditions under which medical practice is carried on; (3) to obtain the largest output of good work from medical men with the least expenditure of energy; (4) so to arrange the conditions of medical practice that the practitioner could have more time for recreation and more opportunities for bringing his medical knowledge up to date. He was assuming that it was not the intention of the State to create a whole-time medical service; the draft Bill did not foreshadow that.

He also made a plea for team work in ordinary practice. Practices should not be a one-man concern, but should consist of men with varied qualifications, so as to ensure thorough investigation for every patient.

* * *

Perhaps it may disappoint some, but after very careful consideration our School has decided against throwing open its doors to women, in spite of the fact that it is recognised that they will have a very important share in the care of the health of the nation in the future. Several other well-known medical schools are, however, receiving them.

(Reprinted from the JOURNAL 1918-19)

WHAT THE DOCTOR ORDERED*

By RUBY M. AYRES

Yes, he did! At the same time giving me permission to say exactly what I please, so here goes! And for once in my chequered career I am about to write just what I choose instead of merely what I know will sell! So clear the decks boys, and prepare for action.

Well, to begin with, I don't like doctors very

* This article was written specially for the BART'S JOURNAL by Miss Ruby Ayres, the well-known novelist. Reproduction in whole or part forbidden without permission S.B.H. JOURNAL.

much—not the professional side of them anyway—perhaps because most of the male members of my distinguished family have belonged to that revered and ancient order! My great-great-grandfather was a doctor on Nelson's flag-ship, and both my grandfathers, four uncles, two brothers-in-law, two nephews, as well as various cousins and other distant relatives have all followed in the steps of the Mighty, so if it is true that a prophet is of little value or account in his own country (or family) that

must be my excuse.

Let me, however, be quite honest, and admit that I have not suffered a great deal at the hands of either well-intentioned medicos or surgeons. In fact, my only two experiences are as follows. Firstly, when in my extreme youth I unwisely put out an irate hand in order to prevent the door of a greenhouse from being slammed in my face by a brother with whom I had had a desperate quarrel, with the result that the hand in question promptly went through the glass panel, lacerating my wrist, and severing what is, I believe, one of the most important arteries of one's anatomy. The doctor was sent for (a nasty old man whom I disliked intensely, chiefly because he had a bristly beard and a habit of sniffing instead of using his pocket handkerchief) and this gentleman promptly probed my unfortunate wound with a thing which looked like a bodkin, telling me when I protested that the injury was only what I deserved for not having more sense than to imagine glass to be unbreakable. He finally strapped my wrist with something which appeared to be cement, which several days later he brutally hauled off to see how the wound was progressing, thereby making it once more bleed profusely. I must, however, in justice to he of the Bristly Beard, admit that it finally condescended to heal, although to this day my undoubted beauty is still marred by a half-moon scar which invariably turns blue when the weather is cold.

My second, and much more recent experience was an operation for the removal of some objectionable things known as TONSILS. I have always suffered from headache, and as far back as I can remember, there has been an underground conspiracy on the part of THE PROFESSION to have those tonsils removed. However, until recent years, I managed to escape the clutches of the GESTAPO until, following a particularly bad spell of pain (always at the back of my cranium) I consented to visit a GREAT SPECIALIST who shall be nameless. He declared that the removal of the two throat incumbrances (though why they should be called by that name considering we are all born with them, I cannot imagine) would effect an immediate cure, but being rather a Didymus, I refused to make a date, and strictly on the Q.T. I paid surreptitious (and very expensive) visits to three other experts. Only one of them held a different opinion from his confreres, and he graciously told me, "I'll take them out if you wish, but it won't stop the headache"—for which piece of most unexpected honesty I thanked him with supreme

gratitude. But for once in my chequered career I allowed myself to be over-ruled by the FAMILY (the last occasion) with the result that out came the incumbrances and I spent two of the most miserable weeks of my life in a Nursing Home (also at great cost).

During that time, dear readers, I was entertained by the nurses with the accounts of their various love stories (the hero in most cases being one of the medical profession) and was told that they would all make the most wonderful, best-selling novels. Frankly, there was nothing new or surprising about any of them, and my own imagination could have invented something far more worthy of print and paper, but it helped to pass the time away, and I finally rose from my bed of sickness and staggered home. So that was that! But although I still have headaches, I was, during my durance vile, cured of an incipient fancy for a General Practitioner, and definitely decided that as life companion of a doctor I was totally unfitted to cope with a continual ringing of the telephone, and the necessity to live in an atmosphere of unwilling patients.

And now—as by this time I am sure those of you who have gallantly struggled to read so much of my out-pourings, are heartily sick of them—let us—as the great Professor Joad puts it—turn to another subject. By the way, speaking of the Great Professor—why doesn't the Brain Trust put more humour and interest into their diatribes instead of giving one the impression that it is purely a personal party, and that as long as they themselves enjoy their alleged witticisms, it doesn't matter a jot how bored the ordinary listener (if any) may be?

Incidentally, didn't they miss the chance of a lifetime when some questioner enquired whether they considered that during the past few years there was any colossus which could justifiably be added to the Seven Wonders of the World—nobody had the brains or insight to mention the Prime Minister?

Yes, I am one of those to whom Winston can do no wrong, and the chief reason why I should like to re-visit this Earthly Paradise, say, in a hundred years' time—is to hear what posterity will say about him. Of course there are several other of our present ministers whose After-Death Biography would also considerably interest me, but I hardly imagine they would be altogether complimentary!—not if I were given the job of writing them, anyway!

Please don't run away with the idea that I know a thing about Politics, or that I envy Lady Astor or any other woman who now and then puts in a trite remark when Parliament is

"sitting" and laying an egg which occasionally turns out to be addled—but, seriously, it does appear to me that one of the surest ways in which to maintain a war-free world in the future will be to have more women in control of the country. I don't mean just any woman who gets elected by virtue of influence or money, or by other subtle means of vote-catching, but sensible, perhaps quite ordinary women who, because they know how to run both their lives and their homes with true efficiency, could also help to run this great and unconquerable Empire on the same lines.

It is, let us admit, the women who suffer most when bloodthirsty, half educated savages plunge the world into war, and therefore, because women hate cruelty and suffering and the slaughter of their men-folk, they could undoubtedly be trusted to see that such savagery should never again be permitted.

With women, far more than with men (even with the Medical Profession!!!!) prevention is infinitely better than cure. The ordinary, capable housewife, for instance, if she suspects a coming shortage of necessities, will lay in an adequate supply, and if she scents danger, she will prepare to meet it, or better still to avoid it, and therefore she could be trusted, if given the power, to see to it that never again does

GENERALISED HYPERIDROSIS

By E. LIPMAN COHEN, *Captain R.A.M.C.*

Chronic sweating of the extremities and general sweating in certain diseases are both common. Ormsby and Montgomery (1943) give nineteen causes for "general sweating," severe chronic generalised hyperidrosis without apparent cause is rare.

CASE REPORT

An English Jewish soldier, age nineteen, complained of profuse sweating all over. He had suffered from this disability since childhood and, in winter, the chill resulting from the evaporation of the sweat was sufficient to cause colds. His mother was similarly, but less severely, affected.

He was of average build and was, apart from the sweating, healthy. Sweat dripped from him constantly; his face was always covered with beads of it. The sweat was colourless and odourless and could be collected easily by holding a test tube at his elbow. He stated that the sweating was much worse when he was nervous or excited and was slightly worse in hot weather.

Great Britain find herself in a state of unpreparedness against such arch criminals as the descendants of Attila the Hun.

Well readers, if any!—that is the end of the news, but here is an announcement, and it was told to me by a famous Harley Street gentleman, so if you are slightly shocked, blame him! A certain specialist had a talking parrot which was always kept in his consulting room, but one fine day that holy of holies was due for its annual spring-cleaning, and the bird was removed to the dining-room. There was a dinner-party that night—nine courses, and vintage wine, and what-not—and just as the meal was drawing to a satisfactory close, and the host and his guests were finding conversation less easy on account of their well-filled stomachs, a sudden silence fell upon the assembly which was broken by a solemn voice from the parrot-cage in the corner, saying in exact imitation of his celebrated owner—

"And now—what about the howels?"

And that is the end of the news! I won't give you the headlines because I can't find any, but just in case you have forgotten the all-important fact, and are in danger of falling asleep—this is Ruby M. Ayres saying "Good-night Children."

Investigations—

Blood W.R. and Kahn negative.
R.S.R.—8 mm./hour.
Blood sugar curve—60/100/110/100/60/50.
B.M.R.—+2%.
PH of sweat—8 (estimated on two occasions).
Chlorides in sweat (as Na. Cl.)—2.8G%
Na. Cl. in urine in 24 hours (i) 17.3G
(=1.52%) (ii) 13.6G.

After giving 17 G of sodium chloride by mouth, Na. Cl. in urine in 24 hours—28.8G.

Psychiatric Report.—"This man comes from a family in which there is a definite history of psychopathic instability. At home he had few interests apart from music and found it difficult to make friends . . .

He is a young man of average intelligence, extremely nervous in manner. He is shy, timid and easily scared and far too dependent upon his mother and home."

He was given tinct. belladonna in increasing doses; very slight improvement resulted. One side of the body was swabbed with a 10 per cent. aqueous solution of sodium hexa-metaphosphate and the other side with tap water from a similar bottle; this gave no improvement on either side.

DISCUSSION

I have been unable to find a similar case-report in the literature. "Intermittent Hypothermia with Disabling Hyperidrosis" (Hines and Bannick, 1934, Hoffman and Pobirs, 1942) seems to be a different condition; in it the patient is obviously ill and has attacks of lowered temperature. In the case of the man, age 77, described by Myrtle (1885), who appeared to die of hyperidrosis, the sweating occurred intermittently in attacks which started and stopped suddenly.

Kuno (1934) and his colleagues have investigated many of the factors in human perspiration. He states that there are two types of sweating—"thermal" and "mental." "Thermal" sweating is universal except for the palms and soles. "Mental" sweating occurs on the palms and soles. The axillæ sweat in both types. The youth described is peculiar in that his sweating was truly universal; his palms dripped as freely as his face and trunk.

The chloride content of sweat has been estimated by many workers with varying results. A selection of their results is given in the table; in all cases their figures have been converted into Na. Cl. G %.

All of them induced sweating by heat except Barney (1926) who used injections of pilocarpine.

Author	Sodium chloride G%
Hunt (1912)	0.18 —0.21
Kittsteiner (1913)	0.13
Moss (1923)	0.118—0.325
Barney (1926)	0.88 —0.469
Talbert & Haugen (1927)	0.71 —1.07
Mosher (1933)	0.65 —0.99
McSwiney (1934) ... male	2.65 —5.01
... female	3
Peck et al. (1939)	0.7

The chloride content of the sweat in the

case described is much higher than any of these figures except McSwiney's. Hunt (1912) and Kittsteiner (1913) have shown that the chloride content rises with increased secretion of sweat. It was thought that the high chloride content might be compensatory for some failure of urinary excretion but this was found to be satisfactory. According to Talbert and Haugen (1927) the chloride contents of sweat and urine are not related.

Mosher (1933) gives the Ph of normal sweat as 5.02 to 5.71 and McSwiney finds it to be 5.1 to 7.35 in men and 6.57 in women. Adolph (1923) states that the Ph decreases during sweating. In the case described the sweat appears to be unduly alkaline.

The cause of the hyperidrosis in this case is obscure. A hereditary constitutional factor appears to be present; Ormsby and Montgomery (1943) write, "Heredity is a factor in some instances." It appears likely that a psychogenic factor is present also despite the fact that the sweating is by no means confined to the palms, soles and axillæ. It probably works through the autonomic nervous system. There is no evidence of endocrine abnormality.

I wish to thank Dr. E. Forrai for his advice and help for the pathological investigations, Dr. E. Rose for the help on the clinical side, Dr. H. J. Kirkpatrick for the B.M.R., and Major J. D. Fraser for his Psychiatric report.

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THE BRACKENBURY

Our readers will be interested to learn that last March both the Medical and the Surgical Brackenbury Scholarships were won by one candidate, Mr. M. B. McIlroy. Apart from Dr.

C. M. Fletcher, who won both the scholarships in 1939, we can find no record of anyone else ever having accomplished this distinguished academic feat.

Under the terms of the foundation both scholarships cannot be held by the same man, and Mr. McIlroy has therefore chosen the

Medical. We should like to offer him our most hearty congratulations on this remarkable and almost unique achievement.

THE LIBRARY IN MEDICAL EDUCATION

By JOHN L. THORNTON
 (Now serving in H.M. Forces)

The teaching of medicine, as of most subjects, periodically receives attention from critics condemning existing practices, and suggesting alternative methods, which they consider would more effectively achieve the objective. There is not enough clinical work, or there is too much; too many, or too few lectures; the period of teaching should be extended, or condensed, and such like. In this short article it is suggested that the importance of the library is not fully appreciated either by the student or the teaching staff, and an effort is made to indicate the potential value of libraries in medical education.

