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MAN AS A PLANNED ANIMAL

We must now consider ourselves the slaves of the cult of progress, even as the savage is the slave of the witch doctor's totem. Progress is the new deity that is gradually replacing the older philosophies based on the ideals of a group of religions dominated by Christianity. The contemporary trend is towards such organisations as will speed the fulfilment of the ends of material progress. Our civilization is an ever increasing complexity of such organisations and to these we are becoming more and more subordinated day by day. In a word, we are the machines of the machines. We are to be told what to do and where to do it and now psychological suggestion and the subtle undercurrents of planned propaganda are dictating our thought patterns, our opinions and our judgments. Even more significant are the mental associations conjured up by the mention of the name of our new task-master—progress. In the place of the harps and halos happily conditioned into the minds of men by the labours of generations of scholars who were artists, and artists who were scholars, modern advertising and the increased circulation of popular periodicals gives us great vistas of steel girders and the hum of the monster turbines as the material symbols of the worshipped divinity. To contemporary minds the ideal is progress and the modern conception of progress is material progress. Quantity is to be given preference to quality and to obtain quantity we crave large scale organisation. The aim therefore is towards bigger systems, to increased centralisation, to planning. If we are to have a peace it is to be the peace of Mr. Huxley's "Brave New World." This is the vision that the planners would dangle before us as the ultimate goal.

The efficiency of a great machine depends on the subordination of its parts. The cogs must turn together or not at all. There is no scope for freedom within a machine. The price we are to pay for material progress in its accepted form is the price of individual freedom of action and thought.

Before we are accused of being against all progress, of advocating the case of the have's against the struggles of the have-nots, let us state more precisely what we are criticising. The mean intelligence of the race can be represented as an undulating plateau. Out of this plateau arise from time to time momentous peaks. These peaks we call genius and it is by their agency that the best contributions are made to our society. The peaks have only been able to contribute so much because they enjoyed complete intellectual freedom. Raise the level of the plateau by all means, but raise it at the expense of the height and freedom of the peaks and you invite disaster. In other words, planning for the public must not be at the expense of the freedom of the individual and more especially of the talented, educated, cultured individual.

The only way we can combine both ideals is by voluntary co-operation as opposed to conscripted efforts. Doubtless for the present this policy will yield smaller dividends in comparison with the temporary achievements of the regimented hordes of automata. Yet in the end it will achieve much more, and the other the only possible end of a dominated species—extinction. We are of the opinion that rags in heaven are preferable to a fur-coat in hell.

PSYCHOLOGY FOR DOCTORS

By GEOFFREY EVANS

A friend of mine who was responsible for the training of an army of young women told me of her interest in the development of their personality and character. She told me something of her methods and of the criteria by which the leaders were chosen. One item in her method of education was to tell the students before a lecture to listen attentively, and after the lecture to write answers to the following questions: "What interested you most in the lecture? What further information do you want in order to develop your interest in this aspect of the lecture? Where can you find this further information? What use will you make of it?"

I had the good fortune to hear my friend lecture, and a few days later I wrote to her: "I am obedient to your commands, and I beg to report as follows. I was particularly interested in your criteria of leadership. I found something already in my mind which seems to bear on this subject. I have added these thoughts to some things you told us, and the result is the enclosed statement which will, I think, be of use to some of my students."

I have had this statement printed, and I sometimes give copies of it to my In-patient and Out-patient Clerks. It is this:—

People come to us for help. They come for health and strength. Much ill-health, including organic disease such as coronary thrombosis and peptic ulcer, is due to emotional and nervous shock and strain.

There is an emotional or nervous aspect to all disease. We doctors must be able to treat this.

The basic weaknesses of human nature are fear, self-pity, and self-indulgence. Tennyson wrote in "Oenone"—

"Self-reverence, self-knowledge, self-control,
These three alone lead life to sovereign power."

As medical students you can already contribute to your patients' recovery on this super-sensuous level. You will contribute to their self-reverence by treating them with respect and understanding, and by giving them their due in admiration for such fortitude (for instance) as they show in suffering. You will be able to give them self-knowledge by giving them simple information on physiological principles as is well within your knowledge and directly applicable to their sensations.

You can give them self-control simply by having yourselves under perfect control, control

so perfect that you are not (for instance) irritated by an irritating remark.

If a man has no money he cannot give it away.

It is the same with these super-sensuous things.

The problem immediately is for each man to know himself and develop these precious things in his nature.

For instance the training in one of the Services is directed towards developing enthusiasm (conviction): efficiency: courage: self-control: imagination.

Enthusiasm includes desire. It determines persistence in action.

Efficiency extends to every activity, not only professional and technical, but including conduct in every direction.

Imagination means understanding another's feelings, outlook and environment.

Courage means the calculated and careful acceptance of responsibility without fear.

Self control is, thank God, a strong feature of our island race, and to it belongs the mystic outlook which is a help in facing up to great adventure.

There is a lot in all this.

What use can you make of it?

Good use, I feel sure, because it is part of Bart.'s.

A colleague commented, "Why Bart.'s? Why not Guy's, or any other teaching school?" The answer is, "Of course. These are things which every good doctor knows and practises. As set out in this leaflet they are, I hope, reasonable instruction to students, but I would not presume to teach the students of other medical schools."

Nevertheless I wonder if we Teachers pay sufficient attention to this aspect of medical education. The personality and character of a doctor matters so much to a patient that a man chooses as his doctor one whom he likes and trusts. Should we as teachers, more often than we do, call the attention of students to attributes of character in order that by so doing they may become more fully conscious of these things in themselves, and so consciously develop them?

Since writing this I have read the Editorial in the December JOURNAL, and I am much interested in finding that the writer and I look at things from the same point of view.

CASES OF MEDICO-LEGAL INTEREST—II.

By John Taylor

For the next case we move from the peaceful lanes of the West Country to the centre of London.

The scene was a place I call *Oaktree Court*, off Oxford Street. The court had a narrow entrance through an archway, then opened out and ended blind. On either side of it were blocks of quite respectable offices. One summer's evening at 9 p.m., Greenwich mean time, a constable acting on information received, entered the court and was shown the body of a woman on some stone steps a few yards from the entrance. She was dead and he caused the body to be removed to hospital. The House Surgeon examined the body at 9.20 p.m. and found that cooling had started, but the body was not quite cold, there was a certain amount of post mortem lividity and rigor mortis was beginning. On these findings he guessed that the woman had been dead for not less than three or more than six hours. In other words death had taken place between 3.20 and 6.20 p.m.

At the post mortem examination the next day the following points were noted:—

There was considerable bruising of the legs, particularly of the inner sides of the upper parts of both thighs and of the vulva, of which the left side in particular was much swollen. Blood was escaping from the vagina. On the front of the left chest over the heart was a brownish, roughly triangular mark, its sides about 2-in. long, the base fairly sharply defined. This only affected the skin, which was hardened and dry. There was no reddening around the mark or beneath it. On the back between the shoulder blades was a smaller, more irregular, but otherwise similar mark. I had no doubt that these were burns caused after death. On opening the abdomen I found the uterus enlarged up to about the level of the umbilicus, in fact it contained a foetus of some 4-5 months. The pelvis contained about a pint of partly clotted blood—some of the clot at any rate had been formed before death. Towards the top of the uterus at the back was a perforation, about $\frac{1}{2}$ -in. in diameter, from which blood could be expressed. On removing the uterus I found blood escaping from the cervix, which was slightly soft, the canal just open and there was much bruising around it. The membranes around the foetus were intact. The placenta, situated at the fundus and behind, was partially separated. Behind it blood passed down to the cervix and through the perforation into the abdomen.

From these findings it was obvious that an attempt had been made to procure abortion by pushing some instrument forcibly into the uterus, and that this instrument had produced the perforation. Death was due to hæmorrhage and shock.

I suggested that the burns on the chest and back were caused by the application of something hot, and something with at least one straight edge, to the chest and back, in an effort to revive the woman when she collapsed.

There was one other point of interest—the stomach contained the remains of a meal—fragments of meat, potatoes and rice were recognisable, and I hazarded a guess that this meal had been taken 2-4 hours before death.

On enquiry it was found that the woman was a Mrs. W. She was a widow of some years' standing—so that her pregnancy was careless or at least indiscreet. She lived with her sister and had eaten a midday meal of meat, potatoes and rice pudding at 3.15 p.m. and at 3.45 p.m. had gone out on some journey unknown.

Now when did she die? Where did she die? We know why she died, but who caused her death?

The House Surgeon, you will remember, thought that from the degree of cooling, lividity and rigor, she had died between 3.20 and 6.20 p.m. I thought she had died 2-4 hours after her meal, which we now find was taken at 3.15 p.m. On my guess, then, she should have died between 5.15 and 7.15 and as the House Surgeon's findings made the time not later than 6.20, if we combine the findings she should have died between 5.15 and 6.20.

Now where did she die?

Possibly on the steps where she was found. If so she was dead on those steps for some hours. Ladies, overcome by fatigue or alcohol, have been known to lie down on office steps, but they are not often left undisturbed for hours, and the application of hot restoratives to the back and chest would, I think, arouse some curiosity in the passers-by. Subsequently several witnesses were found who were prepared to swear that those steps were unoccupied up to about 8.45. Was the body brought along in a car, hurried across the pavement of Oxford Street, and dumped in *Oaktree Court*? Possibly, but I think improbably. Oxford Street is a crowded thoroughfare and its inhabitants fairly observant. Did she then die somewhere in *Oaktree*

Court? In Mrs. W.'s bag was an interesting document. It was in the form of a prescription containing Mag. Sulph. and Tinct. Ferri Perchlor. Harmless enough, we think, but it is alleged that these drugs may have a stimulating effect on the pregnant uterus. Be that as it may, the prescription was signed "F. G. Fitzgeorge." (I hasten to say that this name is fictitious.)

Now F. G. Fitzgeorge was a very interesting citizen. By profession he was a seller of contraceptives, literature on contraception and a magical mixture called Mens delai, which was a corrective for menstrual irregularities. There was also in Mrs. W.'s bag the counterfoil of a 5/- P.O. filled in with the name of Fitzgeorge. 5/- was the price of a bottle of Mens delai—"double size, extra strength." Most of Fitzgeorge's work was done from a stall in the street markets, but he also had an office for "consultations." This office was at the far end of Oaktree Court, about 20 yards from the spot where Mrs. W.'s body was found.

The police began to think that Mr. Fitzgeorge might be helpful to them in their enquiries. Fitzgeorge was admirably frank. He said he had never met Mrs. W., but had sold her Meus delay by post and she was to have come to his office for a consultation at 4.30 p.m. on the fatal afternoon. She had not appeared. He had waited for her on and off all the afternoon until he left at 8.45 p.m. and he had then called attention to the woman lying on the steps. We may note here that Mrs. W. could conveniently reach Oaktree Court at 4.30 by leaving her sister's house at 3.45.

The equipment of Fitzgeorge's office was simple. It consisted of a desk, two chairs and a horseshair mat on the floor. In the desk among other things, was found a long narrow pair of forceps, of a type which is used, or certainly used to be used, quite lawfully by Obstetricians. These forceps showed some charred material, which was found to be animal matter, on the tips and recent rust at the joint. They could possibly have caused the injury found in Mrs. W.'s uterus.

But what had produced the burns on her chest and back?

At about 5 p.m. in the afternoon when Mrs. W. should have been with him, Fitzgeorge had asked a telephonist for some hot water. He had made the same request on several previous occasions. The hot water was provided in an electric kettle which he returned later. Asked to explain this, he said he wanted it to bathe his sore eye. No one had ever noticed this sore eye and it must have been cured very rapidly. I venture to suggest that the burns had been caused by the direct application of the kettle.

Fitzgeorge was invited to attend the inquest on Mrs. W., but instead sent this letter to the Coroner:—

"Dear Sir,—By the time this reaches you I hope to have gone out of this world. I cannot stand the strain of this awful worry. My head seems to want to burst. I had nothing to do with Mrs. W.'s affair. Yours faithfully, F. G. Fitzgeorge."

The local police at once visited Fitzgeorge's lodgings, found him with his head in the gas oven, fished him up and restored him to life.

When the inquest was held later, the Coroner's jury found Fitzgeorge guilty of Mrs. W.'s murder and he was committed for trial.

No one had seen Mrs. W. go into Fitzgeorge's office, or come out of it alive or dead. This, then, was the missing link in the case. Examination of her coat discovered on it a number of bent horseshairs of two lengths and the mat on Fitzgeorge's office was built up of exactly similar horseshairs. It could not be found that Mrs. W. could have collected them anywhere else.

Fitzgeorge stood his trial in Old Bailey. The story which I have told you in brief, was carefully produced but the Judge would have none of it. For him the horseshairs did not constitute the missing link, and he directed the jury to find the accused "not guilty" and Fitzgeorge was discharged.

This may be a disappointing climax to what I think is a rather good detective story, but it at any rate exemplifies the golden rule of our criminal law that the accused is assumed to be innocent until he is *proved* guilty.

It is with great regret we have to announce the resignation of the JOURNAL'S Editor, Mr. Gordon Ostlere, who has been untiring in his efforts to maintain and improve upon the standards of his predecessors. We hope, however, that he will continue to send us the articles which have contributed so often and so conspicuously to the humour of our pages. His place will be taken by Mr. Peter Banks.

All contributions for the March issue should reach the JOURNAL Office by February 12th.

LECTURES AND THE MEDICAL STUDENT

By SEYMOUR PHILPS

I have read in the past that lectures to students at Dart's are too many and too boring, and no doubt there is some truth in this. Those things are best remembered which are seen, felt and understood at the patient's bedside, and no lecture can replace a clinical demonstration, but since students cannot possibly see, in wards and out-patients, all the diseases about which they will be required to have some knowledge, lectures are necessary in order to fill the gaps. As one who has now no opportunity of lecturing, but plenty of time to sit and think about it, I have set down here some suggestions for improving them. The statements which follow are my private convictions and I know, from airing them in the past, what controversy they sometimes arouse, and so they carry no official blessing and have the single recommendation that they come from one who is interested in the subject.

Purpose of medical lectures. Lectures are not meant to replace the textbook, but should aim to give the student something which cannot be found in any volume. A lecturer should possess two things not found between the pages of a book—personality and enthusiasm. By imparting something of these two qualities to his audience it is hoped to arouse their interest to the point where they will find out more for themselves, and knowledge so acquired remains for life. It is no doubt a comforting thought to the student to feel that in listening to your lecture he has heard all that there is to be said on the subject, and that therefore there is nothing more that he need do about it, but I doubt if that is good teaching. Much better to send him away with a desire to know more and his own energies enlisted in the search for knowledge.

There has been some talk of making all lectures optional, and while there is something to be said for this, I would suggest making the first two compulsory, and the rest optional. If the lecturer cannot raise enough enthusiasm in his class in two lectures for his further efforts to be welcomed, there is something wrong.

The lecturer. We can all recall good lecturers of the past, men to whom it was a delight to listen, and who, without apparent effort, could hold their audiences fascinated for an hour during which every word was heard with rapt attention. Like so many other things, when done well it all appears supremely easy, but one knows from hearing the confessions of these

same men that what appeared to be a natural facility was in fact only acquired after a great deal of hard work. In order to devote his attention to his class the lecturer must have his lecture, if not word for word, at least so clearly outlined in his head that it flows easily from the tongue when the times comes. To dictate a solemn catalogue of facts from carefully compiled notes in an unending monotone, hardly raising eyes from script the while, is not lecturing and is as conducive to sleep as the murmur of bees in the garden on a summer afternoon. A good lecturer is enthusiastic and imparts his enthusiasm to his class: it is difficult to do this without looking at them and talking to them.

The audience. Just how much the students can contribute to a lecture is clearly not realised by them at present. With perhaps some slight exaggeration allowable to make the point, here is the present situation as it appears from the platform. On entering the room the lecturer sees, across several rows of empty benches, his audience dimly visible in the background. If they see him at least they give no sign of having done so. The back of the hall is well filled. Slightly put out (he is very new) and realising that to break in on their conversation will seem almost rude and will certainly require all his vocal efforts, he starts his lecture and the opposition slowly dies away. But there is the permanent background of coughs, kicks, and the clatter of late arrivals who, the back benches being filled, have to come down to the front.

Well, to say the least, this is an inauspicious start. Without wishing to overstress the point I would say that a good lecturer is an artist who will be most sensitive to his audience and surroundings, and will not give of his best in these circumstances. To lecture over empty benches is most depressing, and theatre managers realise the importance to artists of having the front seats well filled. Students will get more from the lecturer if they are prepared to give something in return and it is a great thing to put him in a good frame of mind at the start. Now as to how it might be. Suppose that on the lecturer's entry the students stood up. What would be his reaction to this small act of welcome? He, when he had recovered from the shock, would say to himself, "Here is a class which is awake, keen, and wishes to learn. I'll see what I can do about it." He is on his mettle.

I once offered this suggestion at lunch and

was surprised at the varying and sometimes violent reactions to it. Because of this I feel it necessary to add the following explanation. It is not meant to imply that the lecturer is a superior being in whose presence all must stand until told to sit; that he is a pompous fellow whose little bit of dignity requires this sop. It should imply that he is welcome. To prepare a good lecture requires time and trouble, and the trouble which (it is hoped) he has taken on this occasion is appreciated.

It has been said to me that as we are all servants of the same hospital, working for the same end—the ultimate good of the patients of that hospital, and that as lecturing is part of one's job for which one may even be paid, any further thanks from the audience are entirely

uncalled for and superfluous. Well, we all sit down to breakfast with the same idea—to have some grub. Even so, the small civilities are preserved and one still says thank you when the marmalade is passed. All the minor courtesies of life could be dropped and life would still go on, but the world would be a dull place, and a lethargic unresponsive audience makes for a dull lecture.

To sum up, some lecturers are so good that they compel attention even from the less enthusiastic members of the audience, some will never rise to great heights, but most of them are ordinary doctors who can be relied upon to give an accurate record of facts in all circumstances—or a good lecture with a little encouragement.

CORRESPONDENCE

NASAL CLEANLINESS

To the Editor, St. Bartholomew's Hospital Journal
When, in the December number of the JOURNAL, it was rather light-heartedly suggested that the common cold was intrinsically a moult, the Editor added a humorous footnote to the letter, saying that he had such a filthy moult at the moment that he didn't care! Many micro-organisms are suspected of complicating the straightforward cold, and so it is probable he had a severe infection. The object of returning to the subject is to suggest a simple prophylactic measure. In some way it resembles the advice tendered by the prophet Balaam to Balak; only that he didn't mention the word soap!

It is this. When washing the face of a morning, soap out the front of the nose—yes, with your soapy fingers—as high as you can reach, and leave the interior as clean as a tea cup. Isn't this better than squirting chemicals up? It is all the difference between asepsis and antiseptis. How about the turbinate bones higher up? It is presumed that here things are more fluid and on the move; besides, being highly vascular, there is also strong phagocytic protection. The lower nose is not a bad incubator; with, in neglected cases, a certain amount of nutrient media in situ. Isn't it conceivable that the airborne infections settle here, and multiply prior to the general infection? This difference in cleanliness might account for some people taking diseases and others not.

It would be valuable if those who suffer from severe colds would try out this simple expedient, and report the result: in the writer's case it has proved most successful. Instead of his customary prostrating cold, all he has had are a few polite sneezes and a thin watery discharge, which he regards as the inevitable moult.

PEPPIPIO.

Member, Common Room,
B.M.A. House.

We, ourselves, would hesitate before adding to the daily cold grey trails of the early A.M., even at the price of a few extra moults.

INTERNATIONAL STUDENT SERVICE

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

I write to bring to your immediate attention the tremendous task of International Student Service, and the heavy responsibility which rests on us, the students of Great Britain, during the coming months. You have no doubt been following closely the progress of the armies of liberation, and you will be anxiously awaiting the news of victory and peace. But we must never forget that liberation itself is not enough; for in the ex-occupied territories the problems of starvation, disease, and appalling hardships of all kinds are ones which must be dealt with at once if peace is to mean anything at all.

You will understand that the plight of students in Europe is especially severe. From imprisonment of different kinds, from the armies, and from places of hiding, they will return to their countries which have been devastated, towns which have been pillaged and homes which have been ravaged. Besides these initial hardships of all kinds, students will find their colleges closed or destroyed, and they will have no educational equipment, in particular book.

Worst of all, in thousands of cases, they will have lost hope, and life will seem without purpose.

And it is at this point especially that International Student Service has very clear and vital work to do. You will probably remember that during the war I.S.S., through its Geneva Headquarters, has been sending scores of thousands of text-books to student prisoners-of-war, awarding scholarships and giving advice to many hundreds of refugee students (of twenty-five different nationalities) and sending food and relief to starving students in Greece, India, Belgium and Yugoslavia. It is therefore natural that such an experienced organisation should be expected to bear the brunt of post-war student relief, and while continuing with all our war-time relief, we are already establishing student rehabilitation centres near Paris, Lyons, and in the mountains of Savoy, as well as arranging rest centres in Switzerland for scores of tubercular students. All this is a mere beginning, and every week will bring more news of students in

desperate need—news which will demand immediate relief action on the part of I.S.S.

Obviously the success of such projects will depend on the amount of money which can be raised for them, and it is therefore not too much to say that the very lives of many students in Europe are now in the hands of British students. So I write this most urgent request that when you are planning the activities of your College for this session, you should take into account this tremendous, incalculable need on the one hand, and the responsibility which we bear towards our fellow-students on the other, and should make every arrangement possible to raise money on their behalf.

In the meantime I would urge you to start right away making collections. Emphasis that enough will never be raised except by considerable sacrifice on the part of all, and that only in this way shall we be able to express our solidarity with our infinitely less fortunate fellow-students.

With best wishes.

Yours sincerely,
LESLIE G. D. SMITH,
Secretary.

Contributions to be addressed to the Appeal Secretary of the Students' Union, St. Bartholomew's Hospital, E.C.1, and marked "Journal Appeal"

CAMBRIDGE COMMENT

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

A great deal has been written just lately about our past apathy and about the athletic revival that now seems to be taking place. May I comment on these phenomena as applied to us in Cambridge?

Contrary to many opinions the average preclinical student is not, at any rate in war-time, blessed with unlimited leisure and, beating this in mind, it is not altogether incomprehensible that he might not find time to play games regularly when the whole of one morning per week was being employed in perambulating the countryside at the pleasure of his superior officer. This was his plain duty and no one could, nor did, complain, but in these circumstances the alleged athletic apathy may be explained. Now this drain of time has been removed and I, for one, have a great deal more time in which to play games. There are very many like me.

Not the least pleasing feature of this revival has been in the increased number of preclinicals who now regularly play for a hospital side in London. It should be a rigid rule, however, that no one who regularly plays away may remain in any important executive post in his club down here. Captains and secretaries should be regular members of their teams here. They should not have to leave Cambridge early on Saturday morning with the inevitable result that last minute adjustments cannot be carried out and that cancellations of games and teams of up to three or four men short are not altogether unknown.

It was pleasing, however, to see that everyone

ROOKERY NOOK

The coming of the new year invariably activates dramatic critics into a state of sometimes nostalgic but more often disapproving reminiscence.

managed to put in an appearance for the photograph.

Yours, etc.,

PETER J. C. CHAPMAN.

50, Eltisley Avenue,
Cambridge.

December 10th, 1944.

RIPOSTE

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

What is this he-man sport lauded for its belligerence and pugnacity to contrast with the gentle effeminacy of the game of football? Is this the game which produced men to combat the monsoon and worse which have beset our troops in the Far East? Your correspondent can hardly be oblivious of the fact that, only so recently as to be fresh in even his memory, the admirable and hardy players of Rugby Football, cancelled their game "because of the ground." We, humbler and apparently softer mortals, however, played on at our football and had a most enjoyable, if somewhat exhausting, game. This is not the first occasion of such an admission of defeat by the super-man. One might be forgiven for suggesting to the rugby captain that he provides his team with cotton wool so that they may keep their precious bodies unscathed. Our Oriental opponents obviously expected our armies to carry on the good old tradition and settle down for a season of liberation until the "ground was fit for play." The Army, having trained on other and more hardy fields, carried on to the embarrassment of the enemy.

Your correspondent also sought to convince us of the superior claims of rugby by proving its direct lineage with the game our forefathers played. He admits, though tempering this with derision, that soccer is a form of progress from the ancient game. This viper in our bosom then dares to sit back and scoff and in his blimpish way deny the benefit of progress. What a mind to have place in a community famed for foresight and tolerance to our ideas.

If our persecutor takes us up on a point of the ethics of the game we feel he is bound to lose again. After years of solid endeavour we have been forced to the conclusion that it is most skillful and difficult to foul fairly at soccer. The referee can see every movement of this game, whereas, in rugby, it is a fortunate man who follows the ball during more than sixty per cent. of the joyous melee and who but a rugby player knows what dirty deeds are performed with impunity in the depths of the scrum.

No, on looking from an unbiased position we can see only a single advantage for rugby and that is purely economic. It is true that it can exercise thirty men in the space required for twenty-two in soccer. Nevertheless, as exhaustively proven by your correspondent, soccer is a young game and who is to say it will not evolve further while maintaining its present basic rules and customs?

THE LEATHER SPHERE.

With exquisite gentleness and sably forbearance we only wish to point out that the Fourteenth Army are not playing football.—Deflator.

This seems a good opportunity to review the activities of the Hill End Bart's Dramatic Society during 1944. They have been very active. We have been prompted to administer

a rap on the knuckles for so far flying in the face of tradition as to omit the usual Christmas Show this year. In view of some of the past Christmas Shows, we are inclined to make it a pat on the back instead.

The 1944 season opened with Robert's Wife (March). It blossomed with the Housemaster (June). Then came the Fall, Distinguished Gathering (September). But Winter saw a distinct revival with a slightly blitzed Aldwych Farce, Rookery Nook (December). The Housemaster was undoubtedly the best of these varied productions and is awarded our own private Oscar. This production was full of movement, colour and talent, assets which were missing in part or in whole in the other plays.

Of the individual performances, the ones that are best remembered are Kathleen Rees as Sanchia Carson in Robert's Wife; Kay Simmons' Button in the Housemaster; Ian Proctor as Frank Hastings in the same play; Roger Dixey as the Reverend Jefferson in Robert's Wife and as the Reverend Ovington in the Housemaster, and it is no real disrespect to Mr. Dixey to say that they were the same performance only more so. Finally, Berenice Hughes' gem of a performance in Rookery Nook.

In retrospect, we feel that the year's plays have not been selected very carefully. The Housemaster was the exception. It is difficult for the experienced few who choose the plays to realise that it is the inexperienced majority who are to make or mar the play. Surely it is quite the wrong order to choose a play and then to look around for a cast? Rather the play ought to be selected after all available talent—or the lack of it—has been assessed. The present company of actors, although among them there are the Experienced Few, are not rich in talent. So it is with more than mild apprehension that we view the suggestion that "The Barretts of Wimpole Street" might be a suitable vehicle for the Hill End Bart's Players. We can only hope that this was merely a passing fancy and, like Emma, they will know the limitations of their powers too well to attempt more than they can perform with credit.

Rookery Nook, a Ben Travers' extravaganza, owed its success in the original production, as farces always must, to a remarkable team of comedians who were able to give an impression of spontaneity to somewhat artless humour. Spontaneity is all . . . and comes not with six weeks' rehearsal but with years of experience, so that if the H.E.B.D.S.'s production was a trifle lame in parts, the root of the trouble lay in this. There was the suggestion of a Christmas Charade about it all with a tendency for

the improvisation to become uncontrolled and the "business" to develop into mere horseplay.

However, Rookery Nook was very good entertainment and everybody enjoyed themselves, including the audience.

The story is one of those complicated issues based on a colossal misunderstanding, and has all the ingredients that make farce what it is to-day and ever shall be. The innocent husband, the strange girl in pyjamas, the suspicious wife and a comic foreigner who shouts and whom nobody can understand, all to be found popping in and out of a set with at least four exits.

Robert Robins was well cast in the leading part of Gerald Popkiss. We could have wished him to be a shade less aggressive and self-assured, and more sublimely nitwitted. However, his comedy was well delivered and his "business" amusing. As his partner in crime, Clive Popkiss, Alan McDonald was extremely good. The third of the trio, the mouse-like Harold Twine, who made great efforts to preserve the dignities properly associated with a blameless life, was amusingly portrayed by Martin (Crump) Birstingl. Perhaps his performance was slightly cramped in range by a too faithful impersonation of the original. Kay Simmons, as Gertrude Twine, turned in a first-class performance in the best musical comedy manner. Not a choice part but one that showed how well Miss Simmons can act.

The ingenue part of Rhoda Marley was made even more ingenuous by Pamela Keyworth, but she gave a good performance and retained her composure even in the moments when she might well have been excused for losing it. Berenice Hughes, as a Flag Seller, was not with us long enough, but while she was there she played the part of a good-hearted minx with a straight attack and a lively coquetry. This was an extremely good performance. Berenice Hughes should have no difficulty in selling a Union Jack to an Anarchist.

Peter Watson looked uncomfortable as Admiral Juddy, a part which was badly miscast, and to carry criticism further would be unjust. John Matthias, as Putz, the excitable foreigner, defeated his own ends by allowing his burlesque to become out of hand. We, having been missed in the stalls by a flying drumstick, feel very strongly on this point. However, he sustained an exhausting part commendably enough.

Ursula Mills was admirably outraged as Mrs. Leverett and Audrey Ronaldson and Kathleen Ford made brief but capable appearances in the smaller parts. The play was produced by the

combined efforts of Kevin Mangan and Robert Dibb and they can undoubtedly count it a success, for they and their company did much to enliven the Christmas Scene.

We wish the H.E.B.D.S. the best of luck in the new season in whatever they choose, be it Oedipus Rex or East Lynne.

J. R. N.

FROM OUR FILES—IV

STEADY CHAPS! DEPT. THE NIGHT NURSE

That I kissed her on my round
An indubitable fact is—
Yes, I know it has been found
An extremely risky practice.
Say that I was drunk, or mad,
Say I might have met Night Sister,
Say just what you like—but add
That I kissed her!

Now I'm married, for that maid
Took that kiss for a proposal,
Nor for one short hour delayed
Making public our betrothal.

I, who'd counted not the cost,
By congratulations harried,
Hesitated, and was lost!
Now I'm married.

Twelve months after was the date
When the final blow descended:
Stern are the decrees of fate!
Learn how my adventure ended,
How I suffered for my sins.
Shrieks of wild Homeric laughter
From my friends when she had twins
Twelve months after!

R. B. P.

From the Journal, December, 1933.

CHRISTMAS AT BART'S

Once again the tumult and the shouting has died, the holly and the turkey departed and we return to our customary sobriety; looking back on a Christmas well spent and looking forward to next year, when perhaps the noise of battle will have entirely ceased and old friends be back to join our festivities. To the three shows who took the boards, we express our thanks for this traditional ingredient in the general merriment.

"Worser and Worser," boasting a cast of only five and under the guiding hands of Roger Dixey and Noel Heneghan, was a neat little production, containing some good laughs. They got away to a well written opening chorus, the words of which the whole cast seemed to know; this feat might profitably have been emulated by the other two shows. Dixey and Heneghan had an amusing scene as a Duchess and an American soldier at the Pantomime and Dixey again displayed extraordinary vocal prowess as a rather pathological prima donna. The unpromising subject of a pharmacology viva was turned into a very funny sketch, well put over by John Atteridge, Peter Banks and Raymond

Daniel, whilst the whole cast impersonated various "Itma" characters very satisfactorily in the Finale. Atteridge was his usual competent self at the piano.

The West Wing show, produced by Andrew Dossetor, worked hard but was handicapped by poor material. The incidental cross-talk and slapstick humour contained one or two good laughs and went down well with the patients, but the sketches moved at a rather tedious pace and apart from the ante-natal scene, which was neatly performed by Ian Jackson and Warren Jordan, failed in achieving any ultimate joke. The whole performance tended to lack polish which was doubtless due to difficulties in rehearsal, but this year's experience should enable them to exploit their ability better when next we see them. Besides Dossetor the cast included Derryk Marsh, Brian Storey, Peter Timmis, John Batten, Ian Jackson, George Chamberlain, Warren Jordan, Eric Dunlop, Richard Watts, David Pugh and Framjee Patuck, whilst Kenneth Backhouse was at the piano.

The Residents changed their usual style somewhat and gave us a Pantomime. As in all

housemen's shows they started rather shakily but a rapid transformation took place and there emerged an excellent show, well written and well played. Peter Robinson was magnificent, taking off Mrs. Croydon with the same accomplishment as he did Sister Surgery last year, whilst Phillip Headley was an admirable floor woman, who would periodically arise to perform elegantly on the piano. Both of these possess real stagecraft. John Gibson and Ralph Corbett were excellent together, singing a clever and tuneful song about the dispensers and later giving us the high spot of the whole show, "If you don't want the whelks, don't finger 'em!" This will take a place amongst the Bart's classics. Coupled with this, they gave us a taste of knockabout humour, for which we wished they could have had more opportunities. David Bates had an amusing and rollicking song as the wicked anaesthetist, which he put over very well, whilst Tony Alment played the patient in a very pleasant fashion and also showed that he could sing competently. Lastly there were the two ugly sisters, James Smith and Peter Wingate, who were, fortunately enough, more ugly, more sinister and more energetic than any real sisters we have met. "Bert," who was once again

behind the scenes, had certainly worked wonders with these two. The production was by Smith, who was also at the keyboard and to him and the whole cast we extend congratulations on a most enjoyable show.

One other comment must be made before leaving this review. One or two incidents occurred, insignificant enough in themselves, but which were in poor taste and which embarrassed various members of the audience. Doubtless they were perpetrated thoughtlessly and are regretted by those concerned. However, this must not happen again and next year each producer must see that "balancing betwixt decorums and their opposites, he keeps the line from which a hair's breadth deviation is destruction."

To round off Christmas Day, we had the unusual privilege of seeing the Nurses' Sitting Room used as a studio, from which an ENSA show was broadcast, compered by Brian Mickie. Miss Kay Cavendish was there, singing and playing charmingly, whilst Jack Warner was in his funniest form and Geraldo and his band gave us some very expert orchestral work. We are much indebted to all these artists for coming along and giving us such a first-class performance.

R. D. S.

RESIDENTS' CHRISTMAS SHOW AT HILL END

John Napier is to be congratulated on producing a show which made the audience rock with laughter often enough, but not so much that they got tired before the end. This was done by grouping well the available resources and making as much use as possible of props, and some most ingenious brains.

The best of the Ward Show is without doubt its topical songs and here there were some good ones. The Bicycle Song must go down to history as one of the best ever. The setting was good; Larty Middleton, Michael Hunt, and David Brazier were well cast. Professor Ross came in for a pleasant jibe, and Mrs. Thacker's last line was drowned in applause, but it was the pause, the funeral march, and the change of tempo for the glorious lines about Mr. O'Connell that made the masterpiece. The "Brains Trust" song by Larry and John Napier was also good. We could have enjoyed more of these.

The gaps were well filled in by John Napier and Bunny Sullivan. Bunny, with a large and

unstable moustache, chose his parts well. He really did look like the dying father and an unfortunate-strap hanger, but he was at his best as a debunker of conjurers. It was only a slight exaggeration of his daily role, anyhow!

The witches' cauldron produced some remarkable minor explosions, and Charles Hartley seems to have quite a future on a desolate heath, as would David Brazier and Hugh Claremont at a circus.

The Band gave full scope to the inventive genius of the Dental Department and produced an incredibly discordant noise. Perhaps the best pieces were Beard's dyspnoic test-tubes and Bunny's thirsty, unnamed noise. Helps certainly enjoyed his horn but I should think that is about as far as it went. It was a shame that the snake failed in the evening performance, but after all it had had a hard day.

It was a noble effort for a group of very hard-worked men and we wish them as much success with the snakes of Burma.

J. P. H.

AT HILL END

As a result of the rigours of only three weeks of the final pathology course my jaded mind automatically and effortlessly classifies every aspect of life into stages or groups and types, so that to me the last three months at Hill End seem to fall into three obvious stages—the pre-Christmas, the Christmas and the post-Christmas.

In the pre-Christmas phase, on December 19th to be precise, the Choral Society gave a Christmas Concert. I confess that my feelings towards this society were far from cordial before the concert. Having lived for three months next door to one of the principal baritones and leading lights of the society, separated from him by the merest sheet of cardboard, and but one door away from the hon. sec., I had come to take, as they say, a "dim view" of the whole set up. I endured rehearsals of carols in late October, hearty tra-la-la-ing at the crack of dawn and enthusiastic and vociferous unofficial committee meetings (accompanied by a guitar) at the dead of night. However, all is forgiven. The choir, under the direction of Maestro Harold Cooke, sang and sang extremely well, a selection of carols, a fantasia on William Tell and, best of all, The Heavens are Telling from the Creation, by Haydn. R. I. L. Smallwood sang two songs by Handel, Silent Worship and Where'er you walk, and I am not

ashamed to say that I had difficulty in suppressing tears of manly emotion. He sang with real feeling and remarkable control and power. Miss Cornwall Jones gave a pleasing performance of a song by Grieg. A Welsh Octet provided two splendid interludes. 'Twas indeed a pleasure to see those rugged Celtic countenances uplifted in song. Derrick Lonsdale at the piano accompanied faultlessly throughout the evening.

Christmas was attended with all the usual jollities. A devoted band of strolling players under the leadership of Alan McDonald, Robert Robins and Jack Heighway, sang carols in every ward in the hospital on Christmas Eve; and did a ward show, lasting twenty minutes, in seventeen wards (including the Cell Barnes Hospital). A really noble effort.

