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## Lowered Metabolism

★  
*Stimulating metabolic rate without  
interference with normal mechanism of the body*

THE problem of depressed metabolism is, of course, very frequently met with in general practice, particularly in the case of convalescence.

It is seldom, however, that a practitioner wishes to resort to such drastic methods of raising the metabolic rate as intravenous injection of thyroxin, or the oral administration of compounds of the nitro-phenol group. Indeed, both these measures are usually contra-indicated, owing to the fact that either is liable to involve severe interference with the normal mechanism of the body.

For this reason the practitioner generally prefers to prescribe certain stimulating

foods such as meat extracts, soups, and home-made broths. It is a matter of some importance, therefore, to know that one of the accepted meat preparations is outstandingly effective in raising the metabolic rate. It is Brand's Essence.

After the ingestion of Brand's Essence, there is a sharp increase of the heat output, reaching a peak at the end of half an hour, and still appreciable six hours later.

Accordingly, Brand's Essence may be prescribed with confidence for cases of lowered metabolism. It has a further advantage in that it stimulates the appetite and will be found palatable when other foods are distasteful.



## BRAND'S ESSENCE

# ST. BARTHOLOMEW'S



## HOSPITAL JOURNAL

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No. 7

### PATENT MEDICINES

"For all practical purposes British law is powerless to prevent any persons from procuring any drug or making any mixture whether potent or without any therapeutical activity whatever (so long as it does not contain a scheduled poison) and advertising it in any decent terms as a cure for any disease or ailment, recommending it by bogus testimonials and the invented opinions and facsimile signatures of fictitious physicians and selling it under any name he chooses, on the payment of a small stamp duty, for any price they can persuade a credulous public to pay." This extract is taken from the report issued by the Select Committee on Patent Medicines in 1914.

This extremely unsatisfactory position is very much the same to-day. It is true that it is now illegal for anyone but a registered medical practitioner to treat venereal disease and manufacturers of patent medicines are compelled by law to publish the contents of their products on the packing. The first of these improvements is a very real advance but the second, though desirable in itself, has done nothing to put an end to what can only be described as a major scandal and in current parlance—a racket. As ninety-nine per cent. of the public have had no training in pharmacology they are not one jot the wiser. This regulation only provides a little grim amusement for the medical profession.

The advertising campaigns continue with unabated fury. The P.E.P. report on the British Health Services published in 1937 estimated that "Over £3,000,000 a year are spent in urging in the newspapers the merits of proprietary medicines and health foods." This does not take into account the money spent on advertising in the trains and buses, on free samples and on disfiguring the towns and countryside

with hideous hoardings. Many advertisements for patent medicines make absolutely fantastic claims. As anyone who travels in the Underground knows it is nothing to see an advertisement for one patent medicine which will cure all, or nearly all, the ills that man is heir to—including headache, backache, "kidney trouble," "acidity," "sluggish bile," and a host of other complaints. There is one preparation on the market to-day which is advertised as follows: "For the Blood, Veins, Arteries and Heart;—o; Take it and stop limping." By present day standards that is a comparatively moderate claim. It is no coincidence that these posters are of unparalleled vulgarity and shoddiness. Everyone must be familiar with the gruesome picture of the "acid in your stomach," burning a hole in the carpet, and there are others just as bad.

One might think that the public would be sceptical about medicines for which such obviously ridiculous claims were made. But one would be wrong. To quote but a single example—some weeks ago a colleague of the writer was clerking a patient with a urinary infection. In the course of taking her history he asked her what treatment she had had before admission to the hospital. She told him that she always took "Bladderex" (that is not its real name). One Monday morning she coyly produced an empty bottle of "Bladderex" that her relatives had smuggled to her, and which she was secretly taking to supplement her treatment. The preparation proved to contain such minute doses of harmless drugs that even a homœopathic prescription would look like a potent blunderbuss remedy beside it. It could have done her no harm but plainly indicated the public's lack of education and discrimination in



such matters. More sinister and pathetic are the published testimonials sent by unwary individuals to the manufacturers of preparations known to contain large quantities of potassium iodide.

Another evil feature of the advertising system is that the public are induced to buy the standard drugs of proved therapeutic value (and in reasonable doses) but at many times the cost price. There are on the market at the present time innumerable preparations containing mainly aspirin and phenacetin in varying proportions, which, dignified with various ingenious trade names, are sold at inflationary prices.

### THE JOURNAL

*We regret to announce the resignation of the Editor of the JOURNAL—Mr. H. W. Cornford. His place will be taken by Mr. L. E. McGee, formerly Assistant Editor. Mr. W. M. Keynes has been appointed Assistant Editor and Mr. W. G. H. Leslie, Sports Editor.*

*The Business Manager is Mr. F. Campbell.*

*Contributions for the next JOURNAL should be received on or before August 19th.*

### THE LIFE AND WORKS OF DR. W. S. KIRKES

*From the Wix Prize Essay—1946.*

By R. MARSHALL

The ways by which a medical man may gain fame are numerous; some achieve it by the originality of their work, some by writing popular text books, and others by their strength of character and excellence in their profession. William Senhouse Kirkes has a claim to fame for all these reasons but, on the whole, and perhaps because his early death left his major works uncompleted, his name is far less well known to the general medical reader than it ought to be.

William Senhouse Kirkes was born in 1823 at Holker,<sup>1</sup> a small village on the north side of Morecambe Bay in North Lancashire. Little is known about his early life except that he attended the Grammar School at Cartmel about two miles away until, in 1836, at the age of thirteen he was appointed to a partnership of surgeons. Kirkes was apprenticed for the usual term of five years to Messrs. Smith and Harrison and to Mr. Langshaw at Lancaster, about sixteen miles from Holker.