At present, lectures, demonstrations and clinical sessions comprise the greater part of a student's education, but it is obvious that these alone cannot prepare one for a career. There are good, bad and indifferent lectures, while some students find it difficult to grasp information delivered in lecture form. In most hospitals, clinical material is scanty compared with the number of students, and it is necessary for a student to supplement his knowledge by means of private study. Unfortunately, there is little time left during the day for reading, etc., and it is suggested that library periods might be introduced to advantage. It is necessary for a student to follow up the subjects of lectures and demonstrations, for it is impossible adequately to cover the syllabus solely by these means. During lectures, the opportunity should be taken to refer students to sources of further information, perhaps confining certain periods to discussions on the literature of specific subjects. Practical work also must be supplemented by reading, and it is believed that wider reading, as distinguished from "swotting," should be encouraged. The latter may enable one to pass examinations, but is insufficient for any person really interested in his profession as a career. The wider knowledge distinguishes the professional man from the humdrum general practitioner, and produces the research

worker, the teacher and administrator as distinct from the "tradesman."

Obviously, an adequate library is essential if it is to play its part in medical education. A library is not an accumulation of books. It is a carefully selected collection, catalogued and arranged to suit the peculiar requirements of the institution housing it, and administered by a competent librarian. It must be adequately financed, and should receive consideration similar to the teaching departments in this respect. Several medical schools have poor collections of books, are inadequately financed, and are not staffed by trained librarians. They are not providing their students or staffs with the essentials of medical education.

A medical library must contain a selection of current textbooks for examination purposes, for although students must purchase at least one textbook on each major subject, they should also consult alternative sources. Historical works, including classic writings, should receive more attention than at present, while bibliographical reference books are essential to the person undertaking research. Sets of current periodicals are necessary, but as they are expensive, must be carefully selected. In London, the larger medical libraries house extensive collections of journals, which in certain circumstances are available for consultation.

To derive the maximum benefit from a library one must learn how to use it. The use of the catalogue and of the bibliographical reference books must be fully understood, and the librarian should be consulted when one is in difficulty. Having become "library-minded," one can enter any library, and after a preliminary examination, readily track down a requisite volume or subject with the minimum of delay. To research workers such knowledge is invaluable, saving much time, and if acquired while a student, renders the use of the library both instructive and interesting.

All contributions for the July issue should reach the JOURNAL Office by June 10th.

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

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- See Morgan, H. V.
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- ROXBURGH, I. A. See Roxburgh, I. A.
- ROXBURGH, I. A. (and Christie, R. V., and Roxburgh, A. C.). "Penicillin in Treatment of Certain Diseases of the Skin." *Brit. Med. J.*, April 15th, 1944, pp. 524-528.
- See Morgan, H. V.
- SCOTT, R. BODLEY. "The Early Treatment of Wounds of the Chest in the Middle East." *Brit. Med. J.*, April 8th, 1944, pp. 490-492.
- SEDDON, H. J. "Three Types of Nerve Injury." *Brain*, Vol. 66, Pt. 4, pp. 238-288.

BOOK REVIEW

A GUIDE TO THE SURGICAL PAPER WITH QUESTIONS AND ANSWERS, by R. J. McNeill Love, M.S., F.R.C.S. (Lewis, 6s.)

The art of passing examinations is almost as important, from the student's point of view, as any of the arts which he is taught in the hospital.

Mr. McNeill Love adds to the few scattered articles and prefaces giving instruction in the vital subject

by setting in his "Guide" 30 "likely" questions of the type unanswerable directly from the textbook, which, together with his few pages of general advice on tackling the paper, make the book a useful six shillings' worth to the hesitant examinee. Provided, of course, he conscientiously refrains from unsealing the answer pages till he has made a determined attempt at the questions.

THE LIFE AND WORKS OF JOHN HUNTER

(continued)

By Jeffery Spry Leverton

On Wednesday morning, the sixteenth of October, 1793, the end came with dramatic suddenness—an end that Hunter would surely have preferred to a long, wearying illness, during which he would have been unable to attend to his beloved museum. Some weeks before, two young Scots medical students had come to him and asked to be admitted to St. George's as his pupils. He pointed out to them that they had not had the necessary apprenticeship which the Board of Governors of the Hospital insisted upon. He promised them,

however, that he would bring the matter up at the next meeting of the Board, fixed for the sixteenth of October. That morning, he was in excellent spirits; before starting on his round, he went into the work room and told some of his resident pupils who were there some amusing tales of how children counterfeit disease. A few moments after his carriage rattled away from Leicester Square, Clift discovered that Hunter had left behind his visiting list. Seeing that the first house was in York Street he ran there and met him as he descended

the stairs. Hunter took the list and cheerily cried to his coachman, "St. George's."

He arrived to find the Board already in session. As soon as he could, he began to put the case for the two students before the assembled company. Someone found it necessary to flatly contradict a remark of his. A spasm of anginal pain seized him and he staggered towards the adjoining room. Hardly reaching it, with a loud groan, he fell dead into the arms of one of the physicians who had followed him out. How prophetically he spoke some five years before, when he said: "I am at the mercy of any fool who chooses to tease me." How much enmity existed towards Hunter may be gauged by the fact that no mention of his death was made in the minutes of that meeting and it was not until seven days later that the fact was reported. The Press were equally taciturn. What few notices did appear were short and incorrect, most of them reporting him to have died at his house. However, it must be remembered that the French Revolution was at its height and men's minds were fully occupied with the news from the Continent. Marie Antoinette, Queen of France, was guillotined in Paris that very same day. A contemporary print shows his body being removed from the main door of the Hospital in Mrs. Hunter's sedan chair. Jesse Foot, the agent behind the production of this print, maliciously introduced a couple of magpies hovering above his carriage and pair, which made up the melancholy procession down Piccadilly and so to his house in Leicester Square.

At a quarter past four on the afternoon of Tuesday, the 22nd October, John Hunter was buried in the vaults of his parish church, St. Martin-in-the-Fields. A few of his oldest medical friends and his relations attended the service and watched the great man laid to rest. The sexton's register book reads:—

"Leicester Squar. Oct. 22, 1793. M(alc) John Hunter Esq. † past 4 o'clock. £6.10.2. No candles. No. 3 V(ault). Duty 3 pence. C(ert) Apoplexy."

A number of theories have been advanced to explain why Hunter was not buried in Westminster Abbey. It has been said that the offer was made to Mrs. Hunter but that she regretfully refused because the fees were too great. As his latest biographer, G. C. Peachey, points out, "the statement is very questionable for, had it been so, there is little doubt that his executors would have found the money necessary for the acceptance of the honour, and no

contemporary suggestion of such a proposal is discoverable." The rules of St. Martin's forbade the showing of any tablet to his memory and so for sixty-six years, all that was mortal of this great man remained in comparative obscurity in a common vault.

By the terms of his will, his collection, amounting to some 13,680 specimens, was to be offered for sale to the government. On their refusal, to any foreign state or to be sold in one lot. In 1794, Hunter's executors presented a petition to the House of Commons, asking the House to make such allowance for the collection as it was worth. To this, Pitt, the Prime Minister, retorted: "What, buy preparations! Why, I have not the money to purchase gunpowder." Eventually in 1799, the House granted £15,000 for the collection—a collection costing Hunter £20,000 and worth, if it could be valued in coin, many times more. However, such was the state of lay medical knowledge and such was the belief in quack medicines that, as Mr. Mortimer Woolf states in his paper, a few years before the House refused to buy Hunter's collection, it sanctioned a considerable draft towards a total of £5,000 to enable the prescription of a quack medicine to be made public. Not only did Joanna Stevens receive £5,000 but she was awarded a certificate, signed by twenty distinguished people, including Cheselden, Sir Caesar Hawkins and Dr. Samuel Sharpe!

For safe keeping the collection was offered in turn to the College of Physicians, the Royal Society and the British Museum. All declined, but the Corporation of Surgeons, soon to become the Royal College of Surgeons "accepted it with joy." For some years it remained at No. 12 Leicester Square, but in 1806 it was removed to Lincoln's Inn Fields, its permanent resting place.

It was some time after Hunter's death before men began to realise just what a loss the nation had sustained. Honours began to pour posthumously upon his head. The Royal College of Surgeons, in 1813, instituted a yearly Hunterian Oration and later, Hunterian Professorships. Year by year, the oration has produced new facts about his life, new aspects on his work; and more latterly (since Otley truly said that it became yearly more difficult to find new facts about his life) the orations have demonstrated how much his work influenced, and still influences, the course of medical progress. It is much to be hoped that the tradition of the Hunterian oration, now given in alternate years, will never cease but continue until time is no more. In 1819, the Hunterian

Society was started, to commemorate his work. It, too, has a Hunterian oration, although of a slightly less formal type. The tradition of the Society is to still meet, as it did when first founded, in some City tavern and there, after dinner and over the port, the paper is read. Until the present war, this Society was one of the most flourishing of London Medical Societies.

In 1859, Francis Buckland, one of Hunter's most enthusiastic followers, read in the "Times" that it was the intention of the authorities to re-enter the coffins in the vaults of St. Martin-in-the-Fields. At a commemorative dinner a little later, he brought forward the suggestion that then was the opportunity for the final honour to be paid to his Master—that he should find a final resting place in Westminster Abbey. For nearly three weeks he daily searched for the coffin of John Hunter. Peachey records the scene. "The time came when 3,260 coffins had been removed and only five remained, two lying side by side upon the floor and three, one over the other, in a corner of the vault. 'I could see the names on all these coffins except two,' Buckland wrote later, 'and my chance therefore was limited to these.' It must have been a tense moment when on the 22nd of February, 1859, the workmen, standing at the head and foot of the uppermost coffin of the three, slowly moved it away so that Buckland might see the name upon the one immediately below it; and it is impossible to describe the infinite satisfaction which he must have experienced on beholding the object of his search."

The re-interment took place on March 28th, 1859; the site selected being in Abbot Islip's Chapel, between the graves of Wilkie and Ben Johnson. No service was read, but the Dean of Westminster was present and so was a grand-nephew of John Hunter—Professor Owen, Buckland and a few others.

Ben Johnson was buried upright. One explanation was that he wanted to be ready for the Resurrection! When Hunter's grave was dug, the skull of Johnson, still with red hair upon it, rolled into the excavation. This had also happened ten years previously, when Sir Robert Wilson was buried close by.

During the course of years, the Royal College of Surgeons has added to Hunter's original collection of some 13,800 specimens. For nearly a century and a half that great collection, beautifully arranged and catalogued, with its many more recent additions, has been a source of knowledge and inspiration to countless millions of men and women, members of the

profession and lay public alike. The cataloguing of the original specimens was mainly the untiring work of William Clift, Professor Owen and Sir James Paget.

In the spring of 1941, the drone of German bombers was heard nightly over the rooftops of the City. In one single night, by bomb and fire, that magnificent collection was destroyed. A mere 3,000 of Hunter's original specimens remain intact. His portrait by Sir Joshua Reynolds is safe. Happily, O'Brien too, smiles grimly in a place of safety—rumour has it that he is at the bottom of a Welsh coalmine! The College presents a gloomy interior, hall after hall empty and blackened. Hunter's statue is still there, encased in brick work. Its shell sustained the full force of the collapsing roof and the heat of the inferno. It remains until better days to discover whether the statue itself has been damaged. If ever the shade of John Hunter should wander through these empty silent halls, would he shake his fist in impotent fury or would he smile grimly and rest content? Content in the knowledge that for one hundred and forty years his life work remained here and did much good; I think the latter.

In the north side of the nave of Westminster Abbey, there is a brass plate let into the ground. In these days, the Abbey is dark and many people must walk over it unheeding. But it marks the grave of John Hunter and on it, beneath his coat of arms, is written this final tribute to one of the greatest men that our profession has ever known:

O Lord, How Manifold Are Thy Works.

Beneath

are deposited the remains of

JOHN HUNTER

Born at Long Calderwood, Lanarkshire, N.B. on the 13th of February, 1728.

Died in London on the 16th of October, 1793. His remains were removed from the Church of St. Martins in the Field to this Abbey on the 28th of March, 1859.

The Royal College of Surgeons of England have placed this tablet over the grave of Hunter, to record their admiration of his genius as a gifted interpreter of the Divine Power and Wisdom at work in the Laws of Organic Life, and their grateful veneration for his services to mankind as the Founder of Scientific Surgery.

In Wisdom Hast Thou Made Them All.

During the preparation of this Essay I received a great deal of help from several members of the Hospital. I am glad to take this opportunity to acknowledge that help. I am indebted to Dr.

Coughtree, Librarian to the Hospital, for advice and help in the early stages of collecting material; and I am especially indebted to Mr. A. E. Mortimer Woolf, F.R.C.S., sometime President and present Librarian of the Hunterian Society, who showed me every courtesy and spared neither encouragement, time nor trouble.

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* * *

CORRESPONDENCE

THE WHITE PAPER

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

The White Paper is so vaguely drawn up that exact criticism of it is difficult. The timing of its introduction is, however, definite, and in my opinion indefensible.

Most of the younger members of the profession are busily engaged in the Forces; most of the older members are as busily engaged in war and other essential work.

These facts make it extremely difficult either to examine the position fully or to suggest planned and detailed alternatives, or to co-ordinate action in relation to resisting what is or what may be had in the Government's proposals. It is hard to see in what way the subject is not controversial; and yet the Government is pledged not to introduce controversial

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peace-time legislation during the war. Perhaps between both parties there is non-controversial agreement that the doctors are "fair game."

The profession, even if it is too busy to determine matters of detail, can at any rate agree upon the following points:—

- (1) Science is greater than politics.
- (2) Science therefore must remain free from political control.
- (3) In any proposed State reorganisation of medicine all medical men, even whole time, must retain certain essential freedoms. These are complete freedom of speech and criticism of all medical and scientific matters; freedom to elect their own representatives to any such bodies as the Central and Local Boards or Health Services Councils.—I suggest that these

points be insisted upon as essential prerequisites before any negotiations between the profession and the Government are started.