The recuperative period since Christmas has been relatively uneventful. Some enterprising gentlemen, taking advantage of a fairly large fall of snow, built a 10ft. snowman, strongly reminiscent of Epstein's Adam, outside the main entrance. He toppled over backwards in a day or two. Some inner voice, the facetious and irresponsible bogey that no communist can ever wholly suppress, tells me that he wilted before the disapproving gaze of the Medical Director.

H. W. C.

BOOK REVIEWS

THOMSON'S OUTLINES OF ZOOLOGY. Revised by James Ritchie, M.A., D.Sc. Ninth Edition. Pp. 972. Oxford University Press. 28s.

In the preface to this book (which is the first edition to appear since the death of its original author, Sir J. Arthur Thomson), Dr. Ritchie says: "Despite its weightiness it is suitable for a beginner, for it presupposes no zoological knowledge, pays special attention to the forms usually predominating in first courses, and may be used selectively; and on the other hand in several directions it should suffice to carry a senior student well on his or her way."

But it is not really the book for the 1st M.B. student. The few short years ago when we were one of those unfortunate fellows, we found biology was usually viewed as the most interesting of three or four subjects that must somehow be pushed out of the way before "really starting" medicine. The attitude probably still persists, and through no fault of either the teachers or the students; but this is wandering from the point, and on to dangerous ground. Dr. Ritchie's book contains details of many animals outside the 1st M.B. Syllabus, and although the hard-pressed medical student can, as suggested,

select the necessary sections, this might quite well only make his work harder and more confusing, especially if he is a beginner. Zoology is but part of a subject which is in itself only part of a year's course, and already books have been written for the medical student containing all the biology he needs to know. We do not wish to be unfair to this book, which may be useful to zoology students or medicals desiring to enlarge their zoological knowledge, but we cannot give it very strong commendation for the 1st M.B.

SALTS AND THEIR REACTIONS. Leonard Dobbin, Ph.D., and John E. Mackenzie, O.B.E., D.Sc. E. & S. Livingstone. Seventh Edition. Price 8s. 6d.

The subject matter and arrangement of this book is so good that criticism is restricted to a few relatively minor details. It is a book well suited for its intended purpose, and its authors have compressed into a small volume most important points for the student beginning general salt preparations and analysis. The dry reactions, so often neglected, are given the prominence they deserve. It would be

helpful if some indication was given of the troubles, in group separation, that can be caused by phosphates. One wonders why, in the tests for acid radicles, bicarbonates have been ignored and for the beginner the suggestion (p. 140) that he should smell the gas evolved from a cyanide and hydrochloric acid seems to add a rather dangerous risk in spite of the warning as to its poisonous nature.

HISTOLOGY FOR MEDICAL STUDENTS, by E. E. Hewer, D.Sc. 3rd Edition. Pp. 364. Heinemann Medical Books, Ltd. 17s. 6d.

Dr. Hewer's book will be quite familiar to students who have passed through their pre-clinical course in the last few years. Since its first edition in 1937 the book has come to enjoy an increasing and quite well-deserved favouritism among medical students.

The photographs, which after all are the most important content of a histology book, are numerous

enough, well chosen and clearly produced. These photo-micrographs are all taken under low-power magnification, and supplemented by diagrammatic drawings of important features at the high-power scale. Dr. Hewer claims that as this method can include several focal planes on one drawing, it is more useful than the ordinary high-power photograph. Her sketches are quite clear, adequately labelled, and frequent enough to be a real help to the reader.

The text is arranged neatly, is explicit and not difficult to read. An appendix includes details of the usual staining methods.

This edition has been brought up to date and new photo-micrographs added. We are sure it will remain as popular as the last, and can recommend it to our pre-clinical readers as being an adequate and helpful textbook for the 2nd M.B. at quite a reasonable price.

DIAGNOSTIC HAZARD

The explosion was near enough to be unhealthy. Dressers on duty waited expectantly for the casualties. Very soon C.D. workers arrived with the first limp form:—"Patient picked up unconscious at scene of incident."

No external injuries—the junior dresser consulted a more experienced hand—"Internal hæmorrhage?"

The great man was summoned and massive machinery for admitting patients set into

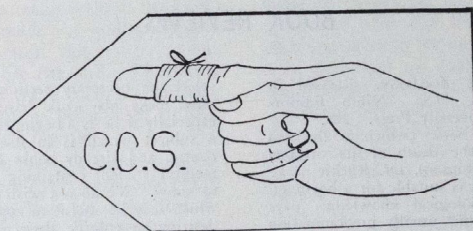
motion.

"What do you remember about it?" asked the waiting dresser, trying to gain the patient's confidence.

"Well, sir," replied the patient, enjoying her tea, "I saw this 'ere explosion—felt m'self all over—found I was orlright and from relief I must have fainted."

BEAK.

SIGNS OF THE TIMES



RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

- BATES, M. See Roberts, J. E. H.
 COHEN, E. L. "Length and Depth of Sleep." *Lancet*, December 23rd, 1944, pp. 830-831.
 DARMADY, E. M. (et. al.). "Traumatic Uræmia. Reports on Eight Cases." *Lancet*, December 23rd, 1944, pp. 809-812.
 HAMBLY, E. H. T. "Fracture of the Odontoid Process. A Method of Fixation." *Lancet*, December 30th, 1944, p. 851.

- LANGDON-BROWN, Sir W. "The Evolution of Modern Therapeutics." *Brit. Med. J.*, January 13th, 1945, pp. 35-38.
 MAXWELL, J. P. "An Unusual Case of Obstructed Labour due to the Umbilical Cord." *J. Obstet. and Gynec.*, December, 1944, p. 543.
 MORGAN, C. N. "Amebiasis: Some Difficulties of Diagnosis." *Brit. Med. J.*, December 2nd, 1944, pp. 721-722.

- ROBERTS, J. E. H. (and Tubbs, O. S. and Bates, M.). "Pleural and Pulmonary Suppuration Treated with Penicillin." *Lancet*, January 13th, 1945, pp. 39-45.
 SEDDON, H. J. (and Holmes, W.). "The Late Condition of Nerve Homographs in Man." *Surg. Gynec. and Obstet.*, October, 1944, pp. 342-351.

- TUBBS, O. S. See Roberts, J. E. H.
 WALKER, K. (and Barton, M., and Wiesner, B. P.). "Artificial Insemination." *Brit. Med. J.*, January 15th, 1945, pp. 40-43.
 YOUNG, F. H. (and Cheale, J. M.). "Prognosis after Successful Pneumonectomy." *Lancet*, December 16th, 1944, pp. 784-785.

SPORTS

RUGGER

December 9th, 1944. *Triangular Match. Bart's v. Middlesex Hospital v. Cambridge University "A," at Cambridge.*

This match was held in conjunction with the United Hospitals match v. Cambridge University Horse and Hounds over the 6½ mile University (short) course, and Burn, Morris and Glanville were also representing the United Hospitals. Once again our team was not truly representative, as Backhouse, Holloway and Williams were all still unable to run. We were, however, strengthened by Glenister. The course was in quite good condition though pleasantly muddy in places, which did tend to cut down the times a little. Cambridge, however, proved easy victors, with Middlesex second. The five men to count in the results for Bart's were (in order of finishing), J. Burne, V. C. Morris, M. E. Glanville, T. W. E. Glenister, and —. Almond.

Results: Cambridge University "A," 22 pts.; Middlesex Hospital, 45 pts.; Bart's, 55 pts.

SQUASH

The squash team has travelled around London with some success in the past two months, defeating St. Mary's 3-2, Guy's 3-2, St. Thomas' 3-2, Paddington Sports Club 3 2, U.C.H. 3 2, and the Westminster 4-1, the last two matches being return games, and we were gratified to reverse the defeats inflicted on us in the first games. Wimbledon and Dulwich both beat us 5-0, but it is true to say that neither match was a walk-over for our opponents, who had to fight every match out. A scratch team was beaten by the White House, and finally a very excellent match against the Metropolitan Police resulted in a win for the Peeters by 3-2.

Of those who have turned out, Yerbury and Marrett, have both played well, but so far as results go, they have been unlucky. Dossator has been a consistent winner, Kelly has given the team a few anxious moments, losing the first two games on three occasions and yet winning in the end. Marsh and Storey have both been winning consistently, as has Alan Murley, and it is largely due to these three that our results have been so good. Bob Ballantyne and Desmond Williams have also played.

ATHLETICS

December 2nd, 1944. *Cross Country. Bart's v. Imperial College, at Roehampton.*

This match was held in conjunction with the Tyrian Club match v. Finchley Harriers, in which C. A. Bunton, of University College, broke his own track record.

Bart's unfortunately had to rely on pre-clinical men for the team, owing to indisposition among the clinicals, and so although we were easily beaten, it was not a very good picture of a full Bart's team. V. C. Morris, J. Burne and M. E. Glanville were the Bart's leading lights.

Result: I.C. 23 pts., Bart's 35 pts.

THIS MONTH AT CHISLEHURST

- February 17th—
 Soccer: King's College Hospital.
 Hockey 2nd: Royal Arsenal.
 February 24th—
 Rugger: R.N.E.C.
 Soccer 2nd: Old Colfeins.
 March 3rd—
 Rugger 1st: Rosslyn Park.
 Rugger A: Letchworth.
 Soccer: Guy's Hospital.

AWAY FIXTURES

February 10th—
1st Teams.
Rugger: Old Blues.
Soccer: St. Mary's College.
Hockey: St. Mary's Hospital.

February 17th—
Rugger: Leicester Harlequins.
Hockey: St. Thomas's Hospital.
February 24th—
Soccer: Borough Road College.

* * *

EXAMINATION RESULTS

CONJOINT BOARD

PRE-MEDICAL EXAMINATION, DECEMBER, 1944

PHYSICS	CHEMISTRY
Paul, D. M.	Whiting, N. E.
Hutton, J. P. H.	Norman, M. H.
Andrews, J. D. B.	Leigh, J. G. G.
BIOLOGY	
Paul, D. M.	

FIRST EXAMINATION

ANATOMY	PHARMACOLOGY
Venn, P. H.	Teeuwen, I. J.
Wiseman, D.	Rogers, J. C.
Ott-Hughes, K.	Lawrance, K.
Hawkes, P. H. R.	Jordan, P.
	Banks, P. J.
	Arundel, P. W.
	Dunlop, E. M. C.
	Patuck, F.
	Ballantyne, P. T.
	Pugh, D. E.
	Matthew, G. G.
	Warren, H. de B.
	Bourne, G. L.
	Williams, J. R. B.
	Jordan, J. W.
	Heneghan, N. D. H.
	Atteridge, J. H.
	Bond, G. E.
	Brierley, D. S. N.
	Millichap, J. G.
	Clarkson, K. S.
	Chopra, A.

SOCIETY OF APOTHECARIES

FINAL EXAMINATION, DECEMBER, 1944

Surgery—Holloway, S. D. *Medicine*—Holloway, S. D.
Path., Bact. and Forensic Med.—Holloway, S. D. *Midwifery*—Holloway, S. D.; Sheen, C. R. P.
Holloway, S. D., was granted the Diploma.

UNIVERSITY OF OXFORD

SECOND B.M. EXAMINATIONS, MICHAELMAS TERM, 1944.

PHARMACOLOGY AND PRINCIPLES OF THERAPEUTICS	MEDICINE, SURGERY AND MIDWIFERY
Hale, J. F.	Walker-Brash, R. M. T.

UNIVERSITY OF CAMBRIDGE

FINAL M.B. EXAMINATION, MICHAELMAS 1944

PART I.	PART II.
SURGERY, MIDWIFERY AND GYNÆCOLOGY	PRINCIPLES AND PRACTICE OF PHYSIC.
Bates, D. V.	Dallas Ross, W. P.
Dingley, A. G.	Kunkler, P. B.
Nuttall, K. M.	Robinson, J. O.
Church, R. E.	Davies, N. N.
Harrison, R. J.	McKerrow, C. B.
Paget, C. J. H.	Walker, P. H.
	Andrew, I. D.
	Harrison, R. J.
	Robinson, P. K.
	Bates, D. V.
	Headley, P. R.
	Beard, T. C.
	Lucas, P. F.
	Giles, H. M.
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No. 2

THE PHILOSOPHICAL APPROACH

Lord Horder, talking to the Abernethian Society, warned us that we would find medicine to be a jealous mistress and that her prerogative over us would increase as we became progressively steeped in her affections. This statement should have shattered the dream, so prevalent among students, that after the successful termination of their student days, they could look forward to a long vista of fireside evenings during which time they could turn their attention to those parts of their education which their studies had forced into abeyance. With this tempting vision dangling like a succulent carrot in front of their pale and furrowed brows, these unfortunates are content to read and re-read nothing but the vast tomes of medical literature, which no sooner read and put aside are almost completely forgotten. As a result they lose their health and become prematurely old, and they lose their sense of proportion and become social menaces. Yet let it not be thought that we are against the reading of any medical textbook. We are not, for much as we wish it, we cannot advocate their complete renunciation in the face of their obvious advantage. Our point of insistence is that the student should maintain his general education hand in hand with his medical studies.

Immediately we visualise the anæmic overworked rising to a man and chanting in unison such axioms as "time and tide wait for no man"; "Hamlet is not in the M.B. syllabus"; "God may be in His heaven, but the devil has a very firm hold on Queen's Square." Agreed the time is short—far too short—but provided one maintains a certain standard of fitness, it is amazing how little sleep is compatible with life in the young. Even so, every student is faced with the immediate problem of how to master the vast tracts of medical knowledge and at the same time have adequate time for

games, concerts, literature and other social activities which for want of a better word we lump together under the heading of general education.

Our solution is that we should train ourselves to think creatively and not just stuff our brain with a mass of facts. Many of us think that the reading of a book absolves us from thinking about the substance of it even as many "educated" young women think that a regular attendance at concerts and plays absolves them from thinking altogether. Unless we understand what we read we will not remember it for any length of time and to understand it we must think. Again in order to appreciate any literature, any music or any play we must give it thought. When confronted with a patient with various signs and symptoms, the important quality is the ability to think, to sift and to judge, not the ability to remember the classical picture. The optimum condition is to possess a good framework of knowledge, to have the necessary books ready at hand for reference and above all to be able to think logically. The brain, like our muscles, improves with exercise. Therefore we must exercise it continually by thinking about every action and every circumstance and every person we meet. Given this exercise the brain will repay us a hundredfold and we will have time to become properly educated and to do our work.

Unfortunately there is a large fly in the ointment. In order to be able to develop this universal panacea—the ability to think—we assume the presence of a brain. In the medical student this would be a very dangerous assumption so perhaps it would be as well to stop arguing and to get on with the books.

Sir Girling Ball gave the Bradshaw Lecture at the Royal College of Surgeons on Thursday, February 8th. The title was "End Results of Treatment of Growths of the Bladder."

REFRIGERATION

By C. LANGTON HEWER

This article is not, as might be supposed, a disquisition on the methods of converting New Zealand mutton into home-killed lamb, but is concerned with a few of the effects of cold upon the human body.

From the beginnings of Medicine it has been known that frozen tissues are insensitive and that incisions can be made into frost-bitten ears, fingers and toes without pain. The reason for this is that the conduction of impulses along a nerve trunk fails below a certain critical temperature. In warm-blooded animals this temperature is from $+25^{\circ}\text{C}$. to $+30^{\circ}\text{C}$.

This fact was turned to account in pre-anæsthetic days and one hundred years ago surgeons occasionally amputated limbs which had previously been frozen. The classical protagonist of this method was Baron Larrey, Napoleon's famous military surgeon during the French retreat from Moscow in 1812. It is said that this ingenious officer had holes of various sizes cut in the sides of his hospital tents through which, in the evenings, he pushed the wounded legs and arms of soldiers who required amputation. The next morning, after having been frozen by exposure to a Russian night (often below -20°C .) the limbs were amputated painlessly. It was, of course, always possible that prowling wolves had performed the operation without human intervention!

The freezing of small areas of skin and underlying tissues with an ethyl chloride spray for minor incisions is occasionally practised at the present time but is unsatisfactory as the subsequent thawing of the wound may be extremely painful. An ethyl chloride spray is also used therapeutically to alleviate localized pain from such conditions as sprains, pleural friction, etc.

A modified type of refrigeration analgesia has been revived recently and now has a limited vogue for poor-risk amputations, usually for diabetic, senile or gas gangrene. The technique is simple. The gangrenous area is bandaged. Ice bags are then placed round the limb at the place selected for the tourniquet. After about an hour it will be found that this can be applied painlessly. The whole limb distal to the tourniquet is surrounded by a thick layer of cracked ice (not salt and ice) wrapped in rubber sheeting. The bed is tilted so that the melting ice runs into a pail at the foot. If a low amputation is to be performed it is less messy to flex the knee and place the leg in a pail of ice-water. The patients do not feel the cold and their

general heat-loss is negligible after the tourniquet has been tightened. A point to watch is that the ice tends to melt quickly round the posterior part of the thigh where the patient's weight rests and a nurse should be instructed to push fresh ice beneath the thigh from time to time. After about two hours, the temperature of the tissues below the tourniquet will have fallen to between $+5^{\circ}\text{C}$. and $+15^{\circ}\text{C}$. At these temperatures organisms cease to grow and nerve conduction ceases. The patient's eyes are bandaged and he is transferred to the theatre in his bed and is lifted on to the table, leaving the ice and rubber sheeting on the bed. The limb is then dried and the skin treated very thoroughly with a potent antiseptic such as CTAB. This is important as there is a definite risk of infection from contaminated ice if this has been purchased from an outside firm and delivered in an open lorry. Ice obtained from the domestic water supply in a refrigerator should be practically sterile. Amputation is performed in the usual way except that no hot packs are used. The tissues are not frozen but have the bright red appearance of chilled meat. Operative shock is reduced to a minimum and there should be very little after-pain in the stump. Some American anæsthetists recommend post-operative refrigeration of the stump which entirely abolishes pain, but the general feeling is that delayed healing more than offsets this advantage.

The following case-report shows the usefulness of the method. A woman aged 57 was admitted to Hill End on July 28th, 1944, under the care of Dr. Geoffrey Bourne, suffering from mitral stenosis and auricular fibrillation. On August 17th a "saddle-embolus" lodged at the bifurcation of the aorta, completely occluding the left common iliac artery and partly blocking the right. By August 21st the right leg was a better colour and was less swollen, but there were several gangrenous areas on the left leg and foot. On August 27th the patient complained of sudden pain in the left side of the chest. This was dull on percussion and the air entry was poor. There were numerous rales at both bases. For some weeks after this she coughed up muco-pus and on October 3rd a skiagram showed a fluid level on the left side. Clear yellow fluid was aspirated without difficulty. On October 30th there were still signs on both sides of the chest, but the left leg was becoming painful and I was asked to see her

with regard to the possibilities of an anæsthetic for amputation. Here was a problem of the first magnitude. The condition of the skin of the thigh precluded "transverse section" local analgesia, while spinal block was contra-indicated by the extremely poor cardiac condition. Intravenous anæsthesia was ruled out for the same reason. Of the inhalation agents, cyclopropane was probably the most suitable, but one hesitates to use a drug notorious for producing arrhythmias on a patient with auricular fibrillation. On the whole it was thought that refrigeration analgesia offered the best chance of survival. On October 31st, a mid-thigh amputation was performed by Mr. J. P. Hosford, using the technique described above. The only pain complained of by the patient was when the stump of the femoral artery was pulled down by forceps to get a good bite for the ligature. The patient was returned to bed apparently in the same condition as when she left it. The flaps healed fairly well, but some weeks later the remaining leg again became cold and pale and it was thought that a further embolus had lodged in the lower part of the right femoral artery. A large pressure sore developed on the back, the mental condition rapidly deteriorated and the patient eventually died on December 26th.

Although this was a disappointing case, it does show that refrigeration analgesia can be used successfully for amputation in the most discouraging circumstances.

Cooling is used as a therapeutic agent apart from the analgesia which it produces. When

one sees a pale and cold limb with a deficient circulation due to any cause, one's natural impulse is to warm it up, and this was the recognised treatment for many years. But what happens? The limb becomes more painful and incipient gangrene may become actual. Suppose that we do the opposite and cool the limb down still further. It improves in colour and becomes less painful. The probable explanation of this paradox is that the tissue metabolic rate is lowered so much by the fall in temperature that the impaired circulation may prove adequate for the time being. It must be remembered that refrigeration without a tourniquet cannot be continued for long without applying heat to other parts of the body or the patient's temperature will fall.

The same principles hold good for general as opposed to local heat-loss. Until recently the treatment for a pale, cold shocked patient was to heat him up as much as possible with electric cradles, hot blankets, etc. It was not realised that the fall of temperature was an effect as well as a cause of shock and that this effect was a protective one. In shock there is a deficient volume of circulating blood and the peripheral vaso-constriction is one of the body's efforts to keep up the blood-pressure and the blood supply to the vital organs. It is thus evident that heat should be applied internally (*e.g.*, by hot drinks) rather than to the surface of the body.

It is possible that these random reflections may help when trying to follow the discourse of a tedious lecturer in an unheated lecture theatre.

CASES OF MEDICO-LEGAL INTEREST—III,

By GORDON TAYLOR

The third case comes from Chalk Farm.

One summer's evening a fire was noticed in an office in a small jobbing builder's yard. The fire was soon put out but in the office, seated on a chair and slumped over a desk, was the body of a man. He and his clothing were very much burnt and it was obvious that the fire had started in the immediate neighbourhood of the chair. The natural conclusion was that the man had died suddenly from some natural catastrophe, had dropped a pipe or a cigarette and so started the conflagration.

When I came to do the post mortem I noticed that there was very severe burning of the face, hands and limbs, with much charring and splitting of the skin. Heat rigor was present with marked flexion of the wrists, arms and

legs. Down one side of the face and neck was a patch of white paint. It was suggested that the fireman had upset a pot of paint, but this was not the case. The skin under the paint was not nearly so much charred as that around it, in fact, the paint had protected the skin, so must have been there before the fire. It seemed likely that it had been poured on to help the burning.

The man's death was not due to natural causes—he had been shot through the chest. A bullet had entered the back below the left scapula, had passed through the edge of the left lung and the right ventricle of the heart, and had come out through the right chest near the nipple. It was important to decide the direction of the bullet, since if it had passed from

front to back the wound might conceivably have been self inflicted.

When a firearm is discharged close to bare skin the entrance can usually be identified by scorching or the presence of powder grains in the skin, but these signs could not be present here because of the clothing. The wound in the back was clean and round and had a small zone of discoloration by bruising around it. That, I think, is good evidence that it was the entrance. I have seen, but very seldom, clean round exit wounds, but never that sharply defined zone of bruising around them. The wound in the right chest was more of a slit than a round hole and this effect is nearly always seen in exit wounds. It is a mistake to think nowadays that the exit wound tends to be larger than the entrance. That was so in the days of soft and relatively slowly moving bullets which were easily deflected and deformed. The modern hard bullet propelled by high explosive goes through the tissues, even bone, quite easily and comes out much as it went in.

We are satisfied, then, that this man was shot in the back from an oblique direction from left to right. Could he have done this himself? I think not. Try shooting yourself in that way. You will find it well nigh if not quite impossible. Even if it were possible, suicides do not indulge in acrobatic contortions.

Three other points must be solved:—

Firstly, was the man alive when he was shot? Yes. There were more than two pints of blood in the chest. Far more than would escape from a dead and not beating heart.

Secondly, was he dead when he was burnt? Again yes. There was no trace of soot in his air passages and he must have inhaled some from a fire of this nature if he were breathing.

Thirdly, was the fire accidental or deliberately arranged? Possible accidental, but if so why the paint poured on the head? Surely a deliberate attempt to help the fire and make the place unrecognizable?

In spite of the destruction of the features, the body had been identified as that of one Samuel Furnace, the tenant of the Builder's Yard and Office. True, he had disappeared from home, but in the clothing on the body we found a bank book and in it the name "Walter Spatchett." Walter, also, had not been seen for

two days and his father identified his clothing though not his face.

Was this then Furnace in Spatchett's clothes, or was it Spatchett?

Furnace and Spatchett we found were almost exactly the same height, so that then did not help. Furnace was known to have on his right upper arm a scar with thirteen stitch marks. It happened that this part of the skin was intact and there was no scar.

Furnace had a tooth missing in the middle of his upper jaw, and sometimes wore a plate. There was no tooth missing from our body and finally Spatchett's dentist positively identified an irregularity about one of the teeth.

We were now sure that this was Spatchett's body and that he had been killed and partially burnt by someone not himself.

On the morning after the fire a note had been found in a store room next door to the office. It read thus:—

"Goodbye to all. No work, no money. Sam. S. J. Furnace."

If this was not intended to suggest the suicide of Sam, it was a strange coincidence that he should say "Goodbye" when a dead body was on his premises.

In due course Furnace was "wanted for wilful murder" and like his illustrious predecessor Dr. Crippen, created a precedent. Dr. Crippen was the first murderer to be arrested with the help of wireless. Furnace was the first murderer to be "wanted" by a B.B.C. Announcer.

He was found and arrested at Southend twelve days after the discovery of Spatchett's body. He made a statement to the effect that Spatchett was shot by accident and that being frightened he tried to burn the body. He does not seem to have tried to burn some £35 which Spatchett had on him or his wrist watch which Furnace still had. The revolver he had thrown into a canal where it was found in due course.

Furnace never came to trial because he succeeded in poisoning himself in his cell with spirits of salts.

At the inquest on Spatchett many of the gaps in this story were filled in, but I need not trouble you with them.

The verdict was one of "Wilful murder by Samuel Furnace."

The post of Assistant Editor of the JOURNAL has been filled by Mr. Hugh Cornford.

The Annual General Meeting of the Students' Union will be held in the Abernethian Room at 12 a.m. on Wednesday, March 14th.

OBITUARY

MR. A. J. STEGGALL

Old Bart's men will learn with regret of the sudden death of A. J. Steggall. He came to the Physiology Department from the Royal Sussex Hospital at Brighton in 1926 and has been with the Medical College ever since, having the special care of the preparation of the experimental physiology and histology classes. It is in this connection that most old students

of the hospital will remember him. His wide knowledge and experience, and the excellent help he always gave to everyone, put us all in his debt.

An extremely efficient worker, and a man of unflinching good humour and kindness, his passing leaves all of us, both teachers and students, the poorer.

THE OLDEST BRITISH HOSPITAL

By SIR D'ARCY POWER

It was thought that it might be interesting if I told you something of the story of St. Bartholomew's Hospital, an institution with which I have been connected for the last fifty-two years. It is situated in the heart of London on the site where its founder placed it in 1123 and there it remains to this day, fulfilling his design of treating the sick poor who are ill of acute disease and of caring for women in childbirth. It is still in the van of medical progress in spite of its age.

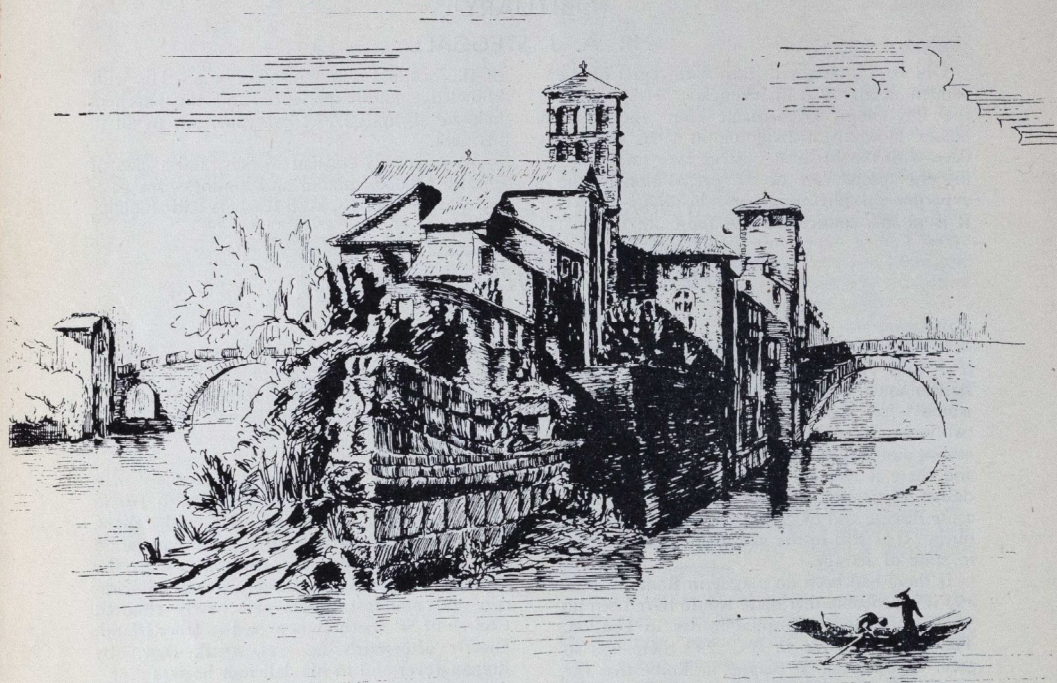
If there had been no plague in Rome in B.C. 293 it is probable that there would have been no St. Bartholomew's Hospital to-day in London. The story goes that in B.C. 293 there was so great an outbreak of plague in Rome that the Sibylline books were consulted and the advice given in them was to send to Epidaurus for Aesculapius, the god of healing. An embassy was sent and the god was brought back to Rome in the form of a sacred serpent. The ship entered the Tiber and as it passed the island at Rome the serpent escaped, made a home for itself and the plague was stayed. The citizens in gratitude built a temple to Aesculapius on this island and converted the end of the island into the semblance of the prow of a ship, covering it with travertine and sculptured on it the serpent entwining a staff which is now the familiar symbol of medicine personified.

The temple in course of time was replaced by a basilica, built about the year A.D. 1000 and dedicated to St. Bartholomew because it contained some of his relics. The basilica fell into decay, was restored A.D. 1112 and became one of the sights visited by pilgrims. Six years later in 1118 the White Ship was wrecked in the English Channel and carried down with it the Aethling, son of King Henry II, and many of his young companions. The prince was beloved of all—like our own Prince of Wales—and the mourning was deep and

general. The king, his father, was said never to have smiled again and the court, which had been renowned through Europe for its brilliancy, gaiety and learning, became sombre and grief-stricken.

Amongst the courtiers was Rahere, a man of infinite jest, a good musician and a friend of all from king to scullion. He, with others, took to religion, became an Augustinian canon and went on pilgrimage to Rome. In the Eternal City he visited all the places of pilgrimage and amongst others the newly restored Church of St. Bartholomew on the Tiber Island. Shortly afterwards he was struck down by Roman fever and in his delirium he was

born on high by a certain beast having four feet and two wings and he was set by it in a very high place. And when from such a height he bent down the glance of his eyes to the depths, he discovered a horrible pit to be beneath him, the terrible vision of which struck the beholder both with fear and horror for its depths baffled all human view. He, therefore, conscious in himself of his sins, thinking that he would forthwith fall into so vast a precipice shuddered and began to give forth lusty cries from his mouth and as he was thus fearful and crying aloud with fear one was beside him hearing the royal majesty in his countenance, of wonderful beauty and imperial authority and, with his look fixed upon him, spake good words saying I am Bartholomew, an Apostle of Jesus Christ, who have come to help thee in thy straits and to unlock for thee the secrets of the heavenly mystery: for thou shalt know that I by the will and command of all the High Trinity, and with the common favour and council of the Court of Heaven have chosen a spot in a suburb of London at Smithfield where, in my name thou shalt found a Church and a Hospital and there shall be the House of God, the Tabernacle of the Lamb, the Temple of the Holy Ghost. . . . Therefore let thy hands be strengthened and having faith in the Lord act manfully. Nor doubt at all with anxious mind concerning the expenses of this building: merely apply diligence, mine it shall be to provide the costs necessary for the completing the fabric of the work. . . . Of this work know that thou art the minister and I the master. Do thou employ diligent service and I will perform the office of master and patron.



At these words the vision disappeared.

Rahere on his return to England visited the site thus shewn to him—a site now so well known to us and after eight hundred years unchanged in name. Smithfield it was then; Smithfield it is now. He found it, as the name implies, a smooth field bounded on one side by a rapid stream—the Fleet river—on the other by the city wall and occupied in part by the clothmarket from which the king received dues of the merchants of Florence who there displayed their beautiful wares. The greater part of the open space was used by the citizens as a recreation ground where their children played games and rode races on the numerous public holidays. It had belonged of old to the kings of England as "no man's land" and from it there came a small rent to the king's chest. Not far away on the rising ground, which is now St. John's Street, were The Elms or place of public execution before the existence of Tyburn. A portion of this land Rahere begged for his church and his hospital and with the help of the Bishop of London and other friends

at court the request was granted. The church and hospital were built in 1123 and were dedicated the one as the Priory of St. Bartholomew, the other as the Hospital of the Holy Cross.

Eight hundred years ago; it is difficult to understand the lapse of time, but it can perhaps be realised when I tell you that there is the same interval between the Battle of Hastings in 1066 and the opening of the Hospital as between your Civil War and the present year. Some of the earliest patients, may therefore have been veterans of the Battle of Hastings, and many must have been the sons and daughters whose parents would have told them of the Norman Conquest from personal experience.

St. Thomas à Becket was five years old when the hospital was opened and as his father and mother lived within half a mile of the hospital he must often have played in Smithfield, brought there by his nurse, for we know that he had a nurse. The first patients, too, must have watched the building of the Tower of London when as yet there was only the White Tower. One of the earliest of the patients

came by water from Dunwich in Essex which has long since been submerged by the sea. He was crippled by arthritis and, being cured by massage, skilfully employed, served for many years as a carpenter at the priory.

Rahere as founder was chosen first prior of the convent and master of the hospital. He decreed that the priory and the hospital should be allied but not combined; the hospital to be cared for by eight canons of his own order and four sisters—Augustinians all. For four hundred years, with the staff increasing as the reputation of the hospital increased, the religious character of the charity was maintained with little change. Not much is known of this early period. The brethren and sisters were not trained in any way for the practice of medicine and nursing but they must have learnt much by tradition and the experience of their predecessors during those four centuries—surgery and midwifery chiefly, for it was laid down from the beginning that lying-in women were to be their especial care. Of surgical cases there was never any lack. Jousts and tournaments were frequent in front of the hospital gate. The place of public execution was within two hundred yards. A cry of "Clubs! Clubs!" would at any time bring out all the apprentices within hearing to fight amongst themselves or against their common enemy, the law students at the Temple—so that broken heads were of constant occurrence. Men fell off ladders, as they do now, breaking their arms and legs; elderly citizens were run over in the narrow streets, and burns were common for no day went by without a fire in the wooden built and thatched houses. Both the Thames and the Fleet Rivers supplied a quota of the half drowned and wholly drenched, for the shooting of London Bridge in small boats was a well known danger avoided by the more prudent who got out above the bridge and took another boat at the landing stage below it.

The accommodation provided for the patients differed little, if at all, from that of the staff—a rug laid on the floor—for as yet there were no beds. For food such victuals as charitable citizens would give to the brethren who daily went round the markets with a begging bowl. Then, as now, the meat market was close at hand; some at least of the butchers were generous and there were many charitable women who would give a loaf or two of the bread they had just baked. The patients lay in a great hall with an altar at one end and in sight of all where mass was celebrated daily. In the centre of this hall was an open fire and in 1422 and again the following year there is a warrant from the king to the Ranger of the Great Park at Windsor

directing him to supply "one oak tree but not of the best" for the use of the fire in the great hall of St. Bartholomew's at Smithfield.

And so things went on for four hundred years, the hospital gaining in repute and acquiring money from the bequests of charitable citizens until in 1542 King Henry VIII seized the revenues, sold the priory after turning out the monks and despoiled the hospital. A few beds indeed were maintained and the hospital never actually closed its doors but its good work was seriously curtailed and it became a secular foundation. The king indeed promised an annual grant of 500 marks but the money was never paid.

The want of the hospital which had served the city for so many years soon became evident and the citizens of London petitioned the king for its re-opening. A charter was granted and in 1547 it began the second part of its long history with an entirely new constitution and under the direct control of the lord mayor and citizens. The new charter provided that the hospital should be served by duly recognised surgeons under a master or, as you would call him, a medical superintendent; the nursing being undertaken by sisters with a head nurse or matron; surgeons and sisters alike being drawn from the ordinary population and none to be professed clerics or nuns. The staff of the hospital was thus entirely secularised though a chaplain or "hospitaler" was appointed to serve in the parish church which still stands where it has always stood at the entrance to the hospital. It was his duty also to attend to the religious needs of the patients.

The changes in the fortunes of the hospital came fortunately at an auspicious time in the history of surgery in England. Towards the end of the reign of Henry VIII a generation of surgeons arose who desired urgently to see a better educated doctor. The movement appears to have been the result of the extremely bad treatment of the English sick and wounded in the expeditions against France in the middle of the sixteenth century, for it was urged by Gale, Clowes and others who had served as army surgeons. The surgeons, too, had united with the barbers in 1540 to form a United Company of Barbers and Surgeons; Thomas Vicary being elected the first master of the United Company. Vicary seems to have been a man of outstanding personality, a good organiser, an excellent administrator and one who had influence at court, where he held the important office of serjeant surgeon. The hospital procured his services as the first surgeon under the new scheme, though he seems to have acted as an adviser and administrator rather than in a sur-

gical capacity. No doubt by his advice Thomas Gale and William Clowes were elected as his colleagues. Both Gale and Clowes were skilful surgeons, educated in the wars, good teachers and excellent writers, so that the reconstituted hospital started well on the surgical side.