In 1841, Kirkes, at the age of eighteen,

What is the remedy? Would it be too much to ask that the advertising managers of the main railway companies and the London Passenger Transport Board should refuse to accept advertisements for quack remedies? Surely the Royal College of Physicians or the British Medical Association would advise them. It might entail some loss of revenue but it would be a magnificent public service. Secondly, the Ministry of Health might undertake a publicity campaign to educate the public. Several such campaigns have been undertaken by government departments during the war—many with good effect. At all events it is high time that this crying scandal was ended.

finished his apprenticeship and entered Saint Bartholomew's Hospital, where he started on the brilliant career which was cut short by his untimely death. At St. Bartholomew's Kirkes was first in chemistry in 1842, first in surgery in 1843, first in medicine, midwifery, medical jurisprudence and clinical medicine in 1844, and also obtained the collegiate prize. In 1846 Kirkes, following the custom of his day, graduated Doctor of Medicine of Berlin.

In 1848, at the age of twenty-five, Kirkes was appointed Medical Registrar and Demonstrator of Morbid Anatomy to St. Bartholomew's Hospital and in the same year he wrote his "Handbook of Physiology" and combined with William Baly, also of St. Bartholomew's, to write "Recent Advances in the Physiology of Motion, etc." which was a supplement to Baly's translation of Müller's "Elements of Physiology."

Kirkes was admitted a licentiate<sup>2</sup> of the Royal College of Physicians in 1850. In these days

<sup>2</sup> The "Medical News" of the *Lancet* says that Kirkes was admitted a member of the Royal College of Physicians at a meeting of this College on September 30th, 1850.

<sup>1</sup> Spelt Hilker by D'Arcy Power but English Place Names Society gives Holker=Hollow Marsh.

the licentiates were divided into two groups, licentiates intra-urbem who were allowed to practice medicine in, and within seven miles of, the City of London, and licentiates extra-urbem who were allowed to practice only outside this area. The examination for the intra-licentiates was considered to be rather harder than that for the extra-licentiates and consisted of a classical examination in Greek and Latin in addition to the professional examination. Before presenting themselves for examination the candidates had to have attained the age of twenty-six years and to have pursued a course of study in anatomy and physiology, the theory and practice of physics, forensic medicine, materia medica and botany, and the principles of midwifery and surgery. In 1847 the number of intra-licentiates was only 270 and of extra-licentiates 273.

At the beginning of the nineteenth century most of the hospital staff were graduates of either Oxford or Cambridge, for the days were not long past when admission to the Fellowship of the Royal College of Physicians was limited to these graduates. Kirkes had no English degree and thus it says much for his capabilities and for the excellence of his work when, in 1854, at the age of thirty-one, he defeated Dr. John William Hue in the contest for the office of Assistant Physician to St. Bartholomew's Hospital in spite, as a contemporary writer put it, "of powerful interest and of all but unbroken custom."

In the same year that he was appointed Assistant Physician Kirkes was elected a Member of the Pathological Society of London, a society in which he continued to take active interest until his death, although the transactions of the society show no evidence that he ever read a paper before it.

Kirkes was elected a fellow of the Royal College of Physicians in 1855 and the following year he was appointed Gulstonian lecturer.

At this time Kirkes was lecturer on Botany and Vegetable Physiology at St. Bartholomew's and later, in 1864, he was appointed co-lecturer on medicine with Dr. Patrick Black, Kirkes taking the first part of the course. His lectures were greatly admired by the students and one of his pupils, Mr. Henry Rundle, said of him, "As a lecturer Dr. Kirkes was concise and clear and was so much interested in his subject that he never failed to interest his hearers and to secure their close attention. His voice was high pitched and almost shrill in tone. Ready of speech, he relied but little on his manuscript notes. He had a strong personality and exercised a great influence for good over his students." Dr. Kirkes' last lecture, given on

December 1st, 1864 was, typically enough, on rheumatism.

In the introductory address at the opening of the 1857-58 session at St. Bartholomew's Hospital<sup>3</sup> Kirkes pointed out the great advantages of study at St. Bartholomew's, but emphasised to the students that the real hard work must be their aim. He said that he did not believe in the nature of so-called talents as opposed to sheer hard work and he advised that "Labor ipse voluptas" should be every student's motto. He appealed to the students to watch their expenditure, to take enough exercise and to remember their "home affections." He advised that in their work the students should give equal attention to lectures, reading and observation.

In 1858 Kirkes was elected fellow of the Royal Medical and Chirurgical Society of London and continued to be an active member of the society until his death.

On January 27th, 1864, following the retirement of Dr. (afterwards Sir George) Burrows (1801-1887), Dr. Kirkes was appointed full Physician to St. Bartholomew's Hospital.

The year that Kirkes was appointed physician also saw the Civil War being fought in America and it was also during this period that the British Empire was expanding rapidly. There was therefore great concern at the Admiralty about the crippling incidence of venereal disease in the Navy and so bad was the incidence that the Deputy Inspector General of Hospitals was able to state<sup>4</sup> that "In foreign services the proportion suffering from this cause (venereal disease) only extended to 60-70 men in every 1,000, in the British service it was no less than 442 per 1,000 annually." Venereal diseases, then, were a major problem and so a commission was appointed by the Secretary at War and the Lords of the Admiralty "to inquire into, and report upon the Nature and Treatment of Venereal Diseases." This commission, which first met on Tuesday, November 15th, 1864, consisted of eight members under the chairmanship of Mr. Skey. Dr. Kirkes was one of those chosen.

It was while on the way from his house in Lower Seymour Street to a meeting of this commission at the Admiralty on Saturday, December 3rd, that Kirkes was seized with a shivering attack. He persisted in going through with his work at the Admiralty but returned home exhausted and complaining of a feeling of cold and depression. Kirkes went to bed but became rapidly worse and on Monday, December the 5th, he was attended by his

<sup>3</sup> *Lancet*, 1857, ii, 345-6.