(4) Experience of all Government services has taught those who were hitherto ignorant of the fact that the routine, the form-filling, and the precedent-worshipping proclivities of bureaucracy are diametrically opposed to these qualities which vivify science.

It would thus seem clear that any State medical service, particularly if it is likely to become complete and comprehensive, must be planned slowly, almost diffidently, and with the utmost care, in order that the best features of British medicine may survive.

The profession might be justified in demanding a postponement of the subject, in order that a con-

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

May I make use of your columns to touch upon several points both for and against the proposed Health Service.

Even those of us whose clinical experience is minimal must have come across patients *in extremis*, who, had they had means of support for their wives and families, would have entered the hospital for successful treatment several years earlier. We all know of cases who are forced to curtail their convalescence for the same reason. Every hospital in the country daily admits cases, the aetiology of whose condition springs from overcrowding, bad housing, poor working conditions, and a great many other social evils which cry for redress. Many of these have been pointed out and methods devised for their redress by such skilled social scientists as Sir William Beveridge. It can only be deplored that the sincere work of such able men may be employed as a tool in political machinations. There seems some possibility that the present spate of Educational, Social and Medical White Papers may be used as a catch-vote in the post-war elections. Of all these new schemes the proposed Health Service is the least fundamental and at the same time probably the least expensive to carry through. What guarantee have we, therefore, that a post-war government will not shelve the more expensive but more necessary measures in an attempt to maintain budget popularity. As a sole measure the regimentation of the medical profession seems unlikely to decrease the mortality rate of tuberculosis.

MEDICAL SICKNESS, ANNUITY AND LIFE ASSURANCE SOCIETY

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

This letter is prompted by a desire to make known to Medical and Dental Practitioners what attempts are being made to safeguard insurance benefits in the varying conditions of war at home and overseas. We, as Directors of the Medical Sickness, Annuity and Life Assurance Society, feel that it is of vital importance that members and non-members alike should know of the beneficial concessions granted by the Society to the professions which it serves.

Sickness and Accident Policies have always excluded claims caused or aggravated by war. This is a very wide clause, and so unsatisfactory that the Society now looks upon all claims not directly due to enemy action as covered by the ordinary conditions of the policy, while those directly due to enemy action are

structive and properly thought-out scheme might be evolved, with the help of the younger men, now serving in the forces, in the immediate post-war period.

That there is room for much reform everyone is agreed. But medicine is not the only profession in need of such reform.

Politics itself cannot escape criticism; nor is the Civil Service a mechanism renowned for speed, economy, or flexibility.

I am, Sir,

Yours sincerely,

GEORFFREY BOURNE, M.D., F.R.C.P.

47, Queen Anne Street,

W.1.

May 8th, 1944.

Until the more urgent social reforms have been made it would surely be wiser to increase the panel system to include the wives and families of those who already enjoy its amenities. I have it on good authority that none of the Health Services of various other countries is entirely satisfactory, but surely this is all the more reason why they should be thoroughly investigated and their flaws exposed and examined. This is not a matter that can be dealt with at short notice nor in war-time conditions, and until such investigations can be made it would seem preferable to embark upon admittedly make shift reforms rather than attempt a hastily thought up and revolutionary scheme which may not come off.

The standing criticism of the present system is the ratio of time and care devoted by many G.P.s between their panel and private practices. Were the capitation fee to be raised only a little there would be many practitioners only too willing to become full-time National Health doctors. As many already know, and we, in the fulness of time will discover, a high gross income soon dwindles when the recipient is paying for his practice and insuring for the education of his children, the security of his wife and the amenities of his old age.

I am, Sir,

Yours sincerely,

DENIS MERRITT.

The Abernethian Room,
St. Bartholomew's, E.C.1.
May 11th, 1944

dealt with by an *ex gratia* payment.

Ex gratia payments are made for incapacity due to enemy action, full benefit being paid for 15 weeks, with reduced benefit for a further 15 weeks and reconsideration thereafter. If the incapacity arises in the United Kingdom benefit begins at once, while if it arises overseas it commences from the date of embarkation for the United Kingdom. Those who hold Deferred Benefit Policies are eligible for the same benefits if incapacity persists at the end of the deferred period, which is deemed to start on embarkation for the United Kingdom if the incapacity arises overseas.

Service members at home are paid benefit for all incapacity not due to enemy action. In addition to this, although benefit in pre-war times was restricted

to the United Kingdom, except for small concessions on the Continent of Europe, claims not due to enemy action are now paid in any part of the world while under in-patient treatment in hospital, or from the date of embarkation for the United Kingdom if invalidated home.

Prisoners of war are exempted from payment of all sickness premiums until they are repatriated, when they can, on arrival home, again bring the policy into full operation without further medical examination.

As regards Life Assurance all pre-war Whole Life and Endowment Assurances are issued without restrictions, but since the war a standard exclusion has been adopted by many Life Offices. This limits the payment in the event of death directly or indirectly due to war to the return of premiums or payment of the surrender value, whichever is the

greater. We have now resolved in principle to limit this exclusion to death directly due to enemy action, and it is hoped to pay in full all other claims whether arising on service or not.

R. J. McNEILL LOVE,
Chairman.

G. ROCHE LYNCH,
CECIL P. G. WAKELEY,
A. H. DOUTHWAITE,
L. DROMLEY,
A. HOPE GOSSE,
Directors.

BERTRAM SUTTON,
Manager and Secretary.

Highfield,
Chesterston,
Cirencester, Glos.
April 17th, 1944.

ROUND THE FOUNTAIN

DISCUSSION ON THE WHITE PAPER

Tuesday, May 9th.—Only a three-line party whip would have produced in the House as full an attendance as weighed down the sturdy benches of Charterhouse Square this mild and sultry summer's evening. The sector gave up its ghosts and the audience was enriched by an intermingled ladies' gallery some twenty strong. But lecture habits die hard, and Dr. CHARLES HARRIS, who managed the speakers and the meeting with the same genial charm as he manages his children, called to the front in his customary style these retiring souls who had, in their customary style, concentrated round the back row and exit.

Dr. MALCOLM DONALDSON received an appreciative cheer as he arrived, but only to sit among the back-benchers. A veil of quiet dropped over the house when the Treasury Bench, which had been gathered together by Mr DENIS MERRITT, filed in to take its places, and the audience settled themselves down in the feeling of comfortable anticipation such as precedes first nights, seven course dinners and Mr. Churchill's speeches.

Dr. GEOFFREY EVANS set the ball rolling, and with a skilful and vigorous break on it. He started off by saying no one really knew how the White Paper would effect the hospitals or any other part of our present medical services. The Paper contained a State Medical Service *in embryo*, and its eagerness to encourage the survival of the Voluntary Hospitals and of private practice simply that cunning and familiar old fish the red herring. He thought that the direction and control of the Government scheme would be invested in the local authorities, which followed on the ten-

dency in recent years of local government administration to be dominant over central; but now he looked on the Government's proposals concerning milk and water supplies as straws in the wind that was blowing us back to centralisation. The objection to the control of doctors by local authority lay mainly in the prospect of regimentation and the slow, heavy government this kind of authority dispensed, while to add a little emphasis to his point he exhumed a couple of cases of murky local misgovernment from their recent shallow graves.

He believed doctors should dissociate themselves from politics altogether, but he foresaw that the "new doctor-patient relationship" would be simply the loyalty of the doctor to the State, while as the patients would have to accept whatever medical advice was handed out to them, they would all come to live under the thumb of their doctors. We must have a single service with independent opinions, he said, but he feared the Government's setting up Path. labs. and X-ray centres all over the country would strangle both the Voluntary Hospitals and private practice.

But these are just printed words, and what good are printed words to recoid the sayings of Dr. GEOFFREY EVANS? It's like reading the score of an opera. Those of you who have sat at his feet in the lecture room will understand how much laughter exploded from the packed benches, and why Mr. IVOR ROBERTSON'S large white handkerchief so often fluttered out to dab his eyes.

Mr. ROBERTSON himself next warned the house that the Public and the Government had made up their minds to have a National Health Service and pointed to long waiting list and

full waiting halls as two of the anomalies of the present system. He said that so far discussions on the White Paper had been confined to details of the scheme and to obscure principles lying behind it. The Government and Press had been pumping a large amount of subtle propaganda into the public on the delights of a "free for all" service, and the spectacle of the preservation of the Voluntary Hospitals and private practice was a gross misrepresentation. He thought the profession should issue a manifesto proclaiming agreement with the idea of better treatment for all, and we must produce definite counter-proposals to the White Paper, much of which would have to be modified. He ended by agreeing with the Government that organisation should come from outside the profession, but safeguards for the doctor should be introduced.

He was followed by Mr. DAVID PYKE, President of the B.M.S.A., who probably felt like an early Christian taking his first hesitant step towards the Roman lions. He confined himself to explaining the questionnaire we have been so busy filling in recently.

Dr. GEOFFREY BOURNE explained with his well-known charm and his well-known politeness his well-known distaste for politicians. His points can be more easily read and appreciated in his letter which honours this month's correspondence columns. We felt very flattered when, after re-dividing the human race into the two classes of young and old, he attributed all the good qualities of character to the former. This after teaching medical students for so many years, too! He also introduced us to an absorbing new complaint that hasn't yet found its way into Price—*Erythrotaniasis*, or infection with the Red Tape Worm.

Question Time went on for an hour after the last speaker had finished, and turned into a vigorous and non-stop affair giving the impression that most of the audience had very definite views on the White Paper themselves which they would like to express sometime.

In order to prevent anyone developing a gastric ulcer Dr. HARRIS skilfully brought the proceedings to a close just in time for a late dinner. We carried out into the fresh air with us four impressions:

(i) It was a fine, though limited, opportunity to express (and form) views on the White Paper.

(ii) It can have no direct effect one way or another on the future of the White Paper, as indeed it wasn't intended to.

(iii) If we object to the Government's

scheme, the medical profession (including students) must combine to fight it—tooth and nail.

And (iv) What wise men, and what brilliant speakers, are to be found among those who have devoted their talents to Medicine.

VIEW DAY, '44

Wednesday, May 10th.—Those of you who are now far away from Smithfield may like to hear something of the latest invocation of the ghost of our former View Days.

To-day only a handful of expectant spectators were to be seen clustering round the fountain, which was for the occasion excused its wartime penance and allowed to break into a half-hearted drizzle. One or two ladies in afternoon frocks, and the still-fresh green leaves on the plane trees did something to brighten the drabness that has settled on our wartime square, though they were aided sporadically by the button-holes of R.S.Q., few of which had been allowed to remain uncultivated. Dr. Scowen's firm sported in their lapels fresh green and white splashes of lily-of-the-valley, while the appearance of the JOURNAL's urbane Manager with a magnificent pink bloom sent a warm, rosy glow round the confining walls.

The sun that warmed the Straits of Dover glinted on the Beadle's staff as the little procession left the Steward's office for the Surgery, passing *en route* the spot which once reminded us that Art is Long but Life is Short, until a German bomb laid emphasis to the second part of the motto at any rate three years ago.

One of the porters who guarded the doors with the zeal of the Berchtesgarden Gestapo told us this was his twenty-fifth View Day. Before the war, he said, there were coconut shies and all kinds of things. "And a beer-stall over there on the pavement by the West Wing," he added, as we sadly regarded the now barren asphalt, "always sold right out by five they were."

Towards three-thirty six or seven members of the Staff appeared in little knots under the archway and in the square. A few visitors, one or two suited students, and some nurses in shining fresh-starched aprons collected at the mouth of the colonnade, waiting to retrace the footsteps of the shortly-expected procession. This body re-emerged with a fine sense of timing with regard to tea, and gathering disciples in its wake like a gentle avalanche packed itself into the Great Hall, where the young ladies of the diet kitchen had got the pot warmed and the kettle boiling.

We set off to find a traditional ward tea party, following a crowd of hungry-looking

dressers into their sister's sitting room, which was jammed full of people doing balancing feats with buns and cups of tea.

Sister had seen eleven View Days, she told us, and was such a charming hostess it seemed a pity she only had one day a year in which to play the rôle, though probably she herself was by that time considering once often enough.

We stood and champed cake thoughtfully with our colleagues for a bit, enjoying the

At HILL END

If Hill End were peopled with any race other than the impossibly sane, unbelievably imperturbable English, we would now have something dramatic, something sensational, some "I was there" article to send to our Editor. Standing in the face of a military struggle of unprecedented magnitude, the results of which will certainly affect every human individual and may well prove as cataclysmal for the one side as the other, we should be able to tell of Frenchmen indulging in an orgy of ferocious patriotism, of Germans methodically organising for every conceivable eventuality, of Russians impassionately carrying out a preconceived plan in an atmosphere of ant-like self-sacrifice impossible for the egoistical West, but of the English . . . they had a cricket match.

Dressed in immaculate white and a dazzling combination of multi-coloured caps and blazers, Mr. Willoughby-Daniel's team received a sound beating at the scabbier but more proficient hands of the regular Hill End players. The scene was inevitably conservative—the white figures shimmering in the green heat haze, the white-coated umpires fast asleep, the click of the shattered wickets (rather more frequent than usual, due to the unmanly speed of the Hill End bowlers)—and yet all the time the air was alive with the subdued and ominous rumble of high-flying bombers.