The hospital was less fortunate on the medical side, the need for a physician was not felt for some years and when one was at last appointed he was that Dr. Lopez, the Portuguese Jew, who was hanged, drawn and quartered in 1594 for encompassing the death of Queen Elizabeth.

The next hundred years in the history of the hospital was one of steady progress. Surgery, as under the old regime, was the more prominent side of the work; for the physician, though he usually lived within the precincts of the hospital, rarely visited the wards, but had the patients brought to him for diagnosis and treatment; his prescriptions being kept in a locked book that they might not be accessible to the surgeons. The surgeons operated but only prescribed a few simple remedies as they were completely under the thrall of the physicians and were not allowed to operate unless a physician consented and was present. On the other hand they brought with them their apprentices to watch what they did and note down what they said. The attendance of these apprentices became regularised and in course of time a room was provided with books for their instruction; a dead house under the operating theatre or "cutting room" as it was called and a museum for the more unusual specimens of morbid anatomy. In this way a medical school came into being which remained the property of the physicians and surgeons and was independent but an integral part of the Hospital until 1921, when it was granted a charter under the title of the Medical College of St. Bartholomew's Hospital.

The nurses were still called "sisters" though they were not enrolled in any religious order; they remained for life and were attached to individual wards and not to the hospital generally. Their identity was to a large extent merged in that of the ward for they were always spoken of and to as "Sister Mark, Sister Hope, Sister Magdalene," etc., according to their ward, and within my own recollection many of these good women had served for thirty or forty years and had gained an empirical knowledge of which the interne was a fool if he did not take advantage.

There was no break in the nursing tradition when Henry VIII took the revenues of the hospital into his own hands but there was a great reorganisation. In 1544 five sisters were

appointed and in 1551 the number was increased to twelve. One of the twelve was chosen to act as matron and to her was attached a "fool." Sir Norman Moore in his *History of the Hospital* rather unkindly counts the fool as a sister and thus makes the number thirteen although in reality there were but twelve. The real explanation is probably that the fool is a corruption of the *famulus* or servant. Under the new constitution the matron and sisters had duties and perquisites which have now lapsed. The matron had personal charge of all the bedding in the hospital and she was enjoined to see that the sisters did their duty in spinning and did not enter their wards after seven o'clock in the winter or nine in the summer except to attend to patients in danger of immediate death or suffering from extreme sickness. She was allowed as a perquisite to sell ale, the cellars being under her lodging, and received a shilling for the use of the pall when a patient died. The sisters on their side had to wash the patients' linen as well as to scrub the floors but they took half a crown from every patient who was operated upon and one shilling from each patient admitted into their wards.

The appointment of sister carried with it a habit or uniform just as in the pre-Reformation days when the sisters were nuns. Six yards of cloth were allowed yearly at 22/6. The cloth was at first brown but was soon changed to light blue and blue in various shades has remained the colour of the sister's uniform since 1555. The common dormitory remained until 1787 when the sisters began to sleep and live, as they still do, in a little room partitioned off from their ward. The change was probably for the better as there are several orders for the sisters' wards to be cleared of bugs by the hospital bug-catcher. The sisters appear to have been a strong and self-reliant body of women for on one occasion they made a determined attack upon a sheriff's officer and obliged him to relinquish a patient who had been captured in one of the wards. As early as 1647 women helpers had been introduced who sometimes claimed the reversion to the place of sister. A regular nursing staff was in existence in 1818 for the physicians and surgeons in that year represented to the governors that one sister and two nurses were not sufficient for a double ward. In 1821 the nurses were ordered to wear a brown uniform and in 1868 scrubbers were appointed to undertake the drudgery of scrubbing the floors and passages—a duty which had hitherto devolved on the nurses under the supervision of the sisters. In 1877 an institution was opened for the training

of nurses in connection with the hospital and from this time onwards nursing has become more and more a skilled profession under such able matrons as Miss Ethel MANSOUD (Mrs. Bedford Fenwick), Miss Isla Stewart, Miss Macintosh and Miss Dey.

The hospital became known throughout the world in the middle of the seventeenth century owing to the fact that Dr. William Harvey, the discoverer of the circulation of the blood, was one of the physicians on the staff. At the hospital itself Harvey's name remains less as a discoverer than as an administrator for he drew up a series of rules governing the duties of the physicians and surgeons and by these rules—*mutatis mutandis*—the hospital is still governed.

The teaching of medicine and surgery by formal lectures is of long standing in England. Attendance at such lectures was enforced upon all members of the United Company of Barbers and Surgeons—apprentices and masters alike—from 1540 to 1745, and a constant endeavour was made to obtain the best teachers of the day. Little by little, however, there crept in a system of private teaching which in the end destroyed the old formal lecture and led to encroachments upon the monopoly of the United Company. Under the old system opportunities for private teaching were few though many men felt themselves able to teach, money was desirable and pupils were profitable both at once and in the more remote future. Private classes, therefore, began to be held from 1730 onwards; Cheselden and Sharpe at Guy's Hospital; Nourse and Percivall Pott at St. Bartholomew's Hospital taught at first in their own houses and to their own pupils, openly in their hospitals to any one who chose to pay for the course at a later period. William Hunter with a brilliant band of assistants, among whom was his brother John Hunter, actually opened a teaching school unattached to any hospital and made it so great a success that others soon followed his example. This necessarily led to reprisals on the part of the hospitals, and about 1790 David Pitcairn, the physician, and John Abernethy, the surgeon, organised the first regular medical school at St. Bartholomew's Hospital. A lecture theatre was built, dissecting rooms were provided and a systematic medical training was given based upon anatomy and botany. The evolution has been continuous from that time to the present and is not yet complete. Both the hospital and the school have been in a constant state of reconstruction, rebuilding and addition, no easy matter on an island site in the heart of a city where the value of the land is calculated in inches. But it has been accomplished and we

still think that our reputation both in practice and in theory compares favourably with any hospital or medical school in the world, whilst we have the tradition and *esprit de corps* bred of an ancestry of more than eight hundred years.

During the last four hundred years many interesting and important men have been connected with the hospital. Amongst those who lived in the hospital, though they did not actually serve it, were John Caius (1510-1573) who lectured for twenty years on anatomy at the Barber-Surgeons Hall in Monkwell Street and is well known as the founder of Caius College in the University of Cambridge. He was a dull and lonely man and there is an amusing picture of him dated May 21, 1559. It is written to Conrad Gesner the Swiss naturalist who was beloved of all men. The writer says:

As soon as I came to London I sought out your friend Caius to give him your letter and, as he was from home, I delivered it to his maid servant for he has no wife nor ever had one. Not a week passes in which I do not go to his house two or three times. I knock at the door; a girl answers the knock but without opening the door completely. Peeping through a crevice she asks me what I want? I say in reply "where is your master is he ever in or does he ever intend to be at home." She always denies that he is in the house. He seems to be everywhere and nowhere and is now abroad so that I do not know what to write about him. I shall certainly tell him something to his face when I do meet him.

Whilst he was living in the hospital Caius wrote his essay on the sweating sickness.

Sir Thomas Bodley (1545-1613) like Caius lived in the hospital but held no office nor was he ever a governor. He was the founder of the Bodleian Library at Oxford and both he and his wife died within the Hospital gates. She is buried in the hospital church; he at Merton College, Oxford.

Dr. Timothy Bright (1551?-1615), who was one of our early physicians in the time of Queen Elizabeth, was unsuccessful as a physician but is known everywhere as "the Father of Modern Shorthand," for he published in 1588 *Characterie, an Arte of Shorte, swifte, and secreete writing by Character*. He lived in the hospital but instead of attending to the patients as he ought to have done he spent his time in making an abridgement of Foxe's *Book of Martyrs*. He was naturally a fervent Protestant as can be gathered from these sentences under the year 1572 which end the volume:

The year following died the Cardinal Louvain (a pestilent Achiophel against the children of God) and Charles, of France the ninth, the bloodiest tyrant that ever the earth bear, the 25th of May being five and twenty years of age. His disease was such that the blood gushing out by divers parts of his body, he tossing in his bed and casting out many horrible blasphemies, lying upon pillows with

his heels upward and his head downward, voided so much blood at his mouth than in a few hours after he died.

In the light of modern knowledge this is a prejudiced way of saying Charles died of phthisis after a severe haemoptysis. The record is interesting as showing how early and widespread was the legend that the king suffered from bloody sweats, the truth in all probability being that he had occasional attacks of purpura haemorrhagica.

Dr. Thomas Doyley took the place of Dr. Timothy Bright in 1590 when the governors called upon him to resign because he neglected the patients. Dr. Doyley who was a graduate of the University of Oxford had been a spy in the government service abroad, or, more politely an intelligence officer in the Low Countries, and was known to the outside world by his contributions to the great Spanish Dictionary which Richard Percival published in 1591. He had an adventurous early life and on one occasion was taken prisoner not far from Dunkirk where he says in a letter to Lord Burleigh

We were rifled of all our goods and apparel unto our doublets and hose with daggers at our throats and brought to the common gaol. And after our being there an hour came in the under-bailiff and the sergeant-major of the town with their poignards to our breasts, stripping us stark naked, searched us again and took away such money as the mariners had left us. There we remained from Sunday until Monday having nothing said to us. Then were we severally put to our ransom and I escaped well because they found nothing in my chest but four physic and anatomy books. All letters and notes I had were drowned out of a porthole before they took the ship.

By the fortune of war a few years later Doyley was given the charge of this same governor of Dunkirk who had caused him to be stripped naked. Doyley kept him a prisoner in the hospital where we find him

complaining that he was much annoyed by divers of the poor inhabitants who hang their beddings and beastly rags before his door and by some of the sisters who empty their foul vessels under his chamber as well as by people from Smithfield who wash their filthy backs in the close.

Dr. Doyley buried in the hospital church March 11, 1602-3, was succeeded as physician by Dr. Ralph Wilkinson (d. 1609), who gave place in turn to William Harvey (1578-1657) and upon the development of animals made his name known throughout the civilized world.

Amongst the surgeons at this time were Thomas Gale (1507-1587) and William Clowes (1540—1604). The works of Thomas Gale are dull as compared with those of William Clowes who was a master of vituperation and sarcasm. Gale says:

In the year 1562 I did see in the two Hospitals of London called St. Thomas's Hospital and St. Bartholomew's Hospital to the number of three hundred and

odd poor people that were diseased of sore legs, sore arms, feet and hands with other parts of the body, so sore infected that a hundred and twenty of them could never be recovered without loss of a leg or an arm, a foot or a hand, fingers or toes, or else their limbs crooked so that they were either maimed or else undone for ever. All these were brought to this mischief by witches, by women, by counterfeit javills that took upon them to use the art of chirurgery, not only robbing them of their money but of their limbs and perpetual health. And I, with certain other, diligently examining these poor people how they came by these grievous hurts and who were their chirurgions that looked upon them and they confessed that they were either witches which did promise by charms to make them whole or else some women which would make them whole with herbs and suchlike things or else some vagabond javill which runneth from one country to another promising to them health only to deceive them of their money.

This fault and crime of the undoing of the people were laid unto the Chirurgions. I will not say by part of those that were at that time masters [governors] of the said Hospital, but it was said that carpenters, women, weavers, cobblers and tinkers did cure more people than chirurgions. But what manner of cures they did I have told you before, such cures, that all the world may wonder at; yea, I say, such cures as maketh the Devil in Hell dance for joy to see the poor members of Jesus Christ so miserably tormented.

The writings of Clowes are equally bitter against the quacks who were so numerous in Elizabethan times. Speaking of such a one he says:

He cosened one Wilfred Joy, Citizen and Draper of London whom he did cut for a stone in the bladder but when he perceived he could find none there he took a stone out of the pocket of his hose and conveyed it into a sponge and did subtly and craftily put it into the wound he had made and he was espied and presently charged there withall. So this man was by him cosened of his money and likewise spoiled; for his pains were not by him anything at all ceased but increased and so he lived but a very small time afterwards. Moreover he promised to cure one Master Castleton, then being a scholar of Cambridge of an impediment in his eyes. He had some sight thereof when this Valentine took him in cure but within a very short time after Valentine, by his rustical dealings, put out his eyes clean and so deprived him of all his sight. And then when Master Castleton perceived that Valentine could not perform his cure but that he was by him thus spoiled he did arrest him first for his money the which he recovered again; but for his great hurt he was fain to put up with it in silence.

Clowes was a master of abuse. He calls one of his slanderers "a great bugbear, stinging gnat, venomous wasp and counterfeit crocodile. And I have been persuaded thereunto by many of my friends which well knoweth this viper, to spare this disdainful derider's name and let him smother himself in his own litter."

(To be continued.)

DOCTOR-SIR

OR

MEDICINE AS SHE IS PRACTISED

The following is an excerpt from a letter received by our correspondent. As the writer would prefer to remain anonymous certain names have been deleted, but in order fully to understand the text, it should be realised that the following account is written by an officer who has to take sick parade of the local Volunteers, all coloured gentlemen of uncertain education.

The Volunteers are partly West Indian (*i.e.*, from Africa, way back) and to a lesser extent Indian from India, and they are very childlike in many respects. Some make excellent soldiers and I seldom see them. Others never will in a hundred qualified years, and these I am getting to know quite well. These latter have a modicum of cunning, but insufficient intelligence even to weave a tangled web, despite much practice.

Viz.: Monday, 0900 hours. I enter the waiting-room, through which I must pass to the office. The parade leaps to attention in all degrees of slow motion, and there is an outburst of coughing and a few discrete moans. Some do not rise at all, but clutch an offending leg rather ostentatiously. Business commences.

"Private Quashie A?" shouts my S.D. orderly.

Silence.

"Private Quashie A?" he shouts again. A chorus of enthusiastic repetitions of this melodious phrase is taken up by the waiting mob outside, and Private Quashie A, of C Coy, who has probably been shouting for himself with the others, awakens and shuffles in.

"Take off your hat," hisses the orderly. Private Quashie, however, is obviously in the throes of speech-making and is oblivious of this error. Orderly grabs headgear from woolly pate and shoves it into Quashie's hand. This restores him to consciousness and, capless, he makes amends by saluting. Formalities over, we get down to grips.

"Sir," he says, "my belly pain me very much." Doctor puts perfunctory hand on belly and asks, routinely:

"Do you throw up?" Pte. Quashie is a bit nonplused by this, but eventually decides that emesis is a reasonable accompaniment of belly-ache, so he says.

"Yes, Doctor. I throw up plenty, Sir," and mentally notes to include vomiting in his next appearance.

"Mist. Bis. Sed," says Doctor-Sir, and sits back to await next case.

"And, Doctor-Sir, I am of the opinion that it is due to me being unable to masticate my food properly, as I have bad tooth." Dr. inserts spatula into mouth and reveals a jawful of gaping cavities, utters the word "Dentist" to the orderly and mentally congratulates a thoroughly rehearsed Quashie on that polysyllabic monster of a word. Once again he sits back, but if he thinks he is through he is soon disillusioned. Private Quashie does not go, but with a new confidence continues:

"And, Sir, I wish to report that for some time now I have been suffering from a severe pain in my chest."

"Where? Point to it."

"Here, Doctor," a black hand sweeping across the whole chest, "and here and here down to here to my feet." Pte. Quashie is warning to his work.

"How long have you had it?"

"A long time, Doctor."

"How long?" bellows goaded Doctor-Sir, "weeks, months, years?" Private Quashie regards the palm trees outside with a bovine expression and can think of no reply. There is an interval of silence, broken only by a noise like a blacksmith's forge as Quashie works his mighty lungs under the doctor's stethoscope. The doctor, too, is breathing rather heavily, but that is the only sign of any emotional feelings.

"There's nothing wrong with your chest. Duty." This last to orderly.

"And my feet pain me. I wish to be excused boots, Doctor." This breaks the camel's back. With much shouting and vain oaths, the poor Surg.-Lt. tears Pte. Quashie off a considerable strip and bids him get out quickly before somebody else's boots accelerate his departure.

"Let me see your Goddam feet," he demands as an afterthought. Quashie's feet are turned up for inspection, and there are three enormous plantar warts, the size of marbles.

A beaten man, the doctor mutters wearily, "Excused boots," and says kindly, "All right,

Quashie, we'll have these removed for you." Private Quashie shambles out, plainly dissatisfied. He has no medicine for his chest.

The story does not end there. The following Saturday Quashie appears again; with feet; cannot wear boots.

"But, Quashie," pleads the almost tearful doctor, "I took these out for you."

"My feet pain me, Doctor," says the inexorable Quashie. "I wish permission not to wear boots." The orderly is already writing "Excused boots," so Quashie hobbles painfully out with no further word from the doctor, and is last seen galloping cheerfully across the parade ground, having missed about thirty minutes duty.

REMBRANDT.

CORRESPONDENCE

WRONGED RIGHT WING

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

Owing to a misprint in the Hill End News in the last number of the JOURNAL I find myself branded as a Communist, which I most certainly am not. What I actually wrote was "columnist." As my initials do not altogether conceal my identity I should be glad if you would print the denial.

Yours faithfully,

H. W. C.

Abernethian Room,
Hill End Hospital.
February 10th, 1945.

OPINION

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

Your February Editorial dealt with a much-neglected subject. The whole trend of modern thought makes us loose ourselves in life and never stand back for one moment and ask such important questions as: What is the meaning of life? What am I living for? Where do I come from? Where am I going to? A picture in "Punch" showing two women rushing for the Tube bore the caption: "My dear, don't stop to ask where it is going or we shall miss it!" Surely, our modern outlook with regard to life!

When in those rare moments of a civilised existence, one finds time for contemplation, the propaganda that has been our meat since childhood still governs our mind. Progress is the mystic word, the magic touch stone, which promises so much and gives so little. Every false hope of the past, every failure of the present, must increase our desire for the glories of the future, when the alchemy of progress shall have made all evil good. Our thoughts must be about practical issues, which shall add fuel to this dazzling blaze. The detached contemplation of the Greek philosophers was idle foolishness, history is but "bunk" and religion an opiate of the people. "Take thine ease, eat, drink and be merry" is our working rule; but are we sure that it is not costing us our souls?

This is no academic quibble, for the attitude we adopt to our patients is based on our view of the meaning and purpose of life. If we would not be as blind leading the blind, let us examine ourselves. Most men to-day are living for happiness, either their own or of the race; but the Christians claim that "The chief end of man is to glorify God,"

makes him unwilling to sacrifice all in such pursuits. For example, when faced with a hopeless prognosis a Christian is unwilling to deceive his patient, merely to increase the latter's momentary happiness. The very anguish of such a position is often required to make a man realise his own inadequacy and to turn his thoughts God-ward. The same applies to suffering, for to the Christian this is no unmitigated evil. St. Paul says, "I glory in (not 'in spite of') mine infirmities," and the writer to the Hebrews explains this a little more fully: "Now no chastening for the present seemeth to be joyous, but grievous; nevertheless afterward it yieldeth the peaceable fruit of righteousness unto them which are exercised thereby" (Heb. 12.11).

Suffering and death may be but the means to an even greater end than human happiness, that of bringing the soul into a right relationship to its Maker.

The meaning and purpose of life is one of the most vital questions we have to face.

I am,

Yours faithfully,

S. W. THOMSON.

The Abernethian Room,
February 6th, 1945.

INTERPRETATION

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

While appreciating that your editorials are generally intended to be provocative rather than to be taken too seriously, I am much interested in the views you express about science.

Firstly, who are these wicked scientists you complain of who are "continually trying to impose their systematised ways of thinking on the doctors"? Such scientists as I have met have always appeared to be the last persons to impose anything on anybody. Doctors have sometimes engaged their aid in medical problems, but the complaint is usually the reverse—that they are too occupied with their own academic research to take much part in practical medical affairs.

There are certainly technicians as well as doctors who tend to lay down the law and over-estimate the reliability of laboratory tests; but are the scientists to be blamed for such ignorant misapplications of science?

As for Paget and the other great names in medicine, do these really stand for conservatism, or was that a friendly gibe to make them squirm a bit in their graves? Surely, in their own day these

men were for the most part revolutionaries and rebels against the accepted order of things? Their audacity horrified their contemporaries of the "old school." If they were alive and working to-day, should we expect to find them tamely accepting the orthodox views of the "old school" and refraining from soiling their aristocratic hands with laboratory work, or vigorous in using science and everything else that might further the progress of medicine? I can see no real fight between science and art in medicine, for the two are complementary and, like

the two sexes, neither can get very far without the other. There is, however, a real fight between orthodoxy and progress, which, in medicine as elsewhere, is still as keen as ever. There the scientist and the ablest exponents of the art of healing generally find themselves on the same side.

Yours sincerely,
DEREK RICHTER.

Mill Hill Emergency Hospital,
London, N.W.7.
January 15th, 1945.

BOOK REVIEWS

MANUAL OF ZOOLOGY. L. A. Borradaile, Sc.D. Eleventh Edition. Oxford University Press. Price 24s.

Once again this excellent manual makes its welcomed appearance. The book has been thoroughly revised and brought up to date, and parts of it have been completely re-written. Notable additions concern the maturation of gametes, nervous function, the interrelationship between excretory processes and environment the embryology of the chordata, and evolution. Many more advanced "asides" have been added in small print, and there are many new illustrations. The book continues to be a first class introduction to the subject.

THE PRACTICE OF NURSING, by H. M. Gratton. Faber, 12s. 6d. net.

There are now many books in circulation written by Nurses, but this one is outstanding in that it describes the practice of nursing in a very detailed and thorough manner.

The material is pleasantly arranged and should attract the nurse in training. It can, however, also be highly recommended to the State Registered Nurse, who may be responsible for teaching practical work to nurses.

The illustrations and photographs are very good, and definitely add value to the book.

CLINICAL PROCEDURES AND THEIR BACKGROUND, by Agnes E. Pavcy. Published by Faber and Faber at 10s. 6d.

The author of this book has collected quite a large amount of valuable information and arranged it in a definite and clear manner.

The appendix with the "list of Diseases, Syndromes and symptoms known by proper names" is

an asset to the book.

The photographs are good and the many illustrations are very well done and will be appreciated by the reader.

On the whole the book is rather advanced for Student Nurses, but should prove helpful and instructive to the Senior Student Nurse or the State Registered Nurse.

FEVERS FOR NURSES, by Gerald E. Breen, M.D., Ch.B., D.P.H., D.O.M.S. Second Edition. Published by E. & S. Livingstone, Ltd., at 5s.

This is an up-to-date text book and should prove of great value to Nurses.

The subject matter is very well arranged. The chapters on the "Principles of Prevention" and "Drugs and their Administration" are agreeably written and should encourage the Nurse to be interested in these important branches of Fever Nursing.

The illustrations on the whole are clear and should prove helpful.

THE HISTORY OF CÆSAREAN SECTION, by J. H. Young, M.B., Ch.B., D.T.M., and H. Edin. H. K. Lewis & Co., Ltd. Price 16s.

This detailed historical study of the operation makes fascinating reading. It is based on a very extensive bibliography and constitutes an authoritative source of information on any point in relation to Cæsar section. The history of the controversy in this country between Cæsar sectionists and their "conservative" opponents—cramotomists—is particularly interesting. The development of the operation is carefully traced from the obscurity of history to the present day.

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

CAPLAN, A. (and Dunkerley, G. E.). "Traumatic Anæmia in a Miner." *Lancet*, Feb. 3rd, 1945, pp. 147-148.

COOKSON, J. S. "Supervision of Mental Defectives in the Community." *Brit. Med. J.*, Jan. 20th, 1945, pp. 90-91.

EVANS, F. T. "Infection from Spinal Analgesia." *Lancet*, Jan. 27th, 1945, p. 115.

GARRUD, L. P. "The Action of Penicillin on Bacteria." *Brit. Med. J.*, Jan. 27, 1945, pp. 108-110.

KERSLEY, G. D. "The Convalescent Depot Overseas." *J. Roy. Army Meds Corps.*, Jan., 1945, pp. 36-38.

LONG, D. A. (and MacGregor, A. B.). "Penicillin Pastilles in the Treatment of Acute Ulcerative Gingivostomatitis." *Brit. Dental J.*, Jan. 19th, 1945, pp. 33-35.

SCOTT-BROWN, W. G. "Allergic Affections of the Nose." *Practitioner*, Feb., 1945, pp. 86-91.

STUART-HARRIS, C. H. "Obscure Pyrexia." *Practitioner*, Feb., 1945, pp. 99-104.

WOODMAN, E. M. "Malignant Disease of the Nose and Pharynx." *Practitioner*, Feb., 1945, pp. 92-98.

SURGICAL FIELD SPORTS

"Judicious local treatments, minor surgical corrections and the ferreting out of urethral and seminal vesicular foci in some cases are still consistent with good urologic practice."

Penicillin Treatment of Gonorrhoea.
U.S. Army in War Medicine. Vol. 6. No. 2.

SPORTS

SOCCER

Up to the middle of February the 1st XI have played 15 matches, of which 10 have been won. Limitation of space has, in part, prevented a full account of each match being published in the JOURNAL; and this report is being written in lieu of a separate account for each game.

The first four matches were won, and we were undefeated until November 4th, when St. Mary's College beat us 3-3 at Chislehurst. In the opening game of the season Malvern College were defeated by 3 goals to 2 despite the facts that every one was greatly out of training and that Malvern had scored twice before Bart.'s had got used to the idea of once again wearing football boots. London and U.C.H. were next beaten by large margins and Imperial College by a lesser one. At this stage of the season we had the regular help of several Preclinicals from Cambridge, and we had hoped to continue to include them in the XI all through the season. The call of examinations, however, has been such that it has been impossible to field a fully representative team each week, and it is to be regretted that this, together with the frequent calls on our men by London University, has prevented the same team playing even two weeks running, whilst it has made the appearance of the 2nd XI most irregular.

The game against St. Mary's College has already been fully reported in an earlier issue, and this was followed by a 9-3 victory over King's College, in which after a scrappy first half Bart.'s took charge of the game and scored repeatedly. Borough Road College defeated us by 5 goals against 1 at Chislehurst in an excellent game in which they generally demonstrated with the aid of very fast forwards a sound defence, and four professionals that they were better than we were. We were unlucky, however, not to have scored more often, and the margin of victory was rather against the run of the play.

On November 25th we defeated our old rivals, Guy's, for the first time for some years by 4 goals to 3, avenging two defeats of last year, one in the massacre class. Under ideal conditions at Honor Oak Park we were unlucky to have Cartledge crippled in the first ten minutes, but were leading 2-1 at half-time. Guy's equalised soon after the re-start, but we again went ahead to make it 3-2. At this stage of the play the tackling became somewhat more than firm, and Guy's pressing hard equalised ten minutes from time. These last ten minutes found Bart.'s determined to score again, and despite equally determined defending by Guy's we had won the match by the time the whistle went. This match

completed the first half of the London University League, and found us comfortably in second place behind St. Mary's College.

Three more away victories followed against the Old Ionians, Reading University and Mayfield Athletic Club. This last game, played in inches of mud, found McClusky in his very best form, and once again we avenged a heavy defeat of last season by winning 4 goals to 2. In this match Cartledge, at left-half, scored what is reputed to be the only goal of his career!

At this stage of the season we had to cancel three games at Chislehurst as the ground was snow and ice-bound. The two games we did play in January were both lost. At Norbury, Barclays' Bank defeated us, whilst London won on their own ground on a pitch covered in snow. Unfortunately in both of these games we were fielding far from our best side.

February opened with a scrappy victory over Imperial College in one of the poorest games of the season, only notably (? infamous) for the extraordinary feat of two forwards simultaneously failing to score from a range of about twelve inches into an open goal. On the 10th of February we played the return game against St. Mary's College, at Strawberry Hill, and again lost 3-5. They were the better side and with their daily training and bi-weekly matches were too much for us. We surprised them by scoring twice in the first twenty minutes when Blackman took the only two chances he had, and were still leading 2-1 at half-time after Mary's had pounded our goal for a solid twenty minutes. They quickly equalised and then went ahead after half-time, but Blackburn completed his hat-trick to make it 3 all. With Bart.'s feeling and looking very tired Mary's scored twice more to win a match in which Elliott at left back was outstanding and untireless. There is the distinct possibility that we may again play St. Mary's College in the semi-final stage of the League Cup.

The 2nd XI have been most unlucky in only playing six matches, some with depleted sides. Unfortunately our reserve of players is so small that if anyone is away injured it is almost impossible to raise a complete side, whilst we have been equally unlucky in having several 2nd XI games scratched by our opponents when it would have been possible for us to have raised a team. Of these six matches two have been won both against H.M. Office of Works. Much credit is due to the enthusiastic few always willing to play for the 2nd XI, and it is to be hoped that they will be rewarded with regular games until the season ends. The remedy lies with all footballers keeping Saturday afternoons free of other engagements.

ATHLETICS

Cross Country Match, Clinicals v. Preclinicals, at Hill End, January 24th, 1945.

An extremely good turn-out of 9 Preclinicals and 12 Clinicals was very encouraging considering the several degrees of frost, the icy roads, the snow covering fields and two crossings of a stream in the true water-jump style. The course which had been newly designed ran from the entrance of the hospital by Hill End Station along the "cinder-track" to "honger and thence by way of the "Barley Mow" towards varied country on the other side of Watford road, it showed winter running at its most difficult level.

In a keenly finished contest Glanville was first home, and though the Preclinicals had a bunch of four men well up in the list, they were beaten in an 8 men-to-count contest by 4 points.

Scores: Clinicals 67 points, Preclinicals 71 points.
Cross Country—Bart.'s v. Middlesex Hospital, at Hill End, February 7th, 1945.

This was an extremely good and keenly fought

match, even though both teams were below full strength. It was run over our new house course at Hill End, which since the last match was much changed due to the rains and the snow thaw, which led to soft and muddy stretches. In fact, so much was the stream affected that at the last crossing it was considered safer to have a man with a rope. But the most notable fact of the course was the several markers on horseback.

Sladen of Middlesex Hospital was first man home, winning in 50 mins. 45 secs. from M. E. Glanville in 51 mins. 10 secs. Glanville had led most of the way, but was not able to take Sladen (who is captain of United Hospitals H. & H., and Southern Universities) to the post. Following were: 3, Dousie (Middlesex); 4, Burn (B.); 5, Gilchrist (M.); 6, Backhouse (B.); 7, Barry (M.); 8, Morgan (B.); 9, Williams (B.); 10, Dobson (B.); 11, Mortimer (M.); 12, Almond (B.); and Usher and Warlow unplaced.

Scores (counting 5 men per team): Middlesex Hospital 26 pts., Barts 29 pts.

EXAMINATION RESULTS

CONJOINT BOARD

FINAL EXAMINATION, JANUARY, 1945

PATHOLOGY

Holgate, J. E. Alment, E. A. J.
Hunt, M. F. Brooks, D. Hall
Balls, E. A. Bond, G. E.
Kelly, W. P. Rimmington, K. E.
Nuttall, D. Roberts, J. M.
Kunkler, P. B. Bowen, C. W.
Walsh, R. J. De Vitre, H. R.
Mann, F. M. Wince, W. H. D.

MIDWIFERY

Holgate, J. E. Yearsley, F. J.
Seed, S. Robinson, J. O.
Moore, W. T. S. Davies, N. N.
Church, R. E. Ellis, E.
Taylor, T. Williams, R. D.
Robinson, K. W. Gloster, J.
Denny, W. R. Clarkson, K. S.
Richter, D. Davies, G. R.
van Zwanenberg, D. F. Moore, P. H.
Taylor, P. A. Dallas Ross, W. P.
Davies, I. N. Finlayson, R.
Ellis, R. H. Strangeways, W. M. B.
Walker, P. H. Moore, J. A. R.
Rosenberg, H. N. Kunkler, P. B.
Dingley, A. G.

MEDICINE

Holgate, J. E. van Zwanenberg, D. F.
Roberts, J. M. Scott, M. G.
Bourne, G. L. Wells, P. W.
Thomson, S. W. Watson, P.
Richter, D. Yearsley, F. J.
Alment, E. A. J. Glanville, A. T. H.
Hewett, N. M. O.C. Thorne, N. A.
Ostlere, G. S. Hunt, M. F.
Yerbury, G.

SURGERY

Hewett, N. M. O.C. Clarkson, K. S.
Sheldon, A. F. Walsh, R. J.
Nuttall, K. M. Taylor, P. A.
Robinson, J. O. Moore, W. T. S.
Davies, N. N. Glanville, A. T. H.
McKerrow, C. B. Mason, S.
Holgate, J. E. Bhagan, K. A.
Kunkler, P. B. Todd, C.
Shohet, N. I. A. Watts, E. M.
Moore, P. H. Davies, I. N.
Dallas Ross, W. P. Bourne, G. L.
Milbourne, A. G.

The following completed the examination for the Diplomas M.R.C.S., L.R.C.P.—

Balls, E. A. Yerbury, G.
Hunt, M. F. Glanville, A. T. H.
Scott, M. G. Thorne, N. A.
Watson, P. Mason, S.
Bhagan, K. A. Holgate, J. E.
McKerrow, C. B. Roberts, J. M.
Sheldon, A. F. Todd, C.

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No. 3

ON THE ESSENTIAL IMPORTANCE OF BECOMING A CONTRIBUTOR

On Wednesday, March 14th, at the Annual General Meeting of the Students' Union, the Secretary read his report on the student activities of the preceding year. The general tone of the report was one of satisfaction and increasing optimism, but there was one conspicuous exception. In a concise and well-composed harangue the Secretary exposed the average student attitude to the JOURNAL as nothing short of disgraceful. He began by pointing out that the JOURNAL was a mirror through which the activities and ideas of the student mind were reflected to the outside world. The reflection during the past few years had grown fainter and fainter until this present time when it appeared only as a dim periodic flickering. Quoting strings of statistical figures, he showed that the index of student contribution had been gradually falling and we hasten to add that had it not been for the very welcome co-operation of those far beyond qualification, the JOURNAL would have withered to a mere pamphlet. Either, then, there are no minds to be reflected, or the minds are devoid of activity and idea, or the mirror is not a suitable reflector. Yet we are at great pains to keep this mirror well polished and are perpetually straining it to catch every ray of literary light however dim. Again, our Abernethian Room is constantly filled by people of a very high grade of intelligence and a brief conversation with any one of them will produce instantly a very varied selection of original ideas.

Approached on this subject, we found that of the questioned students 50 per cent. did not put their ideas to paper because they did not have the time, that 25 per cent. thought they should and agreed to make the effort—some-time, that 20 per cent. pleaded congenital inability and that 5 per cent. did not care one way or the other. To the 20 per cent. we express our regrets and advise them instead to

join the Boy Scouts. To the 5 per cent. we say nothing. They are the swillage who always pollute human communities, serving no useful function except by contrast. To the rest we address this editorial.

Humanity has overstepped its evolutionary development again and again. No longer are we born with the instinctive knowledge of nature, learning fresh wisdom only by our own experience. Now we must consciously exert ourselves to learn from the experience of others and in order to master the knowledge, which it would have taken millions of years to acquire naturally, our children are trained by elaborate systems, both social and academic, from their earliest childhood. With the progress of our learning, the gap between the natural and the acquired gets larger and larger and as a result the period needed for study gets longer and longer. Already in the higher mental occupations, of which medicine is an outstanding example, our brains are totally inadequate to master the complete range of the subject. The whole of the first half of our active mental life is taken up in a tremendous effort to acquire knowledge. Gradually comes the transitional stage when we both learn and apply what we have learnt. In one class of individual, learning begins to play the smaller part, while the technique of practical application gets proportionally more attention. To the sum of our knowledge they add little or nothing. Their skill is their own and cannot be transmitted to posterity. Their function is to put theoretical knowledge to practical use and through them the race reaps the labours of a second class. These people go further than application, they create. Their brains are continually probing the vast darkness of the undiscovered which surrounds our tiny light of knowledge and it is by them that we progress, and to them that we owe our civilization. In

passing, it is interesting to note how we, with our characteristic injustice, remunerate the former far more adequately than the latter.

The creative impulse derives power from the sublimation of lower instincts, but it is not born spontaneously on their cessation or curtailment. It must be developed by practice like the rest of our capacities and its period of development must be co-existent with the period of learning. Creation cannot be adequately practised in the realm of medicine at such an early stage in our career and therefore we must create in other fields.

Considering the creators—in order that they

transmit their experiences they must choose the medium of one of the special senses. The painter uses the eyes, the musician uses the ears and the scientist uses the written word.

Both these arguments show the paramount importance of fostering an ability to express oneself in writing. It provides both a sphere of training for the creative impulse and it is the medium of creative medical expression.

To you who have got as far as this we extend our congratulations. To you who have not—don't bother, it was merely the hard way of saying we would like you — YES! YOU WE MEAN—to contribute to our pages.

ADDISON'S DISEASE IN PREGNANCY

By D. VAN ZWANENBERG

In 1922 Fitzgerald reviewed the literature of Addison's disease associated with pregnancy and he described an additional case. Many of the cases he reported were devoid of clinical details and in some the diagnosis was dubious. He reported twelve cases in all.

In 1925 Fruhinsholz reported a case in whom Addison's disease developed during pregnancy.

In 1932 Perkins reported another case. This patient became pregnant during the course of Addison's disease.

As the number of cases of association of pregnancy with Addison's disease is small, it was felt that a description of two cases occurring recently in the hospital would be of considerable interest.

CASE REPORTS

1. Married woman, aged 27, who for two years had noticed some pigmentation of the skin. She was admitted to hospital during the fourth month of pregnancy with increasing anorexia, fainting attacks, and a feeling of constant coldness.