<sup>4</sup> Syphilis in the Navy, *Lancet*, March 5th, 1864.



friend and colleague, Dr. Burrows, who found him "in a state of constitutional collapse, with symptoms of pleuro-pneumonia of the right side, which were soon followed by those of pericarditis. His physical and nervous power were so prostrated by overwork that neither brandy nor quinine could raise his circulation up to fever point. The disease made progress in spite of every effort, but his mind remained remarkably clear up to within a few hours of his death, which took place on the 6th day<sup>5</sup> after the commencement of the malady." It was said that his amiable disposition and firm Christian principles helped him to bear his illness well and that before his death he "resigned all his earthly aspirations and prospects with the most perfect submission to the Divine will."

In this way on December 8th, 1864, in his house at 2, Lower Seymour Street, S.W., died a physician, the excellence of whose work was fully equalled by the greatness of his character. The character of Kirkes is best illustrated by the words of his contemporaries who wrote about him at the time of his death.

Mr. Henry Rundle, F.R.C.S., consulting surgeon to the Royal Portsmouth Hospital, wrote, "Dr. Kirkes was below the medium height, thin and delicate looking. He had long black hair, a thoughtful refined face and a keen intellectual expression. He stooped slightly and struck one as being physically weak, though his energy and enthusiasm were so great that he was enabled to get through much more work than seemed possible for one who looked so delicate. . . . Dr. Kirkes is worthy to be placed among the great physicians of St. Bartholomew's Hospital and is one to whom the term 'Master' may be applied without affectation. I revere his memory and gratefully remember how much he taught me."

Sir James Paget (1814-99) said of him, "He was one of my best pupils; clear-headed, industrious, as resolute in work as he was gentle and pliant in goodness in all his social life."

On December 17th, 1864, the following poem, "In Memoriam," written by Dr. Thomas Cole, of Bath, under the pseudonym of Fratus Minor, appeared in the *Lancet*.<sup>6</sup>

"The earnest lab'rer's work on earth is o'er;  
His gentle voice is hushed. Alas! no more  
His kindly teachings press us on to fame;  
But mem'ry throws a halo round his name.  
At once the friend of weary and distress'd;  
With intellectual power highly blessed;  
The good adviser of the rising youth;  
An energetic champion of truth.

<sup>5</sup> Fifth day according to Norman Moore, Dist. Nat. Biography.

Sincere and noble in his every deed;  
Our loss his absence—they will prove the  
need

Of such a councillor to lead us on.  
And point the road where he before had  
gone.

His footprints mark the rugged pathway still,  
And we may follow if we have the will.

That will we *must* have, and that pathway  
tread

If we would tribute pay the immortal dead."

It was decided, at a meeting held in the college hall of St. Bartholomew's Hospital, to raise a public subscription among the friends and former pupils of Dr. Kirkes to provide some fitting memorial to his excellence. Dr. J. Andrew was treasurer of this fund and announcements were made in the medical journals.<sup>7</sup> The result of the fund was the award of a gold medal which was presented annually for proficiency in clinical medicine. In 1885 Mrs. Kirkes provided a fund that caused the aggregate of the annual prize to be thirty pounds in addition to the medal.

The published works of William Sculhouse Kirkes can be divided into his work on physiology and his papers on the circulatory system. Throughout his life Kirkes was collecting material for a work on diseases of the heart, but, owing to his early and unexpected death, this was never completed.

Kirkes' "Handbook of Physiology" was one of the best physiology text books of its time, very accurate and clearly arranged; the ideal student's book. The first edition of this book was published in 1848 and in the preface Kirkes gives the reasons for its production. Taylor, Walton and Maberly, who published Baly's translation of Müller's "Elements of Physiology," a book in two volumes, the second English edition of which had come out in 1839-42, wished to render this book more available to the general use of students and to reduce its size. Kirkes was asked to carry out this task and the book was commenced with this intention. The book was announced as a "Handbook of Physiology on the Basis of Müller's Elements," and many of its chapters were abstracts from Müller's "Elements," and Baly and Kirkes' supplements. While writing many of the other chapters, however, Kirkes found that the knowledge of physiology had advanced so much since Müller's "Elements" was written that the original plan had to be abandoned in so far as it concerned the construction of a Handbook on the basis of Müller's "Elements."

<sup>6</sup> *Lancet*, 1864, ii. 707.

<sup>7</sup> *Brit. Med. J.*, 1864, ii. 738.

The first part of the book dealt with those properties common to both plants and animals, while the second part dealt with characteristics peculiar to animals. In the compilation of this work Kirkes made free use of Mr. James Paget's lecture notes and in the first two editions James Paget's name (Paget was then Warden and lecturer on physiology at St. Bartholomew's) is given on the title pages as assistant author, but this hardly seems to justify D'Arcy Power's statement that Kirkes was known mainly "by his transcription of Sir J. Paget's 'Lectures on Physiology'" or the Publisher's Note in some editions of Halliburton and McDowall's "Handbook" that "The book was, for its time, one of great excellence, reflecting the clear and accurate method of exposition which always distinguished Sir James Paget's work," for in the third edition there is a list of 217 works on physiology that Kirkes referred to in writing the book. In his preface, written from the College of St. Bartholomew's Hospital and dated September 29th, 1848, Kirkes also recorded thanks to Dr. Baly for his help in the preparation of the book.

Kirkes' "Handbook" had an immediate popularity with students, both in Great Britain and America, and after a second edition in 1851 in which James Paget's name again appeared on the title page, a third edition was published in 1856 by Kirkes alone.

The fourth edition, published in 1860, had Mr. William Savory's name on the title page and was somewhat changed in composition. The fifth edition in 1863 was the last to be published during Kirkes' lifetime, but it is interesting to trace the further progress of this book which Kirkes so ably started.