Our meetings on the White Paper could be epitomised by the phrase "Aspect on Politi-

At FRIERN

Be not discouraged, my boy. I understand your tears and your anxiety. But take heart: there are many who have trod the same way, who have learnt to love the place you now behold for the first time. Do not let your thoughts become your master, lest all be lost. Gird up your loins, rise above yourself and look further than the petty horizon of mental confines. Seek what lies beyond the abyss of dark-

unique sight of sister and nurses in uniform getting down to a quiet smoke over their cup of tea, until it came to the time when the company began brushing the cake crumbs off their jackets, and View Day, as ever, started to peter out in a trickle of good byes and thank you's.

Another utility View Day, this, our fifth to date. How long until the frills can go on again?

Dr. Bourne delivered a diatribe of such virulent intensity that any scheme more comprehensive than an extended Insurance system was remorselessly withered away, while the reputations of politicians in general and in particular were reduced to whitening bones in a desert of exposed intrigue. Under the more benign influence of Professor Ross the chances of survival were greatly improved, and even the decadent cabbage of complete co-operation would have flourished if the Treasury had watered it a little more profusely. But the charms of the languorous Spring evenings proved too strong for the majority on both occasions.

The May Day dance, held in an atmosphere of long frocks and coloured lights, was the best dance Hill End has seen for some time. The dancers swung to and fro to the primitive wail of the saxophone, outgrown dinner jackets piled cakes and lemonade from table to table, here was an atmosphere of pleasure and enjoyment, and after the music had stopped and the laughing couples had filtered arm-in-arm into the night, there was a certain air of weary peace. Outside the long white beams of the searchlights wandered restlessly among the stars.

Surely Sir Edward Coke should have added "The Englishman's lack of awareness makes him an impregnable fortress in himself."

P. J. B.

ness, stretch forth ever further into the unknown. You are letting reality drag you down and warp your outlook. Your vision of the unknown is imperfect for you are as yet looking through the glass; you must realise that the glass which, by its very squallor, distorts your vision is, in itself, only the panel of the door, the door you cannot unlock. Seek ye, then, the guardian who keeps the key, that he may unlock

the door and let you pass. By so doing you will see the distant light clearly, and you must then set out on the great journey. You can see the light now, but it appears to be afar off. Enter ye the tunnel, be not dismayed by its length and you will, with true perseverance, with steadfast step and mind, cover the ground and finally emerge into the light. But a strong heart must be yours, for there are those who will beset you on your way, who will use their divers tricks and cunning to make you falter in your step; and, as you proceed, you will find their attacks will grow more relentless. They are not of that sort which will be turned back by failure. They will haunt you, they will follow you, they will call forth strange and terrible invocations on you, and they will even attempt bodily assault on your person. However, you, being forewarned, will be quick of eye and quicker of movement, and, by your speed of action, shall escape these assaults and press on, on, ever on towards the far light. You will be weary ere long, but here be ye warned against those who would tempt you with suc-

cour, and who would comfort you and minister unto you. The temptation to stay will be great, but your purpose must be sufficient to make you spurn their advances, to cast them aside without as much as a wayward look. Indeed, 'tis better that you should fix your eyes on the distant light, for the knowledge of what lies beyond will give you the strength you need in your distress. Close not your eyes, nay, nor even one at a time, as you pass these fair bearers of victuals, lest you take upon yourself more than it is within your powers to handle. My son, I know you, I know you well. Be ye warned by these the words of one who has traversed the tunnels, who has seen the light afar off and who has, with perseverance and unity of purpose, finally gained the light. They journey is not easy, but I have confidence in full measure that you will survive the terrors that lie before you and that, these things accomplished, you will yet be in time for the ward-round.

R. Mc.G.

DERRY GARDENS

DERRY GARDENS will again be open in aid of Bart.'s from Monday, July 3rd, to Friday, July 7th next, now for the sixth year in succession.

These unique gardens, a hundred feet above street level and covering over an acre and a

The swallows returned last night, and this broad announcement of the advent of Summer should provide us with a topic worthy of a news-letter. But we believe that your patience would be sadly overtaxed by the elaboration of such a theme. Too many punts, crowded with a rainbow-like galaxy of colour, have drifted down from Grantchester in these columns. There have been far too many elevated effusions, syrupy with sentimentality, painting Cambridge as the "resort of ritual pleasure." A possible alternative would be an ethereal impressionistic description in the style favoured by some JOURNAL correspondents; its advantage lies in that it need have no direct bearing upon any outstanding news items, which, just now, are absent from this arena. For, you see, an epidemic of "examination nerves" is upon us, and, for once, our much-advertised apathy seems to find itself an excuse.

In fact, it is only that rare bird—the really

quarter, are well worth a visit from anyone condemned to spend the summer in London. They will be open from 9.30 in the morning till 6 at night, and the nearest Underground station is Kensington High Street.

ardent soldier—who can record a term of uninterrupted pleasure. He has been able to spend his week-ends, and some of his week-days, in the guise of an enemy parachutist scouring the country side from Dan to Beer-sheba seeking whom he may devour. He has saluted soldiers all around the town. He has slept in a variety of unlikely places that have shared but one thing in common—extreme discomfort and coldness. One such operation was notable in that the troops under the command of one of our leading militarists did not have to swim a single river during the course of the night, an occurrence which, so we are informed, is almost unprecedented in their career. Perhaps the rumour that the little red car was not amphibious after all had something to do with it.

We had hoped to have been able to serenade King Willow, but, unfortunately, the season is still in its infancy. However, the cricket

club has already made history by turning up to a match with twelve players, but the game was cancelled. It is not long ago that the rugger club played a game with sixteen men and got away with it. This is much more risky in the case of cricket; perhaps it might be managed if the twelfth man played under the "nom de guerre" of "Extras."

Passing an animated group of Bart.'s men on the steps of "the battleship" the other day (we knew that they were Bart.'s since they exhibited that peculiar shyness towards the use of the razor so prevalent amongst us), we overheard a conversation in which the words "one thousand, two hundred" played a prominent part. It transpired that the B.M.S.A. questionnaire on the Government "White Paper" had just been issued, and the controversy concerned the young doctor's initial salary in a National

Health Service. Although these astronomical gentlemen's hopes may be impracticable, it does indicate that "the penny has dropped" and the "White Paper" has become more real to us in Cambridge. A representative number of questionnaires have been issued, and, it is hoped, most of these will be returned.

We must be on the move again if we are to be sure of that seat behind the pillar. There is much competition for it since one of the Departments shocked us deeply one Monday morning by introducing a new style of lecture which has eliminated the passive sit-back-and-listen-and-maybe-doze tactics of most of us in bygone days. So to end, is this month's remark, made by Dr. A——r in a Chemical Pathology lecture: "That's the commonest story I know."

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

ANNOUNCEMENTS

MARRIAGES

RAIT SMITH—POTTER. On March 11th, Brian, younger son of Mr. and Mrs. W. Rait-Smith, of Redhill, Surrey, to Eva Daphne, younger daughter of the late G.P. and Mrs. Potter, of Tallochgorum, Tasmania.

JEPSON—BLACKLOCK. On April 15th at St. Bartholomew's-the-Great, the marriage took place quietly between I. Frank Jepson and Joan A. H. Blacklock, Q.A.R.N.N.S. (R.).

CHANGES OF ADDRESS

We must apologise for the unfortunate typographical errors that occurred in the announcement of Mr. Cortlandt MacMahon's change of address in last month's JOURNAL.

The paragraph should have read: Mr. Cortlandt

MacMahon, 2, Upper Wimpole Street, W.1. (Welbeck 2488)

TRUEMAN, Raymond S., has started as a consulting surgeon at 1, C.N.A. Building, East London, South Africa.

E. & S. LIVINGSTONE LTD.

We must apologise for the errors occurring in the advertisement of E. & S. Livingstone, Ltd., in our April number, which were due to circumstances outside the control of the Editorial Staff.

"The Combined Textbook of Obstetrics and

Gynaecology" should have been attributed to Kerr; the Authors of "War Injuries to the Chest" are not Davies and Cooke, but Davies and Coope. Furthermore, we realise "Jurisprudence" is not spelt with an "e."

SPORTS NEWS

RUGGER

Hospital Seven-a-sides. Richmond.

After probably one of the worst seasons in the history of the hospital, we came to the Seven-a-sides at Richmond with the intention of vindicating ourselves to some extent.

We were fortunate enough to draw a bye in the first round, and so went straight into the quarter finals where we met Charing Cross Hospital. This was a one-sided match, and after scoring two quick tries in the first half (both being converted) we settled down to reserve our strength in the second half. The final score was 13—0.

In the semi-finals we met St. Mary's. This match was by all accounts one of the best of the afternoon. We pressed hard right from the start, and looked like scoring when a dropped pass allowed St. Mary's to take the ball to the other end of the field, where they remained and finally scored. Half time 3—0. In the second half St. Mary's superior speed and handling told, and they scored twice more, but the game went from one end to the other. Our forwards, notably Corbett, played magnificently and crossed the Mary's line, only to be brought back for a knock on. Final score 9—0 to St. Mary's, who were the

final winners of the competition.

Middlesex Seven-a-sides. Richmond.
This tournament was played in brilliant sunshine and considerable heat. We played Twickenham, and the whole side appeared to suffer from narcotism. In the first half Twickenham scored and converted once. In the second half we woke up to some extent,

SOCCER

v. Guys. Lost 10—0.

A defeat of such considerable magnitude requires no little explaining away. Our imaginative faculties have failed to rise to the occasion. Abandoning the attempt we print instead the truth.

It was a misfortune to lose the toss and have to perform to open an urgent encounter with the disadvantage—if small—of playing into the sun and against the slope. And the misfortune became a calamity, calculated to unnerve even the most phlegmatic of teams when we found ourselves down by two goals within the first ten minutes. Such a circumstance would have presented a grave omen to any team matched against opponents so redoubtable as Guys. Nevertheless, for the remainder of the first half the play was brisk and even. Thanks to the tenacious agility of Dallas Ross, though our goal was often threatened, they scored only once more before half-time. At this point, indulging in an especial exaltation of vigour, Ross plunged lengthily forward with the laudible intent of fisting the ball clear of the goal mouth. By an unfortunate misdirection of effort, his punch failed to locate the ball, but, with creditable pugilistic exactness and power, succeeded in felling Walker with a blow to the point of the jaw. In so doing he suffered damage himself and was incapacitated for the rest of the game. In consequence the second half was a miserable affair. Pine took Ross' place in goal, and we finished the game with four forwards. Guy's rate of scoring increased in almost geometric progression, the last three goals coming within the last few

and after allowing Twickenham to score once more pressed hard for the rest of the game. Pitman finally broke away and passed to Jukes, who scored, the try being converted. Soon after, the final whistle went with us still pressing hard. Score 10—5.
The final winners—St. Mary's.

minutes of the game.

Notwithstanding the disparity between the sides, the game was an enjoyable one. Position for position, with few exceptions, we were outclassed and outplayed. In addition, the strategy, speed and thrust of their attack quite bewildered our ingenuous defence; while the stolidity and covering technique of their halves and backs continually thwarted the efforts of our forwards. It would be invidious to particularise upon individual performances for everyone tried hard; but it did seem that the defence as a whole played with less co-ordination than it has done on occasions before, and that the attack, though for the most part at its best, was not sufficiently willing to question the right of their defence to possession of the ball following goal-kicks and clearances—admittedly often wild—from our goal area.

Thus has come about the inglorious consummation of the club's brave hopes and aspirations. But perhaps it was over-ambitious to hope to reach the Final of the Cup Championship in this, its first year of resurrection. Rather than feel mortified, we suggest that it should congratulate itself upon surviving at all the pangs of re-birth and upon acquitting itself not entirely without distinction on the field of battle.

Thanks are due to Dr. Harold for the original happy inspiration which led to the reconstitution of the club, but no one is more deserving of praise than the Hon. Sec., Dallas Ross, whose Herculean labours throughout the season we have observed with admiration and gratitude.

HOCKEY

EASTER HOCKEY FESTIVAL AT LENSURY.

Once again we appeared over Easter at Lensbury to take part in the Hockey Festival; as usual we were made very welcome and were provided with some excellent hockey.

Saturday, April 8th, v. National Physical Laboratory. Drawn 1—1.

In this game we were fortunate enough to secure the services of Ralph Heyland, who was at his old position at centre-forward. He celebrated his return to the side by scoring a grand goal in the first half with a shot that will make the goalkeeper tremble whenever he thinks about it in the future. Our forwards in this game were very energetic, and Brazier in particular had had luck in not scoring on several occasions. We held our goal lead until the second half, when our opponents equalised. There was no further score by either side, and a draw was a fair result in a very even game.

Easter Sunday, v. Kingdon Grammar School. Lost 0—1.

This game was played in the morning. We very soon found that our opponents were younger and fitter than ourselves—added to this they obviously had gone to bed much earlier than we had the night before! However, we gave them a very good game

and almost defeated them. Their goal came at the end of the first half after a very nice bout of passing by their forward line, which incidentally we had reduced to four men by laying out their centre forward. Stout defence by Fison and McIlroy prevented further goals, and towards the end Harrison and Giles both nearly scored for us, but when the final whistle went we were still one down.

v. G.W.R. Lost 0—1.

We played this game after lunch, which may have accounted for our somewhat lethargic exhibition in the first half. Fison produced an orange at half-time, which he carved up and handed round, and this was obviously what we needed! In the second half we were new men; we not only made contact with the ball, but we hit it towards our opponents' goal, and Eyc seemed very keen on putting it in their net. However, we seemed unable to score despite repeated efforts, and we unfortunately allowed the G.W.R. near the end to bang one in. This was a game which we should have won quite easily, and it was no fault of our defence that we didn't.