On examination there was even bronzing of the skin over the whole body, with a few scattered patches of de-pigmentation. No pigmentation of mucous membranes was seen. The breasts were active and the uterus corresponded with a four month's pregnancy. There was considerable albuminuria and the blood pressure was 90/50. There was some degree of anaemia, haemoglobin 49 per cent., red blood count 3,900,000. Blood urea was 30 mgm. per cent. Alkali reserve 36.5 volumes of C.O. 2 per cent. Serum sodium was 330 mgms. per cent. and serum potassium 14.6 mgm. per cent. An X-ray of the chest showed

no evidence of tuberculosis of the lungs and there was no X-ray evidence of calcification in the supra-renal glands.

The patient was treated by the administration of sodium chloride, 8 grammes daily. The condition somewhat improved but hypotension persisted. Abdominal hysterotomy and sterilization was performed and a blood transfusion of 600 c.c. followed by 1 litre of normal saline intra-venously was given post-operatively, but the blood pressure continued to fall and the pulse to rise. An injection of desoxycorticosterone acetate, 5 mgms. was given intramuscularly, and one litre of 2 per cent. saline intra-venously. Two further injections of 5 mgms. of desoxycorticosterone acetate were given.

The condition of the patient continued to deteriorate, with repeated vomiting and complaints of coldness, and she died three days after operation.

2. Married woman, aged 30. For one year she had noticed pigmentation, particularly on the arms and legs, and progressive tiredness at the end of the day. Three months before attendance at hospital she had had what was described as an attack of jaundice and her pigmentation increased. Her blood pressure at that time was 120/80. She came to hospital because the pigmentation was increasing and she was by this time three months pregnant.

There was gross pigmentation, particularly of the face and neck. No pigmentation was seen in the mouth. The breasts were active, the uterus corresponded in size to a three months pregnancy. The blood pressure was 90/50. The serum sodium was 300 mgm. per

cent. X-ray of the lungs showed no evidence of pulmonary tuberculosis and no sign of calcification in the supra-renal glands.

She was treated by the administration of sodium chloride, but this treatment had to be abandoned as it produced persistent vomiting. She was then treated by injections of eucortone and a high salt diet. After a few days this was changed and the administration of salt again started, 6 grammes daily, which she now tolerated satisfactorily. There was some degree of anaemia, haemoglobin 64 per cent., red blood count, 3,000,000.

The patient's condition remained satisfactory until the eighth month of pregnancy. She then became increasingly lethargic and injections of eucortone were given 5 ccs. daily, with considerable improvement.

Labour was rapid, the cervix was fully dilated in two hours. The child was delivered by forceps after episiotomy under gas and oxygen anaesthesia, with the previous administration of 5ccs. of eucortone. The blood pressure remained constant between 90 and 100 mm. of mercury throughout labour. An injection of eucortone, 5 ccs. was given intramuscularly at the end of labour. Blood loss was rather excessive and an injection of 0.5 mgm. of ergometrine was given, after which there was very slight loss. Three hours after delivery the patient vomited and complained of feeling cold. The systolic blood pressure was 80 mm. of mercury. 300 ccs. of normal saline, followed by a litre of 0.2 normal saline, and 4 per cent. dextrose, was given slowly over the next ten hours, and 5 ccs. of eucortone intra-muscularly every six hours. There was some fever during the puerperium and chemotherapy with sulphamezathine was used, and the fever subsided. As the anaemia persisted a transfusion of 2 pints of red cells suspended in saline was given, without any reaction. Six grammes of sodium chloride were given daily throughout the puerperium by mouth and injections of eucortone continued. The blood pressure remained steady, the systolic pressure varying between 90 and 100 mm. of mercury.

The baby was not put to the breast and no attempt was made to inhibit lactation, but except for some hardening of the breasts on the third and fourth days of the puerperium there were no other signs of lactation. The baby

developed normally but developed gastro-enteritis and died three weeks after delivery.

DISCUSSION

The prognosis of the association of Addison's disease of pregnancy is bad. Of the 16 cases referred to or described in this article, details are not available about three; two appeared to develop Addison's disease in the puerperium; one died rapidly within three weeks. Of the other 11, the baby was born dead in six, and the mothers died following labour in six cases. In one case the child was born alive but died from gastro-enteritis.

In most cases the Addison's disease appeared to be aggravated by the pregnancy, although in one it is stated that the condition of the patient was much improved three months after labour. Only two of the cases appeared to have good results. One of these is a peculiar case labelled "familial" Addison's disease.

There is no evidence that labour is prolonged or difficult and the longest reported labour was 21 hours in a primipara. Puerperal crises were common, though often late in the puerperium. In only two cases where cortical extract was given after labour, crises were not seen. All the cases in whom pregnancy was terminated died within a few days, even when cortical extract was given. Information about lactation is lacking, but in one case reported in this article, lactation was grossly deficient.

It would appear therefore that pregnancy with Addison's disease is a very dangerous condition, but from the scanty information available the best course is to allow the pregnancy to continue with no interference but adequate treatment by cortical extract should be instituted before and continued after labour, as this appears to offer the best prognosis in this condition.

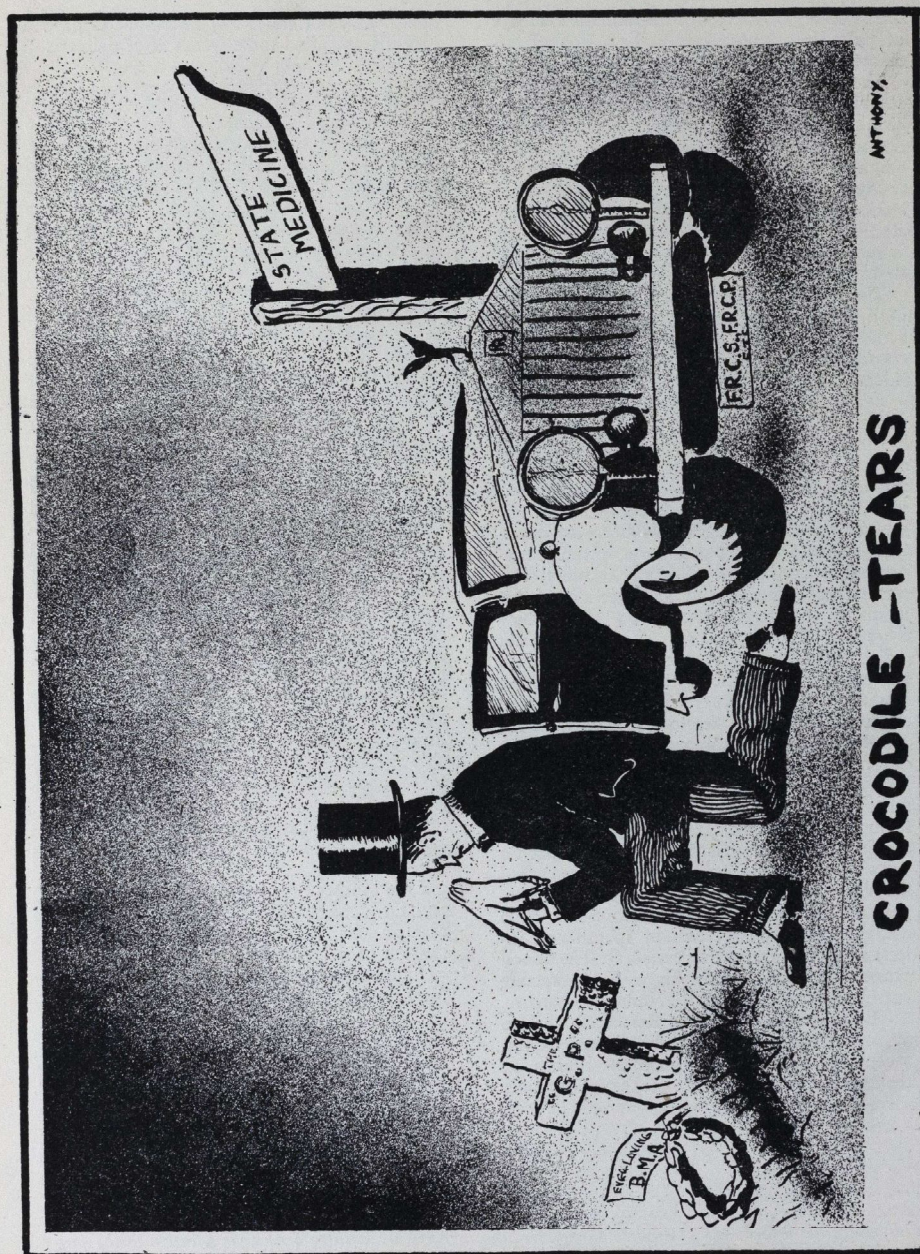
I am indebted to Dr. Donaldson, Dr. Bourne and Dr. Scowen for permission to publish the case of Mrs. B.; and to Dr. Beattie for permission to publish the case of Mrs. A.

I am indebted to Dr. Scowen and Mr. Fraser for help in preparing this paper.

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All contributions for the May issue should reach the JOURNAL Office by April 9th. Each month we put in the notice to indicate the last date of acceptance of contributions for the next issue. This is usually the date of the publication Committee Meeting, and we wish to draw your attention to the fact that unless the scripts are submitted to this Committee they may not be published in the current issue.



OBITUARY

GEOFFREY WILLIAMS CARTE

The death of Geoffrey Carte leaves a gap amongst a large circle of patients and friends. He was the son of Geoffrey Williams Carte, who was a musician and who was connected with the firm of Rudall Carte and Co.—the makers of musical instruments. He was a distant relative of the D'Oyley Carte family.

Geoffrey was educated at Rugby and at Oxford. Afterwards he entered St. Bartholomew's Hospital, where he was house surgeon and later Assistant in the Throat Department. He was an M.B. (Oxon.) and a Fellow of the Royal College of Surgeons. After leaving St. Bartholomew's he had numerous appointments, including Surgeon to the Throat and Ear Department of the Metropolitan Hospital, London Hospital and Dollis Hill. In the last war he served with the Royal Navy and later as Consultant to the Admiralty. He became a member

of the Home Guard and also devoted himself enthusiastically to A.R.P. duties, in which service he was mentioned. In addition to his hospital work he carried out a very busy practice—for many years as Assistant to Sir Milsom Rees and after the latter's retirement continuing to treat a number of opera singers and actors.

From his father he inherited his love of music and was a regular attendant at Covent Garden. He was a keen sportsman and spent his holidays shooting and fishing and had many hobbies, including gardening. He had many friends, by whom he will be greatly missed. He was a well-known and popular member of the Garrick Club and also of The Set of Odd Volumes Club.

He leaves a daughter, at present serving in the W.A.A.F., to whom we extend our sincere sympathy.

THE OLDEST BRITISH HOSPITAL (cont.)

By Sir D'Arcy Power

Clowes makes several references to the practice at St. Bartholomew's Hospital when he was serving as surgeon from 1575 to 1586. He invented a styptic powder to stop bleeding after amputations and says of it:

The aforesaid powder, the which I did first put in practice in the Hospital of St. Bartholomew's, as is well known unto some of the surgeons that then served there and still live within the City of London who were present with me when I first put it in practice, at which time there was taken off in one morning seven legs and arms and so, by God's assistance, we stayed all their fluxes of blood without any pain unto them, but only in the compression and close rolling (tight bandaging) and tenderness of the wound excepted. After it was made known there were divers that were desirous to have it among the rest Master Crowe, a man of good experience and knowledge in the art for divers special occasions I was the more willing to give it him but I would not deliver it unto him until he had first seen with his own eyes the experience and proof of it.

Not many days after the worshipful masters of the said Hospital requested me with the rest of the surgeons to go to Highgate to take off a maid's leg which they had seen in the visitation of those poor houses. The said leg was so grievously corrupted that we were driven on the necessity to cut it off

above the knee, and then (Master Crowe) did see we stayed the flux and lost not much above four ounces of blood and so cured her after within a very short time.

Several interesting points arise out of this passage. It shows in the first place that Clowes was far in advance of his time ethically. He made known the composition of his powder when every contemporary had his secret remedy. Secondly, it tells of Clowes's honesty. He would not give the prescription for the powder to Master Crowe until he had seen how it worked in actual practice and to do this he asked him to ride up to Highgate with him and watch an operation. Thirdly, it showed that the governors, then as now, took an active interest in the patients, not only whilst they were in the hospital but after they had been discharged. Lastly, there is evidence of field days in the operation theatre though I have no doubt that Clowes had been saving up his cases to show how effectual was his new powder in staunching blood. What a scene it calls up! Seven amputations and no anaesthetics!

Here is another reference to the hospital

written in 1586. Clowes is speaking of the prevalence of syphilis in London and says:

I may speak boldly because I speak truly and yet I do speak it with great grief of heart that in the Hospital of St. Bartholomew in London there hath been cured of this disease by me and three other (surgeons) within five years to the number of one thousand and more. I speak nothing of St. Thomas's Hospital and other houses about the City wherein an infinite number are daily in cure, so that undoubtedly unless the Lord be merciful unto us and that the magistrates do with great care seek correction of that filthy vice; and except the people of this land do speedily repent their most ungodly life and leave this odious sin it cannot be but that the whole land will shortly be poisoned with this most noisome sickness.

The worshipful masters of this Hospital can witness that I speak the truth as also I with them, with what grief of mind they are daily enforced to take in a number of vile creatures that otherwise would infect many good and honest people seeking with like care to restrain this grievous and beastly sin and yet the numbers still increase. It happened in the house of St. Bartholomew very seldom, whilst I served there for the space of ten years, but that among every twenty diseased persons that were taken in, ten of them had the pox.

John Woodall (1556?-1643) was a colleague of William Harvey for he acted as surgeon to the hospital from 1616 until his death in 1643. He had led a hard life in his younger days when he was surgeon to the colony of English merchants settled on the borders of Poland in Russia. Here he had to treat cases of the plague and was fortunate enough to recover from an attack. His experience brought him to London during the epidemic of plague in 1603 which was worse even than that of 1665. He was appointed the first surgeon-general to the newly founded East India Company in 1612 and for the use of the surgeons in their employ he wrote *The Surgeons Mate or a Treatise disclosing faithfully the due contents of the Surgeons Chest*. It is a well written and practical surgery designed for the use of ship's surgeons, each of whom was expected to take a copy with him when he went to sea. An interesting point in the book is Woodall's recommendation of lemon juice as a good preservative against scurvy. The practice was not wholly new but the large circulation of the *Surgeons Mate* brought it into general knowledge. He says:

I find we have many good things that heal the scurvy well on land, but the Sea Chirurgion shall do little good at sea with them. The use of the juice of Lemon is a precious medicine and well tried, being sound and good. Let it have the chief place for it will deserve it. The use whereof is thus: it is to be taken each morning two or three spoonfuls, and fast after it two hours, and if you add one spoonful of Aquavitae thereto to a cold stomach, it is better. Also if you take a little thereof at night it is good to mix therewith some sugar or to take of the syrup thereof is not amiss. Further note

it is good to put into each purge you give in that disease. Some Chirurions also give of this juice daily to the men in health as a preservative which course is good if they have store (plenty), otherwise it were best to keep it for need. I dare not write how good a sauce it is at meat, lest the chef in the ship's waist use it in the great cabins to save vinegar. In want whereof use the juice of Limes, Oranges, or Citrons, or the pulp of Tamarinds; and in want of all these use Oil of Vitriol as many drops as may make a cup of beer, water or rather wine if it may be had, only a very little as it were sour, to which you may also add sugar if you please or some syrups according to your store and the necessity of the disease, for, of my experience, I can affirm that good Oil of Vitriol is an especial good medicine in the cure of Scurvy.

The issue of lime-juice with a ration of rum was retained in the British Navy until 1927. The lime-juice was then replaced by orange juice and the rum ration was abolished.

Percivall Pott (1714-1788) bridged the gulf which separated the old era from the beginning of the new. There are many traces of the old order in his writings but in spirit he belongs to modern surgery. He taught at the bedside, showed his pupils what to observe and tells the results of his own experience. John Hunter, his pupil, was immeasurably superior to him as a scientific surgeon but Pott was the better practical surgeon. All his works are well worth reading, not only for the material but for the side lights which they throw upon the hospital practice of his day. Here is an example:

A girl of about fifteen years old crossing Smith-field on a market day was tossed by an ox and fell on her head. As her dress was mean and nobody knew anything of her she was brought senseless into the Hospital. She had a large bruise on the right side of her head through which I plainly felt a fracture with depression. The scalp being removed from that part the fracture was found to be large and the depression considerable. I applied a trephine on the inferior and undepressed part and by means of an elevator raised the whole to perfect equality. Her head was dressed lightly and sixteen ounces of blood were taken from her. She passed the following night very quietly and the next morning was still senseless. She was again freely bled and a purge was given which soon operated. On the third day, her pulse admitting and her circumstances requiring it, she was bled again. On the fourth day she became sensible and on the fifth was surprisingly well. She remained so until the ninth, on the evening of which she complained of headache, sickness and giddiness. She was again let blood and put under the direction of the physician who ordered some medicine for her. From the ninth to the thirteenth day she remained much the same—that is to say feverish and complaining of heat, thirst, headache and watching. On the fourteenth day she had a severe rigor and the sore on the scalp as well as the denuded dura mater bore a bad aspect. From this time she became daily worse and worse in every respect; and on the twentieth day from that of the accident she died, having been terribly shaken by spasms for several hours.

All the internal surface of the *os parietale* above the fracture was detached from the dura mater and covered with matter which could not obtain free discharge at the perforation, the membrane being inflamed and thrust up tight against it.

I will not pretend to assert that repeated perforation of the upper part of the bone would have preserved her but I must say, as the case turned out, it would have been her best if not her only chance; and that if I had known at that time as much of these cases as I think I have since learned I should certainly have taken away the greatest if not the whole of what had been depressed.

John Abernethy (1764-1831) always seems to me to have gained his great reputation by his personality and by his ability as a teacher. He had no pretensions to scientific knowledge nor was he a great surgeon, his rudeness was what would nowadays be called a pose for he did not suffer fools gladly and was always impatient with the many *malades imaginaires* who consulted him for digestive troubles chiefly produced by the gross habits of eating and drinking which were common to his generation. He must, however, be reckoned amongst the surgeons who added lustre to the staff of St. Bartholomew's Hospital and as one of the founders of its medical School.

Sir William Lawrence (1783-1862) was certainly the greatest of the pupils of John Abernethy and was a man of much higher mental calibre than his master. He was a fine operating surgeon, a great orator, a zoologist in advance of his time, and a first class fighting man. He was attached to the hospital from 1799 to 1865 and beginning life as a Radical he ended as a Tory. His encyclopaedic knowledge of the surgery of his time may be judged by the fact that *Lawrence on Rupture* and *Lawrence on Diseases of the Eye* were standard text-books for many years.

A generation later than Lawrence and yet contemporary with him was the silver-tongued Sir James Paget (1814-1899), equally great as a pathologist and as a wise surgeon; a recognised master of surgery throughout the world, beloved by all who knew him for his integrity, the purity of his ideals and his great power of exposition. His lectures on *Surgical Pathology* were published in 1853; they show how much the Museum at St. Bartholomew's Hospital was indebted to his fostering care. His charm of style is exemplified in the following passage where, speaking of John Hunter, he says in his Hunterian Oration:

The above history was originally delivered as a lecture at the John Hopkins University, on the occasion of the opening of the School of Historical Medicine. We reprint it by kind permission of the Williams and Wilkins Company of Baltimore, U.S.A.

I cannot doubt that he attained that highest achievement and satisfaction of the intellect when it can rest in loving contemplation of the truth; loving it not only because it is right but because it is beautiful. I cannot doubt that in the contemplation of the order and mutual fitness in the great field of scientific truth, there may be, to some high intellects, a source of pure delight, such as are the sensuous beauties of nature to the cultivated artist-mind or virtue to the enlightened conscience. I believe that in contemplation such as this Hunter enjoyed pure calm happiness. So Reynolds, his friend, seems to tell of him in that masterpiece of portraiture which teaches like a chapter of biography. Hunter is not shewn as the busy anatomist or experimenter pursuing objective facts; the chief records of his work are in the background; he is at rest and looking out, but as one who is looking far beyond and away from things visible into a world of truth and law which can only be intellectually discerned. The clear vision of that world was his reward. It may be the reward of all who will live the scientific life with the same devotion and simplicity.

Amongst the later physicians was Peter Marc Latham (1789-1875). He wrote a little volume of *Lectures on Subjects connected with Clinical Medicine*. I often read it for pure joy of the style in which he has clothed his thoughts. It ranks with, or a little before, Sir Thomas Watson's *Lectures on the Principles and Practice of Physic*. You can buy it for ten cents at a second-hand book-stall, and if ever you see it there secure it and have it bound for it is an opus aureum. Dr. Latham was physician to the hospital from 1824 to 1841. Here is a sample of what he taught:

I have been physician here for eleven years. Having no formal lectures to give I have considered my business to be expressly in the wards of the hospital; and I have thought myself expressly placed there to be a demonstrator of medical facts. I use the term demonstrator because it will at once carry my meaning to your minds; it is that I have looked upon myself as engaged to direct the student where to look for and how to detect the object which he ought to know; and the object being known to point out the value of it in itself and in all its relations.

There are many other members of the staff to whom I might call your attention. Amongst them are Dr. Kirkes (1823-1864) whose *Physiology* has passed through innumerable editions and is still read by medical students in England; Dr. Samuel Gee (1839-1911) whose learned and at the same time useful little manual on *Auscultation and Percussion* was in the hands of every student two generations ago and Sir Norman Moore (1847-1922) whose monumental work must ever remain the standard history of this ancient charity.

CORRESPONDENCE

WE STAND CORRECTED.

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

Might I be allowed to point out a slight error in Sir D'Arcy Power's article (The Oldest British Hospital) in the March issue of the B.H.J.? On the top of page 21 he talks of "Dunwich in Essex"; this surely should read "Dunwich in Suffolk."

Yours faithfully,

H. P. LEHMANN.

Crafers, Wickham Market,
Woodbridge, Suffolk.

(We apologise for this error and the statement that the son of Henry II was drowned in the White Ship. It should, of course, have read, "Aethling, son of King Henry I.")

DEFENSIVE OFFENCE.

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

May I endorse most of what Mr. Sam Thomson wrote in his letter under the weak superscription "Opinion," in the March issue. His paragraph on Progress goes straight to the mark. Those pioneers of the future will find that what they hailed as the dawn of a yet more glorious age of human achievement is the sunset of an age gone by.

But part of the illusion is not the failure to "ask such important questions as: 'What is the meaning of life, what am I living for?' etc." Surely the chief illusion is that these questions have been answered and that the answers are such as: "The meaning of life is what man can make of it, the aim of life is human convenience, the struggle of life is to conquer nature?" I agree with Mr. Thomson that these vital questions have not been asked and that an answer to them is not usually sought honestly and diligently. But I do not agree that they are neglected questions, for, as I infer, men walk about with the assumption that we now have the answers to them. For instance, I think it is a fairly prevalent assumption that psychology has found an answer to these questions which were formerly obscured by the Faith; the Faith can now be dispensed with.

Secondly, it is often that one hears "He's damned nice with his patients." This may be said of anyone who lives within that universal natural law of which natural virtue is a manifestation: the Light which was from the beginning is the true light which lights every man: (Yes, Good Pagan, none is good save God.) And in this law the good Pagan and the Christian may walk together; but at its mystical fusion with supernatural law their ways may part. Chiefly at Death their ways will part, and so will their attitudes differ. For death, the Christian believes, is the unique occasion of life, the opportunity for a willed surrendering of everything to God. All life meets in death, and the grave is empty.

Yours sincerely,

J. N. COZENS-HARDY.

10, Abercorn Mews,
N.W.8.
March 11th, 1945.

OFFENSIVE DEFENCE.

To the Editor, St. Bartholomew's Hospital Journal
To Mr. S. W. Thomson and Mr. J. N. Cozens-Hardy
Sirs,

It is with considerable trepidation and with the self-conscious apologies of inherent shyness stumbling to my lips that I edge myself hesitantly forward into the arena of dialectic struggle. But it is forced upon me. In the name of fair-mindedness I cannot stand by and see an Editor, bound and stifled into silence by the bonds of his office, twice so wrongly misinterpreted.

To you, Mr. Thomson, I can only suggest that you read the February Editorial once again and this time a little more carefully. Perhaps you will find that it is not a preamble to your suggested questionnaire—"What is the meaning of life; What am I living for; Where do I come from and where do I go"—but merely an appeal to preserve creative individualism in the midst of the impending era of mass production.

May I humbly advise you, Sir, that until you find a more suitable excuse for their release, you keep these particular bees buzzing in your own peculiar bonnet.

To the second gentleman I suggest firstly that you apologise to Mr. Thomson for having so rudely deprived him of the right to hold his own "opinion" and secondly that you descend the necessary number of mystic steps before attempting to converse through such an earthly medium as the JOURNAL. Regarding your text I venture to disagree that more men are walking about with the assumption that the metaphysical riddles are answered. On the contrary, since more people are beginning to question the authority of the ready-made answer-alls found in the doctrine of Christianity, more people are realising that such problems are beyond the comprehension of creatures only equipped with our very limited organs of perception. Surely it is the Christians who are the assumer and assumers of gigantic proportions. They assume an individual immortality in the face of tracts of space and time vast beyond any conception and they assume that the arbitrary standards, set up by the social necessities, existing in our microcosm for a minute fraction of its existence, are the guiding principles of the unknowable powers that govern the cosmos. It seems to me to be nothing short of wish-fulfilment arising from an inability to see themselves against the terrifying perspective of the stars. First comes the desire for survival, then the rationalisation of that desire, then the belief in the rationalisation, and finally the sanctification of the belief.

Our course is to obey the codes of behaviour which experience has shown to be beneficial to our race, not in the hopes of divine reward but in the knowledge that we are fulfilling the function allotted to us by unknowable agencies to the best of our abilities.

All life ends in death and the grave is enigmatic.

Yours,

Very sincerely,

RAMPION HURST.

March 20th, 1945.

"HELL HATH NO FURY."

It was my firm's morning for M.O.P.s: it was also rather a nice morning, so I was there on time. The combination of these two factors must have gone to my head, for I decided to take a case. Gathering confidence from the fact that I was the only one there, I sat down and prepared to impress the patient: I was absolutely sure of one thing, so making a good start, I wrote down the date. Then with pen poised, every faculty straining at the leash, and an idiotic expression on my face, I said: "And what has brought you to see us?" "I have," he said, "been breathing too much fire lately." He didn't look like a Chief, so I put down my pen and murmured: "The Psychological Department is very busy now, but . . ." "No, no," he said smiling, "look." Whereupon he opened his mouth, and the room filled with flame. I blew out his case-sheet as best I could, and studied the charred remains: Mr. Lucifer, it said quite plainly, but the address was burnt away. Furtively, I looked at him: he was still smiling, a pleasant though somewhat angular smile; and I noticed for the first time that his hat balanced on two most peculiar sebaceous cysts on either side of his head. I looked at his feet, and my worst fears were confirmed—a pretty pair of talipes as I'd seen on any Thursday afternoon: then I saw his tail. "What the hell," I began, realising too late that it was not perhaps the most tactful way to begin, "are you doing here? Haven't you any doctors down there?" "Any number," he said, "and mostly Bart's men at that. But to tell you the truth, I really came to see you to ask you if you'd come back with me for a while." "Why me?" I said, "Why not one of the big shots?" "Oh, they'll all be there soon enough," he said con-

temptuously, "and anyway, the place is lousy with consultants as it is. No, the reason I wanted you to come is that I am thinking of starting a medical school: I have hundreds of Professors from the best universities in Europe, and to be quite frank, they're all getting off far too lightly at the moment." "But I don't see how starting a medical school is going to help you there," I said. He gave me another charming smile. "Forgive me if I appear rude," he said, "but what greater hell can you imagine than teaching medical students? That's why I want you and a few of your friends to come and start a nucleus: again forgive me, but from what I gather from your record—which I fear I took the liberty of borrowing from my old friend the Warden on my way here—you seem to be admirably suited to my needs. What do you think?" "Well," I said reflectively, "I suppose hell wouldn't be much worse than here: do you have Casualty down there?" "Listen," he said, "it will all be entirely different: you will have the best of food, drinks on the house, patients who call you 'Doctor' and Sisters who call you 'Sir.' What more can you ask?" "Nothing," I agreed, "it sounds marvellous, but obviously too good: where does the hell come in?" "I was afraid you'd ask that," he said resignedly, "there are to be women students there." I stood up and opened the door for him to leave. "Good morning, Mr. Lucifer," I said, "sorry I can't oblige, but there are limits." "Never mind," he said genially, "can't be helped. Oh, well, see you later, anyhow."

And apart from the time-honoured smell of sulphur, the room was empty.

FAUSTUS II.

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

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- ANDREWES, C. H. "Virus Disease of Man: A Review of Recent Papers." *Brit. Med. Bull.*, No. 12, pp. 265-269.
- AUDEM, G. A. "Historical Epidemiology." *Med. Press*, Jan. 17th, 1945, pp. 40-41.
- CLARE, T. C. "Uterine Graft Operation for Genital Prolapse." *Lancet*, March 3rd, 1945, pp. 272-273.
- FLIECHER, E. (and Lewis-Fanning, E.). "The Chronic Rheumatic Diseases." *Post-Grad. Med. J.*, Jan., 1945, pp. 1-13.

- FOOTE, R. R. "Sclerotic Therapy in Practice I." *Post-Grad. Med. J.*, Jan., 1945, pp. 32-35.
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- LUMB, G. D. (and Little, C. J. H.). "Pencilin by Mouth." *Lancet*, Feb. 17th, 1945, pp. 203-206.
- MAXWELL, J. "The Management of the Pneumonias in Adults." *Post-Grad. Med. J.*, Jan., 1945, pp. 14-17.

- MILES, A. A. "Observations on the Control of Hospital Infection." *Brit. Med. Bull.*, No. 12, pp. 276-281.
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- MORGAN, C. MAUNTON. "Wounds of the Colon." *Brit. J. Surg.*, Jan., 1945, pp. 537-545.
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- RAVEN, R. W. "Treatment of the Patient with Burns with Reference to the Proflavine Powder Technique." *Brit. Med. J.*, Feb. 24th, 1945, pp. 261-262.
- SANDREY, J. "Lesions of the Kidney due to Enemy Action." *Med. Press*, Jan. 17th, 1945, pp. 36-40.
- SEDDON, H. J. (and Holmes, W.). "Ischemic Damage in the Peripheral Stump of a Divided Nerve." *Brit. J. Surg.*, Jan., 1945, pp. 389-391.
- STUART-HARRIS, C. II. "Influenza Epidemics and the Influenza Viruses." *Brit. Med. J.*, Feb. 17th and 24th, 1945, pp. 211-216 and 251-257.
- TAYLOR, H. "An Operation for Removal of Carcinoma of the Oesophagus, with Pre-sternal Oesophago-Gastrostomy." *Brit. J. Surg.*, Jan., 1945, pp. 394-399.
- THOMPSON, V. C. "Carcinoma of the Oesophagus: Resection and Oesophago-Gastrostomy." *Brit. J. Surg.*, Jan., 1945, pp. 377-380.
- WILSON, W. ETHERINGTON. "Spinal Analgesia in the Very Young, and Further Observations." *Proc. Roy. Soc. Med.*, Jan., 1945, pp. 109-115.
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THE FAMILY TOOTH PASTE

Unique, unlike, upon the shelf
I neither lie nor sit, but am.
And how this is, and of myself
I shall narrate.

Before a drachm
By pressure emesis I'd lost,
I knew my fate.

Traumatic; yes,
Repeated trauma; and the cost?
—An exudate.

a formlessness,
A lordo-scoliotic wreck;

(No manipulation of the spine can be worse
than the treatment I have received. I really
have been treated badly.)

To herniate

and then to burst

Me, slobbering my rabid neck

Pollex and Index have done their worst.

(And not just the same Pollex and Index
night after morning, night after morning, but
all the family's Pollices and Indices (except
Mary's, who use powder) and some of the
guests' too.)

My menstrual life is nearly done;
With pains and infinite discretion
The artist's axiom has won—

"If no Idea then no Expression."

And though I can't express myself

As I exist upon the shelf,

Yet my Idea is readily expressed

Which in this doggerel I shall have
confessed—

(I'm proud of my own estate)

A laudable exudate

(Which no one can confiscate)

A laudable exudate.

NAT.

BOOK REVIEWS

EXERCISES IN HUMAN PHYSIOLOGY, by Sir Thomas Lewis. Macmillan. Pp. 103. Price 3s. 6d.

This book should do much to help to bridge the gap between a student's pre-clinical and clinical studies in Physiology. The experiments which are described have for long been used by the author in his studies at the bedside. They are described in such a way as to be understood easily by "senior" students in their pre-clinical year and afterwards in the wards. Many of the experiments are more suitable for demonstration than as class experiments, and, if suitably chosen, could do much to foster the student's interest in Physiology. The exercises deal with experiments on the cardiovascular system and the skin.

A COMPANION TO MANUALS OF PRACTICAL ANATOMY. E. B. Jamieson, M.D., Humphrey, Milford. Oxford University Press. Sixth Edition. Price 16s.

As its title suggests, this book is a companion to and not a manual of anatomy. It is a small book of a suitable size to fit into a pocket. The text is short and to the point, but very readable. The frequent use of heavier type to pick out the salient words in

the sentences makes it ideal for revision purposes, especially when it is used in conjunction with a book of anatomical illustrations. The substance is divided into systems of the body in order to unify the "parts" separately dissected. At the end there is a synopsis of developmental anatomy. A book running to six editions needs no further recommendation of its usefulness to students in all stages of their careers.

HANDBOOK OF GYNAECOLOGY. Bethel Solomons, B.A., M.D., F.R.I.P. Fourth Edition. Baillière, Tindall & Cox. Price 25s.

This book is intended as a rapid review of the subject for the use of the student and the general practitioner. For this edition the chapter on anatomy has been completely re-written, and the chapters on the use of hormone on X-ray and radium and on ovarian tumours have been thoroughly revised and brought up to date. The operational notes are clearly set down and excellently illustrated. The author has resisted the temptation to lengthen out the text beyond the scope of the student and it remains a good and concise companion to his practical work.

SAGA OF THE SIGN-UPS

An Anatomy chap of renown,
At 10.30 propels himself down
Quite a number of stairs,
And sadistically glaves
At the "Vivas" with frightening frown.
He chooses a victim (no doubt
A bad lad whose I.Q. is nought).
With swiftest of paces
He graciously races
And digs the poor innocent out.
"You'll sign-up at once!" he declares;
"But Sir . . ." as the Junior stares
At the board . . . "wait till 3—
"I'm not ready, you see,
"And . . ." But Senior Demo. just blares:—
"Stop blabbering! Sign-up, my lad;
"If you don't know your stuff, that's too bad.
"I'll fail you—I hope—
"You're a blithering dope,
"And nothing would make me more glad!"
But fate had a hand in the fray,
And Junior carried the day,
Now this advert. is seen
In the B . . .'s magazine:—
"Wanted—Demo. for 'Vivas"—good pay."
The moral, it seems, is quite clear:
If "Sign-ups" are clouded with fear,
The student is apt
To find interest sapped,
And Demos. feel death rather near.

J. C. W.

RUGGER

The past four matches have all been won. The first, against the Old Rutlishians, a substitute match arranged after the Leicester Harlequins had scratched, found the back division almost completely rearranged, Pitman being at stand-off, Kelly and Jukes in the centre, and Davey and Ballantyne on the wings. Pitman got the three going well, and for almost the first time this season the ball travelled down the threequarter line without any mistakes. A close game, but we deserved to win.

In the next game against R.M.E.C. (Keyham) we were very slow in starting, and at half-time we were down, but in the second half we played a very different game indeed, possibly due to the stimulus provided in the interval by a very welcome lemon provided by a spectator, and a few words of wisdom from our captain, Donald Richards, who, although not playing because of a broken finger, managed to put in quite a lot of exercise running up and down the touchline.

Gibson at full back played a sound game, and Corbett was always there, whether backing up the threequarters when they were attacking, and once again the threees were playing well together, with Davey as the outstanding player, or covering up when our opponents were attacking.

Had we been a little quicker on to the ball, we must have scored more points, as our opponents' handling was not very spectacular and there were many dropped passes.

One try in particular will be remembered, when all the threequarters handled the ball, each one holding on to it just long enough to draw his man, the right centre, Kelly, cutting through and passing out to Robin Jones, who replaced Ballantyne, for him to score far out in the corner.

Against a Rosslyn Park XV we very nearly caused some of our staunchest supporters to have heart attacks. For three-quarters of the game it seemed as if the forwards didn't know which way they were playing, and when the outsiders did get the ball, it was ten bob to a halfpenny that one of them would drop it, or in the unlikely event of his catching it, would throw out such an appalling pass that nobody could have taken it. At half-time it was 10-3 against, the solitary try being rather a lucky try by Kelly, after several opponents had failed to fall on the ball. In the last ten minutes, however, we scored 16 points. The forwards getting the ball from scrums and line outs, the threees handling well and showing some initiative, and even Gibson once came lumbering up from way back and "made" a try for Corbett.