The sixth, seventh and eighth editions were revised by Mr. Marrant Baker and the ninth (in 1872) by Dr. Klein, lecturer in Physiology at St. Bartholomew's Hospital. The tenth (1880) to the thirteenth editions (1892) were revised by Mr. Marrant Baker and Mr. Vincent Harris. In 1896, with the appointment of Professor Halliburton as editor, the long association of the book with this Hospital was severed and the old title of "Kirkes' Handbook on Physiology" was first relegated to a small heading on the title page and later dropped altogether, the only reference to Kirkes being found in the publisher's note.

Kirkes' Handbook is now known as "Handbook of Physiology and Biochemistry" by the late W. D. Halliburton and R. J. S. McDowall, Biochemistry being added to the title in 1937 on the appearance of the thirty-fifth edition.

The universal appeal of Kirkes' "Hand-

book" is illustrated by the fact that American editions were published in both New York and Philadelphia, being revised by American physiologists after Kirkes' death. In 1877 an Arabic translation of the "Handbook" was published.

The other works of Dr. Kirkes appear to be all concerned with the cardiovascular system and were published between 1849 to 1865.

Kirkes' first paper was read before the Abernethian Society on November 22nd, 1849<sup>8</sup> and published in the *London Medical Gazette* in the following year.<sup>9</sup> It was "On the Rarity of Pericardial Adhesions in comparison with the Frequency of Pericarditis" and in this paper Kirkes supported the theory, previously expounded by Dr. Hope and Mr. Paget that the "white spots" often found on the pericardium at autopsy had originated in a true attack of pericarditis and were all that was left after the fibrinous membranes had been absorbed. From his observation of cases at the bedside and in the post mortem room Kirkes inferred that inflammation of the pericardium was a much more common occurrence than the infrequency of adhesions appeared to indicate. He thought that the opinion then generally held, that pericardial adhesions were a frequent consequence of pericarditis, required modification and that as absorption of the exudate so commonly occurred the prognosis was less unfavourable than it would be if adhesions invariably followed. Kirkes put forward the view that adhesions only formed when the heart's action was so enfeebled during and just after the attack of pericarditis that the pericardial exudate was left relatively undisturbed. Thus, if the exudate could become organised before the normal vigorous action of the heart was restored, then the adhesions would be permanent.

On Thursday, March 7th, 1850, Kirkes read a second paper before the Abernethian Society, entitled "Cases, with Remarks Illustrating the Association of Chorea with Rheumatism and Diseases of the Heart." By description of case histories, he illustrated the high incidence of chorea in rheumatic families and he gave a table of 36 cases in which symptoms of chorea were observed in connection either with articular rheumatism alone, or with joint and heart lesions combined. In 33 of these cases chorea was more or less closely associated with rheumatism and in the remaining three there was recent carditis but no arthritis.

Kirkes concluded "that chorea may be asso-

<sup>8</sup> Trans. Abernethian Soc. of St. Bart's Hosp., No. 3, 1849.

<sup>9</sup> *London Med. Gaz.*, 1850. New Series 10, 581-86.



ciated with articular rheumatism alone or with disease of the heart alone, that neither are essential to its occurrence, while it is from the combined influence of the two together that it is most likely to be developed.<sup>10</sup> He noted that the endocardium, clinically, was more often involved than the pericardium in chorea and concluded that chorea was more often associated with endocarditis than with pericarditis but he failed to give any figures of the relative frequency of clinical endocarditis and pericarditis in non-choric cases of rheumatism. Kirkes drew attention to the facts; that chorea was more common in females, especially at puberty when the nervous system is more prone to disorder; that in several of his cases there was distinct evidence of predisposition to nervous affections; and that the nervous symptoms were not related to the severity of the rheumatism and often occurred at the subsidence of the rheumatic attack.

Kirkes' most original paper was published in 1852 and was the first article in English on embolism, although a few months earlier Virchow had published a paper in German on the same subject. Kirkes' paper was founded on his own researches which had been proceeding independently of, not concurrently with, those of Virchow and although his conclusions confirmed the work of Virchow the inclusion of Kirkes' paper in "Cardiac Classics"<sup>11</sup> is well justified.

This paper, entitled, "On Some of the Principal Effects resulting from the Detachment of Fibrinous Deposits from the Interior of the Heart, and their Mixture with the Circulating Blood," was read before the Royal Medical and Chirurgical Society of London<sup>12</sup> by Dr. George Burrows on May 25th, 1852. Kirkes described how the vegetations on the heart valves in endocarditis may break off in large pieces and block a large artery or may break up into smaller sizes to give emboli in smaller arteries, or the vegetation may soften and break up to give finely granular material which produces symptoms like those of phlebitis or typhus fever. The paper was divided into two parts, the first dealing with the effects of emboli from the left side of the heart entering the systemic circulation and the second part dealing with the effect of emboli detached from the valves of the right heart.

In the first part of the paper Kirkes gives three illustrative cases of bacterial endocarditis

with embolism of the middle cerebral artery and he establishes two points: firstly, that softening of a portion of the brain with loss of function may result from destruction of a main cerebral artery by the lodgement of a plug of fibrin within its lumen; and secondly that the substance thus obstructing the vessel is not formed in situ but is derived directly from the warty growths situated on the valves of the left heart. Previous to the publication of this paper softening of the brain had been associated only with atheromatous changes in the arteries. Previously there were very few recorded cases of distinct fibrin clots, blocking the arteries and even when these clots had been found their presence had not been correlated with cardiac vegetations, and the cerebral softening to which they gave rise had not been explained. In these three cases there were also emboli in the iliac, femoral and renal arteries.