Despite our unimpressive record this year at Lensbury we had a first-rate week-end, and would like to thank the organisers for a very enjoyable time.

EXAMINATION RESULTS CONJOINT BOARD FINAL EXAMINATION

APRIL, 1944

PATHOLOGY

Roxburgh, R. C.	Gillies, M. T.	Perfect, A. J. S.	Bates, D. V.
Sheen, C. R. P.	Eberlie, W. J. D.	Fox, C. G.	Holmes, C. B.
Middleton, H. G.	Hunt, M. R.	Bunting, C. F.	Bannerman, R. H. O.
Parry, H. E.	Todd, C.	Meyrick, J.	Fison, L. G.
Diazici, D.	Andrew, J. D.	Coulson, J. H.	Laymond, A. O.
Helps, E. P. W.	Hartley, C. E.	Lloyd, G. H.	Sills, O. A.
Peebles, I. C.	Gibson, J. H.	Jones, A.	Weatherhead, A. D.
Shohet, N. I. A.	Samrah, M. E.	Veater, D. G.	
Watson, P.	Mark, P. M. C.	Ridge, L. E. L.	

MEDICINE

Westall, P. R.	Roberts, G. F.	Smith, W. H. R.	David, G.
Roxburgh, R. C.	Gillies, M. T.	Perfect, A. J. S.	Ridge, L. E. L.
Eberlie, W. J. D.	Fox, C. G.	Todd, I. P.	Bates, D. V.
Grossmark, G. J.	Wood, A. B.	Gregory, B. A. J. C.	Giles, H. McC.
Routh, C. D.	Whitehead, B. L.	Holmes, C. B.	

SURGERY

Leverton, J. C. S.	Bunting, C. F.	Roberts, G. J.	Smith, W. H. R.
Eberlie, W. J. D.	Todd, I. P.	Pracy, R.	Jackson, L. G.
Wood, A. B.	Ilughes, M. S.	Blois, J. T.	Scott, M. G.
Jones, V. H.	Headley, P. R.	Green, B.	Beard, T. C.

MIDWIFERY

Adams, J. C. L.	Waddell, T. R.	Westall, P. R.	Fox, C. G.
Todd, I. P.	Parry, H. E.	Pracy, R.	Blois, J. T.
Balls, E. A.	Jackson, I. G.	Watts, F. M.	McKerrow, C. B.
Claremont, H. E.	Hewett, N. M. O.	Meyrick, J.	Orre, J. D.
Mayers, J. R.	Roberts, D. C.	Robinson, P. K.	Walsh, R. J.

DIPLOMAS

Roxburgh, R. C.	Gillies, M. T.	Eberlie, W. J. D.	Holmes, C. B.
Fox, C. G.	Bates, D. V.	Gibson, J. H.	Smith, W. H. R.
Sills, O. A.	Roberts, G. F.	Todd, I. P.	Whitehead, B. L.
Wood, A. B.	Giles, H. McC.	Leverton, J. C. S.	Green, B.
Jackson, L. G.	Jones, V. H.	Perfect, A. J. S.	

UNIVERSITY OF LONDON

SECOND EXAMINATION

MARCH, 1944

Bimstingl, M. A.	Blackman, J. H.	Campbell, F. G.	Cheshire, D. J. E.
Colebourne, K. W.	Dixon, J. E. R.	Galbraith, H. J. B.	Glasman, P.
Glenister, T. W. A.	Gourlay, N. G. O.	Haigh, A. B.	Jones, E.
Jones, I. G.	Juby, H. B.	King, R. C.	Kreeger, I. S.
McCluskey, K. A.	Matthias, J. Q.	Mead, J. H.	Mehra, M. D.
Peters, W.	Pine, R. S.	Frankerd, T. A. J.	Skoblo, M.
Thomson, W. McI.	Weston, P. A. M.	Winstone, N. E.	

ANY QUESTIONS

Progress in contemporary medico-pharmaceutical research is such that the medical student must learn of products unknown to his fellows in the preceding academic year. This is a difficult task with which the production of text books is sometimes unable to keep pace.

It is one of the functions of our Medical Information Department to keep the enquiring physician informed of recent advances in the development and use of our medical specialities, and parallel with this service, we are always happy to receive enquiries from medical students. We invite you to write to us whenever you have a problem or query in which you think we can be of help.



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ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

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No. 6

BEATING THE BOOKS

Far back in history, even before the time of the printing press, the words "student" and "books" have been linked together in a pretty, even respectful, association. Although perhaps there are some of us to-day who show a marked shyness towards this traditional relationship, there are some to-day who show a marked anxious study of the calendar reminds him that once again there is midnight oil to be burnt. Although a member of the Staff is reputed to tell his clerks, and quite rightly, that "Medicine isn't learned from books—you just pick it up about the hospital," only the most brilliant or most stupid dare to present themselves before the examiners without having supplemented their ward-work with considerable book-learning. We regard with a certain amount of suspicion the pleasant idea, swept up by the incoming tide of educational reform, that the assimilation of facts is an effete and injurious way of learning medicine. However important the teaching and understanding of the principles behind the facts, as we have recently emphasised in these columns, in an essentially practical subject like Medicine a vast number of hard facts must be learned, and as most of them can only be learned out of books, it is essential that the books at the student's disposal should be good ones.

It is not that there is a scarcity of reading matter dealing with all branches of clinical medicine. In the preclinical subjects there are only some four or five volumes on Anatomy and Physiology that are made use of by nearly every student in the country, while for clinical work there are several scores to tempt each individual fancy. We refer not so much to the well-known large books, that almost amount to pieces of furniture instead of pieces of litera-

ture, and whose primary function, for the average student, is one of reference; but to the smaller books he uses for his routine work, which form a very large, and, generally speaking, very mediocre collection.

What, then, is wrong with the books? In the first place, they are too long. If their authors would only reduce them to half the size they would probably be twice as useful. They must be short enough to be learnable in the comparatively short time the student has at his disposal, so that he can form a clear picture of the whole subject, and see it in its true perspective. It is far better to have one book, and stick to it, and know it well, than to slip gently through a thousand rambling pages before turning to a shorter volume for "revision." Besides, it gives the student a certain amount of confidence to feel he knows one reasonably-sized book fairly thoroughly.

The popularity of the synopsis type of book with students during the past decade probably rests not so much on a sort of get-rich-quick idea, nor on laziness, but because these slim volumes sort out the most important fact and so give the most profitable return for the outlayed effort. Unfortunately these books seem to be regarded by teachers, and by their own authors, as rather shameful publications, and are presented with apologetic explanations filling their pre-faces. One of these most definitely deserves quotation:—

"Knowledge of the seemingly endless finer details and variations in the patterns of disease will continue to be acquired as long as an individual remains a student of a medical science. The process of learning is most efficiently and pleasurably accomplished by acquiring first the essentials and the broad outlines, with the

addition of greater and greater detail as the subject is pursued further, rather than by adding minute fact to minute fact until the required mass is accumulated."

The facts contained in text-books should be arranged in some sort of order and strung out wherever possible along a line of reasoning so that they are easier to learn. The isolated fact has as much chance of survival as the isolated soldier; they must be marshalled into companies and battalions and presented as such. It only seems to be realised by one or two fortunate authors that books designed for students should aim to teach, and not be merely a succession of descriptions of diseases stretching out from page one with all the vastness of the Sahara Desert, and about as much interest.

Furthermore, text-books should be made as attractive as possible. Any departure from the formal presentation of information seems to be regarded by the purists with considerable suspicion and a certain amount of contempt. After all, a good lecturer will not spare himself any pains to make his material more interesting and palatable for his hearers, and, if he can better his teaching with his personality, why should he not be allowed to intrude it among his printed words as well as among those he speaks? Books are often condemned because they are "flashy," or in other words their writer has attempted to hold his readers' interest by the obvious method of making his subject more interesting. As long as he remains strictly accurate, there would appear to be no harm in that.

Text-books should, ideally, be written in good English, and in good style. There is perhaps a rather sinister implication in the paragraph from the *Lancet* student number of 1939:—

"The student must continue to read good English and especially poetry, not only because

the use of words is vital to the doctor but also that he may retain the flavour of a lovely language while he is studying from his text-books."

Finally, the writer of any text-book must remember always his very obvious obligation to make the student's task easier, not harder: and if he does so, not only his reputation but his bank-balance will surely benefit.

It is admittedly a most formidable prospect for any teacher to attempt to write a good text-book; but, then, only those so qualified should set themselves the task. We had adopted for our text in writing this the words of Sir Thomas Lewis in the *Lancet* of May 27th last, which, rather unorthodoxly, we quote before ending: "It is imperatively necessary to future medical education that teaching should gain in accuracy and in simplicity; the collection of so-called factual knowledge has in every direction far out-distanced its sifting, from the first standpoint, and its sorting into generalizations, the second standpoint. Medicine has thus largely to be re-written; an intimate digestion always precedes easy assimilation. We require new books written on these lines, and books fashioning the philosophy of medicine. They can be written satisfactorily only by those whose minds are long trained in criticism and discrimination and who are also experienced in teaching; they should be written as one of the early and chief tasks of the new professoriate."

There are two stern defence regulations preventing our making a bonfire of our redundant books at the moment, but at least we can remind prospective authors of Sir Thomas's words, and if, on flicking over the pages of their MS. their conscience remains not clear, perhaps they will serve medicine best by echoing the well-known decision of Prospero:

"And deeper than did ever plummet sound
I'll drown my book."

field, E.C.1.

Many friends of Miss Root, the senior bacteriological technician in the Pathology Department, will join us in congratulating her on her appointment by the College as temporary Demonstrator of Practical Bacteriology. This appointment, for which we believe there is no precedent, has been made in recognition of her valuable services as a teacher in practical classes, whose members now owe to her a good deal of their knowledge of bacteriological technique.

It gives us pleasure to record that Prof. E. D. Adrian and Sir Walter Langdon-Brown have been elected Honorary Fellows of the Royal Society of Medicine.

We are anxious to publish a list of Bart.'s men who have so far won honours in the Services during this war, and we should be grateful for any information friends and relations could send us of individual awards. Communications should be addressed to the Editor of the JOURNAL, St. Bartholomew's Hospital, Smith-

FURTHER OBSERVATIONS ON A VITAMIN C SURVEY ON MEDICAL STUDENTS

By G. E. C. FRANCIS and A. WORMALL

In 1939 a vitamin C survey of the preclinical students of our Medical College was started with the object of finding whether or not the average pre-war diet of such a group of individuals was adequate from the vitamin point of view. The chemical methods for the determination of several of the more important vitamins had by that time passed well beyond the laboratory or experimental stage and satisfactory chemical and physical methods were available for the assessment of the state of nutrition of man. In the original programme it was intended to make surveys with respect to vitamins A, B, and C and nicotine acid and possibly others, but for a variety of reasons it has been possible to carry out the vitamin C survey only.

It has been suggested that one of the most significant deficiencies of our war-time diet has been that of vitamin C and although there has been no report of wide-spread scurvy, there are many indications that the percentage of the population suffering from a shortage of this vitamin at the present time is greater than it was in 1938 or 1939. Our own results [Francis & Wormall, 1942] supported this suggestion, for it was found that a greater percentage of subjects studied were "unsaturated" as far as vitamin C is concerned in our tests in 1941 compared with tests on the same individuals or a similar group in 1939 [Harrison, Mourant & Wormall, 1939].

The question as to whether or not an individual requires to be saturated or nearly saturated with vitamin C in order to maintain full health need not be discussed here. The saturation tests were designed by Dr. L. J. Harris and his colleagues [Harris & Abbasy, 1937; cf. also Harris, 1942; 1943] essentially for the purpose of comparison and for the detection of marked unsaturation, and it was not suggested by these authors that saturation is necessarily desirable. In our own experience these tests are, because of their relative simplicity and the clear-cut nature of the results obtained, eminently satisfactory for the purpose for which they were intended. It must be remembered, however, that for most types of comparison the tests should be carried out in approximately the same part of the year. There is, as we ourselves and most other observers have noted, a marked seasonal influence on the state of vitamin C saturation of

the population.

Many investigators have made measurements of the blood vitamin C, and some have suggested that a determination of this value might serve as a measure of the state of vitamin C nutrition of the individual. The blood-vitamin C level varies very considerably, however, and the figures suggested by various workers in this field, as values consistent with a satisfactory supply of vitamin C to the tissues, vary within very wide limits; in fact, it would be premature, to say the least, to attach much significance to a single or even repeated determinations of the blood-vitamin C level. In a recent paper Prunty and Vass [1943] tabulate the plasma-vitamin C values obtained by various authorities and they express the opinion that the "normal" range is so great, 0 to at least 0.8 mg./100 ml., that it is of little clinical value. As a result of their own investigations, however, these authors conclude that in certain circumstances the plasma-ascorbic acid concentration in man may be an index of the nutritional state with regard to vitamin C; a concentration of at least 0.4 mg./100 ml. is considered desirable, and a value of 0.8 mg./100 ml. is taken to represent a state of saturation [cf. also Prunty & Vass, 1944]. In our own investigations we have not as yet attempted to correlate the results of saturation tests with determinations of the plasma ascorbic acid.