Our match against Oxford University was rather in the nature of an anti-climax for them, coming a week after the University match, and they were not quite at full strength, but since we were also several regular players short, that probably cancelled out. It was a warm day, and the ground was on the hard side, in fact conditions were ideal for a fast open game and we were not disappointed. The forwards all played magnificently, and of these Moore was particularly noticeable in the loose, and Macmillan, too, was always well to the fore. The wing forwards, Buchanan and Peter Banks, seemed tireless. Of the outsiders, Pitman played a very good

game, and our second try was due to an amazing run by him, his course being marked by a line of prostrate University men, and by the time he was brought down about 20 yards from the line he had already passed to Kelly, who lobbed the ball over to Jukes, and he running very strongly scored far out in the corner, following this up with a really magnificent goal. Our other try was scored by Mac-Millan, who picked the ball up near the line after the forwards had carried the ball up the field from the half-way line. Jukes later kicked a penalty goal from an easy angle to make the score 11-5, Oxford having scored from a breakaway in the first quarter of an hour. The scoring finished with a second try by Oxford, following a rather thoughtless drop out.

Team: R. Ronsdale; P. Ballantine, W. R. Jukes, W. P. Kelly, R. F. Jones; R. C. Pitman, D. Patterson; K. Rimmington, G. G. Mathews, —, Maitland, J. MacMillan, D. R. Reiss, P. J. Banks, W. T. S. Moore, J. H. S. Buchanan.

SQUASH

In our return match with the West London Club, our war-time hosts, we again won. Dosssetor, playing first string, gave his opponent a good game but just lost, as did Kelly. Storey, Marsh and Murley all won, giving us a 3-2 victory.

Against Guy's we arrived to find the opposing team playing a friendly game, being under the impression they had cancelled the match the day before! However, they gathered a team together and gave us a good match, the final score being 4-1 in our favour. Afterwards we were pleased to bring them along to a party in Bart's and we had a very enjoyable evening.

St. Mary's avenged their previous defeat, beating us 4-1. Storey was the only winner, Yerbury, Kelly, Murley and Williams all lost, but they were good matches.

Against the Metropolitan Police we had a 4-1 victory. Yerbury just lost. Dosssetor, Storey, Murley and Marsh all won.

The Buccaneers turned out a very strong team and beat us 5-0 in contrast to their 4-1 defeat last time. Dosssetor played Jack Davies and did very well to take a game off him. Murley, Marsh, McDonald and Ballantyne all lost.

Against St. Thomas's we won 4-1. Yerbury gave an excellent exhibition of how to play squash, beating Michael Flint, a United Hospital's player, 3-0. Clarke, making his first appearance for the squash team, was unfortunate in having to play with a hard ball and lost after a closely contested fight.

SOCCER

v. Guy's Hospital, at Chislehurst, Saturday, March 3rd. Lost 6-3.

This game should not have been lost and probably would not have been but for the foolhardiness of Robinson, who attempted to play with an injured ankle. The defence was muddled in the first half and depleted in the second. Guy's were 4 up at half-time. Within a few minutes of the second half Mangan and Blackman scored and the game became faster and keener; Guy's scored again and once more Mangan put another goal in. If Bart's had been able to keep up the pressure they might have scored again, but the weakened defence could not hold, and allowed Guy's to put in the final goal.

v. Borough Road College, Saturday, February 24th. Away. Lost 9-1.

The result was hardly a true indication of the play. From the touchline it was obvious that Borough Road were better than Bart's, but not by such a wide margin, we were a very depleted side and managed to put up a good fight in the first half but well dogged by bad luck precipitated by a doubtful goal. If Bart's had been a little quicker on the ball and not so anxious to join in social arguments with their opponents the score would not have been 4-1 at half-time, the one goal being scored by McCluskey, who ran straight through from the half-way line.

The second half was typical of Bart's when they realise there is no chance, energy was certainly not wasted, Borough Road just added the goals. Walker is to be congratulated on a very sound and enterprising game and did much to prevent the score being in double figures.

ATHLETICS

Pre-clinicals v. Clinicals, at Cambridge, on March 10th.

The Clinicals succeeded in beating the Pre-clinicals again after a very pleasant run of 5 miles.

M. E. Glanvill took the lead in the beginning and succeeded in attaining 1st place (2nd Williams, 3rd Burn).

The course began with ploughed fields followed by a long pull up Madingly Hill, down through Coton and home via a tarred footpath.

[Incidentally, our attention has been brought to the fact that athletics is the oldest sport in the Hospital. It is even older than the Students' Union!!]

The team running were as follows:

Pre-clinicals: Morris, Burn, Almond, Steinforthe, Dobson.

Clinicals: Glanvill, Williams, Glenister, Usshe, McThomson.

HOCKEY

2nd Round of the Inter-Hospital's Tournament—Bart's v. St. Thomas'. Home. Won 4-0.

Our opponents arrived late with only ten men having lost their way. We were similarly placed for numbers, but as they seemed to be expecting another we press-ganged one of the rugger supporters to play for us.

Thomas' attacked from the start, giving us many anxious moments, but as soon as the game opened up our forwards were well on their way. Dixon opened the scoring in his usual style, and this was soon followed by a shot out of the blue from Bermonji to give us a 2-0 lead at half-time. Thomas' then made a very determined attempt to make up arrears for the first ten minutes of the second half the ball did not leave our half of the field; then Dosssetor opened up the play by a long cross pass to Marsh, who neatly netted the ball. Juby followed with another good shot to clinch the result. For the last quarter of an hour the ball passed slowly up and down the field, no one being capable of further aggressiveness.

The game was not the walk-over the score suggests, and the result might have been different had our opponents had an eleventh man.

Team: Ellis; Mehta, Lucas; Todd, Fyfe, Dosssetor; Davies, Marsh, Dixon, Juby, Bermonji.

Bart's v. The Chameleons. Won 3-1.

The scene is set on a bleak lull top on a ground hard enough to invert the studs in one's boots, and very slippery. . . .

The players were but pawns in the hands of the umpires (for we had one for each side). Their umpire, after winning the last 12 matches for the Chameleons, played without conscience for our opponents, while ours played with more success without a knowledge of the rules for Bart's securing us a goal which we did not deserve.

The Chameleons scored first and settled down to the game as confidently as the slippery surface would allow; however, by half-time Bart's had equalised with a very neat shot from Dixon. Early in the second half Giles and our umpire successfully scored another goal off a centre from Roberts on the left wing. By this time the umpires were in fine form and the Chameleons got two short corners and a number of free hits without scoring—bad luck! The victory was, however, assured by a very good first-time shot from Marsh, and we were all relieved to realise that the match was not decided by a doubtful goal.

Team: Ellis; Mehta, Lucas; Todd, Fyfe, Dosssetor; Roberts, Marsh, Dixon, Peebles, Giles.

Bart's v. Lensbury. Away. Drawn 2-2.

Eleven weary men caught a train, already in motion, to Lensbury on Sunday, December 17th. They were weary for a variety of reasons, most had played a strenuous game the previous day, one had travelled overnight from Scotland, and others—well . . . just felt that way.

After some anxious moments in our own goal-mouth at the commencement, the ball was taken up the field and Marsh neatly deflected a wide shot at goal into the net. Lensbury soon equalised, but after several abortive rushes by the forwards initiated for the most part by a welcome increase in the feeding of the wings by the halves, Dixon scored our second goal. Shortly after half-time Lensbury equalised and there began a battle-royal for a deciding goal. Dixon managed to achieve this, being momentarily stunned in the attempt. The mêlée obscured the issue, however, and the referee apparently did not feel justified in allowing the goal. We were on the defensive for the remainder of the match, and, as always, the halves and backs did yeoman work; Fyffe was ubiquitous and Dosssetor intercepted everything within reach—this he found was the only successful antidote to a speedy, offensive opposition right wing. There was no further score, however, and the match remained drawn at 2-2.

Eleven moribund men then proceeded to stagger off the field to be resuscitated in noble fashion by their hosts.

Team: Ellis; Mehta, McDonald; Pugh, Fyffe, Dosssetor; Usher, Johnston, Dixon, Marsh, Proctor.

Semi-Finals of the Inter-Hospital's Cup. Bart's v. London Hospital. Won 3-1.

This game was played down at Chislehurst on February 25th. The game was noted for a tactic we rarely see so efficiently carried out in collaboration with the referee. The London backs played far up in one direction, putting our eager forwards repeatedly off-side. However, but for this one tactic which saved them numerous goals and for their captain who played well at centre-forward, we were by far the better team, and had the better of the game throughout. Our first two goals were scored in the first half, one by Dixon, a flick putting the ball un-

obtrusively in the net, while the second was in contrast a very dramatic first-time shot from Giles. Marsh shot but the goalie stopped it, and the ball being cleared was suddenly shot back into the net by Giles. After half-time London staged a comeback and scored in the first five minutes. Bart.'s, however, were unshaken, and pressing confidently forward resulted in Juby scoring a very good goal from an angle which allowed about one foot of goal to aim at. After the match we celebrated in a way fitting for a finalist.

THE FINAL of the Inter-hospitals Hockey Tournament between Bart.'s and Middlesex.

By the courtesy of the Met. Police the game was played on their excellent ground at Imber Court. From the start the game was evenly balanced, and on the whole the play was open. During the first quarter of an hour Dixon gave the crowd a thrill by narrowly misdirecting a flick which he managed to extract from a tight scrimmage. Play was mostly in their half, and just before half-time Dixon sent the ball squarely into the goal off a short corner, but this was disqualified, one of our number being off-side and slashing hard at the goalie's pads.

In the second half there was much interchange of play, notable chiefly for Fyfe's sprinting exercises. Our forwards were pressing most of the time, and after each of the three insides had hit the ball hard against the goalie's pads in rapid succession, Marsh

managed to shoot it home across the goal. After this the opposing forwards attacked hard down the right wing, and although they were awarded three corners they did not get a chance to score because our backs kept them just outside the circle. This hard pressing was, however, relieved and Bart.'s went into the attack once more. While in our opponents' 25 we were awarded a free hit, which Fyfe looking one way cunningly bounced the other where Marsh from an awkward position hit the ball first time into the corner of the goal. However, the position was soon changed, the Middlesex forwards broke away with the ball and showed that they alone were untired, and while the contented and weary Bart.'s defence looked on the Middlesex forwards scored.

At this juncture Fyfe pulled a muscle in his leg and the atmosphere got very tense. However, the game ended uneventfully without further score.

The referee, Commander Houlton, who has refereed many international matches, commented that it was a very fast game and a pleasure to referee, while the other referee, Mr. Claridge, said that he had never refereed a faster game.

We were very glad to see our President, Professor Ross, on the touchline, and he and the other supporters did much to encourage our team to gain the victory.

Team: Ellis; Melita, Lucas; Todd, Fyfe, Dossetor; Roberts, Marsh, Dixon, Davy, Giles.

EXAMINATION RESULTS

UNIVERSITY OF LONDON

FIRST EXAMINATION FOR MEDICAL DEGREES, JANUARY, 1945

Andrews, J. D. B.	Whelan, N.	Myers, S.	McAdam, B. N.
Cohen, H.	Brandreth, T. K.	Davies, W. H. G.	Phillips, G. D.
Leigh, J. G. G.	Jackson, P. G.	Rohan, R. F.	Tannen, G. P.
Montgomery, B. K.	Wilson, F.	Barker, S. D.	Wilkinson, W. H.
Raines, R. J. H.	Holland, W. G.	Eve, J. R.	Dickerson, R. P. G.
Thomas, D. J.	Steinthal, F. G.	Kinsman, F. M.	Morley, D. F.
Marsh, G. W.	Cohen, A.	Norman, M. H.	Biest, B. I.
Facer, J. L.	Griffiths, J. D.	Studdy, J. D.	Rees, J. H.

M.D. EXAMINATION, DECEMBER, 1944

Branch IV (Midwifery and Diseases of Women)—
Brentnall, G. C.

ANNOUNCEMENTS

ON ACTIVE SERVICE

Surg.-Lieut. J. C. Ballantyne, R.N.V.R. (1932-8).—
Accidentally drowned, Malta, Christmas Day, 1944.

SILVER WEDDING

SMITH-TERRAINE.—On April 3rd, 1920, Norman
Fairbanks Smith to Molly Terraine.

CHANGE OF ADDRESS

Mr. Alex. E. Roche to 71, Harley Street, W.1.
Welbeck 4311.

Major P. Thwaites, R.A.M.C., to St. Edmund's
House School, Henley Road, Ipswich.

Dr. L. Levy to Royal Portsmouth Hospital,
Portsmouth.

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BRAND

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in leucorrhoea



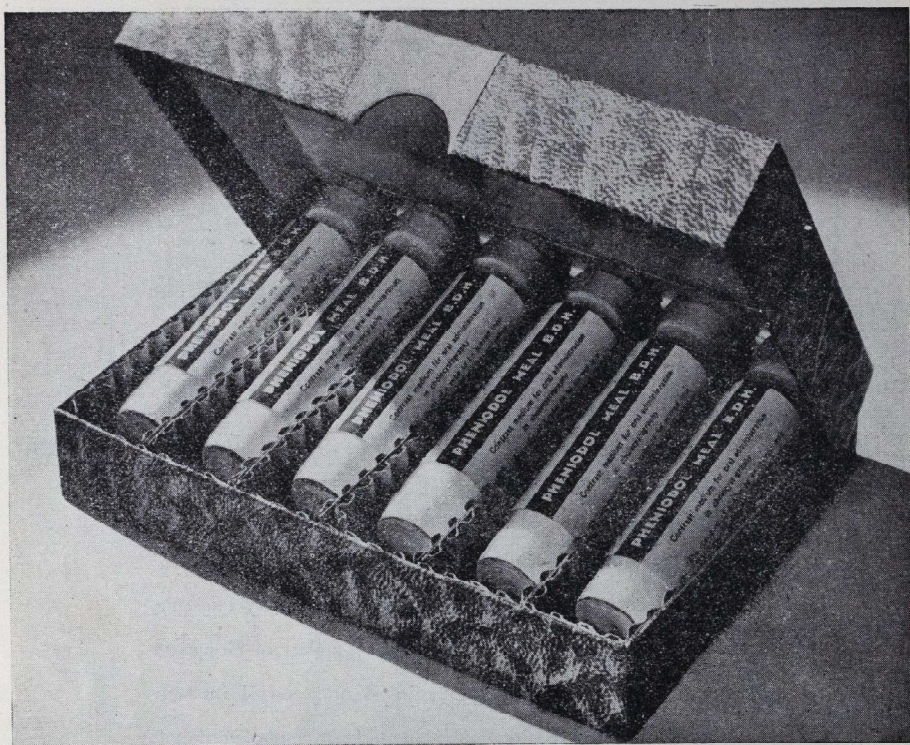
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ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

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MAY 1st, 1945.

No. 4

DOCTORS AND CITIZENS

Now that the war in Europe is drawing to an end and it becomes possible to assess, if not to comprehend, the extent of the appalling suffering that has been inflicted upon the whole continent by Nazi Germany, it is increasingly obvious that the medical profession will have a major part to play in the prodigious task of reconstruction. There is the legacy of six years of systematic starvation, mass deportations, fiendish torture and organised suffering on the largest imaginable scale. In our own country the physical and psychological effects of the years of war will be important factors in the practice of medicine for years to come.

The work of the doctor is directly affected by the trend of events, by political happenings in his own country and in the world at large. Firstly, in a narrower sense, there are questions affecting the conditions of his service, such as whether he is to be a private practitioner or a salaried servant of the state. Secondly, there is the intimate relationship between health and standards of living. Few would now deny that poverty, overcrowding and bad housing are the allies of disease. All the available statistics show this to be an undisputable fact. Even medical research has its political aspects. For instance, it is doubtful if in peacetime and without governmental assistance such great strides should have been made, in so short a time, in the manufacture and clinical use of Penicillin.

These are only a few of the points where medicine touches politics. The fact that medicine and politics have anything at all in common is distasteful to many, if not most, doctors and students. They resent the possibility that anyone should make political capital out of the prevention or the cure of ill-health—the task to which they have devoted their lives. This distaste has given rise to a deep suspicion of all politics and politicians. Many members of the profession feel it their duty to live up to

the medical consequences of the world as it is to-day and to leave to others the consideration of the underlying causes of these troubles.

It is obvious that no practising doctor, to whatever branch of medicine he belongs, can spare time for active political work. Medicine is too jealous a mistress for that. But the fact that he is a doctor does not absolve him of his responsibilities as a citizen. It is his duty to take a lively and reasonably well informed interest in the affairs of the nation. No one desires that he should speak on soap boxes at the street corner between his rounds, or be acquainted with all the finer ramifications of, say, the problem of bimetalism. But it is important that his mistrust of politicians should not blind him to the fact that the organisation of society has a direct effect upon the practice of medicine. Members of the medical profession must remember that they are in addition vital components of a living democracy.

It is likely that in the future, doctors will be subjected to a greater degree of supervision by the state. For better or worse their freedom of action will be to some extent curtailed. It is more than ever important that they should not surrender, voluntarily or by coercion, their right to an opinion, and their right to express that opinion, on the conduct of public affairs.

This is not an appeal to medical students, or to others more exalted, to take part in active political campaigning, but merely to ask them to realise that problems outside their own immediate sphere, have repercussions on their work—upon its nature and upon the conditions under which it is done. Failure to realise this is to allow the profession to be tossed like a cork upon the waters of circumstance and intrigue. The responsibilities that we have in common with every democratic citizen are not lessened but rather increased as a result of our calling.

who had been the first to suggest that pellagra was a deficiency disease, had had access to cases of it in place of polyneuritic pigeons, when he isolated nicotinic acid from rice bran in 1911, the advance of research on vitamins would have been quickened. And if at the present moment some of us only saw the significance of . . . and so on. In the history of cancer research there are instances of good and ill-fortune. The discovery of the experimental production of cancer of the rabbit's ear by tar was made by Yamagiwa and Itchikawa at the Pathological Institute of the University of Tokyo and was published in 1915. But this discovery was made, or very nearly made, by Dr. H. P. Bayon at the Lister Institute, London, in 1912.* Bayon injected emulsions of gas-works tar and blast-furnace tar, in lanoline, and of lanoline alone, under the skin of the ear in rabbits which were killed only four weeks later. Ill-fortune attended this well-devised experiment which was defective only in its short duration. After the injection of gas-works tar "the epithelium round the lanoline injected had abundantly proliferated so as to form a thick wall all round, from which epithelial plugs and protrusions took their origin . . . Epithelial cell-nests were both numerous and of considerable size, and presented the stratified appearance which is so distinctive in some cases of squamous-celled carcinoma of the body surface . . ." No such changes were seen in the rabbits receiving blast-furnace tar or lanoline. The figure leaves no doubt that the gas-works tar had produced a new growth which was probably in an early stage of malignancy. The microphoto in the paper shows an amount of epithelial down-growth which nowadays would certainly be held to indicate carcinogenic action, and to suggest repetition, and longer duration, of the experiment. But the author made only the very cautious comment "Of course, it is needless to insist on the fact that these growths differ from true cancer in one very important feature, because, although the epithelium was seen to proliferate actively, still it did not invade the lymphatics and caused no metastatic nodules . . ." In their second paper, illustrated by 54 microphotos, Yamagiwa and Itchikawa in 1917 announced the development of metastases in lymph glands in two of their rabbits after experiments lasting 338 and 366 days. At the present time we do not wait for metastases to develop before concluding that the substance applied is carcinogenic.

If Percivall Pott could emerge from his tomb in the church of St. Mary Aldermary and re-

sume his life in London he would no doubt be surprised at many things. As he walked from the church, he would find prodigious destruction around him, and would wonder by what combination of gunpowder and lunacy it had been brought about. He would go first to his great hospital and would learn that the work of the surgeons, his successors, had not ceased for one hour during this insane period. When he tried to learn of the advances in surgery since his day, to undergo as we should say "a course of post-graduate instruction," he would find with surprise that his own name was preserved not only in connection with a certain fracture, but by the great attention given to a brief note of five pages on "Cancer Scroti," which probably he regarded as one of the least important of his works. He would find that, although he had made immense and continuous progress in the science of demolition, we had been able to add anything of importance to his statement of the causation of chimney-sweep's cancer only in the last 25 of the 170 years since his publication. And when he struggled to master the mass of recent literature about cancer, he would be amazed to see that a large proportion of the new knowledge came from the rebellious American Colonies* which had developed hospitals, and universities, over an area extending even to places on the shores of the Pacific Ocean.†

* In 1775, the year of publication of his *Chirurgical Observations*, Pott would have heard of the recent appointment by the Continental Congress of a certain General George Washington to command the new American Army.

† The Pacific coast of what is now the United States and Canada was not seen by any British traveller during the two centuries between Drake's voyage around the world (1577-80) and Captain Cook's voyage in 1778, if we except some buccaneers who reached the southern extremity of California in 1709 and 1721. (For information about these latter visitors I am indebted to Mr. G. R. Crone, the Librarian of the Royal Geographical Society.)

The present output of the United States in the field of cancer research is indicated by the publication, in the five years 1940-44, of 710 papers in the journals (*Journal of the National Cancer Institute*, and *Cancer Research*) devoted to this subject, while many important papers appeared in the *Journal of Experimental Medicine*, *Archives of Pathology*, *American Journal of Pathology*, *The Journal of General Physiology*, *Proceedings of the Society of Experimental Biology and Medicine*, *Science* and other American journals.

The three great discoveries of tumours induced by a "virus," namely, those of the Rous sarcoma in fowls, of the Shope papilloma in the cotton-tail rabbit, and of the mammary carcinoma of the mouse when dependent on the Bittner factor, were all made in the United States, and only the second of these could not have been made elsewhere.

* *Brit. M. J.*, Dec. 7th, 1912, p. 1579.

The importance in the history of cancer research of the form of industrial cancer which Pott first described is the more remarkable when one considers the curious series of chances to which it owes existence, recognition, and the possibility of investigation. At a time which geologists reckon as perhaps 200 million years ago immense quantities of vegetation were produced and these became buried under a huge mass of other deposits. However, the slow but unrelenting movements of the earth brought the coal during the evolution of mammals at intervals to the surface, and man found it would burn. One wonders who made this discovery; perhaps the spontaneous ignition of an outcrop told the secret. The apparatus of hearth

and chimney which man had devised to warm his dwelling acted as a crude retort and condenser, and the products of the destructive distillation of coal were thus collected. The insight of Percivall Pott made the fundamental observation that the cancer occurring in those who removed this distillate was "not a disease of the habit," that is to say, here was a form of cancer due to an external agent. Any further advance would have been difficult indeed if one at any rate of the carcinogenic substances in tar, namely, 3:4 benzpyrene, had not possessed the extraordinary property of blotting-out with its own fluorescence that of other intensely fluorescent compounds, such as anthracene, in the complex mixture.

THE HEALTH SERVICES OF ETHIOPIA

By J. H. LODGE

(I am deeply indebted to Miss E. Sylvia Pankhurst for an immense volume of information concerning various of the Ethiopian Hospitals. I also wish to acknowledge the kind help of Mr. A. Retta, Counsellor to the Ethiopian Legation, London, and of Dr. Ruth Young, C.B.E., B.Sc., M.B., Ch.B.)

Throughout the world there are probably few countries so ill provided with health services as Ethiopia. This is especially regrettable as the level of public health is desperately low, even as compared with other parts of Africa which may possess a far less temperate climate.

This may be partly attributed to the low standard of hygiene and the almost total absence of sanitation even in the large towns. The water supply is deficient in many cases, a fact which contributes to this state of affairs and places difficulties in the way of any efforts which may be made to raise the standard of public health.

The diseases prevalent in Ethiopia are typhus fever, relapsing fever, pneumonia, syphilis, gonorrhoea, the dysenteries, tropical ulcers, lymphogranuloma, scabies, intestinal worms, trachoma and leprosy. Malaria exists in the lower altitudes.

In view of the nature of these diseases there is evidently a great field for preventive medicine; in fact, Dr. Young goes so far as to say in her article in the *Lancet* that "it would be far more profitable to concentrate on public health and preventive medicine than to develop an elaborate system of hospitals."

This advice, particularly in view of Ethiopia's financial position, seems to me to be eminently

sound, and I hope the Ethiopians will take it to heart.

The existent hospitals are, however, quite inadequate for a nation of Ethiopia's size and at present are insufficient to care for more than a small proportion of the seriously ill. As my space is limited, I propose to devote the greater part of this article to the hospitals; for the other health services, where they exist at all, are merely rudimentary; but it must be borne in mind that much requires to be done outside the hospitals altogether.

The first fact to emerge is the gross over-concentration of hospital facilities in the capital. This is a highly unsatisfactory state of affairs, it means that large areas of the country are virtually without any hospitals at all, except for those patients who have the means and are in a condition to be moved enormous distances, which may be as much as some hundreds of miles.

The total number of hospital beds throughout the whole of Ethiopia cannot exceed 1,000 and it is probably at present much lower than this. Many of the hospitals have been closed, either for repairs or from shortage of staff, and such hospitals as are open are all understaffed. The total number of doctors whose services are available to the people of Ethiopia is about 30.

I thought it might be instructive to compare these conditions with those in other countries and I have therefore drawn up the table given below. It should be borne in mind, however, that with regard to Ethiopia these are only approximations and not authoritative statistics, and none exist. While estimates of the popu-

lation of Ethiopia vary from 3 to 16 millions, the most reliable figures indicate a population of 7 to 8 millions.

	GREATER LONDON	GOLD COAST	ETHIOPIA
Population	8,204,000	3,617,000	c. 8,000,000
Hospital beds	50,000	1,250	c. 500
People per hospital bed or cot	145:1	2,950:1	16,000:1
	TURKMENISTAN S.S.R.	NORTHERN RHODESIA	ETHIOPIA
Population	1,254,000	1,377,000	8,000,000
Doctor	480	20	30
People per doctor	2,600:1	68,850:1	260,000:1

These figures, even allowing for a wide margin of error (I shall not be distressed if their accuracy is impugned) show as nothing else could the seriousness of the situation in Ethiopia.

Ethiopia is not a colony. The advantages of independence are many and overriding, but it also has one disadvantage in that no power need make itself specially responsible in the financial sense for its development. Admittedly a grant of £2,500,000 was made to Ethiopia by Great Britain after the country was freed, but this was a contribution towards all the departments of the work of Ethiopian government and was not sufficient to do much more than to restore the governmental machine which had been smashed as a result of the two wars and the occupation. Only a small part of it can have found its way to Ethiopia's hospitals. This grant was in any case not renewed in the new temporary agreement signed in Addis Ababa last December on behalf of the British Government by Earl De La Warr, and the Ethiopians are consequently beginning to wonder where the money for the upkeep of their hospitals is to come from. The revenues of the Ethiopian state, although increasing, are still not sufficient to cover all the numerous demands upon them. If Ethiopian hospital work is not to suffer, great efforts will have to be made outside the country as well as in to collect sufficient funds to augment the state grants provided by the Ethiopian government. In this connection much valuable work has been and is being done by the Princess Tsahai Memorial Hospital Fund. I would urge all those who are interested in this question to support this organisation, which is doing really valuable work. A ward in this hospital is to be given the name of an old Bart.'s man who gave his life for Ethiopia, Dr. John Melly. So far, however, only about a third of the money necessary to build and equip this hospital has been provided and urgent repairs are needed on many of the existing hospitals.

For example, in her account of the Menelik

Hospital, Miss Pankhurst states:—

"When Dr. Dassios took it over he found it filthy and neglected, with sunken floors, plaster breaking from the walls, particularly those built by the Italians with inferior materials; motors, machinery, etc., out of order, many of the parts missing; no tools wherewith to execute repairs. The paint worn off beds and furniture, blankets and linen old, ragged and gravely insufficient, eating utensils totally inadequate in number. The storerooms for sanitary, medical and pharmaceutical material were totally empty; even brushes and cloths for cleaning were absent. The maintenance of the hospital had been seriously neglected under the influences of war and the British authorities, who removed much material for use elsewhere. Of this the Ethiopians made no complaint; whatever was required for the war they willingly accepted."

Similar phrases recur depressingly throughout Miss Pankhurst's reports on the various Ethiopian hospitals and it is only too clear that the hospitals have been very badly neglected, although the Ethiopian government is doing what it can to cope with the situation. A subordinate reason for the dilapidation of the Ethiopian hospitals is that the choice of building materials in the construction of the original buildings was not always wise. Deterioration is rapid in the Ethiopian climate. This is especially, but not exclusively, true of buildings erected during the Italian Occupation. Most of the hospitals mentioned above are, however, pre-Italian.

The two most immediate and pressing needs before the Ethiopian Medical Directorate are the very grave shortage of drugs, and the shortage of staff for the hospitals.

The shortage of drugs is very grave indeed. Miss Pankhurst during her recent visit to Ethiopia asked Dr. Gluk, the Vice-Director of the Ethiopian Health Department, about this question and was told:—

"Of urgent requirements we have only quinine. We have no cod liver oil, no vitamin preparations, no malt—these are all urgently needed for infants. We have no material for injections for grave cases of pneumonia. We have no materials for injections for syphilis."

The shortage of doctors is also serious. There are no qualified Ethiopian doctors with the exception of Azaj Dr. C. Warqneh Martin who is over 80 and retired. Consequently the qualified staff of the various hospitals consists entirely of foreigners. This arrangement has various disadvantages, not the least of which is that European doctors have to be paid at

European rates. The result of this is that Ethiopia is paying some of its medical advisers more than it is paying its Cabinet Ministers! This is a fair indication of the desperation of Ethiopia's financial position. Arrangements for training Ethiopian medical students are being made by the Princess Tsahai Memorial Hospital organisation. I hope we will see some of them at Bart.'s at the end of the war.

The doctors in Ethiopia fall into several categories. There are some missionary doctors in the country, but the number of these is reduced owing to the persecution the missionaries received during the Italian occupation. Then there are the doctors employed by the Ethiopian state and the Army doctors. A branch of the Friends' Ambulance Unit, consisting partly of unqualified personnel, has also done much valuable and unselfish work to restore the disorganised health services of the country, but it

has now given notice to the Ethiopian Government of its intention to withdraw before the end of the year. That it has found its task disheartening is evident from the statement it issued on leaving, which says:—

"The Unit has been operating under increasingly difficult conditions; shortage of drugs, funds and personnel added to administrative inefficiency and corruption, make the problems of the Medical Directorate very grave."

In conclusion, I hope that this article, which does not attempt to give a complete picture of the Ethiopian Health Services, will nevertheless make clear to those who are interested the general position in Ethiopia. Those desiring further information I would refer to Dr. Rulli Young's articles in the *Lancet* and the *Journal of the Medical Women's Federation* and to Miss Sylvia Pankhurst's articles in the *New Times and Ethiopia News*.

USELESS CREATURE MAN

Men are what women marry. They have two feet, two hands, and sometimes two women, with never more than one shilling or one idea at a time. Like Turkish cigarettes, they are all made of the same material, the only difference being that some are better disguised than others.

Generally speaking they may be divided into two classes, husbands and bachelors. A bachelor is an eligible man entirely surrounded by suspicion. Husbands are of three types: prizes, surprises and consolation prizes. Making a husband out of a man is one of the highest plastic arts known to civilisation. It requires science, sculpture, common sense, faith, hope and charity, mostly charity. It is a psychological marvel that a small, tender, violet-scented thing like a woman should enjoy kissing a big, awkward, stubbly-chinned, tobacco-scented thing like a man.

If you flatter him you frighten him to death, if you don't you bore him to death. If you permit him to make love to you, he gets tired of

you in the end, if you don't he gets tired of you in the beginning. If you agree with him in everything you cease to interest him, if you argue with him you cease to charm. If you believe all he tells you he thinks you are a fool, if you don't he thinks you are a cynic. If you wear gay clothes, rouge and silly hats he hesitates to take you out, and if you wear a little brown beret and a tailored suit he takes you out and stares all evening at women in gay clothes, rouge and silly hats. If you join in the gaieties and approve his drinking he swears you are driving him to hell, if you don't and urge him to give up the drink, he vows you are snow and ice. If you are the clinging type he doubts if you have a brain, if you are a modern, advanced, intelligent woman, he doubts whether you have a heart. If you are silly he longs for a bright mate, if you are a brilliant he longs for a playmate.

Man is a worm in the dust. He comes along, wriggles for a while and finally some bird gets him.

ABERNETHIAN SOCIETY

On May 22nd Mr. C. S. Lewis will read a paper to the Society on "Science and Sentiment."

All contributions for the June issue should reach the JOURNAL Office by Monday, May 14th.



THE SERPENT TEMPTED ME ANTHONY

The following piece of confidence was among those of a certain History tutor of the bluest of blue hosiery establishments in this

The girls of Polynesia
are extrovert and calm;
Untroubled by dyschezia
Their guts can take no harm.
Their viscous flow is easier
Because they do not fuss.
Our splanchnic crypts are cheesier;
In spasms of aesthesia
An autonomic seizure
Will be the end of us.

land. How it came into my hands I dare not relate, but I can't see that there's any secret about it now.

Nat.

SUPERVOLTAGE X-RAY THERAPY — A REVIEW

By PROFESSOR W. V. MAYNEORD

Mr. Phillips's account of supervoltage X-ray therapy describes the results of one of the most interesting and important radiological investigations carried out in this or any country during the last twenty years, and is of particular importance in as much as it represents the only attempt outside the United States of America to use voltages of the order of one million for therapeutic purposes.

The development of the technical weapons of radiation therapy has proceeded apace driven by the necessity for obtaining greater and greater penetration of radiation in order to deal effectively with lesions at greater and greater depths. The Report gives an admirably clear history of the development of the Department and of the X-ray tube and high-voltage equipment built under the direction of Dr. Allibone and his staff in the High Voltage Research Department of Metropolitan-Vickers Electrical Co., Ltd.

It would be out of place here to discuss technical detail, but no one reading this account could fail to be impressed by the magnitude of the task successfully undertaken and the technical skill and experience brought to bear upon it. Close collaboration between Hospital and Industry has unfortunately not been developed in this country to the extent attained in the United States, but the million volt experiment at St. Bartholomew's Hospital is certainly an outstanding example, of which it is hoped many more will follow. The great size and weight of the installation cannot fail to impress even the casual observer, but we would rather dwell upon the infinite patience and skill required to develop the equipment and gradually to raise the applied voltage from 600 kV. during the first week of operation, to 750 kV., and finally to 1,000 kV. Since 1940 the apparatus has been wholly occupied with the treatment of patients, but owing to the war there has been little opportunity for laboratory experiments, so that part of the programme concerned with the biological effects of supervoltage X-rays has not been able to be carried out, but the physical investigations for example of the "quality" and output of X-rays emitted by the apparatus have been performed with skill and persistence largely by Mr. Innes. The mass of data reported in the brochure has extended very considerably our knowledge of the radiations produced at high voltages, and forms one of the most complete and outstanding

studies carried out in medical radiology in this country.

The author modestly states that the book is no more than an interim report on an investigation into the value of supervoltage X-ray therapy, and it is clear that the investigations have been severely limited in scope in an attempt to obtain a clear-cut answer as to whether or not the biological effects of radiations produced at different wavelengths are of significance. The techniques used in the treatment of patients have therefore been modelled on those found most suitable at 200 kV., and it is much to be hoped that this restriction will soon be able to be removed and the scope of the experiments widened. It seems probable that no simple answer to this question of wavelength dependence can be given, and as demonstrated in the Report the change of voltage introduces other geometrical and physical factors such as change of penetration, total energy absorbed, scattered radiation from the patient, all of which affect the final clinical result. It seems clear, too, that the predictions on physical grounds that the techniques using small accurately directed fields are likely to prove most advantageous are borne out.

Many will turn to the chapter on "Clinical investigations" to see whether or not the results of treatment with a million volt apparatus are substantially an improvement on those obtained at lower voltages, for example at 200 kV. The author rightly emphasises the provisional nature of the results. It is, however, of great interest that the amount of radiation required to produce an erythema on the skin at 1,000 kV. is very substantially higher than at 200 kV. In the opinion of the reviewer this is still one of the mysteries of medical radiology, and calls for very much more research before the answer is found.

The main groups of patients discussed are those requiring treatment for inoperable carcinoma of the breast, carcinoma of the cervix uteri, malignant disease in the upper air and food passages, carcinoma of the rectum, carcinoma of the oesophagus, carcinoma of the bronchus, tumours of the central nervous system, malignant disease of the thyroid and parotid glands, as well as other miscellaneous examples of malignant disease.

It is indeed clear that the million volt X-ray installation has justified the wisdom of those who have contributed to the development of

radiotherapy at St. Bartholomew's over the last quarter of a century, for significant differences in favour of supervoltage are found in the treatment, for example of carcinoma of the breast and maxilla, and in addition a striking improvement in the results of treatment of carcinoma of the rectum. This latter group forms perhaps the most outstanding advance in clinical result, and it is of interest that this site is one in which the physical advantages of the use of a million volts might be expected to accrue. It is, however, doubtful whether the improvement in results is to be interpreted solely in terms of increased radiation at a depth for a given skin dose. This is shown in the case of carcinoma of the oesophagus, for although here, too, the dose at the higher voltage is appreciably larger, the end results are determined not by purely physical considerations but rather by tissues healing under adverse conditions, so that the physical improvement leads to disappointingly little change in the end results.

With the end of hostilities many difficulties which have beset this notable experiment should be removed and the fundamental in-

vestigations into the biological effects of these very high voltage radiations will, it is hoped, be pursued even more vigorously than hitherto. It is generally felt that the physical weapons are now available and that the great limitation on progress is fundamental knowledge of the biological effects of the radiations. The book under review is a very notable contribution to the physical advancement, and the author and all those connected with the development of high-voltage research at St. Bartholomew's Hospital are greatly to be congratulated on having achieved even this interim stage of development.