Kirkes' observation on the effects of embolism was not original, for it had long been known and described, under the term capillary phlebitis, by Rokitsansky who, however, although noting the connection of infarcts with endocarditis, thought that the infarcts were due to increased coagulability of the blood as a result of the mixture with poisonous products of the endocarditis. Kirkes' originality lies in his recognition that clotting in the peripheral vessel was started by embolism and that the secondary coagulation occurred in the artery distal to the point of impaction of the embolism.

Another paper by Kirkes on a similar subject, entitled "On Ulcerative Inflammation of the Valves of the Heart as a cause of Pyæmia" was published in the *British Medical Journal* in 1863<sup>13</sup> and it supported the theory of embolism.

Traube, in his paper on Pulsus Bigeminus<sup>14</sup> gives credit to Kirkes for first drawing his attention to the fact that arteriosclerosis was not the direct cause of hypertrophy and dilatation of the left ventricle as was then generally believed, but that both the hypertrophy of the left ventricle and the arteriosclerosis were the result of hypertension.

The work on diseases of the circulatory system for which Kirkes was collecting material in the years preceding his death was never finished, and so the world was deprived of a work, the popularity of which might have exceeded even that of his "Handbook of Physiology."

We may truly agree with Mr. Henry Rundle, that "Dr. Kirkes is worthy to be placed among the great physicians of St. Bartholomew's Hospital."

<sup>10</sup> Kirkes, W. S., *Brit. Med. J.*, 1863, ii, 497-99.

<sup>14</sup> Traube, *Berl. Klin. Wchnschr.*, 1872, 9, 185-88, 221-24.

<sup>10</sup> Trans. Abernethian Soc. of St. Bart's Hosp., No. 8, 1850.

<sup>11</sup> Willins and Keys, "Cardiac Classics," London, H. Kingston, 1941.

<sup>12</sup> Tr. Roy. Med. Chir. Soc., London, 1852, 35, 281-324. Received April 12th. Read May 25th.

## WANTED—RUGGER VESTS

*The members of the Hospital Rugby Club are finding it almost impossible to obtain Bart.'s Rugger vests. Can you help—you old members of the Club? The Secretary would be extremely grateful to anyone who, finding he possesses such a garment he no longer needs, would either send it to: The Secretary, S.B.H. Rugby Club, or leave it in the Students' Cloakroom. Perhaps, tucked away in a drawer somewhere—YOU may discover a vest you have forgotten you still owned. Please look and see.*

## SPORTS DAY, 1946

The 63rd Annual Sports of the Athletic Club were held at Foxbury on Saturday, June 15th.

The meeting was a great success although the weather was traditional. Earlier in the day the ground had been well-nigh submerged. On such turf the times for the track events were not exceptionally good, but keen competition ensured a high standard of running.

Mr. Ainsworth Davies was kindly and admirably in his element with starting pistols and our first handful of post-war blanks, a great improvement on last year's stick and tin-tray. We were also pleased to see many veterans of the club present, most of whom had seen service in various parts of the world.

The high-light of the day came from the Preclinicals. Having won ten out of twelve cups, they proceeded to win the Inter-firm relay in the record time of 1 min. 40.5 secs. Another outstanding performance came from D. C. Morgan, in the 440 yards championship.

The field events provided several tense moments. One of our more energetic competitors sent his discus crashing into a crowd of bewildered spectators. The Javelin-throwers

worked hard but unavailingly to pin their markers to the ground. In the three-legged race Dr. Geoffrey Evans was making rapid progress and, with training, should do well next year. Much talent was observed among the spectators during their occasional sprints to shelter. From all these operations nobody failed to return.

We should like to take this further opportunity of thanking Mrs. R. Vick for presenting the prizes, Dr. Geoffrey Evans for acting as President and Referee of the Sports, Mr. H. B. Stallard for his very keen interest as President of the Club and for the labours which he contributed to the success of the Sports, and all the vice-presidents and members of the staff who acted as officials.

After the presentation of the prizes and the clearing of the Pavilion, a dance was held, under Mr. Backhouse's direction and to the music of the newly-formed "Square Four." It needs only to be added that after the unaccountable collapse of one of its members upon his clarinet, this later became a "Triangular Three."

## RESULTS.

100 Yards Championship—1st, A. E. Fyfe; 2nd, M. N. Kurshid; 3rd, D. C. Morgan.  
220 Yards Championship—1st, E. M. Rosser; 2nd, P. Fildes; 3rd, M. N. Kurshid.  
440 Yards Championship—1st, D. C. Morgan; 2nd, K. A. McCluskey; 3rd, —, Pine.  
1 Mile Championship—1st, J. I. Burn; 2nd, J. A. Menon; 3rd, M. E. Glanvill.  
3 Miles Championship—1st, J. A. Menon; 2nd, M. E. Glanvill; 3rd, J. I. Burn.  
120 Yards Handicap—1st, K. A. McCluskey; 2nd, E. M. Rosser; 3rd, T. W. A. Glenister.  
880 Yards Handicap—1st, N. E. Marsh (20 yds.); 2nd, J. I. Burn; 3rd, P. D. Mathews (scr).  
120 Yards Hurdles—1st, L. Corbett; 2nd, E. M. Rosser; 3rd, M. N. Kurshid.  
High Jump—1st, E. M. Rosser; 2nd, T. A. J. Pranker; 3rd, R. W. Brown and B. H. Du Heaume.  
Long Jump—1st, K. A. McCluskey; 2nd, M. N. Kurshid; 3rd, E. M. Rosser.  
Putting the Weight—1st, A. E. Fyfe; 2nd, M. N. Kurshid; 3rd, B. H. Du Heaume.

Javelin—1st, H. A. Evans; 2nd, J. Nielsen; 3rd, P. D. Mathews.