During the past winter session we have been carrying out tests on several groups of our students and we hope to make a fuller report when the work is completed in June of this year. In this investigation we arranged to test four groups (of approximately 30 individuals in each group) by means of vitamin C saturation tests and the groups were to be tested according to the following programme:—

Group A	in Nov., 1943; Feb., 1944; May, 1944
Group B	in Nov., 1943; May, 1944
Group C	Feb., 1944; May, 1944
Group D	May, 1944

A slight change has been made in this programme in view of the results obtained with Groups A and C in February, but this change will be discussed later in the paper.

The chief objects of this work are (a) to compare the results with those we obtained on similar groups in 1939, 1940 and 1941 and (b) to determine how long a "reserve" of the

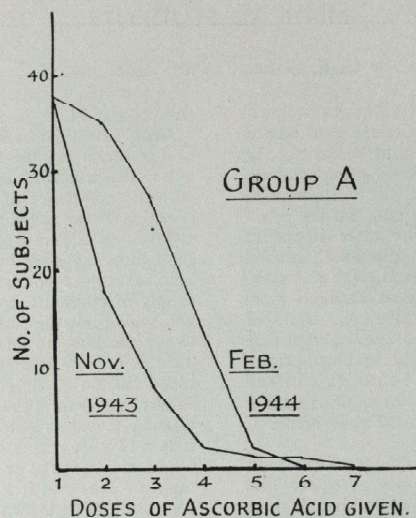


FIG. 1.

vitamin in the body, produced by saturation, will last, and (c) to emphasise the marked seasonal differences and the greater degree of unsaturation in May and June compared with the rest of the year. As a further development, at the suggestion of Dr. G. Graham and with the collaboration of Dr. M. P. Durham, we are attempting to correlate our results with those obtained by a study of the hair follicles of our subjects. It is known that hyperkeratosis of the hair follicles is one of the symptoms of vitamin C deficiency [for a review of the literature cf. Bicknell & Prescott, 1942, p.361], and, as Dr. Graham has suggested, it would be interesting to note whether our relatively vitamin C-deficient subjects show these hyperkeratotic hair follicles. The results of Dr. Durham's tests will be incorporated in the full report later this year. The present report is merely a preliminary account of the results of our saturation tests in November, 1943, and February, 1944. These results emphasise, if emphasis is needed, the marked differences between the vitamin C reserves of the body at different parts of the year and they also allow certain tentative conclusions to be reached as to the "life" of body reserves of vitamin C produced by saturation.

DETAILS OF THE TESTS

Saturation tests were made by the method of Harris & Abbasy [1937] and full details were given in our earlier publication [Francis & Wormall, 1942]. The results are given in terms of mg. of ascorbic acid excreted by the subject in a two-hour period during the afternoon of the day of the test (dose of 5 mg. per lb. of body weight at 9 a.m. or 10 a.m., urine collection for the period 1—3 p.m. or 2—4 p.m.), and the subject is considered to be saturated when his excretion of the vitamin in the afternoon period is 5 mg. or more per stone of body weight (*i.e.*, 50 mg. for a ten-stone individual). This is essentially the criterion suggested by Harris and his colleagues, except that their urine-collection period is 2½ hours. The number of test-doses beyond the second may be taken as an index of the relative deficiency of the past intake of vitamin C by the individual.

Table I and Fig. 1 give the results for Group A in November and February, Table II those for Group B in November, and Table III those for Group C in the February tests. Summaries of these findings, with a comparison of the average number of large doses required by the

TABLE I (GROUP A)

SUBJECT	Wt. (lb.)	NOVEMBER 1943					FEBRUARY** 1944				
		Vit. C (mg.) excreted after					Vit. C (mg.) excreted after				
		1st dose	2nd dose	3rd dose	4th dose	5th dose	1st dose	2nd dose	3rd dose	4th dose	5th dose
S.A.	148	1	4	30	12	52*	2	2	11	57	
W.I.N.	153	4	14	44	65		4	3	39	40	67
J.D.B.A.	176	17	29	115			21	31	236		
K.L.B.	154	30	43	76			3	8	40	124	
P.J.A.B.	161	4	20	69			3	2	16	65	
C.E.D.H.	144	6	43	167			2	6	44	161	
A.J.P.	149	15	38	68			2	5	33	73	
P.N.R.	168	4	29	105			4	9	23	72	
B.L.F.	151	48	88				6	20	70		
W.I.	160	36	77				3	3	22	90	
K.J.	174	47	87				2	42	65		
G.K.	138	35	82				3	35	45	109	
E.A.C.L.	168	31	85				4	46	78		
D.P.	135	46	119				2	6	54		
J.D.S.	150	12	118				4	3	38	72	
D.H.C.T.	150	34	156				7	35	82		
O.G.T.	122	6	45				2	40	94		
M.M.W.	161	15	106				23	117			
R.J.D.A.	133	53					2	5	3	42	80
J.A.S.A.	132	77					5	51			
M.D.B.	154	70					12	58		121	
H.J.B.	142	74					23	35			
J.B.C.	161	140					4	53	113		
G.A.C.	184	117					3	10	64	133	
J.S.C.	164	68					4	42	157		
R.A.C.	158	113					91				
D.D.F.D.	168	64					3	16	72		
J.R.E.	140	92					4	88			
J.D.G.	166	64					24	65			
J.P.H.H.	154	67					3	30	94		
J.H.L.	166	192					0	56	104		
J.W.R.M.	157	61					10	128			
J.A.M.	140	78					10	73			
D.J.R.M.	147	58					45	113			
J.S.N.	154	70					73				
G.D.P.	140	172					97				
M.R.	146	86					3	4	30	72	
B.T.	159	68					4	6	113		
No. of subjects		38	18	8	2	1	38	35	27	14	2

* Excretion after the sixth dose was 92 mg.

** A few of the tests on this group were carried out early in March, but no difference was found between these results and those obtained in February.

subjects are given in Table IV.

DISCUSSION OF THE RESULTS

Although the investigation has not yet been completed, several conclusions can be drawn from the results so far obtained. The average number of doses required by the subjects in February was approximately 1.3 more than the average for November, and is approximately the same as the average figure for the group investigated in June and July, 1941 (3.14,

compared with 3.25 for the 1941 tests). We shall be interested to learn whether these subjects taken as a whole group show deterioration, as far as vitamin C saturation is concerned, by May. It appears possible, however, that the more recent distribution of oranges may have caused some improvement in the general intake of vitamin C.

From the results given in Table I it will be seen that out of 38 subjects, 32 required more doses in February than they did three months

earlier, five were satisfied with the same number and only one, a subject who was appreciably "unsaturated" in November, required less (4 in February compared with 6 in November). One other interesting point which emerges from an analysis of the results in Table I is

imentary tract.

The slight difference (0.20 of a test dose) between the average figures for Groups A and C in February (cf. Table IV) does not appear to be significant, and it can be concluded that the saturation of Group A in November had

TABLE II
GROUP B (NOV. 1943 TESTS).

SUBJECT	Wt. (lb.)	mg. Vit. C excreted after		
		1st dose	2nd dose	3rd dose
D.J.G.	132	8	4	60
A.V.J.	168	15	51	105
M.D.B.	137	37	130	
H.C.	148	6	61	
T.S.C.	163	23	176	
P.H.D.	116	27	45	
J.D.F.	146	35	83	
A.H.	173	41	73	
B.N.M.	134	38	76	
J.E.M.	161	15	83	
M.H.N.	123	30	63	
M.W.P.	154	40	95	
D.F.R.	160	22	89	
D.G.T.	151	22	83	
D.J.T.	140	9	106	
W.C.T.T.	140	16	78	
K.Y.	140	10	67	
G.E.D.	130	65		
J.G.G.L.	126	67		
M.F.L.	152	78		
V.C.M.	129	60		
N.E.W.	176	114		
W.J.W.	124	107		
No. of subjects		23	17	2

that those subjects who were least "unsaturated" in November were again, taken on the average, least unsaturated three months later, for example, the subjects who required 1, 2 and 3 doses in November required respectively 2.60, 3.32 and 4.0 doses in February. All these subjects started of course from the same position, i.e., "saturation" in November, and the results suggest that there is a tendency for the previously more unsaturated subjects to lose their reserves of vitamin C more quickly after saturation than do the previously more saturated individuals. In other words, the more unsaturated subjects will probably more readily become unsaturated again, possibly because of dietary preferences or idiosyncrasies, or because they utilise or destroy vitamin C more rapidly than do the other individuals, or possibly because of less efficient absorption of the vitamin from the

no effect on the tests carried out three months later. Any body-reserve of the vitamin produced by saturation tests appears therefore to have disappeared, judging by these chemical tests, in a period of at the most three months. In a short account of an investigation on the vitamin C saturation test, Atkins [1943] reports a similar finding, in that troops saturated in January required four months later approximately as much vitamin C as did men not saturated in January, although all were on the same diet.

It is of course not known how long any "reserve" of the vitamin produced by saturation of an individual will remain in the body. Zilva [1941] considers that the body ascorbic acid of a saturated animal does not act in any marked degree as a reserve, i.e., the body does not store vitamin C [cf. also Zilva, 1936]; his

experiments showed, however, that relatively large doses of the vitamin at weekly intervals could protect guinea pigs from the macroscopic

should have lost all trace of this reserve three months later.

In view of the results obtained with Group

TABLE III
GROUP C (FEB. 1944 TESTS)

SUBJECT	Wt. (lb.)	mg. Vit. C excreted after					
		1st dose	2nd dose	3rd dose	4th dose	5th dose	6th dose
P.N.G.	146	2	2	2	17	49	56
N.C.M.	156	2	2	4	33	51	102
D.R.	166	1	15	9	48	108	
F.A.W.	184	6	5	4	30	134	
F.C.C.	155	3	4	41	95		
A.C.	171	0	0	18	99		
P.W.A.C.	111	3	7	23	47		
T.L.E.	173	2	2	15	79		
K.J.F.	140	2	3	17	59		
I.R.M.	140	4	10	43	69		
J.W.S.	173	4	4	28	114		
P.H.B.	156	3	40	93			
M.S.C.	131	4	23	92			
M.J.C.W.	138	7	36	145			
R.E.G.G.	142	2	45	65			
H.E.H.	168	3	15	62			
J.S.M.	135	2	13	67			
A.N.O.	168	6	47	143			
D.P.S.	136	3	6	94			
G.P.T.	138	3	36	79			
G.B.T.	161	3	24	64			
N.N.L.I.K.	136	8	31	50			
N.W.	148	5	5	73			
B.J.B.	144	32	88				
D.C.	175	34	67				
B.H. du H.	161	10	80				
S.H.	150	3	91				
D.W.H.	162	3	61				
D.M.	180	2	62				
B.B.R.	202	42	81				
H.W.S.	170	3	76				
W.I.T.	179	26	103				
No. of subjects		32	32	23	11	4	2

signs of scurvy. A comparison of the data for man and guinea pig led Zilva to suggest very tentatively that doses of the order of 100 mg. given at intervals of a number of days or even weeks may effect at least minimum protection against scurvy.

The relatively rapid disappearance of any "reserve" of the vitamin may be explained by its more rapid utilisation or "metabolism" or by an increased rate of excretion. Whatever the explanation, it seems rather surprising that the individuals who in November received an average of 1.4 g. of ascorbic acid, an amount equal to nearly 50 times the minimum daily requirements of 30 mg. suggested by the Technical Commission of the League of Nations,

A early in February it was decided to make some slight modification in the original scheme. Since Group A showed no advantage over Group C in February it would be very unlikely that the subjects of Group B (saturated in November but not in February) would show any benefit six months after their saturation tests, and therefore a few members of the original Group B were transferred to Group A and were tested in February. This explains the relative smallness of the final Group B. In May, tests will be done on the following three Groups: A (saturated in November and February); C (saturated in February) and a new Group D (not previously saturated), and a statistical analysis will be made of the results.

TABLE IV
SUMMARY

PERIOD	GROUP	No. of Subjects	No. of doses required to give "saturation"						Average no. of doses needed per subject
			1	2	3	4	5	6	
Nov. 1943	A	38	20	10	6	1	0	1	1.79
	B	23	6	15	2	0	0	0	1.82
	A+B	61	26	25	8	1	0	1	1.80
Feb. 1944	A	38	3	8	13	12	2	0	3.05
	C	32	0	9	12	7	2	2	3.25
	A+C	70	3	17	25	19	4	2	3.14

SUMMARY

- (1) Vitamin C saturation tests carried out on groups of our students have shown that in February, 1944, the subjects required on an average about 1.34 large doses (about 1.1 g.) more ascorbic acid to saturate them than did the same and other subjects in November, 1943. 84 per cent. of the subjects required in February more large test doses than they required three months earlier; one subject only required fewer doses.
- (2) Subjects who were relatively unsaturated in the November tests were usually relatively more unsaturated again in February. Several possible explanations of this are discussed.
- (3) The subjects who had been saturated in November did not show, three months later, any superiority, as far as body reserves of vitamin C are concerned, over subjects who had not previously received these large doses of ascorbic acid.