Of the text of the Report itself, which is published by the Sir Halley Stewart Trust which with the British Empire Cancer Campaign has very largely financed the investigations, it can only be said that it is admirably clearly written, and well produced and illustrated.

SUPERVOLTAGE X-RAY THERAPY: A report for the years 1937-1942 on the Mozelle Sassoon Supervoltage X-Ray Therapy Department, St. Bartholomew's Hospital. By Ralph Phillips, M.S., M.B., F.R.C.S., D.M.R.E.

CORRESPONDENCE

INTRAVENOUS TRANSFUSION

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

The article in the January number of the JOURNAL on intravenous transfusion is full of practical hints and should be of assistance both to beginners and also to older people. There are, however, some points which "Pentothal" does not mention and which my chief assistants and house physicians have found very useful when difficulties arise.

(1) Finding a vein. When the arm or leg is warm the vein is usually easy to find, but if the patient is cold or "shocked" it may be very difficult. The limb should be wrapped in a towel wrung out in hot water in order to make the skin very warm. This will bring much extra blood to the skin and superficial tissues and the small superficial veins will fill with blood when the upper part of the limb is compressed. The heat of the towel should be tested to avoid scalding the skin.

(2) The antecubital vein should be used only in emergency. If it is used, the patient has to keep his arm still all the time the drip is given or the needle will slip out. It is usually necessary to fix the arm with a splint and this adds greatly to the discomfort of the patient if the transfusion lasts several hours. If a vein of the forearm or leg is used the patient can move the limb and will be much less uncomfortable.

(3) The transfusion, as "Pentothal" points out, should be given by a needle and the drip will usually run for 24 hours or more. When the transfusion stops, another vein can be used. It is unnecessary to cut down and tie in a canula unless the veins are

very small and will not fill with blood in spite of warming the limb or when the patient is being moved to and from the theatre. Needless to say, a canula should never be tied into the antecubital vein as this entails the destruction of the vein and reduces the number of veins which the pathologist can use subsequently.

(4) Local Anaesthesia. If a needle is being inserted into a vein, sufficient procaine should be injected intradermally to make a very small bleb. It is unnecessary to inject any into the subcutaneous tissues unless a canula is being inserted.

(5) Insertion of needle. "Pentothal" rightly says that the needle should be inserted into the vein at an angle of 30 degrees, but he then says that the point of the needle should be lifted and pushed well up the vein. I think it is better to say that the butt of the needle should be lowered and the needle pushed up the vein parallel to the surface of the skin.

(6) "Pentothal" suggests that the blood should be warmed by placing it in water which is pleasantly warm to the hand. This procedure is quite safe, but it is safer not to warm the blood at all. If the bottle of blood is kept in the ward for 15-30 minutes before starting the drip it will be quite warm enough. I know of one patient who had anuria as the result of the blood being warmed too much.

(7) The complication of an air embolus is a danger which must always be remembered, especially if the rubber connections are old. A careful watch on the level of the fluid in the drip chamber should be kept. The drip chamber should always have a side tube which allows the level to be easily adjusted.

(8) Vein spasm. "Pentothal" mentions that it is sometimes necessary to force the blood into the vein by producing a positive pressure. He suggests that a Higginson's syringe should be used for this purpose. This will be sufficient if the spasm of the vein is slight, but will not give enough pressure if the vein spasm is severe. When this condition exists it is necessary to put a ligature on every rubber-glass connection and so prevent a loss of blood if the connection slips off. The positive pressure is best produced with the bulb and bag of the blood pressure apparatus. The bag is loosely coiled so that it contains a fair amount of air. A large positive pressure can be produced if it is necessary and the pressure can be maintained by an occasional squeeze of the bulb. The vein spasm usually passes off gradually, but a careful watch must be kept on the rate of flow and the positive pressure reduced if necessary by releasing the valve. It should be mentioned that there is no risk of producing an air embolus though there is a danger of forcing a small clot in the needle into the vein. This possibility should be considered before great pressure is exerted. "Pentothal" mentions the injection of 1.7 cc. of Nikethamide intravenously for the relief of the vein spasm and this should be tried before using considerable pressure.

I remain,

Yours truly,

GEORGE GRAHAM.

149, Harley Street,
London, W.1.
April 10th, 1945.

CONSCIENCE

To the Editor, St. Bartholomew's Hospital Journal
"... our Abernethian Room is constantly filled by people of a very high grade of intelligence." This statement in the JOURNAL Editorial was probably read by many, as it was by me, with perhaps a little surprise at its frankness, but without undue disbelief. Indeed, there may even have been, deep down, a degree of self-congratulation.

Since then, I have been pondering this and allied subjects.

Are we really justified in considering ourselves as being of fairly uniformly high intelligence? Do we not consider that our intelligence alone is sufficient justification for our privileged position? Are we not rather self-satisfied with our abilities? When we are upbraided by the lay Press for our occasional irresponsible behaviour and our apparent ineptitude for our task do we not tend to place our favour with the contributor to this JOURNAL (November, 1944) who affirmed our competence when the need for responsibility arises, and disclaim the assertions of the former? And when the subject of our reservation from call-up arises, do we dismiss it with the oft-repeated platitude that we are doing essential work, and that anyway we shall be called-up when we have done a six-months' house-job: probably rounding it off with a crack about Tokyo or Burma?

I do not in any way question the vital necessity for doctors, or the wisdom of leaving medical students virtually untouched by the National Service Act. What does rile me is the smug way in which we accept it all; the way we talk placidly about being brought up with no thought other than that of going in for medicine—of the obviousness of continuing with this worthy desire even when the war started; the facility with which we stress the difficulties of starting to do medicine after being in the Services; the lack of consideration of others who

either gave up medicine when the war started, or who will have just as much difficulty in finding a livelihood after the war; the insufficient realisation of our responsibility to those who have been fighting in our places, and making it possible for us to continue our work relatively undisturbed; and, most of all, the regularity with which consciences are perjured when qualification approaches and the prospect of further deferment becomes a matter of immediate concern.

It is often said that the average Serviceman, when consulted, is adamant about the need for doctors and the training of them; and that Service doctors consider that a period of military service is not a thing to be desired. It is astounding how many of our contemporaries make this excuse when upbraided for spinning out their examinations more than their fellows, or blatantly doing negligible work. Worst of all, to my mind, is the frequent spectacle of one who repeatedly affirms his intention of joining up after one house-job, but jumps at the chance of further deferment when the time comes.

I have headed this outburst "conscience," but I might well have called it "conscience and complacency." We think in very muddled fashion where we ourselves are concerned; we consider ourselves a lot of good types; we are for the most part good-naturedly snobbish; we are easily riled by our hard-working fellows; and we are casually cynical about our duty to our fellow-beings we dismiss it as mistaken patriotism. Patriotism signifying blind national fervour is very little our concern as doctors; but patriotism which embodies our responsibility to all and sundry, in the future, and in the present to those who are more directly concerned in the war, should be foremost in our minds. Admirable as it may be to attain higher qualifications in this world of competition, it is armour for the future, and our whole concern should be for the present. The perilous position of medical practice at the moment may exaggerate the advantages of specialisation in the post-war world; but general practice is, and always will be, the backbone of medicine, and only by orientating our outlook now shall we attain that perspective on medicine, and all that it embodies, which will give us the true valuation of it, and enthusiasm for it, which will sustain us against the tentacles of political encroachment, and give the country an efficient medical service which only doctors can provide.

Yours sincerely,

"ENDOGENOUS."

The Abernethian Room,
St. Bartholomew's Hospital,
April, 1945.

MORE THOMPSON-BAITING

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

Mr. Thompson, in his letter to the March JOURNAL, raises the question of what should be said to a patient whose prognosis is hopeless.

He states correctly, that the difficulty lies in deciding between deceiving the patient and disturbing his peace of mind. He implies, however, that, after divine consultation, one should always sacrifice the latter. It is here that I disagree. I think the decision should be based mainly upon an assessment of the patient's strength of character, moral philosophy and degree of self-control.

A doctor once remarked that a patient who has the courage to ask if he is going to die, has the courage to hear a truthful answer. I think this is

quite wrong. Many poor creatures anxiously await a hopeful reply and I think they should be given one.

Other factors which may influence one's decision are financial considerations and religious faith. I would suggest that it is possible to persuade a patient to "put his affairs in order" without telling him quite how hopeless his condition is; and I would like to point out in the second case that it is the religious belief of the patient which should be considered, and not that of the doctor.

It is worth while remembering that even those who believe in post-mortem survival are often quite as reluctant to attain celestial happiness as their less credulous brethren.

Yours sincerely,
P. H. MOORE.

49, Coval Road, S.W.14.
April 14th, 1945.

METHINKS THIS MAN PROTESTETH TOO MUCH

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

I am glad that my friend Mr. Rampion Hurst has been given the opportunity of taking part in this discussion, although his apocryphal assumptions on the matter are too familiar amongst those who will read this correspondence to need any further publication. There is, however, contained in his letter a universal and fundamental error of dialectic, beside which all else that he mentions is trivial. It occurs at the end of the long paragraph addressed to me, in his neat summary of the causes by which he supposes a Christian believes. The error is one which must be put right forthwith, so that if it underlies any continuation of this correspondence or discussion arising therefrom, it may be clearly spotted and ruthlessly extracted, with the collapse of whatever argument may form its superstructure.

But before the exposure there is some business of the routine of courtesy. I defend Mr. Thomson. He was doing little more than commenting on what was to him in the February Editorial conspicuous by its absence. His questionnaire was quite relevant to the Editorial, which he scarcely seized upon as a preamble by something which you, my dear Rampion, meanly suggested he wanted to get off his chest. Our Editor has asked for correspondence. I hope you have not changed his mind.

I apologise to Sam Thomson if I have deprived him of his right to hold his own opinion, but it seemed to me, Sir, that there was something in your choice of superscription that did not deprive him of the right, so much as mock the "opinion" itself—as if you had written "Fad," or indeed as our friend Rampion actually did write, "Bees in the Bonnet." I apologise to you, Sir, if I was wrong.

I had supposed the meaning of my apparently nebulous letter to be clear. May I restate briefly? I meant that the chief truth is not so much that these questions, "What is the meaning of life? What am I living for? etc.," have not been asked, as that it is assumed that they are answered. I suggested some such answers. Secondly, that there is a universal natural law of which natural virtue (common decency) is an expression. The Evangelist St. John interprets the active principle in this law as being from God: the Light which was from the beginning (and now appears as a Man) is the true Light which lights every man. The Good Pagan and the Christian walk together in this Law. But there is a

Supernatural Law which is beyond the scope of the Natural. For instance, the Supernatural has something additional to say about Death.

May I, my dear Rampion, restate also our disagreement? Your claim is that more and more people are doubting the authority, by condemning the arrogance, of Catholic Doctrine, and realising that "such problems are beyond the comprehension of creatures only equipped with our very much limited organs of perception." The truth or falsehood of our respective claims can only be decided firstly by making sure what they mean, and secondly by statistics, but on your statement calling for agnosticism and what immediately follows it in your letter, let me first say how much I share your feelings (though "comprehension was unnecessary; we can never do more than apprehend). The point you touch is an old one—it is the absurdity of belief. The absurdity of which you and most people are only too aware, and many Christians not aware enough. It is as G. K. Chesterton said, "A man who has lived and loved falls down dead, and the worm eats him. If a man can believe in spite of that, he can believe in spite of anything." The philosopher expresses it as the scandal of particularity—the scandal that the Creator of the vast "tracts of space and time" and the Author of the "powers that govern the universe" should, not only be concerned with our transient "microcosm," but actually enter into it at a certain place and time, as a "little baby thing that made a mother cry"—that is, by the usual obstetric route taken by every man of the microcosm who came before and after. The scandal is made more shocking by this infant's subsequent life and execution.

You see, my dear Rampion, it is ridiculous. And we recognise it as well as you do. But that we assume (a) to know the nature of "the unknowable powers that govern the cosmos" (actually we are limited to expressing "them" by human analogy) and (b) "their" condescension to usward, I emphatically deny. Rather we labour under the burden of believing it. Nor did our fathers before us assume. They were far too awe-struck to assume in the face of such a cosmos. (In fact, except for the poetry, you have repeated much of their writings as we have them. Then, but scarcely now, was recognised the ephemerality of man, who is as grass that withers and is gone.) But they somehow knew that its Maker was (somehow) concerned with them, and from that knowledge came the wonder—"When I behold the heavens and the work of Thy fingers, what is man that Thou art mindful of him?" They believed and then could not understand. It is not that they were, (?) as you are, awed, and then refused to believe.

And don't forget, my dear Rampion, that I may, with no more unfairness, say of you that you are just as successful in wish-fulfilment: first comes the desire for something to hold in awe, then the realisation of "the terrifying perspective of the stars," then the refusal to admit any knowledge of the Governor lest your awe should be clarified and dispersed, and finally the satisfaction of the desire by holding in derision those who are foolish enough not to refuse belief. I think you rather enjoy being a microcosm, Rampion.

To this and your concluding epigram on Death and the Grave is closely applied the principle, anonymously stated, that "There is not when there was not." That is to say, briefly, if God had not said what He meant, if He hadn't expressed Himself in a Word, that is (by analogy) a Man, Death and the Grave (and, for that matter, most of all, Life) would

be enigmatic, we should not even see through a glass darkly, God would have remained *Deus absconditus*, and we should have been forced to be purely spiritual, nearly conjectural. But the Word has been made flesh, and actually dwelt among us. (I tried to indicate earlier on that in Jesus all the intellectual problems are not solved. Rather they are made. We may have been puzzled before: now we are stupefied.)

In your concise statement on belief, which you grace with the salutary preface "it seems to me . . ." you have left something out. You tell us how, but you do not tell us why we believe. You have a tragic devotion to causes and a heartless neglect of reasons. "The assigning of causes for a belief has in itself nothing to do with the question of its truth."

This, Mr. Editor, is the error which I mentioned at the outset: the typically modern error which must

be ruthlessly laid bare before there can be any further discussion. The smallness of the print of the correspondence columns forbids any more here. Since I have found the words of that wisdom for which I have lately been looking, and which I inherit, not in my mind (except to endorse and edit), but for my pen, to record, I offer this adjacent exposition for publication elsewhere in the *JOURNAL*.

Yours sincerely,

J. M. COZENS-HARDY.

10, Abercorn Mews,
N.W.8.

April 15th, 1945.

Mr. Cozens-Hardy, having been somewhat lavishly gifted with what is known to the proletariat as the gab, has written a companion article to the above—"The Modern Error." Its length compels us to print it in another issue. Mr. Rampion Hurst has been seen reading the above letter.

SPORTS

HOSPITAL SEVENS

United Hospital Seven-a-sides, Richmond, April 7th.

"Sevens," other things being equal, is a form of sport for those who are very fit, and as the afternoon wore on, it was palpably obvious that only one of the teams engaged could be considered in any way fit. This team was St. Mary's Hospital, who are to be congratulated on winning this annual event for the fifth time in six years. They had studied the art of sevens, and were trained to the minute, and gave a well-nigh faultless exhibition. Surprisingly enough it was St. Thomas' Hospital who gave them their closest game; Middlesex were on paper the second best team, but a chapter of accidents prevented their giving of their best in the final against Mary's, but even if these accidents had not occurred it is extremely doubtful whether the final result would have been very different.

ANNOUNCEMENTS

BIRTHS

REAVELL.—On March 18th, 1945, to Doris Margaret (née Swinburne), wife of Dr. Denis Reavell, of 50, London Road, Gloucester—a son.

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

- BURROWS, H. J. "Rehabilitation in a Naval Hospital." *Lancet*, March 24th, 1945, pp. 370-372.
DEARLOVE, A. R. "Enforced Leisure: A Study of the Activities of Officer P.O.W." *Brit. Med. J.*, March 24th, 1945, pp. 406-409.
EDWARD, D. G. ff. (and Taylor, J., and Edwards, P. R.). "A New Salmonella Type: Salmonella Cardiff." *Brit. Med. J.*, March 17th, 1945, p. 368.

GISSANE, W. "The Organization of an Accident Centre." *Practitioner*, April, 1945, pp. 233-239.

GRIMSON, T. A. (et al.). "Penicillin in Clostridial Infections." *Lancet*, March 31st, 1945, pp. 395-399.

HAWKING, F. "Local Effects of Intramuscular Injection of Solvochin." *Brit. Med. J.*, March 24th, 1945, p. 412.

HORDER, LORD. "Medicine and the State." *Lancet*, March 10th, 1945, pp. 295-298.
 "Shall We Nationalize Medicine?" *Brit. Med. J.*, March 17th, 1945, pp. 357-360.
 JONES, F. AVERY (and Bigby, M.A.M.). "Pregnancy and Diabetes." *Brit. Med. J.*, March 17th, 1945, pp. 360-363.
 NOON, C. "Abdominal Injuries Arising from Road Accidents." *Practitioner*, April, 1945, pp. 227-232.
 O'BRIEN, J. R. (et. al.). See Witts, L. J.

PETERS, R. A. (et. al.). See Witts, L. J.
 SAVAGE, O. "Pulmonary Concussion ('Blast') in Non-Thoracic Battle Wounds." *Lancet*, April 7th, 1945, pp. 424-428.
 TURNER, E. GREY. "The Soldier's Health Overseas: A Year's Statistics." *J. Roy. Army Med. Corps*, February, 1945, pp. 83-85.
 WITTS, L. J. (and Higgins, G., O'Brien, J. R., Peters, R. A., and Stewart, A.). "Treatment of Infective Hepatitis with Methionine." *Brit. Med. J.*, March 24th, 1945, pp. 401-402.

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PHARMACOLOGY AND PRINCIPLES OF THERAPEUTICS
 Hale, J. F.

MEDICINE, SURGERY AND MIDWIFERY
 Walker-Brash, R. M. T.

SOCIETY OF APOTHECARIES

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 Sheen, C. R. P.

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 Parry, H. E.
 Thomson, J. L. G.
 Waterlow, J. K.
 Hart, P. L. de V.
 Jones, R. F. McN.
 Pracy, R.

Thorne, N. A.
 Whelan, W. H.
 Hilton, B. J.
 Mason, S.
 Schneidman, B.
 Vogel, L.
 Wilson-Sharp, C. D.

Grant, M.
 Taylor, T.
 Caine, M.

Wince, W. H. D.
 Cocks, R. A.
 Robinson, K. W.

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HOSPITAL JOURNAL

Vol. XLIX

JUNE 1st. 1945.

No. 5

VICTORY AND DECISION

Victory is now nearly a month old and still the news seems strange and unreal. Peace seems incomprehensible, a mere abstraction feeding on a fading memory. For nearly six years we have lived in the world of the grotesque and the bizarre. Slowly and painfully we have built these things into our lives and now that they have come to an end we are ill at ease. Even in the midst of the rejoicing, when we were filled with the magnificent pride of nation, when we felt the great burden of anxiety evaporate from our backs, there was a strange feeling of incompleteness, of the unreality of the dream-world that seemed to hover round the laughing, shouting, jostling revellers who thronged the streets. It was a sensation of emotional inhibition, as though the rejoicings were premature and the greatest battles were still to come.

Yet we had good reason to be proud. As a nation we had laboured unceasingly through the years of hope and anxiety, through moments of disappointment and anticipation and through the long months when everything seemed so pointless that it was hardly worth while. Sometimes, when we had seen our friends slaughtered and horribly maimed, when we had seen our cities and our homes blasted into heaps of unrecognisable rubble, the war seemed very close. We knew war when we watched the tiny silver form of the few weaving in and out among the great black formations of the enemy, high up in the skies we had called our own. It had been easy to work when we were in the fight. But we were also proud that we had carried on when the war seemed so far away from our lives, when it was the phoney war, the desert war, the Russian's war, the war without a meaning in which we fought without a real reason. Most of all we rejoiced in our victory

because we knew that it was not only a victory of "us" over "them," but a victory of humanity over barbaric bestiality, of the supra-sensuous over the sensuous.

And we of Saint Bartholomew's also rejoiced, not only in the pride of our nation, but in the pride of our hospital, because we knew that those who had taken our decisions during the long years of war had taken them in that spirit of duty and service which has characterised our whole history. The hospital always carried on and the staff were always ready to respond to every call on their services, however dangerous and however long. May their names and the names of all those who served, go down in this glorious new chapter, illuminated in the lurid lights of the devastating fires of 1941, ringing with the sound of the shattering crashes of the German rockets.

But through all this rejoicing we were aware of something bigger, of some vaster decision yet to be made. We felt as a child who in the midst of play hears the stirrings of the great beasts in the forest. We were fully aware that the yellow submen of the Pacific had to be dealt with as mercilessly as their psychology warranted, and we knew that the rehabilitation of Europe and Asia would be a task greater than any before, but these were not the cause of our uneasiness.

Since then this cause has become more apparent. We stand in the face of a great conflict. It is the struggle between humanity willing to be controlled and individualistic humanity. We do not refer to the jealous bickerings of certain politicians, that is just the whispering of the leaves before the storm of conflicting opinion. This storm will fall on us and we will be forced to make a decision.

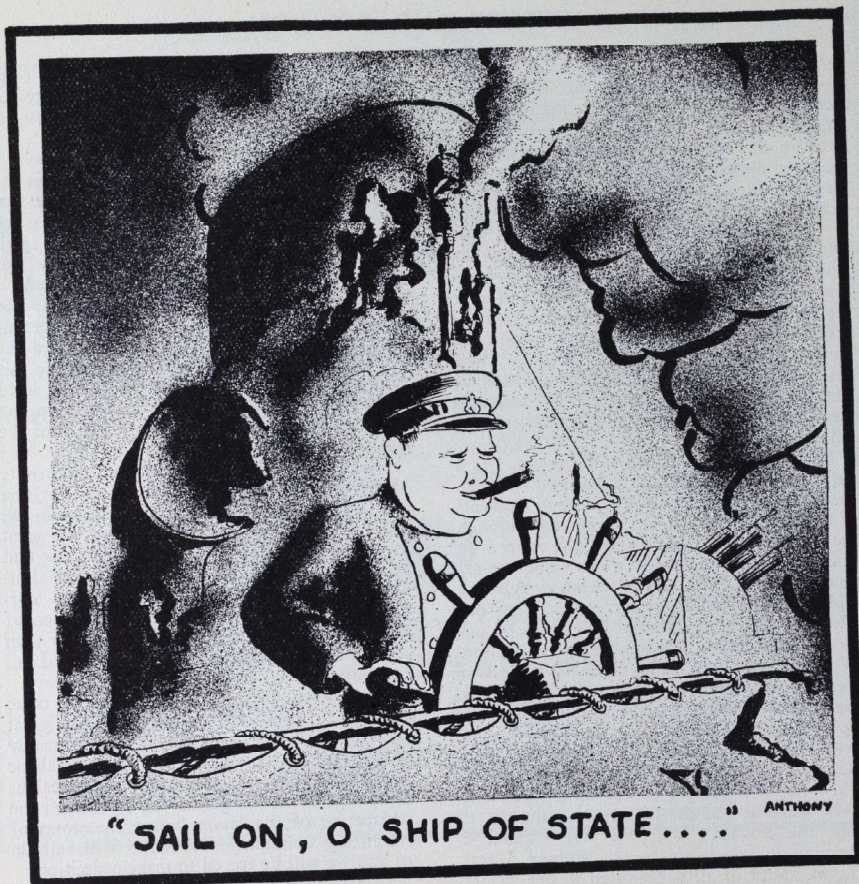
Our civilisation has reached a fork in the

road. On the one hand stand the extraverts, who hold the individual as more important than the mass, and on the other the introverts, who are prepared to be organised and controlled for the good of the mass. It is the individualists against the "people's planners" and there is point-counter-point on both sides.

Can we afford to continue without centralisation of effort? Will centralisation produce the defects of monopoly? A man works better for himself than for the system. Men achieve more when they work for each other. Nature

dictates the survival of the fittest. Humanity dictates the protection of the weakest.

The time approaches when we will have to examine our values and to discard those no longer compatible with the rest. There will be great sacrifices either way and great opposition from those who choose the other course. It will be for us to decide how we are going to use the hard won fruits of our victory. The choice will be ours, but the eyes of posterity will be on us.



"SAIL ON, O SHIP OF STATE...."

ANTHONY

A PLEA FOR REST

By FERRERS

It is interesting to look back and to bring to mind methods of treatment of disease as they have developed. It will be found that particular methods achieve tremendous popularity quite suddenly and appear to be almost universal in their application. This is often found to be the case immediately following the introduction or publication of some new form of treatment. As is so frequently the case, a greatly exaggerated idea of its value may be spread abroad and everyone is desirous of putting it to the test on his own patients. More often than not disappointment comes to both doctor and patient as the "miraculous" powers of the drug in question are found to be a myth. This has become a very frequent occurrence during the course of this century when the turnover of any commercial firm is dependent on the amount of their goods which it can persuade a credulous public to purchase, rather than upon the number of the public whom its goods leave better than they found them. The power of advertisement has only fairly recently come to take such an immense part in influencing the public upon their treatment. Partly as a result of this the watchword for the therapeutics of the last 50 years has been "drugs." It is only in that time that any rational use of drugs has developed. Previously many were used from various somewhat nauseous animal and vegetable extracts to arsenic and other drugs still used with effect. During this time many new and extremely valuable remedies have been introduced, each one, often regardless of its value, being accompanied by a spate of popularity the extent of which has depended mainly upon the skill in advertisement exercised by the firm by which it is produced: a popularity which has usually waned as the passage of time has enabled experience to appreciate the several drawbacks and snags of these "talismans."

Looking back further, one may find other eras when particular forms of treatment held sway. In almost every case it has been carried too far: the thing has been overdone—although all methods used have their place in a rational therapeutic approach. Thus for many years blood letting was practised on a stupendous scale: it was the initial step in the treatment of almost any condition—a sort of trial by bleeding on a par with the medieval trials by fire and water. One might have said that if

the patient survived this ordeal they would eventually recover, for there was little other treatment, and if not they would die! Another therapeutic excess was the well-known "good brisk purge." An ordeal to be withstood if by any chance the patient survived the previous trial by bleeding. This was no mild drug graced with the genteelism "aperient," but the concentrated power of croton oil and colocynth, black draught and scammony. Leeches were other valuable therapeutic remedies used universally and indiscriminately. During the year 1837 this hospital used 96,300 leeches.

Throughout the whole of known medical history and teaching the method of treatment which is the most generally applicable, and which has the added benefit of being rational, has been the least stressed—namely, rest. Even the miraculous powers attributed to arsenic cannot hope to rival the beneficial effects of rest in disease. The position of arsenic in therapeutics has made it of considerable value to the student: when in doubt suggest arsenic. Among the conditions for which it is recommended in a modern textbook are: chorea, anaemia, lymphadenoma, leukaemia, glandular fever, pancytopenia, syphilis, rat-bite fever, anthrax, relapsing fever, Vincent's angina, yaws, disseminated sclerosis, bronchiectasis, lung abscess, rheumatoid arthritis, multiple neuritis, psoriasis, dermatitis, herpetiformis and other skin diseases; not to mention the multitude of conditions for which arsenic "may" be given.

The greater the rate of the so-called progress of civilization, the greater seems to be the need for rest, and, for similar reasons, the less often it is taken. So here is a paradox indeed: what is undoubtedly the most universally applicable therapeutic weapon available is becoming more and more frequently required for exactly the same reasons for which it is so seldom taken. An example of this is not hard to find. Let us consider peptic ulceration. This is one of the conditions which is becoming increasingly common. The reason is said to be bound up with the somewhat vague conceptions of increased stress and strain of life, irregularity of meals, and the consumption of excess of made-up foods of various kinds. The type of person who is frequently found to suffer from this complaint is one who works in "business"; who attends meetings which may cause meals

to be late and therefore hurried; whose breakfast is gulped almost on the way to work; lunch is a snack taken at a counter in the middle of the day; finally a mad rush home in time for a rapid supper before dashing out in search of entertainment. The ulceration develops and the symptoms progress. Then there is an intermission, and such restrictions as have imposed themselves as a result of the pain are cast aside. But inexorably the symptoms recur until the patient, several months after the onset of the pain, the local chemist having eventually failed to give satisfaction, consults a doctor and a diagnosis, we hope, is made. A line of treatment is outlined—a period of rest in bed, regular meals, dieting and drugs. The reaction of the patient the drugs are easy, the dieting he may manage, at least until it becomes too tedious and is cast aside when the treatment is only half completed, but the rest—out of the question. He has a family dependent upon him, or she has children to look after. The saying that rest is the one treatment that all can afford is quite untrue: it costs the working man more than almost any ambulant treatment. The result is procrastination and palliation until the symptoms become too severe to bear or the patient's life is endangered by a perforation or a hæmatemesis. So here the least important part of the treatment is carried out, the most important is at least embarked upon with good intentions, but the rest is almost totally ignored until enforced by complications which might never have occurred. Often, even if rest is enforced after long persuasion by the doctor, the patient's mind is burdened by financial and other troubles which materially interfere with his recovery. This prescription for rest is not only bodily but mental as well. The question of when the good following on a period of rest outweighs the harm caused by the mental disquiet as a result of a prolonged absence from work is often an extremely difficult one. I do not invariably mean that the patient must be put to bed, stretched out flat on his back and allowed to attend to neither his own appetite nor his toilet. The question is a far wider one. I mean rest for the mind as well as, and sometimes apart from, rest for the body. The opportunity to rest after a restricted day's work may be as important for a man suffering from angina of effort as the complete inactivity ordered for a child suffering from rheumatic fever.

The fault is by no means always on the side of the patient; his reasons are very understandable. He may be won over by an explanation that the condition from which he is suffering is likely to progress; that three weeks now may

save three months later. The doctor is often at fault also. It is not sufficiently widely realised that local rest may be of little use without general rest. An example would be cellulitis of the leg: bed is the immediate order of the wise surgeon in addition to local fixation in a splint. In the words of a physician to this hospital, "You can't rest the kidney unless you rest the body." In the well known therapeutic approach taught by another physician to this hospital rest takes pride of place above diet, hygiene, drugs and special treatments. Yet this fact is so often neglected by students—more, one hopes, in their examinations than in their practice. A question on the treatment of staphylococcal septicæmia will call forth a long dissertation on the use of the latest drugs, some advise a high fluid intake; but the number who go so far as to say that they would suggest rest in bed as one line of treatment is lamentable.

The beneficial effect of a period of rest is often attributed to the particular drug which the patient is having at the time: this is especially so in Graves' disease and cardiac failure. Nevertheless, in common with all other powerful therapeutic methods, a great deal of harm may be done by its prescription at the wrong time. A patient suffering from disseminated sclerosis, requires encouragement to do as much as he is able without fatigue, except when the disease is actively progressing. The same may be said of cardiac therapeutics: Sir Clifford Albutt said, "Tell a cardiac patient to find out what he can do and do it; tell him to find out what he cannot do and never do it."

One of the aphorisms of Celsus, who lived at the time of Christ, was that, "We ought not to be ignorant that the same remedies are not good for all." Whether he means for all diseases or for all patients suffering from the same disease he does not say: each would be equally true. Rest may be one man's meat and another man's poison under very similar conditions.

A rational and effective therapeutic approach must include an understanding of the value of rest. The number of patients for whom it will be prescribed is apparently increasing with every increase in the speed and stress of our existence. To return to my opening paragraph, rest should be at the head of any therapeutic problem, to be considered carefully and expressly ordered or denied in each case. Let us hope that there will

"—arrive a lull in the hot race,
Wherein he doth forever chase
That flying and elusive shadow, rest."

Matthew Arnold

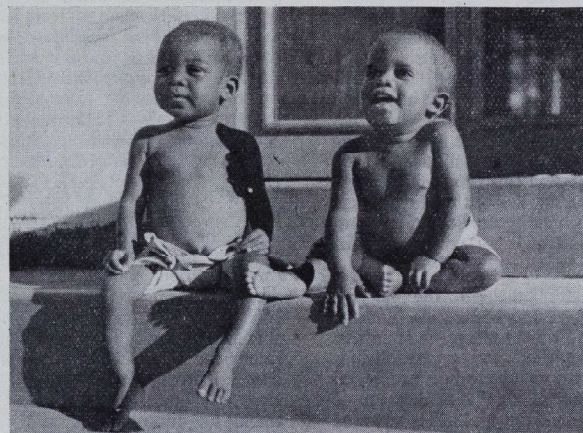
A VISIT TO SOUTH AFRICA

By W. NORMAN TAYLOR

One good thing resulted from Italy's entry into the war against us, and that was that it indirectly afforded to thousands of men from the mother country an opportunity of seeing at first hand one of the great Dominions of the Empire, namely, South Africa. Too often, between the wars, we simply took the Empire for granted, rarely giving it a thought, but now and in the future it is more than ever vitally necessary that we and the rest of the Empire should get to know each other better and work together for our mutual good. For a time South Africa stood on our only line of communication to the East, and hundreds of thousands of troops going out there spent a few days at Cape Town or Durban, days of

When a doctor leaves the Army the first thing he needs is a good refresher course. There was no post-graduate course available at that time in South Africa, but I applied for and obtained a clinical assistantship at the Non-European Hospital at Johannesburg, which was the next best thing, and I joined the ordinary students at their lectures and rounds at the General Hospital, thanks to the generosity of the Witwatersrand Medical School. Consequently it was very interesting to me to compare the system of medical teaching there with that as I had known it at Bart's. And that is what I hope to convey in this article.

The hospital for non-European patients was an offshoot of the General Hospital, the whole



never-to-be-forgotten hospitality. At the same time there was the inevitable reverse flow of casualties on their way back home, and South Africa became a place where they were rested and sorted out. At one time all the sick and wounded from everywhere between Malta and Hong Kong came through the great military hospitals established there. Which is all by way of explanation of how I came to find myself in South Africa when I received the little note saying, "Your pay and allowances will cease as from 56 days after the receipt of this notice." It only remained for me to make up my mind whether I wanted to make my entrance into "civvy street" at home or in South Africa. I decided to try the latter.

being a municipal concern. But the non-European section was very much the poor relation, and terribly overcrowded. It was nothing unusual to see a ward built for twenty-five beds with fifty or more patients in it, on mattresses down the middle of the floor, between the beds, on the balcony, overflowing into the corridors, and even on the fire escapes, with nothing to protect them from the weather but a mackintosh sheet. And the "fug" was at times almost unbearable, but it is next to impossible to get a native to keep a window open. But it was all excellent clinical material from a student's point of view. Every type of heart and lung, every type of deficiency disease, tropical diseases, venereal diseases, all the

obscure nervous conditions that make such interesting diagnostic problems, and most of them very sick indeed. The children, quite apart from their illnesses, were a delight—native children seem to have a more liberal supply of those captivating qualities possessed by kittens and puppies, and they seem to respond so quickly to treatment. The photograph shows two little orphans, that is to say ones whose mothers had died, who had been admitted with marasmus some months previously. There is still some evidence of rickets in the shin bones of the one on the left.

The type of diseases among natives is rather different, and one has to learn what to expect. For instance, gastrics and duodenals were unknown. Diabetes and new growth were rare, except, strangely enough, primary carcinoma of the liver. Luckily I had a very helpful houseman—or housewoman I should say—who helped me to find my feet in these unfamiliar surroundings. We only made one serious mistake, as far as I remember, and I shudder to think what would have happened if such a thing had occurred in England. We had a man in who was obviously very ill, but could not make a diagnosis; it might have been anything from typhoid to military tuberculosis. A few mornings later the houseman took me straight to his bed. The patient had settled the problem in no uncertain manner by developing a beautiful papular rash all over. It was a case of smallpox.

The General Hospital itself, the one for Europeans, contained 750 beds. The students were organised in firms in much the same way as at Bart.'s. But there was a very obvious difference. The students were not an integral part of the scheme of things as they are at Bart.'s. You felt that the authorities regarded them as just necessary nuisances. They were something superimposed on the hospital, not part and parcel of it. This is well illustrated by the fact that Academic terms were kept even by the clinical students, and during vacations not a student was to be seen in the wards or outpatient departments. In this respect I think our Bart.'s system is far superior, for not only is it more pleasant to work where one feels one is being useful, but also it inculcates a feeling of responsibility, a sobering down as it were, to which the "wild" medical student has to adjust himself sooner or later.

I used to go on the ward rounds with the final year students, especially those of the Professor of Medicine, Professor Craib, a brilliant South African, able to lecture as fluently in Afrikaans as in English, a strict

disciplinarian with his firm, and demanding perfection from his students. Occasionally in a discussion on some abstruse subject, he would turn to me, much to my embarrassment, and say, "We will ask Dr. Taylor what the Bart.'s opinion would be." By a process of guesswork, also learnt at Bart.'s, I usually managed to supply the desired answer, and so upheld, I hope, the honour of the old school.

For the final year students they had an interesting system, borrowed, I understand, from America. The students were divided into pairs, and each pair was given a subject on which to lecture. In other words, the lectures were given by the students themselves. The Professor, the Chief Assistants and the housemen, and any post-graduate visitors like myself, would be sitting in the front row. From time to time the Professor himself would interject a question, and sometimes get up and explain a point himself. The students lecturing had to know their subject absolutely thoroughly, and had to be right up to date and able to quote the latest literature on the subject. I think this system has something to be said for it. Firstly it given the student training in public speaking, and secondly it means that the student knows well at least one subject.