Discus—1st, M. N. Kurshid; 2nd, B. H. Du Heaume; 3rd, N. E. Winstone.

Tug-of-War—"Dixies Os and Ss."

4 x 220 Yards Inter-Firm Relay—1st, Preclinicals (M. N. Kurshid, P. Fildes, E. M. Rosser, D. C. Morgan); 2nd, Housemen.

"Housemen's Hundred"—1st, A. E. Fyfe; 2nd, K. M. Backhouse; 3rd, —, Rodgers.

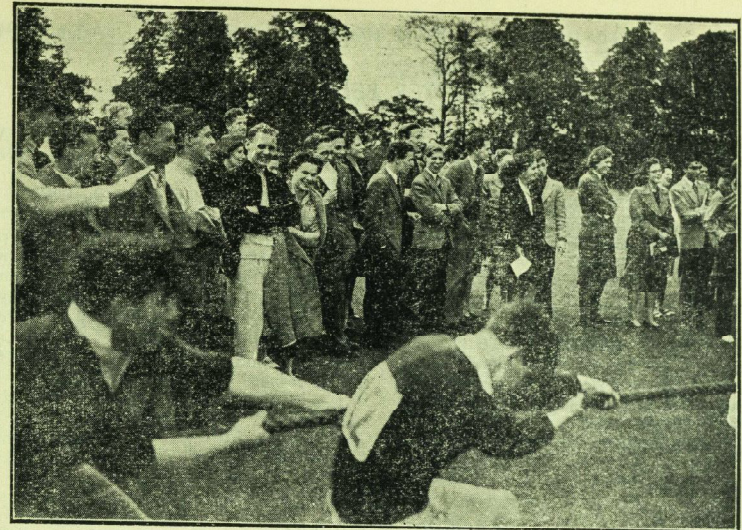
We hope to have the support of many runners in the forthcoming Cross Country Season, for which we have a considerably increased fixture list, including matches against Birmingham University and Bristol University, as well as the London Hospitals and other London Clubs.

M. E. G.

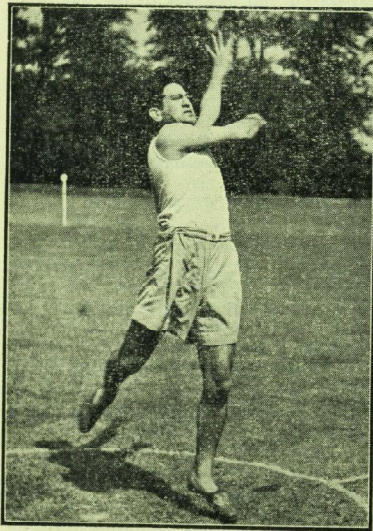




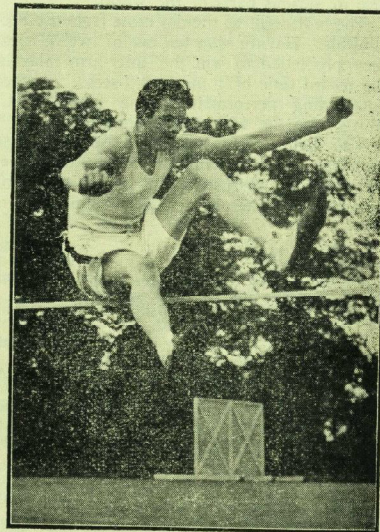
*J. I. Burn comes into the straight to win the one mile championship*



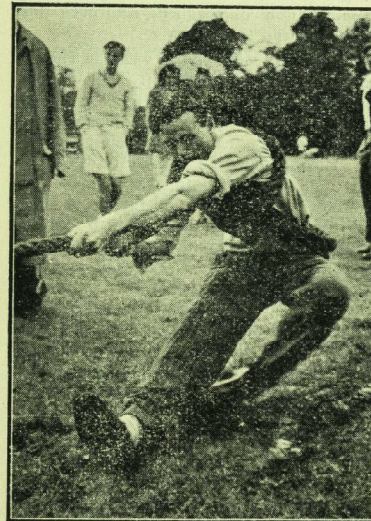
*Spectators watch the Tug of War*



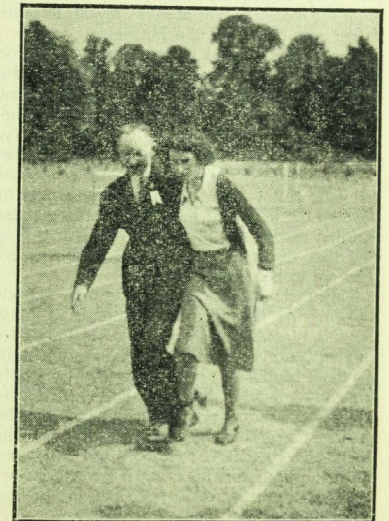
*M. N. Khursbid, winner of Throwing the Discus*



*E. M. Rosser winning the High Jump at 4ft. 11½in.*



*Pulling his weight*



*"—should do well next year"*

*Photographs by courtesy of Sport and General Press Agency Limited*



## WOULD YER BELIEVE IT!

They have asked for a gossip column.

A little time ago one of the most able and truly intelligent members of the Hospital suggested, in a brilliant letter to the JOURNAL, that the proper study of mankind was man. He asked for Hospital Gossip in a Hospital gossip-column.

Immediately a collection of polymorphous phrenopods (with brains in feet, etc.) rallied round the Editor in calling him a scandal-monger. This just showed lack of erudition. Scandal is gossip made tedious by morals—and who is the Editor to quarrel with Oscar Wilde or who would suspect the original letter-writer of an urge to wax moral?

More recently the true worth of this sugges-

tion penetrated the ivory editorial domes. And the lot fell upon me, as upon Jonah, in several senses.