* * *

THE REWARD OF CRUELTY

By JAMES D. ANDREWS

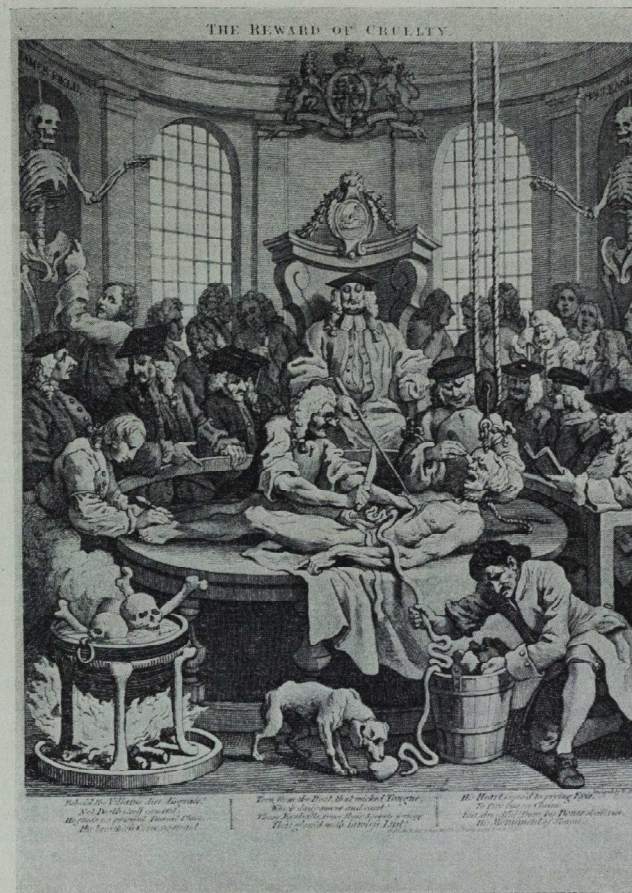
Towards the end of the seventeenth century, there lived at Ship Court, Old Bailey, a school-master and literary hack called Richard Hogarth. It was here that his son, William, was born in 1697. During his early years William Hogarth was apprenticed to a silversmith called Ellis Gamble in Cranbourne Alley, Leicester Fields, from whom he learnt the art of engraving. While working for Gamble he developed a system of memory-drawing, noting down those things which had amused or impressed him during his day's work. Later on he studied the

craft of oil painting under Sir James Thornhill in his academy at Covent Garden. In 1726 his plates to Butler's "Hudibras" established his reputation as an engraver. His early paintings were small portrait groups and from these he proceeded to a series of satirical moralities for which he is renowned. Of these "The Harlot's Progress" in 1731, "The Rake's Progress" in 1735, and "Marriage à la Mode" are the best known.

The Four Stages of Cruelty, of which the final stage is here reproduced, were a series of

engravings produced in similar vein. Describing them Hogarth writes in his Anecdotes, "The leading points in these prints were made

be more forcibly expressed by a bold stroke, than by the most delicate engraving. To expressing them as I felt them, I have paid the



as obvious as possible, in the hope that their tendency might be seen by men of the lowest rank. Neither minute accuracy of design, nor fine engraving were deemed necessary, as the latter would render them too expensive to the persons for whom they were intended to be useful. And the fact is, that the passions may

utmost attention, and as they were addressed to hard hearts, have rather preferred leaving them hard and giving the effect by a quick touch, to rendering them languid and feeble by fine strokes and soft engraving. The prints were engraved with the hope of, in some degree, correcting that barbarous treatment of animals,

the very sight of which renders the streets of our metropolis so distressing to every feeling mind. If they have had this effect, and checked the progress of cruelty, I am more proud of having been the author, than I should be of having painted Raphael's Cartoons."

The prints themselves depict the life of a certain Thomas Nero. In the first plate he is shown as a young boy wearing the badge of St. Giles' Charity School. Together with a number of others he is torturing a dog, while another youth endeavours to dissuade him by offering his jam tart to redeem the animal. Nearby two boys are burning a pigeon's eyes out, while two more are engaged in cock-fighting. In the foreground a boy is tying a bone on to a dog's tail while the animal licks his hand. Further back a crowd is grouped around two cats, strung up on a post by means of their tails, which are tearing themselves to pieces. In the background two more boys are throwing a cat out of a window with two bladders attached to it. In the second plate Tom Nero is now a hackney coachman. His horse has fallen outside Thavies Inn and broken its right fore-leg, the carriage being overturned. Tom is seen bludgeoning the animal with the stock of his whip. Beside him a drover is beating a sheep to death, and behind him a loaded brewer's dray is running over the legs of a child with a hoop, while the driver sleeps on unmoved.

Nero's descent along the pathway of depravity proceeds apace. He tempts a serving girl, Ann Gill, to quit a happy situation, plunder an indulgent mistress and meet him with the produce of the robbery. Blinded by her affection for him, she eventually agrees to do this and meets him in a churchyard after midnight, where he cuts her throat. This third plate is entitled "Cruelty in Perfection." Describing it John Ireland writes, in the *Anecdotes of Hogarth*, "Under the influence of that malignant and rancorous spirit, which by indulgence, is become natural, Tom Nero commits murder—most foul and aggravated murder!—for this poor deluded girl is pregnant by the wretch who deprives her of life."

The final stage is set, and Ireland continues, "The savage and diabolical progress of cruelty is now ended, and the thread of life severed by the sword of justice. From the place of execution the murderer is brought to Surgeons' Hall, and now represented under the knife of a dissector. This venerable person, as well as his coadjutor, who scoops out the criminal's eye, and a young student scarifying the leg, seem to have just as much feeling as

the subject now under their inspection. A frequent contemplation of sanguinary scenes hardens the heart, deadens sensibility, and destroys every tender sensation. Hogarth was most peculiarly accurate in those little markings which identify. The gunpowder initials T. N. on the arm denote this to be the body of Thomas Nero. The face being impressed with horror has been objected to. It must be acknowledged that this is rather o'er stepping the modesty of nature; but Hogarth so rarely deviates from her laws, that a little poetic licence may be forgiven, where it produces humour, or brightens character. The skeletons on each side of the print are inscribed James Field (an eminent pugilist), and Maclean (a notorious robber). Both of these worthies died by the rope. They are pointing to the physician's crest which is carved on the upper part of the President's chair, viz., a hand feeling a pulse—Taking a guinea would have been more appropriate to the practice. The heads of these two heroes of the halter are turned so as to seem ridiculing the President, 'Scoffing his state and grinning at his pomp.' A fellow depositing the intestines in a pail, and a dog licking the murderer's heart, are disgusting and nauseous objects. The vessel where the skulls and bones bubble-bubble gives some idea of the infernal cauldron of Hecate."

The President at Surgeon's Hall, shown in this plate, was Mr. John Freke, who was a surgeon at St. Bartholomew's Hospital from 1729-1755. Freke was well known to Hogarth and also to Henry Fielding, mention being made of this in the latter's novel, "Tom Jones." Freke was one of the last of the Barber-Surgeons, and was the master of Edward Nourse, also a surgeon at the hospital, to whom Percival Pott was a pupil. The gilt covered oak chandelier, hanging over the staircase to Great Hall, was carved by Freke and presented to the hospital in 1735.

John Ireland takes a rather pessimistic view of the effect which "the contemplation of sanguinary scenes" has upon members of the medical profession. To judge from Hogarth's own comments on the prints, this is not the impression which he intended to convey. His aim was rather to portray the end results of the continual indulgence in brutality to animals, and the callousness displayed towards suffering in those times. The prospect of eventual dissection might have been calculated to act as a deterrent to those at whom the prints were directed. The picture which Ireland paints of the medical men of his era is not one which is borne out in the present day.

I am indebted to Air Vice-Marshal G. L. Keynes for his help in compiling this article and in providing me with access to "The

Anecdotes of Hogarth." The photograph of the print was obtained from the Victoria and Albert Museum.

CORRESPONDENCE

THE JOURNAL AT WESTMINSTER

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

I have received from Mr. W. McAdam Eccles your May issue of the ST. BARTHOLOMEW'S HOSPITAL JOURNAL.

I have read with much interest your statement of views on the White Paper and would like to congratulate you on this most excellent summary.

Yours truly,

W. W. WAKEFIELD.

House of Commons.

May 17th, 1944.

BART'S AND THE SECOND FRONT

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

At the present time medical students are coming in for a good deal of adverse criticism, most of it unwarranted. You may, therefore, care to put on record a local occurrence illustrating their normal and expected behaviour.

This school was asked to send twenty-seven students to help to deal with the casualties from the spring offensive. These men could not be told where they were going, what work they were to do or the day on which they were to go. All they knew was that they were to leave in small parties for different destinations. The day and time of departure was to be announced at very short notice. The men concerned lived away from the hospital scattered over an area extending twenty-five miles in all directions.

To make things as difficult as possible, notice of the day and time of departure was eventually posted up at 5 p.m. on a Sunday for 9 a.m. the following morning. Despite their wide dispersal all concerned informed themselves of this notice and turned up punctually on the Monday morning ready to leave by the routes then to be disclosed. Between 9 and 9.30 a.m. each of the eight small parties, into which the twenty-seven had been divided, had received their travelling instructions and were on their way to meet their transport at the appointed places.

This behaviour was no more than was expected of these men, but it was satisfactory to see one small cog on a wheel in a big machine engaging with no friction and no bother to anyone else. Nor would one expect anything less of the remainder of the student body if and when their turn comes.

Yours truly,

CHARLES HARRIS.

St. Bartholomew's Hospital.

DISCUSSION ON THE WHITE PAPER

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

In the account of this discussion published in the last number of the Journal I am reported to have said, "We must have a single service with independent opinions. . . . May I explain what I meant to say? I fear that the White Paper is the first step towards a State Medical Service, and that doctors sheltering under a single umbrella provided by the State will tend to develop a single opinion. I want to preserve an independent professional opinion and believe that this can only be achieved by the survival of the Voluntary Hospitals and independent private practice."

Yours faithfully,

GEOFFREY EVANS.

7, Mansfield Street,
Portland Place, W.1.
June 11th, 1944.

FOOTNOTE TO HUNTER

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

There is one point in his essay on John Hunter that I would like to criticise Jeffery Spry Leverton on: it concerns the fate of Hunter's unpublished manuscripts.

Mr. Leverton tells us that Everard Howe (Hunter's brother in law and pupil) received on Hunter's death "literally a cartload of unpublished MMS. These he used for his own benefit, making use of much, if not all, of Hunter's ideas for his own works on comparative anatomy. Not content with this, he consigned the whole lot to the flames; this vile deed robbed the world of the greater portion of Hunter's works, as well as Jenner's letters to him."

That Howe received and burned Hunter's manuscripts is undoubtedly true; that he pilfered Hunter's discoveries and announced them as his own is not so certain; and the judgment that Mr. Leverton, in common with many others, passes on Howe's action, is, I feel, rather unfair. Mr. Leverton describes the burning as "this vile deed." Sir Arthur Keith's view seems nearer the truth.

"Hunter was an undoubted pagan; he silently and resolutely thought and wrote as if the Book of Genesis had never been in existence." Perhaps the last paper he wrote was 'Observations on the Fossil Bones,' presented to the Royal Society by His Most Serene Highness the Margrave of Anspach. In this paper, which was, as usual, submitted to the Council of the Royal Society before being read, Hunter explained certain changes in the structure of bones

as having taken place by a process which had been in operation for thousands of centuries. The Council was horrified to find a distinguished Fellow seriously suggesting that anything at all could have been happening for thousands of centuries. Hunter died, and the Council were saved from having to decide whether to reject the paper, which was impossible, or to persuade Hunter to alter it, which was just as impossible. Everard Howe was then consulted, and agreed to have the phrase changed to 'thousands of years' and brought surely within the limits of Biblical chronology. Sir Arthur Keith suggests that the same honest and well-meaning, if mistaken, piety prompted the burning of so many other manuscripts, which must have contained similar pagan suggestions.

This is the more charitable and surely the more correct view."

The above I quote from the section on John Hunter in Harvey Graham's book, "Surgeons All." I, too, feel that Sir Arthur Keith's view is probably the more correct, and is certainly more charitable than "this vile deed," which I would like to suggest to Mr. Leverton is rather a harsh and very uncharitable judgment.

I am, Sir,

Yours sincerely,

KINGSLEY LAWRENCE.

The Abernethian Room,
St. Bartholomew's Hospital, E.C.1.
June 7th, 1944.

LE PLUS CA CHANGE—II.

THE KEEN MAN

There be two kinds of keen men. The one keepeth his keenness unto himself, and publisheth it not upon the roof tops; him do we admire and emulate. The other striveth ever to be in the front row, and taketh copious notes therein; the scratching of his pen is a burden unto the lecturer. He stealeth teeth from the surgery patient while yet the lawful dresser tarryeth over the Unna pot, and at lunchtime he eateth buns in a white garment, so that they who pass may say: "This man is no longer an inhabitant of the rooms." He carryeth not his stethoscope by stealth, neither doth it shame him that he talketh shop in strident tones to his brethren in the public places of the city. Regard him closer; from his fancy vesting protrude his scissors, his drug book, and his Scott's Emul-

sion Diary; thus may ye know him. He feareth not the scowls of the clerks, but burroweth himself ever into the foremost rank, whence he cocketh his head at the physician, saying: "Yea, yea, verily it is præsystolic." Of the surgeon he asketh intelligent questions, while yet he already knoweth the answer. He runneth up to the moribund patient, and bangeth him upon the chest, so that he spitteth blood at him. He taketh off the dust from the library shelves, and depositeth it upon the cloak-room towels. And when he hath diplomated he goeth forth crying: "Of a verity am I out of touch with the student lads."

(Reprinted from the JOURNAL, September, 1905, and ROUND THE FOUNTAIN.)