Another thing that struck me was this keenness to be up to date with the medical literature. It was the same with their clinical notes which were studded with references as though written for publication. In the Medical School library the Index Medicus was as well thumbed as any book there. All the latest journals were easily obtainable, mostly American, of course, but among the United Kingdom ones I noticed the Bart.'s Journal. Such a passion for the latest ideas was quite lacking at Bart.'s in my day among the students, as far as I remember. We were quite content with the latest text-books, and even "Recent Advances" was considered rather premature. There is something to be said for both points of view. The chief objection to this reverence for the latest publication was that I thought they tended to pay too much attention to, and subject their patients to, the latest American crazes. But on the other hand it was a healthy, dynamic outlook on medicine and one felt that research and progress were considered part of every student's duties, and not left to the "brainy" few. It was rather pleasing to see how "mere students" were conscientiously doing their little bits of research. One that was published while I was there was an investigation into the incidence of disease among native school children at Alexander Township, one of the native suburbs, e.g.,

tonsillitis, otitis, dental caries, rickets, etc. Has a Bart.'s student ever thought of investigating the school children of Islington or Finsbury, I wonder? Perhaps; I do not know. But in my circle in my days I do not think anyone ever thought of such a thing. The Editor of this journal is continuously crying out for material. There is plenty of such work that could be done if anyone thought it worth while. For example: What proportion of children in the children's ward have been bottle-fed babies? Or what proportion of all cases in the medical wards habitually take purgatives, and what type is the most popular? There are a hundred and one little things like that that students can do. Though they may not contribute much to medical science, they are stimulating to original thought, and, to say the least of it, they would provide copy for the journal.

Another slight difference that one notices at Johannesburg, and that is the position that the Chief Assistants hold in the scheme of things. After the Professor they are the real teachers, and they seem to owe allegiance to him rather than to the honoraries of the firms to which they belong. The honoraries appeared to conduct their rounds only spasmodically, putting in a token appearance, as it were, every now and then. They often held their rounds at impossible sorts of hours, such as 8 o'clock in the morning, before rushing off to their own busy private practices. That was just my personal impression at the time of course. The Chief Assistants each had their own private offices in the Medical School. Here they could see private patients, and so lay the foundations of their future practice more conveniently than would be the case at Bart.'s.

There was one other rather interesting activity of the Medical students at Witwatersrand. In these days of White Papers one of the favourite topics is that of the "Health Centre." Before the war there was the Peck-

ham health centre, which occupied the interests of some of the Bart.'s students of those days. But in Johannesburg the students have started their own health centre, in Fordsburg, one of the slum suburbs. Students, with a Chief Assistant or other qualified person, take it in turns to attend and be "G.P.," for which branch of medicine it affords quite a good training. Serious cases are referred to the hospital in the ordinary way. Students from other faculties of the University, particularly those studying social sciences and psychology, attend to assist with other aspects of the work, such as the day nursery, child guidance clinic, citizens' advice, and help with classes of instruction in hygiene, dietetics, and education for those families living "below the bread line." The effects of such a scheme as far as the medical student is concerned, is, firstly, that it gives him an opportunity of filling in that big gap in his medical training, of getting to know the "other half," the background from which so many cases come, and of understanding that these cases are very real human beings with very real problems. And secondly, it provides a great opportunity for training in citizenship, in service to the community to which one belongs, freely given in one's spare time.

That is my sketch of medical teaching in South Africa as it impressed me during the few months I was there. I hope that after the war, when travel becomes simpler and cheaper, there will be greater opportunities for interchange of students between the medical schools of the Empire. There have been some great South African students at Bart.'s, perhaps one day it will not be unusual to find a few Bart.'s students in South Africa, at any rate for post-graduate study. And in this way I hope we shall get to know each other better, work in closer co-operation, and share the tremendous opportunities for study that should be available for all.

KITTENS IN THE COLON

From a recent M.B. Examination Paper:—"In bacillary dysentery the stool usually contains a little puss."

The Hospital Sports Day will be held at Foxbury, Chislehurst, on Saturday, June 9th.

All contributions for the July issue should reach the JOURNAL Office by Monday, June 11th.

OBITUARY

EVAN LAMING EVANS, C.B.E., M.A., M.D. (Cantab) F.R.C.S. (Eng.)

Laming Evans died in his 74th year, young for his age, full of activity and with a keen zest for living until shortly before his death.

He was educated at Eastbourne College, and at Trinity College, Cambridge, where he obtained Honours in the Natural Science Tripos. After qualifying in 1895 he was appointed House Surgeon at St. Bartholomew's Hospital. In 1900 he went to the South African War on the surgical staff of the Welsh Hospital. As there was little surgery he was appointed Physician to the hospital and he acquired a great experience in the treatment of typhoid fever. In 1902 he gained the University prize at Cambridge for his M.D. thesis on typhoid fever. On return from the South African War Laming Evans had a varied experience in medicine, including research work in bacteriology, two years in general practice in Hampstead and House Surgeon at the old Royal Orthopaedic Hospital, which led to his appointment to the Consulting Staff of this hospital.

From this time on Laming Evans devoted himself to the study of orthopaedic problems

and to the practice of orthopaedic surgery. For his work in many Military Hospitals in London during the last war he was awarded the C.B.E. He became President of the Orthopaedic Section of the Royal Society of Medicine and President of the Harveian Society, London. In 1936 he retired as Senior Surgeon of the Royal National Orthopaedic Hospital, having reached the retiring age, but at the outbreak of this war he volunteered his services and worked for three years in the Out-Patient Department.

Laming Evans was always a loyal and devoted son of St. Bartholomew's Hospital. He kept in close contact with his old hospital through Masonry. In 1909 he was elected Master of the Rahere Lodge, and he afterwards served as Secretary for many years. He became Almoner of the Lodge and in this office, which he held until his death, he devoted himself to its many beneficiaries. In this work he showed that love for his fellow men which was such a strong feature of his character and made him a most loveable man. His parting from us is a great loss to his many friends.

THEY CAME TO A WOOD

"... Men are at some time masters of their fates. The fault, dear Brutus, is not in our stars but in ourselves that we are underlings."

Thus Cassius. Barrie in "Dear Brutus" says in effect that we may all have a second chance but that it is only the ones with the "thin bright faces" who ever reap the benefit; the "thin bright faces" being, one supposes, merely an anæmic version of Cassius' "lean and hungry look."

Barrie's seven characters in search of a second chance are, on their own admission, nice people with nice manners who have no grit at all and their experiences in Lob's wood are supposed to show us that the hope for a second chance is a baseless fantasy and that we are doomed to make the same mistakes over again. The trees in Lob's wood are the same old trees and not a scrap like Arthur Rackham's; the rabbits and squirrels are just like so many squirrels and rabbits that have never heard of Walt Disney. The essential weakness of the play is that the philosophy is inconsistent. All seven having swallowed their bitter pill do, in fact, get a second chance in that they are purged

once and for all of their discontent. Purdie hopes that Mabel will breathe the warning words, "Lob's wood," when he looks as if he is about to deviate—he has at least realised his tendency towards deviation. In the same way Dearth has gained a dream daughter who must be more tangible than ever before as well as a wife who will never again throw the Honourable Freddie Finch-Fallowe in his face. There is the feeling that Barrie was unable to forego if not a happy ending certainly a more hopeful one.

"Dear Brutus" is a perennial that has withstood the test of time and amateur dramatic societies remarkably well. If it were not for its fine construction and provocative theme it could never have overcome the appalling disability of Joanna's "sveltness" and Margaret's "Daddykins." Drawing-room dialogue, like women's hats, has a short life and is seldom remembered with regret. Plays which depend solely on dialogue without the saving grace of ideas tend to be out of date before the end of their run, and only remembered as period pieces.

The Hill End Bart.'s players did not fail to treat "Dear Brutus" with the consideration it deserves. Their playing, though diaphanous in places, was sincere and the spirit of the play was there.

Will Dearth, the seedy artist with the watery eye and shaking hand who was one and the same with the carefree artist of the wood, was played by Robert Dibb, who gave a delightful performance. One liked him best as Margaret's father because here his excellent voice and easy manner was allowed full scope. As a contrast Heather Bangert as Alice Dearth was at her best this side of the wood. Her forte is the drawing-room (Marie Tempest was at her best at the tea-table—she could pour a cup of Lapsang-souchang with the same grace as Gerald Du Maurier could light a cigarette) and she has the ability to stand still or move with purpose when the occasion demands it.

The difficult role of Margaret was taken by Kay Simmons who was in some danger of spoiling an otherwise clever performance by too precise a repertoire of mannerisms.

Peter Weston played that Peter Pan with Progeria—the whimsical Lob. He kicked his legs agilely enough, was winsome and childish enough, but one could have wished that his exit in the last act could have been managed without recourse to a particularly inept priests-

hole; a technical point but one which lost him much of his Ariel-like quality and turned him into a tiresome old man with a taste for practical jokes. The "so fluid" Joanna was very neatly played by Joan Newton. She and Jack Purdie—Robert Robins—kept their promiscuity on a delightfully high moral plain. Robert Robins was particularly good in the last act. He deflated faster and more thoroughly than any barrage balloon.

Frederic Powell as the male Coade and Barbara Pierce as the female Coade gave an extremely good performance as the placid and devoted couple who, above all others, reaped the full benefit of Lob's wood. Coady never writes his Social History but it is doubtful if he ever really wanted to.

The parts of Lady Caroline and Mabel Purdie were played by Mary Colyer and Margery Pavey-Smith.

J. Q. Matthias as Matey had considerable difficulty with the loom of language but he managed to convey well enough the impression of the little swindler who, when given a second chance, becomes a bigger swindler who subscribes handsomely to the Police Fund.

The play was produced by Desmond Tucker with considerable restraint and understanding.

J. R. N.

BOOK REVIEW

SYNOPSIS OF SURGERY. By the late E. W. Hey Groves, M.S. Edited by Surg. Rear-Admiral Cecil P. G. Wakeley, C.B. Twelfth Edition. John Wright & Sons, Ltd., Bristol, Price 25s.

In the words of the author this book is "an epitome of the salient facts in surgical practice." Being an epitome it has sacrificed everything to obtain conciseness, yet nevertheless room has been found for many line illustrations. The arrangement is in note form which makes the book excellent for quick revision, but combined with the smallness of the print, makes it difficult to read. It is a convenient size to fit into the pocket, and its twelve editions testify to its popularity as a work for anxious revision in our more harassed moments.

THE INFANT: A HANDBOOK OF MANAGEMENT. W. J. Pearson, D.M., F.R.C.P., and A. G. Watkins, B.Sc., M.D., F.R.C.P. Third Edition. H. K. Lewis & Co., Ltd., Price 4s.

This is a small book dealing solely with infant management from a practical point of view. The text is short and precise and contains many useful details and tables concerning the food and the care of the premature as well as full-term infant. In addition there is a list of prescriptions in suitable dosage for the one year old.

TEXTBOOK OF MEDICINE. Edited by J. J. Conybeare, M.C., D.M.(Oxon), F.R.C.P. Seventh Edition. E. and S. Livingstone, Ltd., Price 30s.

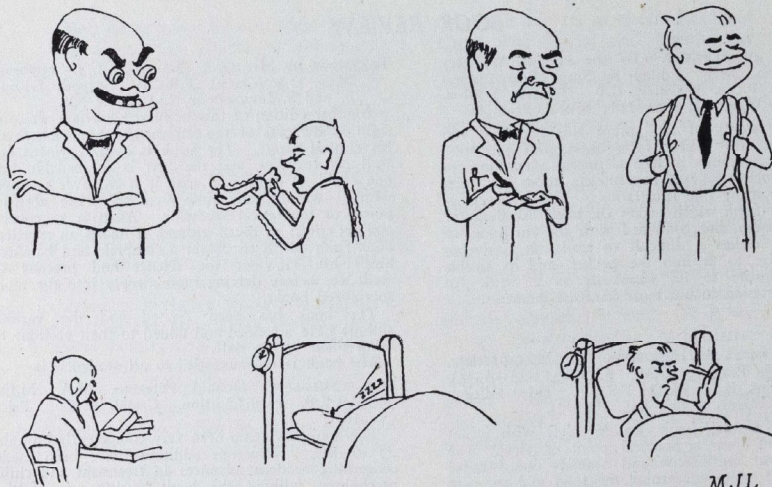
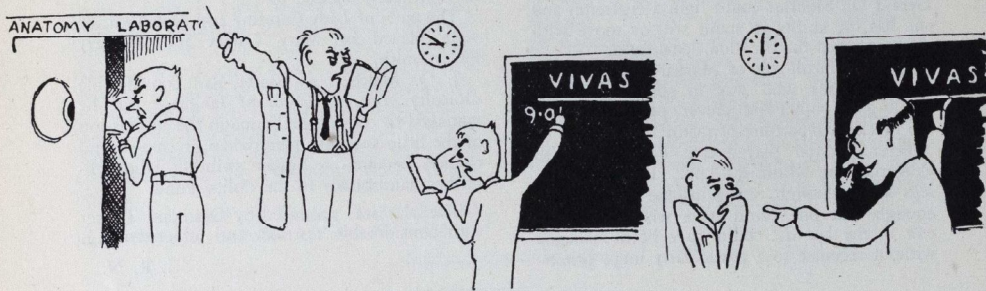
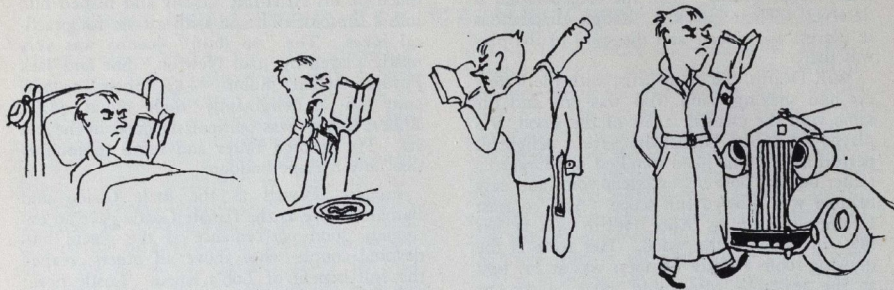
Another edition of this popular book is a welcome sight in the eyes of the student about to embark on his clinical career. The book is clearly printed and well set together, and the text is so readable that one could sit down and read it from cover to cover without wasting any time over the more abstruse points of theoretical medicine. As it is so concise and yet covers so much ground, it makes an excellent book from which to obtain a complete and balanced bird's eye view of the science and practise of medicine, before delving more deeply into the more specialised books.

The book has been revised and the various authors have amended and added to their sections to bring them up to date.

The book is recommended to all students.

SICK CHILDREN. Donald Paterson, M.A., M.D., F.R.C.P. Fifth Edition. Cassell & Co. Price 16/.

The book has again been very competently brought up to date. Numerous additions have been made concerning modern advances in treatment and child psychology, without the book losing any of the compact clarity which makes it an excellent textbook both for the student and the practitioner. The book is liberally illustrated and the print is good.



M.J.L.

LIFE OF A PRECLINICAL STUDENT

CORRESPONDENCE

ENTER A GENTLEMAN
FROM BRAVEST BOHEMIA

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

With even more trepidation than Mr. Rampion Hurst, I attempt to put into coherent words my own particular answer to Mr. Thompson's question, "What are we living for?"

When the Jews took up a modified Egyptian religion, they discarded the apotheosis of life after death, Osiris, in the belief that they would gain strength from this. That they have is proved that they are, this day, one of the few western religions which is purely monotheistic and has survived great persecution, and which denies life after death (including Mohamedism, Protestantism and Catholicism). Christianity evolving from Judaism by way of a relief from the primal sin, i.e., father murder (the death of Moses) Christ died for us, is our saviour therefore we are no longer guilty—is a weaker religion as Paul wished to appeal to a larger mass of people mainly living in servitude. He resurrected the "life after death" philosophy as a compensation for the hard lot of the people on earth. Because of the inclusiveness of the Christian doctrine, it attracted far more converts than the exclusive Judaic religion (the "chosen!"). But both stripped of their dogmas and their laws and prohibitions are exactly the same except for this. The essence is "Love thy neighbour as thyself"—first written in the Old Testament.

This preamble leads to this. When Darwin announced, with proof, his theory of evolution, man realised that he was only an intelligent animal plus a super-ego—the conscience—which made him sensi-

tive to his shortcomings. (This developed by aeons of learning from his mistakes.) Religion became necessary to protect from the vicissitudes of life (the father love) and to compensate for them (run to mother, dear!). With this awareness, why religion, why life hereafter? Aren't we brave enough to say to ourselves—I can stand on my own, fight my own battles, live my life without dogma or worship or humbleness—and when I die to look back and not regret—to be able to say I have done no wrong and if I have, so what?

Naturally all people are governed by the social laws of the world and do not commit sins, unless from need or because of psychological illnesses. Therefore I say, live your life without fear, do good but not to store up "riches in heaven" and living will be a pleasure.

We, as future doctors, are lucky. When we qualify we have illimitable power of goods—without creating an illusion—and need expect no reward except that necessary to maintain our life. Don't let us worry about the patient's soul—if he is mentally sick—the psychologist, physically—the appropriate department—in need—the almoner and social worker. If the prognosis is hopeless, a little philosophy will do more than turning to some vague promise in a much translated and over-revised book. Tell the patient what to expect—but it is wrong to console. How disappointed so many many people are going to be on waking up dead—to paraphrase the Irish joke!

Finally—and I must apologise for the length of my argument—cast out this sickness, this chance on life that is religion, which destroys more than it creates. Just "love thy neighbour" and remember—"Life ends in death, which is the grave."

Yours sincerely,

N. L. PAROS.

The Abernethian Room,
St. Bartholomew's Hospital.

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SPORT

PRECLINICAL RUGGER

With the winning of the "Cuppers" in Cambridge, Bart's Pre-Clinicals gained themselves a worthy position in Cambridge Rugger.

In the first match Magdalen was beaten 8 nil. This was the first and unfortunately the last match the Captain, S. Hacking, played. The Pre-Clinicals were most unfortunate in losing a very fine captain so early on, but Lloyd filled the place admirably.

The second match was played against Queens, who gave the side a hard match, which was won 3 nil after playing extra time. The semi-final was against Emmanuel, who at times looked very dangerous. This match was won 6-3.

The final was played on the University ground in front of an enthusiastic crowd. The game was very fast right from the start, John's being the cause of the trouble. Bart's defence checked it. It was obvious from this moment onwards that John's were up against a team and not individuals. John's opened the scoring with a try, which was not converted. This seemed to stir Bart's to greater efforts. The ball was taken well down into the John's half; some fault occurred and there was a set scrum. The Pre-Clinicals heeled the ball very quickly and the ball went out to Hawkes at right centre, who, with his usual precision and deftness, dropped a perfect goal. The dropped goal gave immeasurable courage to the side. Many good movements by both forwards and backs were stopped by superior defensive play by John's, but eventually Hawkes made an opening for his wing, Wilkinson, who beat the full-back very cleverly to score. Hawkes converted. The second half opened by strong attacks by Bart's, who kept the ball in the John's 25. John's then produced a very strong attack, which beat the Bart's defence to score an unconverted try. After this Bart's played more on the defensive, and full-time saw the score at 9-6 to Bart's.

The outstanding players throughout the game were D. Morgan at fly-half, and R. Rosedale at wing-forward. Pedersen and Reiss played their usual confident game. There is no need to dwell here on the play of Hawkes, which, as always, was a great asset to the side.

Congratulations are due to the rest of the side for the spirit and determination they have shown throughout the season.

SOCCER

Bart's v. Middlesex Hospital. Away. April 7th. (1st Round Inter-Hospital Cup.) Won 6-0.

This match, played on the Middlesex ground, resulted in a victory for Bart's by 6 goals to nil, all our goals being scored in the second half. The game

opened with much scrappy play and miskicking, and for the first quarter of an hour hardly a pass going straight. During this period each side attacked spasmodically until a good movement resulted in Mangan netting, only to have the goal disallowed as another forward was off-side. After this Bart's did most of the attacking with everyone playing better and the forwards playing well together. McClusky put the ball into the net, but once again the goal was not allowed. Before half-time we came very near to scoring on several occasions, and with better shooting could have done so. Mangan was unlucky to have a very hard shot strike a very unsuspecting opposing back with his back turned towards the ball.

The second half showed Bart's right on top. Almost immediately after the kick-off the ball went to Burns, who centred well for Pine to score. Blackman got the second goal with a hard left-footed shot after working the ball right across the goal to beat several opponents. By now long passes were finding their men, and Burns rapidly made it three, running into the centre to receive a pass from Mangan. Middlesex were still attacking spasmodically whilst Elliott had changed places with Jordan, going to left half where he was doing much good work in the attack. McClusky scored the fourth goal with a hard shot from some way out, and Blackman made it five. Before the end Elliott, with a long shot, had the goalkeeper beaten with the ball well in the corner of the net.

INTER-HOSPITAL CUP SEMI-FINAL

At Teddington, v. Guy's Hospital, Saturday, April 14th. Lost 3-2.

Bart's lost the toss and started with the slope against them. Within seven minutes we had scored two goals, the situation seemed excellent and the interest and enthusiasm of the loyal Bart's supporters on the touch line was aroused after a certain degree of surprise. The first was scored by McCluskey, who tapped it in from a headed centre by Pine on the right wing; almost immediately this was followed by a quick goal from Blackman, who slipped the ball in to the right hand corner. Then something happened, something which happens only too frequently to Bart's soccer, confidence with its accompanying "don't care" attitude set in and remained for the rest of the game.

Guy's then began to press and were rewarded by a quick goal from their inside right. They kept pressing the whole time and were unfortunate with several near misses and several well-saved shots by Dallas Ross. Walker was beginning to make his weight felt, and on many occasions broke up their forward line. Near half-time it looked as though Mangan would score when he took a long shot with their goalkeeper right up, but it unfortunately just skimmed the corner post.

With the score at 2-1 to us at half-time there was a certain feeling of uneasiness, but with a goal

in hand and the slope with us there still appeared every chance of pulling it off.

What happened to Bart's in the second half is difficult to express without a certain amount of touch-line bias, but all the spirit and enterprise seemed to leave the team. Guy's equalised after 10 minutes with a most unusual goal kicked directly from a goal kick. It was unfortunate in itself, but seemed to add to our discouragement. Pine, who was playing a magnificent game, nearly scored a long shot in to the corner, but their goalie just managed to get his hands to it. Guy's began to press again and once it seemed that they must score but for Dallas Ross who rushed out and stemmed the tide, but in so doing he injured his knee. The situation then appeared hopeless and was settled when Ross tried to throw the slippery ball, it trickled to a Guy's forward who did not waste such an opportunity. Once again Pine nearly scored with a magnificent head from a pass by Burns, it just topped the cross bar, and shortly after McCluskey nearly slipped one in, but their goalkeeper was always ready.

It was tragic that Bart's appeared unable to muster enough strength, for it was a very even game and one felt they could have done better. Walker is to be congratulated on an outstanding game in the defence, he worked hard and well and never gave in.

Team: Dallas Ross; Walker, Elliott; Cartledge, Murley, Amos; Burns, Mangan, Blackman, McCluskey, Pine.

SEMI-FINAL LONDON UNIVERSITY LEAGUE

v. Borough Road College. Lost 6-2.

This game was played in ideal conditions on the Middlesex Hospital ground, and although we were fielding a weak side, we managed to give our opponents plenty to think about in a very fast game.

During the first 15 minutes of play we were much in evidence in the attack and only poor finishing in front of goal prevented us taking the lead very early in the game. The team as a whole were playing extremely well, and it was encouraging to see the good combination among the forwards, especially as

there were three men deputising for regular players. After about twenty minutes' play, Borough Road broke away on the right wing and the outside right scored with a beautiful cross drive, which gave Dallas Ross no chance. Within a short time from the spot kick, however, we equalised through Pine after some good passing by the halves and forwards. This gave us new confidence, and we were pressing their defence once more.

At about this time our opponents started playing good football, and our goalkeeper made some brilliant saves from some very fast drives, some of which looked certain winners. Borough Road were now definitely on top and added three more goals before half-time, to make the score 4-1.

At the change-over, we had the advantage of a slight breeze and were able to go into the attack once more, but again the finishing was poor, except for one occasion when Mangan scored a very good goal, the result of a movement started from the half-way line. This stirred our opponents into action, and they netted another, due to an unfortunate lapse on the part of one of our backs. Shortly after this, Mangan, who had taken McCluskey's place at inside left, found himself in the happy position of being a few yards from goal with the ball at his feet, and the keeper lying flat on his face, but very sportingly, as becomes a Bart's forward, he placed the ball into the side rigging instead of into the yawning space of the empty goal with which he was confronted. The play continued to be keen throughout, and they added yet another goal before the final whistle blew.

I wondered afterwards how this game would have turned out had some of our regular players not taken it into their heads to go on a little holiday to celebrate our reaching the semi-final of the league, as even with the reserves in the side we gave Borough Road a very good game—better perhaps than the score would suggest.

As a last thought, it was nice to see two well-known members of our staff on the touchline for a few minutes, but even nicer was the fact that our opponents failed to score whilst they were there!

ANNOUNCEMENTS

MARRIAGES

DONALDSON—LABORDA-JONES.—The marriage of Mr. Peter R. Donaldson and Miss Anita Laborda-Jones took place at Surbiton on Thursday, May 10th, 1945.

BIRTHS

FAWKES.—To Hilary (née Holton), wife of Capt. M. A. Fawkes, I.M.S., at Strenndorabad, India—a son, John Edward.

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UNIVERSITY OF CAMBRIDGE EXAMINATION IN PHARMACOLOGY

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Portley, J. E. Hodgson, O. E. F.
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FINAL EXAMINATION, MARCH, 1945

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Mathew, G. G.
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Dallas Ross, W. P.
Davies, I. N.
Saukey, P. R. B.
Lawrance, K.
Hogben, B. H.
Church, R. E.
Moore, P. H.
Moore, W. T. S.
Bourne, G. L.
Wand-Tetley, J. I.
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Youngman, R.
Strangeways, W. M. B.
Conway, F. J.
Bowen, C. W.
Watts, E. M.

The following candidates have completed the examinations for the Diplomas M.R.C.S., L.R.C.P.:—

Mathew, G. G.
Seymour, J. C.
Watts, E. M.
Wells, P. W.

Mark, P. M. C.
Richter, D.
Alment, E. A. J.
Hewett, N. M. O'C.

SURGERY

Kelly, W. P.
Mathew, G. G.
Wells, P. W.
Rosenberg, H. N.
van Zwaneberg, D. F.
Buckley, A. R.
Seymour, J. C.

Robinson, K. W.
Davies, G. R.
Jukes, W. R.
Yeardsley, F. J.
Richter, D.
Grant, M.
Laymond, A. O.

MIDWIFERY

Mathew, G. G.
Arundell, P. W.
Buckley, A. R.
Bourne, G. L.
Marrett, J. E.
Winck, W. H. D.
Seymour, J. C.
Jackman, C. C.
Jukes, W. R.

Alment, E. A. J.
Philip, P. P.
Thompson, J. M.
Nuttall, D.
Kelly, W. P.
Ostler, G. S.
Thomson, S. W.
Royle, F. C. W.

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THE ELECTION

Already we have been severely criticised for what has been called "an undue interest shown in things outside the realm of medicine." Previously we had been buried under an avalanche of abuse engendered by the mild metaphysical mumblings in our past numbers, but now the criticisms have assumed a new character. We are accused of sinking to the level of political intrigue. We are told that we pervert the JOURNAL to the ends of party politics, that we are merely pamphleteers hiding under the shelter of a venerable institution. These things, we are told, are no concern of those who work under the protection of a respectable and honoured profession. These critics, on analysis, resolve themselves into two main groups—those who accuse us of having party prejudices and those who object to any reference to contemporary politics within the pages of the JOURNAL.

To the first we reply that as individuals we have very definite and very differing views, sufficient to turn the JOURNAL office into a bedlam of angry gabblers each airing his own opinions. But as officials of the JOURNAL we try to be strictly impartial, even when our reason cries out against the insanity of that impartiality. In answering the second accusation, whether in an official or unofficial capacity, we have the greatest difficulty in exercising restraint. Fortunately the trend of recent political ambition has forced the majority of these professional isolationists out of the shelter of their own complacency, but to the few that remain, we would stress the irrational absurdity of their outlook. The coming election is not only a choice of trustees to clear up the appalling legacy of war, but a choice of the authority that will dictate the terms of the rest of our social lives and will decide the future course of our whole medical career. No longer can we afford

to sit in the seclusion of good work well done. We must realise that medical legislation may well not only threaten our independent seclusion, but our choice of what work we do and where we do it and even the efficiency of that work. It is obvious, therefore, that we cannot afford to let legislation be passed upon us lightly and it is the result of the election that will decide how and if it is to be passed.

It is an inevitable necessity that some reforms must be adopted to make good the shortcomings of our present professional organisation and it will be our duty to the public to see that they are effectively carried out. What the election will decide is the extent of those reforms and the methods by which they will be executed.

It is very clear that the Labour Party intends to set up a system of complete control of the whole profession and certain of their number have made it equally clear that they will tolerate no opposition to their plans once they are in power. The Conservative Party is rather divided on the subject of state medicine, but the majority are against complete control. They hold that the obvious defects in the existing system can be overcome by limited legislation with adequate financial support, enlisting our voluntary co-operation to attain a common end rather than conscripting us as a regiment of civil servants to carry out the ends of a political sect. The Liberals favour a compromise between the two with a bias towards control.

It is not our place to judge whether the ideals of either party can be transformed into an economic reality and we have not the space to discuss the details of the various proposals. We are only concerned in this article in emphasising the important differences in the methods which will be used to put them into practice. Both have great disadvantages to be considered.

Against the Labour viewpoint we have not only the desire for professional freedom on behalf of our work, our patients and ourselves, but we have ample experience of the inefficiency and discontent which always accompanies a state controlled monopoly organisation. Again, if control is to come, we have very deep-seated misgivings as to whether the Labour Party are the right people to administer it. On the other hand if we adopt the Conservative outlook we shall certainly get less radical reforms more tactfully applied, even if more slowly, but from a people's-eye view we run the risk of a permanent stalemate between private interest and public necessity. Yet equally certainly the greater freedom of action and initiative with result in a much greater individual efficiency. Whether co-operation is more desirable on this voluntary basis or on a compulsory basis is a matter of personal taste.

THE WEST WING

By CHARLES F. HARRIS

Now that the "West Wing" has closed, it seems desirable that some record of this war-time activity in the Hospital should be made. There must be many who could give intimate domestic details as a result of their stay in it; what follows is no more than a factual report and must therefore lack much of the more colourful aspects.

"West Wing," in the form with which we are now concerned, came into being early in September, 1939. At that time, just before the outbreak of the war, it was arranged that while the majority of the clinical students were distributed over a large number of Hospitals in Sector III, twenty remained behind to carry out whatever jobs might be necessary at St. Bartholomew's Hospital, and a further thirty remained to help Staff the five First Aid Posts in the City of London. Everyone will recall that at the outbreak of war it was very uncertain how the stress would fall on the Hospital, though everyone considered it would be soon. It was felt, therefore, that the twenty students remaining must be immediately available by day and by night. To meet this requirement the Governors of the Hospital, through the Treasurer and Almoners, provided the West Wing which, from the time at which it had ceased to be a ward block a few years before, had been converted into a series of rooms as a temporary additional nurses' home. Because

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of the dispersal of a great part of the nursing staff to the Sector Hospitals, the space was no longer needed for this purpose and consequently left free unexpectedly good quarters for the students who became resident. The Governors of the Hospital made this accommodation available also for the other thirty students who were manning the First Aid Posts. At this stage, from 1939 onwards, the West Wing had fifty residents. This state of affairs lasted until the heavy raiding of 1940-41 had died down. In the middle of 1942, the air attacks on London being very much less and experience having been gained as to what manpower was essential, first the City First Aid Posts were disbanded to the extent of using Bart's students, and, secondly, the numbers kept in residence for Hospital purposes were cut down from twenty to fifteen. From then on until the West Wing closed on July 1st, 1945, the number of its inhabitants was fifteen, together with two others whose responsibilities were to the College rather than the Hospital and for whom the Governors of the Hospital kindly found accommodation.

The conditions of service were essentially the same all the way through the war. The inhabitants of the West Wing lived in the Hospital and were fed in the refectory, in return for doing any work they were called upon to do for the Hospital at any time in the twenty-four

hours. The restrictions put on their movements were fairly onerous, but they were undertaken voluntarily and without exception throughout the war they were always observed. It was assumed that during weekdays from Monday to Saturday mid-day, there would be sufficient non-resident students in the Hospital premises to help with casualties should they arrive during the normal working hours. Those who lived in the West Wing were allowed to be out of the Hospital premises, if they wished, between 9 a.m. and 6 p.m. from Monday to Friday and from 9 a.m. till noon on Saturdays. Otherwise they had to be literally within the Hospital. A rota was arranged so that everyone had a free 24 hours, at first once in four days and later once in ten. If it were necessary for anyone to be away for a longer period he had to provide an approved locum tenens whose name was recorded in a book and who took over his responsibilities. It will be seen that quite apart from actual work, those who lived in the West Wing undertook and carried out obligations which very materially restricted their movements.

The first group of men at the beginning of the war were chosen largely through the Students' Union organisation. They were partially replaced at the end of each quarter by other volunteers whose clinical course brought them from Hill End Hospital to St. Bartholomew's. The average stay in the West Wing was between six and nine months; so that while the system was working about one third of the students were replaced each three months. This overlapping ensured that there was continuity and that there were always present experienced members to initiate the newcomers into the very varied activities they might be called upon to carry out. In addition, at any one time there were up to three leaders selected from amongst the "West Wingers" to undertake certain additional responsibilities of domestic administration and to oversee organisation when there was work to be done. These leaders in their turn were replaced by others who had had some experience in the West Wing, but their stay tended to be a longer one than that of the average inhabitant.

At the outbreak of war there was naturally some uncertainty about the nature of the work that the resident students would have to do. No one yet in this war had received air raid casualties; it was not known in what numbers or in what space of time they would come in, nor how quickly they could be sorted and removed to the wards of the Hospital. The early months of the war, much contrary to previous

expectations, were in fact free from aerial warfare, and so the time was spent in training and practices for things which sometimes later happened and sometimes, including mustard gas decontamination, have fortunately never been needed at all. In November, 1939, the reception of over 100 of the unfortunate survivors from the Simon Bolivar provided a most realistic dress rehearsal for the reception of casualties. Other dress rehearsals in conjunction with various of the Civil Defence organisations were held at frequent intervals. September, 1940, saw the organisation put to its first real test. From then on till the end of the war in Europe no inhabitant of the West Wing went to bed at night sure that he would not be called up after the briefest rest to carry out his work of stretcher-bearing, of assisting in the resuscitation room or in the operating theatres or in the wards or a combination of all four, as the case might be.

The experience gained between September, 1940, and May, 1941, led to something of a routine in the work of those who lived in the West Wing. After any local damage they were concerned first in helping to get the casualties from the ambulances into the reception room of the Hospital; next, as soon as the patients were sorted, in getting them to the wards or wherever else they were sent; finally, when casualties had been admitted and sorted, there was several hours' work for all concerned to do, either in the basement resuscitation rooms, in the operating theatres or in helping to get the patients settled in the wards. For some weeks in the latter part of 1940 it was the rule rather than the exception for the West Wing to be working every night of the week. Later their services were required urgently at rather more infrequent intervals.

Another type of duty besides the professional gradually devolved upon the students living in Hospital. From September, 1940, onwards it became important to have on the roofs of the Hospital watchers who could give information immediately of the descent of incendiary bombs and who could give advance information about the probability of the reception of casualties by estimating how far from the Hospital and in what direction a high explosive bomb detonated. The work was primarily shared by the Beadles, the porters and the Clerk of the Works staff. It was by no means pleasant, for apart from the steady patter of shell fragments, it was cold and wet. The resident students felt that they should take a share in this unpleasant duty and organised series of watches to take on part of this work. Later, with the develop-

ment of incendiary attacks, and later still during the flying bomb attacks, the students' function became clearly organised. For the last two years of the war the primary duties of five out of the fifteen in residence were to know the roofs of the Hospital and to be prepared to deal with troubles starting there.

One records with great relief that the casualty rate among the students was almost negligible. One student serving in a First Aid Post was very badly injured between the Hospital and his First Aid Post. Apart from this none was killed or hurt during the period of service with the Hospital. This is a matter of thankfulness as well as surprise, for the chances of so low an accident rate at the time of the severe bombing seemed exceedingly small. The West Wing itself was penetrated by a small high explosive bomb which burst and took out the central staircase and damaged certain surrounding rooms. The bomb which destroyed the two lecture theatres exploded only a few yards from one end of the West Wing. The risk from shell fragments and from flying glass has already been referred to. To some extent the inhabitants of the West Wing took sensible precautions to minimise the chance of becoming casualties. For some months in 1940-41 and for a few weeks on several other occasions there was a mass migration from the rooms above ground to the basement of the wing, students sharing the rather dreary quarters there with the resident staff when the latter had a chance of getting to bed. When all the windows of the West Wing had been destroyed, the chances of injury from flying glass was somewhat diminished and the rooms to that extent were safer, even if they were cold. Casualties from sickness were not quite as low as those from hostile activities. Especially in the basement, the West Wing is a very well-devised place for the spread of infections. The periods of cold and damp when there were no windows did nothing to diminish this risk. As a matter of medical interest it may be recorded that when the inmates contrived to have an epidemic of glandular fever and German measles going at the same time, it baffled the wits of the most learned to decide which of the two diseases afflicted any particular victim. Another epidemic that occurred periodically was an outbreak of enthusiasm for amateur practical electricity.