How shall we begin? With the story of the preclinical who is to get an S. S. Jaguar for passing 2nd M.B.? Or by telling of the proportion of Vicarage spirits which is removed to Hill End by be-spectacled Chief Assistants? Or shall we borrow a trick from Mr. Agate and have a gossip-column bearing no discernible relationship to tittle-tattle?

Shall we find sufficient material to make this a regular item? I doubt it. We shall see.

But the collection of the material should be fun.

EVELYN TENT.

## BELIEVE IT OR NOT!

As the JOURNAL appears to be getting thinner with each edition, I have decided to send in this story which, although it has little value from the medical point of view, reveals to some extent, the cruelty of the Japanese.

The story was told to me by my uncle, for whose honesty I can vouch, and it concerns the giraffe-necked women of Burma. These women are brought up from childhood to form an integral part of the religious life of the country. They are gently nurtured, well educated after their own fashion and imbued with a fanatical religious zeal. Their main aim in life is to develop the length of their neck to the greatest possible extent; the reason for this is that they feel that the longer is their neck, the nearer they are to heaven.

The method of extending the neck is well known. At the age of six months a brass band is placed round the neck and thereafter another band is placed in position every month. As these bands are never removed, they gently stretch the muscles, thus separating the vertebrae. Thus they suffer very little discomfort—the process is gradual—except insofar as the oesophagus becomes stretched and narrowed and because of this the women have to be fed on eels, rhubarb, celery, Vienna loaves and other food of the long, thin variety.

After their necks have reached the length of four feet, the women are allowed to enter the inner temple, where by means of gentle massage and other direct measures, the development of the neck increases.

The high priestess of one particular temple had a neck just over six feet long, and her oesophagus was so narrow that her diet was composed entirely of spaghetti, and even this she found difficult to swallow.

It was this particular woman who was chosen by the Japs for a vile experiment. They tied her hair to a rafter and proceeded to cut the brass bands off her neck. When all the bands had been removed, they released her hair from the rafter. Having relied all her life on the neck bands to support her head, the tone of her neck muscles was very low and they were quite unable to support her head, which simply flopped forwards, catching her face a nasty blow on the stone floor. The Japs repeated this treatment several times, but eventually became bored and were about to dispatch the poor woman, when one of them conceived the idea of tying a knot in her neck. This was done, and after keeping her in captivity for a few days, they escorted her towards our own lines where she was found and taken to a base hospital in India.

Here the real horror of her treatment became apparent; the neck muscles, unhampered by the stretching brasses, went into spasms and as they contracted, they drew the knot tighter and tighter. The knot became impossible to undo, and the woman soon died of asphyxia, strangled to death by her own neck.

GREGOR.

## IN OUR LIBRARY—IV.

## CATALOGUE OF DR. FRANCIS BERNARD'S LIBRARY, 1698

Several prominent medical men have collected together quite extensive libraries, but all too frequently the auction catalogue is the sole monument to these collections. Askew and Mead possessed very large libraries, which were sold at the deaths of their owners, and even the sale catalogues are rare. Of recent years, Sir William Osler and Harvey Cushing both acquired remarkable private libraries, which they bequeathed respectively to McGill and Yale Universities. The fine catalogues of these two collections are guides to living libraries, not memorials to proud collections now scattered far and wide.

Francis Bernard (1627-1698) became Assistant Physician to Bart.'s in 1678, and was also Physician to James II. He had been created M.D. by Archbishop Sancroft in 1678, and was incorporated M.D. at Cambridge the same year, while in 1687 he was elected a Fellow of the College of Physicians. During the Plague, Francis Bernard remained in London, and he appears to have been very popular, being a great friend of Sir Hans Sloane. One of his case-books is among the Sloane MSS. in the British Museum.

Bernard lived in Little Britain, and here he collected together an extensive library, of which he is said to have read every volume. He was keenly interested in astrology, poetry and theology, and in addition to Greek and Latin, knew Italian, Spanish and French. At his death the books were sold by auction, and it is said that his library was the most extensive to be sold by auction in the seventeenth century. A list of the books was printed as *A catalogue of the library of the late learned Dr. Francis Bernard, Fellow of the College of Physicians, and Physician to St. Bartholomew's Hospital . . . Which will be sold by auction at the doctor's late dwelling house in Little Britain: the sale to begin on Tuesday, Oct. 4, 1698.* It contains 14,747 works and 39 bundles, of which there are 869 books on Theology, 277 on Law, 938 on Mathematics, 4,484 on Medicine, 4,950 on Philology, etc., 1,163 on Italian, Spanish and French, and 2,066 devoted to Divinity, History, etc.

Francis Bernard collected books to read them. As the writer of the introductory "To the reader" puts it: "We must confess that being a Person who Collected his Books for Use, and not for Ostentation or Ornament, he seem'd no more solicitous about their Dress than his own; and therefore you'll find that a gilt Back or a large Margin was very seldom any induce-

ment to him to buy." The section on medicine is very rich, and to quote the introduction: "As for the Books of his own Faculty, tho' it be not an entire Collection (for who could, or rather, who would have one in Physick?) yet it may be said, that it is infinitely the best and largest that ever yet appeared in these Islands." Many of the volumes are very rare, and were not readily met with even at that period: "Certain it is, this Library contains not a few which never appeared in any Auction here before; nor indeed, as I have heard him say, for ought he knew, and he knew as well as any man living, in any Printed Catalogue in the World." One must allow for misprints in the auction catalogue (there is a printed book dated 1048!), but it is always just possible that an edition of a book has completely disappeared. We find on page 114, No. 1,150, the entry, *Harvey Guil. de Motu Cordis in Animalibus, Fr. 1627*, the earliest known edition, of course, being 1628. Bernard possessed a copy of *Harvey's De generatione*, 1651, which had been presented to him by the author, and it would be of interest to ascertain the correct date of the former volume.