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

- BROOKE, B. N. "Vesical Calculus due to Foreign Body in the Male." *Brit. J. Urol.*, March, 1944, pp. 15-16.
- COOKSON, J. S. "Epidemic Infective Hepatitis in Gloucestershire." *Brit. Med. J.*, May 20th, 1944, pp. 687-689.
- DINGLEY, A. R. "Some Dangers of Sulphonamides in Ear Infections." *Brit. Med. J.*, June 3rd, 1944, pp. 747-748.
- D' SILVA, J. L. "Symptomless Enlargement of the Oesophagus." *Brit. Med. J.*, June 3rd, 1944, pp. 750-751.
- FISK, G. R. "The Fractured Femoral Shaft." *Lancet*, May 20th, 1944, pp. 659-661.

- GREEN, H. F. (and Jones, H.E., Armstrong, T. G., and Chadwick, V.). "Stomatitis due to Riboflavin Deficiency." *Lancet*, June 3rd, 1944, pp. 720-723.
- HAWKING, F. "Tissue Culture of Malaria Parasites." *Lancet*, May 27th, 1944, pp. 693-694.
- HULBERT, N. G. "Various Manifestations of Non-specific Arachnoiditis of Indefinite Aetiology." *Post-Grad. Med. J.*, April, 1944, pp. 108-111.
- KNIGHT, G. C. "The Significance of Minor Head Injuries." *Practitioner*, June, 1944, pp. 377-385.
- WITTS, L. J. "Some Problems of Infective Hepatitis." *Brit. Med. J.*, June 3rd, 1944, pp. 739-743.

There is no truth in the report that the latest American neurology books are describing a disease called Jeepy Eye.

At HILL END

At the time of writing the long expected second front is four days old. After months of rumour and fruitless speculation, the news was at first treated with incredulous reserve, then with tensed excitement and finally with that air of apprehensive expectancy that came to all those who watched the long lines of bombers and gliders rumble over the southern horizon. We listened to the communiqués, we read and re-read the papers, we strained our ears again and again to catch the sound of the shuddering concussions which we knew to be rocking both coasts of the Channel, but in every mind was the certain knowledge that here were a group of young, healthy adults who were doing nothing to help their brothers and their friends at that moment fighting on the bare, coverless coast of Normandy.

It was the culmination of a feeling of uselessness which had been growing in us all through the days of 1st M.B. and Dunkirk, Alamein and the pre-clinical, Tripoli and the warm evenings on the river at Cambridge, and now in the sleepy lectures and microscopical porings of the Pathology course. It is a feeling which

is inevitable to any long academic training held in time of war and especially to the great rigmarole of medical apprenticeship.

We are in no mood to recount the every-day trivialities of life at Hill End. Yet one event of the past month is too important to be swept away by personal feelings, and that was the visit of Charles Williams, critic and poet. He spoke on "The Index of the Body" and it was a paper of such moving mysticism and deep instinctive thought, that some of the gross scientists of the audience went away confident that he had said nothing. But to some, the energetic little man speaking in the cool summer evening on a hospital lawn, was a symbol of the things on the outside of life.

This is the last time we are to write in the capacity of Hill End correspondent, so we wish to our successor an all pervading patience with his inevitable armchair critics and to ourselves, that after the next year's work, we may feel that we have been a little more use than during the past year.

P. J. B.

At CAMBRIDGE

For sporting events this month (lectures, births and riots are included under this heading) we can quote the Boat Club's well deserving efforts as a "Sandwich boat" in the Mays. They rowed over six times in three days' racing, averting disgrace but not exasperation. The Swimming Club raised a water-polo team to play Bedford College for Women, but this match was, perforce, unequally in our favour. The Club suffers an acute shortage of opponents in Cambridge.

The Cricket Club are enjoying a fair season, despite the existence of a rival club, a select band rejoicing, we are told, in the title of "Aortics."

A Junior Abernethian Society debate upon the "White Paper" followed the B.M.S.A.

questionnaire. The motion (in favour of the White Paper and proposed by Mr. Guha) was defeated, with the assistance of the sharp diction of Dr. Durham's and Mr. Butcher's opposition. Although it is unlikely that this debate will influence the future course of the White Paper, it did have a useful function in placing the case vividly before us (we wonder how many of those present had read the White Paper) and also in providing an essay in self expression for some of us. Two criticisms heard afterwards were that there should have been more time for open debate (there was no scarcity of speakers) and that advertisement would have attracted a wider attendance.

D. K. T.

BOOK REVIEW

A MANUAL OF PULMONARY TUBERCULOSIS and an ATLAS OF THORACIC ROENTGENOLOGY, by David O. N. Lindberg, M.D., F.A.C.P. (Bailliere, Tindall & Cox, 36s.)

According to the wrapper of this book, which

comes to us from America, it is "Illustrated, almost lavishly, with superb plates."

Whatever be the hard borderline between lavish and non-lavish, there is no doubt that this volume contains plenty of well-produced photographs; its

print is clear and easy to read, which commendation also applies to the text.

It is really two books. The first 72 pages are devoted to phthisis—its diagnosis, treatment and control in the community, together with an added chapter on X-ray technique and interpretation. Dr. Lindberg deals with his subject in a concise and practical manner, and has omitted all aspects of the disease as yet experimental, controversial or theoretical. The chapter on treatment is especially noteworthy, as it presents the regime of the tuberculous patient clearly and practically, sorting out the confused jumble of "fresh air, rest and good food" that many students seem to hold in their minds. Moreover, the author has emphasised throughout the "Mental Hygiene" of the patient condemned to several months of forced, and possibly symptomless, inactivity.

ANNOUNCEMENTS

BIRTH

RANDALL.—On June 6th, 1944, at the County Hospital, Farnborough, Kent, to Helen (née Pullan), wife of Dr. Keith T. Randall—a son (Simon James Crawford).

MARRIAGES

STORY—WILSON.—On May 17th, 1944, in Italy, Capt. Peter Story, R.A.M.C., to Miss Freda M. Wilson.

All contributions for the August issue should reach the JOURNAL Office by July 10th.

SPORTS CRICKET

v. Orpington. At Chislehurst. Sunday, May 14th.
The wicket was soft and dull. W. Juckes opened, having a fresh north wind behind him. P. F. Lucas, who bowled sixteen remarkably consistent and praise-worthy overs during the course of the game, took the first wicket at the other end. It was a perfect ball swinging out late and coming back to take the off peg.

Unfortunately D. Howe, of Orpington, was missed in the slips soon after and continued with their No. 2 to prove difficult to dislodge. In spite of some creditable fielding and some good slow bowling by J. Debenham, wickets came slowly. After a very

v. Lensbury. At Lensbury. Saturday, May 20th.
Before describing the match I should like to point out that seven members of the team had spent the previous night stultifying at a party, and consequently were suffering from that peculiar disease known to medical students as Night Starvation.

A little thing like that, however, could not cramp their style, though at the beginning it appeared to slow the game up considerably. Bart's, having won the toss, decided to bat first, and the general opinion seemed to be that it was better to ascertain first how many balls there were before attempting to hit one or more of them. M. R. Hunt and C. J. H. Paget opened to face steady medium bowling and a well-placed field. Hunt was caught at the wicket early,

The second part of this book is made up of 145 X-ray photographs with brief underlying legends describing their abnormalities. These photographs deal fully with pulmonary T.B., and include films of practically every other thoracic condition.

In view of the importance of X-rays in the diagnosis of chest conditions and the difficulty of the student in familiarising himself with their various appearances, this section should prove a helpful one. The plates themselves are clearly produced in the negative at quarter full size and include a few plauigiaplis.

The book is well written, unambiguous and essentially practical, although it is by no means suitable for those requiring an advanced volume on the subject.

POTTER—WALLACE.—On March 3rd, 1944, in the Sisters' Mess, 66th General Hospital, C.M.F., Lieut.-Colonel A. C. Potter, R.A.C., to Beatrice E. Wallace, Q.A.I.M.N.S./R.

WEST—WHARTON.—On May 1st, 1944, at the Cathedral, Nairobi, John Hardstaff West, Major, R.A.M.C., only son of Mr. and Mrs. G. H. West, of 14, Lansdowne Road, Bedford, to Joyce Helen Wentworth Wharton, Captain, R.A.M.C., only daughter of the late Mr. and Mrs. J. H. Wharton, of Dublin and Sydney.

satisfactory high catch by Ellis at silly mid-off the innings was declared closed at 5 o'clock with the score at 99 for 5.

Considering the sportsman-like nature of the declaration Bart's should have exhibited equal confidence, but after tea there followed as lamentable an exhibition of batting as any Orpington captain could wish for. Perhaps it is only fair to mention that the sun and wind had dried the surface of the wicket considerably.

Orpington: 99 for 5 decl. (Howe 57, Lucas 5 for 34).

Bart's: 42 (Button 6 for 11, Stone 4 for 22).

but a valuable if unprolific partnership followed the arrival of M. Bates. The score crept slowly up to 55 for 5, when Ellis having hit a ball high into the air set off towards the pavillion with a resigned expression a good ten seconds before the ball was caught.

With the score at 73 and half an hour to go before tea Juckes ambled out to take his place at the wicket, followed by heartfelt commands from his captain to knock up the runs. Walker was already putting up a beautiful performance with a classical style of ease and grace, and Juckes, not to be outshone, proceeded to follow his captain's instructions. The spectators were surprised to see him launch the ball well on its way to the boundary from a supine position on the

ground. He confessed afterwards that it gave him more leverage and he felt steadier there. At tea-time after their magnificent partnership Paget declared with 124 for 6 on the board.

After tea Juckes bowled with vigour, taking two wickets in his first over. With five wickets down for 55 there appeared to be time in hand, but it was

SWIMMING AT CAMBRIDGE

At the end of the Easter term a notice was put on the board inviting all those interested in swimming to sign on it. A large response was elicited, and at a general meeting held the last Friday of term, Professor Wormall was re-elected President, Professor Hartidge re-elected Chairman, and D. Sack, Secretary.

The club having been virtually resurrected, a further meeting was held to elect a captain, and this post was unanimously given to W. H. H. Deane.

Hardly was the club on its feet, when a challenge appeared in the shape of a water-polo match to be played with Bedford College. This was immediately accepted, and preparations for the coming fray begun. A team was organised by the Captain, and some very strenuous practice put in, as rumour had it the ladies were exceedingly tough.

On the day appointed, a very large crowd turned up to watch, and it was found that the foe was not quite as weighty and dangerous as had been anticipated. Confidence thus having been regained, the match was started, and within two minutes Deane had scored a goal by a prodigious throw from about the half-way line.

From then on the match was in our hands, and we played furiously for the first ten minutes, during which a goal was scored by Orr Hughes, and another

here that the unavoidable absence of P. F. Lucas was felt, for although no batsman felt comfortable Bart's let the tail wag too long. The draw was unfortunate, by 7 o'clock Lensbury had made 80 for 8.

Bart's: 124 for 6 decl. (Juckes 37 not out, Walker 29 not out, Paget 34, Bell 2 for 13).
Lensbury: 80 for 8 (Juckes 5 for 27).

by Deane. Vazifdar in goal became so fed up with waiting there, that leaving the defence line he swam up to the enemy's territory and scored a goal too!

To the cheers of the crowd, both Bart's and Bedford ducked each other with no little spirit. The only exception was Deane, who appeared to be completely unsinkable, though tackled by five women together.

After half-time, the team was a little weary, and due possibly more to this than to chivalry, the ladies got the ball quite a few times. A further goal was scored by Deane, in addition to some careless misses by various members of the team. The Bedford goalie's nose was made to bleed by a faulty shot of Sack's, who rectified the mistake by scoring the last goal as time was blown.

To the deafening plaudits of the crowd both teams staggered out of the water, and went their ways with much glory.

Challenges have been sent to every conceivable corner of the country ranging from the Metropolitan Police to the U.S. 9th Army Air Force, so that a strenuous term is being prepared for.

The club secretary is endeavouring to get in touch with the clinicals, as some very fine swimmers are believed to be among them, and the Combined Hospital team would have far greater success than the Pre-Clinical team.

EXAMINATION RESULTS UNIVERSITY OF LONDON

FINAL EXAMINATION

APRIL, 1944

PASS

Alterman, J.
Herrington, G.
Stammers, F. M. G.
Baldry, P. E.
Miller, K. II.

Syed, I. H.
Brennan, E.
Monks, P. J. W.
Carson, M. B.
Rey, J. H.

Vogel, L.
Arundell, P. W.
Dunmigue, F. G.
Hughes, E. W.
Lloyd, G. H.
Monckton, G.
Sharp, C. D. W.

Thomson, J. L. G.
Claremont, H. E.
Hart, P. L. de V.
Jones, R. F. McN.
Mason, S.
Pitman, R. G.
Thorne, N. A.

SUPPLEMENTARY PASS LIST

Part I

Andrew, J.
Clarkson, K. S.
Hicks, E. P. W.
Le Bouvier, G. L.
Mayers, J. R.
Randall, K. J.

Waterlow, J. K.
Carr, R. B.
Harrison, R.
Jackson, D. F.
Mark, P. M. C.
Parry, H. E.

Part II

Routh, C. D.

Part III

Bibbings, G. E. R.
Pracy, R.
Bullough, J.
Todd, I. P.

Hilton, B. J.
Walker, C. H.
Holloway, S. D.
Wood, P. A. T.

D. A. (R.C.P. & S.)

Gray, A. J.

Sherwood, M. P.

Smith, J. A.