Partly owing to the cold, draughty rooms, partly owing to hobbies cultivated by the denizens, there were periodic outbreaks of the use of all kinds of electric gadgets. The wiring of the West Wing was only such as allowed normal use of the electric lights. Fairly vigorous steps had to be taken from time to time to stamp out the multiplication of electric apparatus in the various rooms to avoid a complete breakdown in the wiring of the block. On the occasion of a periodic investigation it appeared that one gentleman had his wardrobe locked and brightly illuminated inside. It was not entirely clear at that time whether he was using it as his place of residence.

Discipline in the West Wing, throughout the whole five and a half years, was high. It was maintained by public opinion and by the leaders among the residents themselves. Requests from various people in authority about the Hospital were immediately carried out without fuss and with good will. It was the tradition that the rules about availability in Hospital should be adhered to. Any slackness concerning them that may ever have occurred was dealt with by the students themselves and never reached the ears of others in the Hospital. The alacrity with which tired men turned out of bed night after night could, however, be seen and appreciated by those not living in the West Wing.

The organisation which has been described and which endured from September, 1939, to July, 1945, is one of which the Hospital and the student body can be justly proud. Although the West Wing is now closed, the responsibility of its former inhabitants has not entirely ceased. For the first time since the closing of the old College in 1923, the West Wing provided some corporate residential life for students within the Hospital. Those who shared it gained not only experience of the war in London which they could have obtained in no other way, but they had also an opportunity of assessing the value of living as a body of people in the Hospital or close to it. It is the ambition of many to have, as soon as possible, a residential College near the Hospital. How soon this project may be attained will depend on many factors, not least the firm advocacy for the plan to be expected from those who have shared and, one hopes, profited by living in the West Wing.

All contributions for the August issue should reach the JOURNAL office by Monday, July 9th.

MISS MEAD

Generations of Bart's men will remember the little lady who has presided over the Medical School and later the College office for 41 years, and who is now retiring. We can see her laden with minute books and papers walking briskly from her office to the Dean's room or sitting in front of the typewriter answering innumerable enquiries, and arranging appointments. Her knowledge of what we could or could not do was monumental. What was not seen was the invaluable help she gave to three Deans, and many Wardens and Sub-Deans.

Her first introduction to Bart's was as Secretary to Mr. Douglas Harmer, then Warden of the old residential college—those ancient houses backing on to Little Britain behind Theatre A, which have now been completely demolished by a flying bomb. As more and more of her time was needed for purely Medical School business, she worked first with Sir Holbert Waring, and then for 24 years with Dr. T. W. Shore. In 1910 the office moved from the old college to the newly built pathological block, and Miss Mead constituted the

entire office staff. It is of interest to note that the entrance was originally at the side end of the block, until Dr. Shore insisted on the present entrance and steps being constructed.

Miss Mead has indeed been part of Bart's, steeped in its traditions, known to every student and member of the staff, and with the vast majority of the administrative work passing through her hands. She knew everything and yet maintained that silence on essentials which during the war has been called security. She has remained at her post throughout the war, sleeping in the hospital at night through the "blitzes," and carrying on single handed the work of a much larger office staff.

All past and present Bart's men will join in wishing her many years of happiness in her well earned leisure, and many may like to show their gratitude for all that she has done in some tangible form.

It is intended to make a presentation to Miss Mead and subscriptions (from 2/6 to 2 gns.) should be sent to Mr. Basil Hume at St. Bartholomew's Hospital, E.C.1.

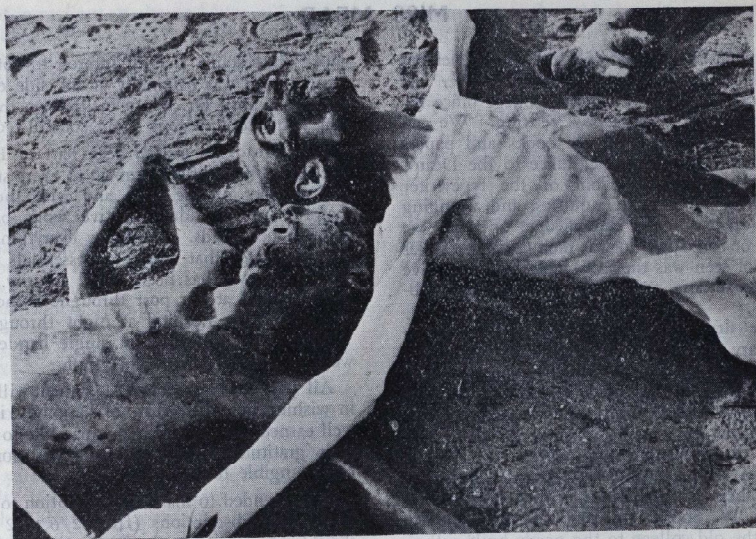
BELSEN

By J. R. B. DIXEY

The following is an attempt to describe Belsen Concentration Camp and the work done there by a party of 100 medical students who were sent out to help treat and evacuate the internees. Words, unfortunately, are quite inadequate to describe the place, and in any case the newspapers have already covered the ground fully, so here, for what it is worth, is an account of what went on from our point of view.

Belsen Concentration Camp is set in the middle of nowhere, 18 miles from the nearest town, 3 miles from the nearest small village, surrounded by a thick pine forest. And apart from a large panzer training school in the same area, it is entirely cut off from the outside world. The camp proper is divided into three parts, Camps 2 and 3 being separate and consisting of stone buildings, where conditions were not too bad, and Camp 1, the horror camp, about a mile away from the others where we were working. I shall be writing mostly about Camp 1.

Camp 1 consists (or used to consist) of about 100 ramshackle wooden huts grouped together on either side of a main dusty pathway, men on one side, women on the other, with various administrative huts at the top end and mass graves and a crematorium at the bottom. And apart from five cookhouses and masses of barbed wire, that was about all. When we arrived on May 2nd a guncor regiment had already been hard at work for a fortnight clearing the dead from the pathways, getting them buried, and organising work in the cookhouses, so it was left for us to start work in the huts themselves, which so far had been left untouched. Each hut was about 30 by 10 yards with absolutely no furnishing at all in the majority, except at one end where the hut commandant and his friends had by then managed to partition off an area and bring in some bunks, tables and chairs. Most of the huts were surrounded with little bivouacs made of army groundsheet, issued with the hope of relieving some of the congestion. The main



floor space was covered with a mixture of the living and dead, stale food, faeces, old clothing and filth of every description, and there were approximately 600 living in each, having at one time been as many as 1,000. That meant that there wasn't room for all to lie flat, so the people round the walls had to sit up to make more room. When we first went in, the combination of the smell and the general appearance was enough to make us wonder if it was possible to do anything, but it seemed reasonable enough to make a start on moving out corpses, and this, with the aid of two Hungarian soldiers each, was the first work we did. The position of the Hungarians was extremely anomalous. The Germans had left about 4,000 of them to guard the place, and when the British arrived—just 240 men of a light A.A. regiment—they were faced with the problem of administering and keeping guard over the whole area, and looking after these 4,000 potential P.O.W.'s as well. This was impossible obviously, so the Hungarians were made to turn coats and work for the British instead of being imprisoned. This they seemed very willing to do, and fortunately too, as without their help to do all the slave work, we could have done practically nothing. Having cleaned up the place as much as possible, the next problem was that of feeding,

and this remained a major problem to the end. Somewhat naturally the philosophy of all was every man for himself, and consequently when the food arrived—usually a large container of soup—those strong enough to walk got it all and the others got none. So by a mixture of threats and bribery the fit were persuaded to help the others, but this all took supervision and time, and many of us found it a full time job. Of the types of food tried and the methods of administration, I shall have more to say later.

Apart from sheer starvation, disease was, of course, universal, Typhus being rife in the camp and still spreading, with T.B. a close second. Of true Dysentery we saw very little, but nearly everyone had copious diarrhoea, associated in many at post-mortem with large ulcers in the atrophic mucous membrane of the bowel. There seemed to be no specific organism causing this and several specimens of stool we were able to have examined bacteriologically later on came back negative, including those with blood and mucus. Vomiting, too, was common, and both this and the diarrhoea had in large part been due to the misdirected kindness of the British Tommy, who made wholesale distribution of his ration of bully-beef, etc., until the alarming rise in death rate forced the authorities to put a stop to it. Detailed

diagnosis was out of the question at this stage, and all we did was to make a list under the heading of Typhus, Post-Typhus, Enterocolitis, T.B., General Medical (covering a multitude of sins), and Surgical. And depending upon which we had at the time, we made an impressive drug round, handing out either one aspirin or one opium tablet to each. At first we were hopelessly short of medical equipment, but it did not matter, as nothing that we could do in those huts could possibly have been of much use. And to give one pill to one meant giving something to all the others, just as a morale booster.

It was on the morale that we first noticed change. The psychological effect of our presence was enormous even from the start, and when after about a week we found a woman crying because the woman next to her had died, we realised that at any rate we had achieved something. This sounds frivolous, but it was a strange enough thing to see—as at first it was common for a corpse and a live human being to be sharing the same blanket, and death to them meant nothing.

Little by little the place began to change for the better. All this time the R.A.M.C. had been working as hard as they could evacuating the sick to camps 2 and 3, whose inmates had been moved out, and as each hut became clear,

that gave us more room. In one area a company of Hungarians were turned on to cleaning out the empty huts as soon as they were evacuated and fitting them with clean blankets and palliases, and we started a hospital of our own in Camp 1 for the reception of those considered to have a chance of being saved. This presented another problem, as to admit dirty, lousy patients was impossible, and there were no facilities for washing in the huts. So a marquee was pitched and turned into a human laundry for the cleaning and DDT-ing of all the patients before they were admitted. The women there of course refused to wash men, and no men could be found to wash them, another of the innumerable administrative difficulties, nearly always solved by the presence of the ubiquitous Hun. In this way, then, Camp 1 gradually became more and more empty until after about a fortnight all the sick had been moved out, and it was possible for the army to burn Camp 1 to the ground. An impressive sight this, as one hut had been left by itself for the final ceremony draped with an enormous German flag and another bearing the picture of Hitler, all ready for the flame throwers to finish them off. A dais with microphones, four colonels, a brigadier, Union Jack at the masthead, all the troops and dozens of cinema reporters completed the picture, only marred by the mis-





fortune of the sergeant driving one of the flame throwers who pressed the button by accident before he was meant to. Consequently the fire started before the speeches had been made, and everything was delayed whilst a party with extinguishers was detailed to put the fire out. This amid cheers and cat-calls which completely dwarfed the official cheering to mark the end of Nazidom in Belsen. However, the columns of smoke which hung over the area showed everyone that Camp 1 was no more, and cheered us all considerably.

I mentioned before that the problem of feeding was always foremost in our minds, and as we were largely responsible for the distribution of the food and also for suggestions for changes and modifications in the diet, we had a lot to answer for. Dr. Meiklejohn of UNNRA, a dietician of considerable standing, was in charge of our work, and we had daily conferences with him and with the gunner officers in charge of the kitchens, to see what might best be done. The difficulty was that many of the internees needed a square meal and building up on a high full diet, and many others needed starvation treatment with small bland and frequent feeds, and although the simplest answer would have been to segregate the two types and cook for each accordingly, the administrative difficulties would have been insurmountable, and an attempt was being made to strike a

balance. And here let me pay the highest tribute to these gunners who, with intimate and expert knowledge of the mechanism of an AA bofors, had been turned on to be chefs in chief. There was one officer in charge of each kitchen coping valiantly with the assortment of Poles, Russians, Dutch, French, etc., who had been co-opted as assistants, who was doing his best to make himself understood, and to solve a really first class dietetic problem. The food they were turning out when we arrived was thick rich meat and vegetable soup with boiled potatoes three times a day, which together with black bread and a minute quantity of jam and cheese we had collected, comprised the daily menu. The soup was almost universally rejected by the sick as being too rich and causing vomiting, no one at all ate the black bread—not to be wondered at as a stale black loaf would be rejected from most pig swill in England—but the potatoes went down fairly well. And what was happening was that the sick ate nothing, and the fit scrounged food from goodness knows where and spent their days cooking it on little fires all over the place, and appeared quite satisfied. Very soon, however, the fit had either all been moved out or given a job of work to do, and as workers were eligible for a meal in the so-called canteen which turned out square meals, and we could devote our attention to the sick. The first experimental food tried was

Bengal Famine Mixture, which we were assured had worked extremely well in Bengal last year, and seemed to be just what we wanted. This is a thick gruel made of sugar, dried milk, flour, salt and water (20 KG sugar, 12 KG milk, 15 KG flour, 5 KG salt to 300 litres of water) a litre of which provided sufficient nutrition (plus vitamins) for one man per day. At first this answered our problem as it was acclaimed on all sides, but after one or two days it failed us, and like the soup was rejected on the grounds that it was far too sweet and caused diarrhoea. And although we modified the recipe considerably, it never regained popularity. Again this was not surprising as a diet consisting of nothing but this mixture would have nauseated any fit man, and especially these people who eat sour milk and salted herrings in their countries such as we eat the traditional roast beef and roast potatoes. Indeed they all begged us for something sour, and we could have used quarts of vinegar if we had had any. So the soup was reconsidered and made far less rich, and as by this time a plentiful supply of biscuits was available to replace the black bread, and we had rather more of the luxury goods such as jam, we were able at least to feed them with something that they could stomach. Apart from this we had with us a large supply of glucose-vitamin and protein-hydrolysate mixture which was given in a number of different ways, nearly always unfortunately with limited success. Dame Janet Vaughan, of the London Hospital, was doing experimental work with the stuff out there under far better conditions than we had—*i.e.*, with washed patients in a brick building with bunks—and even she had to abandon it in the end. The theory of its use being that under starvation conditions liver function becomes impaired to a degree when it becomes impossible to katabolise protein, therefore to give pre-digested protein in amino-acid form is all very well, but the question of practicability and whether in point of fact it is possible to administer the stuff under the conditions which co-exist with starvation is another matter, and we found it more or less useless. Given intravenously it had a marvellous effect in some cases and made gross starvation disappear overnight, but in others the oedema became far worse and it had to be stopped. And in any case there was no control done to discover the effect of rehydration alone, and it might well have been this, combined with the attention given to the favourable cases, which caused the improvement. In the huts, of course, intravenous work was out of the question. As another example of the difficulties of adminis-

tration, we found that if an attempt was made to segregate one or two cases to one end of the hut in order to try out some treatment, the moment the stretcher bearers arrived a piteous wail would begin, "Nix crematorium. Nix crematorium," and it was with the greatest difficulty that we were able to persuade them that we were not taking them off for burning. Many of them had been forced to watch their relatives fed into the ovens. And in any case the prospect of passing a nasal tube—just a length of soft rubber tubing cut from a roll, as we had no proper Ryle's tubes—with no lubrication and no ready facilities for washing, let alone sterilisation, was enough to put us off. A few of us did, however, brave the difficulties, with the results I have already mentioned. Other things tried were serum and plasma intravenously—this was later under hospital conditions—both of which gave variable results and neither proved really effective. In fact milk, of which we had very little fresh and only roller dried powdered, was the only starvation diet which seemed to be universally approved, and we ourselves used it very little. Even this, of course, needs constant attention and nursing care to get sufficient down, and could only be given when we had left Camp 1. Colonel Pollock, of the U.S. Army, who came to speak to us one evening, said that he had had excellent results with a custard made of dried milk and powdered egg in cases of starved P.O.W.'s he had had under his care. It would have been interesting to see how it would have been accepted by our patients. White bread, white potatoes and non-bran cereals formed the rest of his diet sheet, but all these commodities were simply not to be had at Belsen, except for a very little white bread. Before I end this account of the feeding difficulties it must be pointed out that it represents only a limited view of all the work that went on in connection with feeding, and that when all the experiences of the whole party are collected into one report which is to be published by us all, the picture may well be quite different. However, it is the picture at least as I saw it.

After the first fortnight things cheered up considerably, as all the sick were by now in temporary hospitals in Camps 2 and 3, in a large S.S. mess, more like Hollywood's S.S. Headquarters than Hollywood ever dreamed of, and in a modern German military hospital. All the patients at least had wooden bunks and clean blankets, and we had nurses from Hamburg, as well as fit internee women we already had to help. Conditions became more

like reality from now on: we had more drugs, a minor operations theatre, and in the hospital itself facilities for X-ray. There was no call now for the women to open their friends' abscesses with their sharpened finger nails, which had been the common practice before. We were able to attempt diagnoses, to examine patients properly, and sometimes even to obtain the drugs and treatment we wanted. The German nurses, it must be admitted, worked extremely well and seemed very shocked by what they saw, and as nearly all the attention required by the ill was nursing care, our work began to fall off, although even now one nurse per 30 patients was about the rule, and very little of what is usually understood by good nursing went on. The treatment of T.B. in particular was nil, in fact it was impossible to keep the cases in bed, as even if they understood the orders given to them, they were not likely to obey an order limiting their new-found liberty. One old woman clad in nothing but a blanket flowing from her shoulders, was found at the hospital gates valiantly setting out for Poland, such was her urge to get home. T.B. was thought to be present in 33 per cent. of all the sick, and certainly very nearly all the X-rays taken of patients with a persistent cough showed extensive disease. Gastric ulcer treatment, too, was exasperating, as having been groaning for days about the pain in his stomach, one could arrange for a milk diet and alkalies to be given to a man, and watch with pride the results of successful treatment. Short lived success, however, as after 24 hours free from pain on milk alone, the old chap, getting a bit hungry, would get up, stagger outside to the dustbin, eat what he could find inside, plus any berries on the trees on the way, and then return to the Herr Docktor groaning again. And so on. We did get a lot done in these hospitals, though, both from a physical and psychological standpoint, and the patients were genuinely grateful and very sorry to say good-bye when the time came for us to leave.

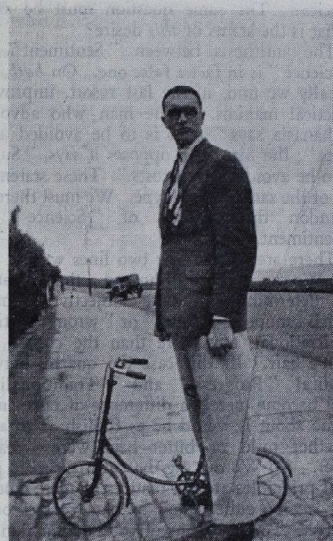
The problems raised by a place like Belsen—quite apart from those we had to face immediately—are going to take a good deal of answering for many years to come. For instance, the majority of the Poles, who comprised the largest single national assembly in the place, will not go back to Poland, and all want to come to England or the U.S.A., which to them are lands flowing with milk and honey, and where they are certain they can settle down to lasting prosperity. And for the others who do want to go back home to their jobs, there will be no homes for them to go to, and they cer-

tainly have not the strength to face up to the conditions which await them in their post-war world. Of the sick we were treating when we left, very few can hope to get back to full physical health, and the same is true of very many more from a psychological standpoint. For instance, we were painfully aware of the lowering of moral standards which inevitably must accompany treatment on Belsen lines for four or five years, by the amount of stealing which went on. A number of us had valuables and clothing stolen from the barracks when we were away at work, and the internees would never allow that they had been stealing. Many of the missing goods were not of the least value to the people who took them either, it was just the pressing need to own something of their very own which prompted them, having had nothing at all for so long.

The dealings with the German people themselves make another big problem. I could not bring myself to believe that my nurses were responsible for the war, and though we were all told that friendship and willingness are one of their most valuable weapons, strict, cold dealings, with none of the normal courtesies towards people who were working really hard and working well, was extremely difficult. And again, one could not help feeling sorry for the wretched German civilians in all the completely dead and devastated German cities who had nothing to do but queue for food and be servile, and who had no idea of what was going on in the world outside them. I was asked if London was completely flat, or whether there are still some houses standing, and it was only with difficulty that I was able to convince my questioner that V1 and V2 had not quite reached the heights expected of them. It is significant, too, that the Wehrmacht stoned Kramer when he was being transported to the aerodrome on his way to captivity. I know that it is a dangerous thing to say, but it certainly seemed to me that strict Non-Fraternalisation is a short-sighted policy, certainly if it is going to be enforced for long.

To end with, let me give a glimpse of the other side of the picture. We were not bathed in pools of horror for 24 hours each day, without time to eat and very little time to sleep, as one paper so aptly put it, and off duty managed to find ample relaxation. In fact, rather than being considered as having stepped into any breach, we feel that we have been extremely fortunate and privileged in being allowed to do a job of work which any student in the country would have been only too willing to do.

FLYING SQUAD



GOOD GRACIOUS, MADAM

— I'LL COME AT ONCE!

ABERNETHIAN SOCIETY

During this war the Abernethian Society lost its former status and became very nearly negligible. In the history of its revival Dr. Henry Giles shall receive honourable mention; a vote of thanks to him was proposed and carried at a recent meeting of the Society's Committee.

Now the Society has been constitutionally restored with a full committee of eight members:—

Presidents: Dr. D'Almerio Kok; J. W. Jordan.

Vice-Presidents. R. W. E. Watts; J. N. Cozens-Hardy.

Secretaries: J. B. Chamberlain; M. A. Birnstingl.

Extra-committee men: J. I. Pugh; H. W. Cornford.

Already preparations are being made for the 150th Anniversary of the Society, which begins with the Autumn Session.

A History of the Origin and an account of the Nature of the Society will be appearing shortly in the JOURNAL.

At a meeting of the Society held in the Abernethian Room on Thursday, April 5th, Dr. Malcolm Donaldson presented the films of the late Dr. Canti, showing "The Cultivation of Living Tissues." He preceded this remarkable thriller with a descriptive history of the making of these films and of the labour involved. To see the effect of Radium on the inexorable growth of neoplastic cells was as exciting as it must have been to behold the obedience to King Canute's command.

When the lights went on again, Dr. Donaldson introduced a discussion on "The Place of Films in Medical Education," and asked for the opinions of those present. The response from the floor was prolific, and as welcome as it was unusual. It came near to expressing the gratitude of the Society to Dr. Donaldson for giving the opportunity to see this pioneer film.

A meeting of the Society was held on Tuesday, May 22nd, in the Nurses' Home Lecture Room. When the business of the election had been carried out, Dr. Scowen took the chair and

Mr. C. S. Lewis read his paper on "Science and Sentiment." He apologised at once for the mouse that would finally appear to be born of the labouring of the mountains—his argument. Following the lecture, a vote of thanks to Mr. Lewis was proposed and carried unanimously with much applause. He broke that ban which bars Medical Science from being related to anything else but itself.

The substance of his paper is in a precis which he has courteously prepared, and is here published.

The physician who looks back on the public objection to anatomy and, later, to anaesthetics and vivisection, and (in our time) to euthanasia and artificial insemination, may regard the history of Medicine as a struggle between Sentiment and Science. Granting a struggle, are "Sentiment" and "Science" the rights names for the combatants? It is clearly scientists, not science, that struggle. If we inquire into their motives it would seem that three accounts may be given. (1) The motive of "pure" science; we desire truth for its own sake. But do we regard this desire merely as a biological fact about ourselves (like the desire to scratch when we itch) or as a kind of obligation? Is it merely that some men happen to want knowledge as others want gin, or is truth not only desired but, in some objective sense, desirable? If the former, then it is difficult to see why this mere intellectual itch should claim the right of over-riding those other desires which we call "Sentiment." If the latter—if we claim that truth is a real value and research a real obligation—then is this not just that unprovable kind of maxim which we might call a "Sentiment" if we did not agree with it? (2) The human motive: we desire to relieve human suffering. But here the same dilemma arises. Is not this motive (compassion) also a "Sentiment." If so, on what grounds does it claim to over-ride

other "Sentiment." (3) The "biological" motive: we desire to prolong the life of the species? The same question must be asked. What is the status of *this* desire?

The antithesis between "Sentiment" and "Science" is in fact a false one. On *both* sides equally we find, in the last resort, unprovable practical maxims. The man who advocates euthanasia says "pain is to be avoided at all costs"; the man who opposes it says, "Suicide is to be avoided at all costs." These statements are of the same general type. We must therefore abandon the contract of "Science" and "Sentiment."

There are in fact only two lines we can take. (1) We can say that all human actions whatever are determined by mere subjective emotions which cannot be "right" or "wrong," rational or irrational, any more than the colour of a man's hair. In this case the quarrel between medical "Progress" and "Traditionalism" will become merely a difference of taste and to argue about it would be as foolish as to argue whether mild or bitter beer were "really" nicer. (2) We can say that such ultimate practical principles are not matters of mere emotion but *can* be either good or bad, correct or incorrect. To say this involves the admission that there are such things as objective values; that some things are really better or worse than other things. But which of the codes of value on the market is to be adopted? The question is wrongly posed. There never has been more than one code: the same rules meet us with triumphant monotony in the moral teaching of all times and cultures. It is by them that Medicine, like every other special activity, must be judged. There is room for great doubt about particular problems: but the wholesale rejection of traditional morality as "sentiment" is based on a confusion of thought.

J. N. C.H.

CORRESPONDENCE

JOHANNESBURG

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

As a former medical student at Johannesburg, I read with great interest Dr. Norman Taylor's article in your June issue, especially his description of the non-European section of the General Hospital.

The present enlarged building was completed in 1938, and was then considered adequate for the relatively small numbers of Bantu presenting themselves for treatment. Such patients were derived largely from the urban population of Johannesburg, where individuals are gradually losing touch with former tribal beliefs, customs and taboos.

The rural Bantu cannot conceive of an organic

basis for disease and death, but attribute such phenomena to the influence of the spirits of the gods, to the witch-doctors, or to defilement by impure persons. They necessarily have a fatalistic outlook on disease and death, and believe that the witch-doctor, or the inyanga, with their mystic rites and powerful medicines can alone cast out their afflictions or possession by the spirits. Anyway, except for the activities of bone-setters, some of which are very highly skilled, is almost unknown as a means of curing disease, and operations are regarded with suspicion and fear. Sick or dying Bantu usually return to their kraals, to spend their last days there and to join the spirits of their forefathers. Applying modern medicine to such patients

was found to bristle with difficulties.

The present tremendous overcrowding described by Dr. Taylor seems, however, a most hopeful sign of increased confidence in the efficacy of the "white magic"; it presumably has been brought about by personal propaganda by former patients.

If such a change of outlook has occurred in the past six years, surely the problem of enlightening the rural peoples seems less formidable than were formerly supposed, and would appear to depend on the rate of progress of education applied to the younger generation, which at the moment is almost non-existent. One may also hope that in the not very distant future, the steady deterioration in physique, nutrition and health which has occurred amongst the Bantu, may be halted, and an attempt at improvement be initiated.

Yours faithfully,

DR. D'ALMERO KOK.

STUDENTS' UNION

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

May I use your columns for the publication of two matters of common concern. In each case this letter is intended to be both informative—about what is going on, and demanding—of co-operation.

The first is about the Catering Company. The approaching return to Bart's of the staff and students from Cambridge and the Sector Hospitals is obviously going to overtax the catering arrangements at the hospital—a matter which the Catering Company views with concern. They are anxious to make satisfactory arrangements for all to obtain lunch and tea in comfort and at a reasonable price, and to this purpose a Reconstruction Committee is now considering what alterations to the existing system will be necessary. To help them in this task, the Students' Union has been invited to offer suggestions for the improvement and extension of the catering facilities, and I shall be grateful to receive (in writing) any constructive suggestions. Dr. Maxwell made a similar request in the *JOURNAL* in August, 1944, but received only one reply and that from an old Bart's man serving in Europe. He has repeated his contention that students should be the first to make suggestions since the certainty that they will be the first to complain, whatever system is adopted, is as fixed as the sequence of night following day.

There are two chief questions involved: (1) The actual geographical accommodation. Here the possibility of a canteen in Charterhouse and of the erection of temporary buildings to replace those in the hospital grounds which are irredeemably damaged has to be considered. (2) The actual method of service, including the replacement or reconstruction of structures now in use.

It would be helpful if in response to this we could

arouse some local interest in what is a matter of great importance and urgency to the whole student body.

The second matter is of the I.S.S. The needs of the students in Europe remain as great as when appeals for help were first made. Some discontent about the motif of the I.S.S. was aroused by a letter Dr. Scholes wrote in the *Daily Telegraph* in April. A reply, adequate in justification, appeared in May 4th from the Secretary of the British I.S.S. Committee. Having considered this, and having studied a few I.S.S. publications concerning its nature and function, which have been lying about this room for some time now, the Council decided that it would sponsor the continuation of the co-operation which the Hospital began early this year.

As a result of the original London Appeal for £1,000, £700 have so far been collected. Two thirds of this sum came from only six colleges—a cause for disappointment, that more of the very large number of institutions in the London area have not contributed, and for hope, that there remains a large potential source of support. We came third on the list.

It had been suggested that we should connect ourselves with a specific college or university on the Continent, and do our best to help them, leaving the I.S.S. free to vary the distribution of what material help we could supply according to their expert knowledge. It is easier to support a group of persons we know about than "students in Europe." This, therefore, would satisfy the general principle that interest should come first, and co-operation be the proper result.

Eindhoven in Holland was chosen. Until the other Dutch Universities begin to function again, Eindhoven will be the centre for all "higher" education. Details of its constitution will be posted shortly. It has about seven faculties, one of which is medical. Students everywhere want clothes of any description, and in the latter faculty books and periodicals which may well be in English. It is hoped that before long collection of these will begin.

The monthly News-Sheet, describing what is required and how it is being done, is posted regularly in this Room.

There remains one last comment. It is the common witness of those who have been in Holland surveying the situation, that the attitude of the Dutch towards us is one approaching hero-worship. We should do well to disillusion them, while justifying in some way that honourable mention which we have received amongst them. To us, happily insular, their desire for friendship and for restoration from an existence entirely cut off from anything outside, would, if we knew it, be quite incredible.

Yours sincerely,

J. N. COZENS-HARDY,

Secretary, The Students' Union.

The Abernethian Room,
St. Bartholomew's Hospital.

GENUINE MISPRINT

It is lovely to lie in the long grass, listening to the low monotonous hum of insect in the wood.

SPORT

SPORTS DAY

Sports Day was held at Chislehurst on 7th June. True to peace time traditions, there was some rain and there were some cars, the only reminder of war being the improvised starting device which Mr. Watson and others wielded effectively.

We were pleased to see so many guests, and we are grateful to the judges and other track officials who ran the meeting with such efficiency, not forgetting Mrs. White and her helpers who did so much work behind the scenes.

The number of entries was very satisfactory, heats having to take place for the shorter distances.

Ladies' invitation events were introduced for the first time, and in addition a mixed three-legged race was run.

Fyfe again distinguished himself by winning the three-legged race with Miss Trehearne and by walking away with five cups, Mr. Haile and Mr. Andrew sharing the remainder. As these two gentlemen had been qualified for more than six months, the cups went to the runners-up.

The best performance was by Mr. Haile, who equalled the Hospital record for the 3 miles in 15 mins. 14.4 secs.

Mrs. F. C. W. Capps kindly presented the prizes. This was followed by a dance.

MAN PROVOKED

"Useless Creature, Man"—of course!
We knew it all along,
But somehow couldn't face the fact
That we were always wrong.
The fact remains—or so it seems—
And must be realised;
However, she who wrote that "thing"
Was fairly ill-advised.
I fail to understand a mind
That works on evil lines
And scandalises, falsifies,
Nay—verily maligns.
'Tis true: Man is possessed of faults
For which we have been blamed;
But women seem to flout with zest
The vices that were named!

Oh, futile Man! Oh, worthless fiend!
Unfit to love and mate:
Destroy yourself; let Eve survive
Alone to procreate!
Could Eve endure a single day
Deprived of useless Man?
His whims and fancies, bearded chin
And weather-beaten tan?
Steel muscles, Man: the fight is on!
Arise and meet the foe.
Our earthly fortunes lie at stake,
Our fate, we do not know.
Accept Eve's challenge! Reassert
Our usefulness in life.
(One fact remains: we creatures strive
For children, home—and wife!)
J. C. W.

RECENT PAPERS BY BART'S MEN

- ABRAHAMS, Sir A. "Rheumatism: Postgraduate Instruction." *Brit. Med. J.*, May 12th, 1945, pp. 671-672.
- ADRIAN, E. D. "Physiological Mechanisms in the Brain." *Brit. Med. Bull.*, Vol. 3, No. 1-3, pp. 1-3.
- ALLOTT, E. N. "Blood Electrolytes in Clinical Medicine." *Proc. Roy. Soc. Med.*, April, 1945, pp. 267-276.
- ATKINSON, M. "Ménière's Syndrome: Results of Treatment with Nicotinic Acid." *Arch. Otolaryng.*, August, 1944, pp. 101-107.
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ANNOUNCEMENTS

MARRIAGE

TRUEMAN—BUSSE.—Lieut. Raymond Shaw Trueman and Miss Dulcie Ivis Busse on July 20th, 1945.

CORRECTION

The announcement of the marriage of Mr. Peter R. Donaldson in the June issue was incorrect, owing to an error in information.

AWARD

The O.B.E. (Military Division) to Colonel E. CATFORD, for gallant and distinguished service in North-West Europe.

CHANGES OF ADDRESS

BALFOUR, Dr. H. I. C., from 130, Goring Road, Worthing, to 28, The Drive, Hove.

NICHOLSON, Sq.-Ldr. B. C., from 11 C.M.B., R.A.F., India, to 10 R.A.F. General Hospital, S.E. Asia Air Forces.

EXAMINATION RESULTS

UNIVERSITY OF LONDON

SECOND EXAMINATION FOR MEDICAL DEGREES, MARCH, 1945

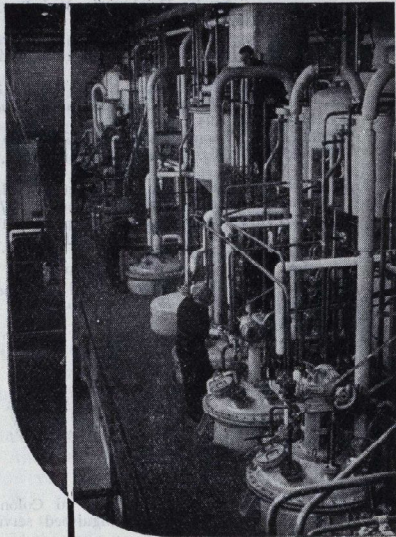
Amos, J. A. S.	Hill, D. W.	Teck-Kam, N. L.	Gai, P. N.
Chapman, P. J. C.	Michaelson, R. A.	Begley, M. D.	Hindle, J. F.
Finer, B. L.	Whiteley, M. M.	Drake, P. H.	Popert, A. J.
Hearn, C. E. D.	Butcher, P. J. A.	Fisher, K. J.	Wright, W. J.
Lloyd, E. A. C.	Felix-Davies, D. D.		

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FINAL EXAMINATION, APRIL 1945

Midwifery—Hopwood, G. M.

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We do not think that to make these simple facts known is to detract from efforts made by other firms in this country and in America in a similar direction.

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HOSPITAL JOURNAL

Vol. XLIX

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No. 7

THE ABERNETHIAN SOCIETY

This year the Abernethian Society celebrates the 150th anniversary of its foundation. We offer our congratulations and our best wishes for the future.

During the war the Society has not flourished as in former days. Evacuation to sector hospitals, air raids, the increased commitments of staff and students, the scarcity of possible speakers, and all the hundred and one vicissitudes of war have made it impossible to arrange regular meetings: and further, only a small number of people have been able to attend such meetings as have been held. It is gratifying and appropriate that in this anniversary year the Society is showing renewed signs of life. The Society has had its ups and downs before now and we are confident that now, as before, it will triumph over all obstacles and resume its important place in the life of the hospital.

A hospital medical society is not merely a means of retailing detailed or obscure medical knowledge. Nevertheless, perhaps its most obvious function is to enable us to hear at first hand distinguished medical and scientific men from the hospital and from outside it. This instruction in scientific method and in the first principles of research is a valuable adjunct to medical education. Secondly, such a society allows of lectures and discussions on a broader range of subjects, on the history and on the ethics of medicine, and upon any number of subjects allied to its teaching or practice. Thirdly, there is an important social function that the Society can perform. At its meetings members of the staff and students, whether nearly qualified or at the beginning of their career, can meet on common ground and are united by a common band of interest. From this point of view the Abernethian Society is unique among the societies and clubs of the medical

school and potentially a powerful integrating factor in the life of the hospital.

We should like to appeal to all readers of the JOURNAL to support the officials of the Society in getting the wheels running smoothly again. It serves no useful purpose to conceal the fact that those who have struggled so gallantly in recent months to re-establish the Society on its old footing have had to fight the apathy of a large section of the student body. This wholly regrettable state of affairs is doubtless due in some measure to the fact that the traditions of the Society have become obscured by the smoke and the fog of war. The occasional meeting that has been held, though each one has been excellent in itself, has not given an accurate picture of what the Society has to offer when it is working under normal conditions.

With the return to more normal conditions we hope that the Society will extend the range of its activities to include, in addition to lectures, discussions, debates, the showing of films of scientific interest and revive the "clinical evenings," at which cases of exceptional interest can be demonstrated. The Society should not be so awed by its long and distinguished history as to be frightened of innovations. In this connection we would suggest that more attractive methods of publicity could be used to advantage. The dreary, pencilled posters, better suited to announcing the board meeting of a firm of undertakers, invest the announcement of even the most fascinating meeting with an air of shamefaced, apologetic gloom. Whenever possible meetings should not be held in the lecture theatres. Their barren and formal atmosphere serves to create the impression that a meeting is merely an additional, but voluntary, lecture. The likelihood of profitable informal