The Catalogue lists several Caxtons, but as these have been counted by various authorities, none of which agree, we refrain from adding to the chaos. Elton states there were 13 fine Caxtons which fetched less than 2 guineas; De Ricci gives 16 Caxtons, which sold for 4/- or 5/- each; Lawler lists 22 Caxtons with their prices; Fletcher says "about a dozen Caxtons"; while Norman Moore states 16 Caxtons! It is difficult to trace individual items on account of the arrangement of the Catalogue, but it is of interest to note that Caxton's *Hist. of Troy*, printed at London, is dated 1471, when the earliest Bruges edition was not printed until 1474, and Caxton had not become established in Westminster until the end of 1476. To complete the confusion, Lawler states that the sale realised about £5,000, while Fletcher gives £1,920. Perhaps the priced catalogue in the British Museum would settle the matter, should one be willing to total up almost 15,000 lots!

Obviously Francis Bernard was a remarkable man, and it is interesting to note that his younger (very much younger) brother, Charles Bernard (1650-1711), was also a great book-collector, and was Surgeon to Bart.'s Hospital. He collected books as a bibliophile, but his library ended, as did that of Francis, with an auction catalogue as a tombstone.

JOHN L. THORNTON.



WHAT THE DOCTOR ORDERED

Oh, Dr. F—! You have done it again!  
Those gyri and sulci which pattern your brain,  
Once yielding hypotheses, "shalts" and "shalts-not,"

Now formulate laws that must needs cap the lot.  
You telescope Vivas, make signs-up pre-fixed;  
Denote Text-book pages, so lads don't get mixed;

Assign demonstrators on definite days,  
At pre-scheduled hours. A plan beyond praise.  
But as every brave plan sports its own bitter pill,  
Your system denounces the right to fall ill;

Excused by certificate only—or death:  
But what about syphilis, gout or bad breath?  
This State Control, Doctor—endemic to-day—  
Has landed on Bart.'s and is anxious to stay.

However, your system of signs-up is sound:  
It's herd-regimental and covers much ground:  
Allowing no trifling, toying with Fate:  
No groans of "I'm sick" or "I'm tired" or "I'm late."

The age of lethargic excuses is past;  
No more bouts of toothache or "Let's take ours last!"

The old student standbys no longer bear weight;  
Henceforth, young man—you're a tool of the State.

Gone are those slumberful mornings in bed,  
With your stomach relaxed and a brain thick as lead.

Smashed are those thoughts of seducing that Wren

With the curved T. & A. and the fine H. & N.  
Back to the Textbook, the Treadwheel, the Corpse!

(With occasional glances at "Starlings" and "Thorpes").

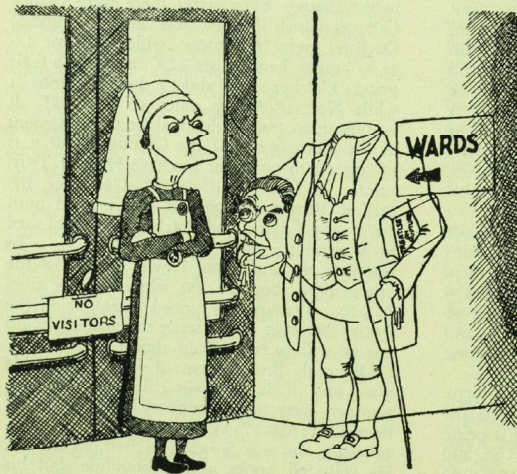
Dust those dank cobwebs from off your dim brain!

Open those "Practical Manuals" again!  
Scrape that green mould off your brown, withered Parts.

Nose to the grindstone—you son-of-a-Bart.'s!  
Thanks to your brave rigid plan, Dr. F—,

The Fate of your "2nd year" children is sealed!

T. C. W.



"Egad Woman, I was Percivall Pott!"

DEFINITIONS

"A baby is a mass of conditioned and unconditioned reflexes, leaking at every orifice."

DR. STRAUSS.

FREUDIAN

"The baby was crying lustfully."

—STUDENT.

INFANT WELF 'ARE'

"The mother should pot the infant at an early age."

—PAEDIATRICIAN.

If she can!

MIXED FEELINGS

"Put your fingers in and see if you can see it."

—SURGEON.

Why not put in your nose and feel if you can hear it?

CRICKET

Saturday, July 6th, v. St. Mary's Hospital, at Teddington; Drawn.

In this match we were up against powerful opponents, and for the fact that we scraped home with a draw, we have to thank the dance they attended the night before, the timing of their declaration and the ability of some of our batsmen to stay in.

Having won the toss, they seized their opportunity to bat and gave us a nice run-about in the sun for two hours while they did much as they liked with the bowling. Ewart-Davies seemed the most dangerous of our bowlers, and with the new ball he bowled several overs at a great pace and with considerable accuracy. Odlum bowled E. K. Scott with a ball which was not seen to break by anyone else, but into which he put much thought. However, the rate of scoring became steadily faster, and having taken 19 runs off the last over, they declared at 176 for 4.

We began very well and shortly before the second wicket fell at 51 the situation looked promising. Then came the collapse with which we are so familiar, and when Hawkes was fourth out for a good 30, we could hope only for a draw. That this was achieved was largely due to Vazifdar, who kept up his end a surprisingly long time for only 4 runs. Scott was bowling leg-breaks very accurately, but could not turn the ball much on so perfect a wicket. Several of us offered him our wickets cheaply—and some free—by playing back instead of forward, but the last pair, obliged to play out some two or three overs together, refused to be dislodged and saved us from ignominious defeat.

ST. MARY'S HOSPITAL.

P. R. Graham, run out ... ..	32
J. Hall, lbw, b Ewart-Davies ... ..	17
A. Garnham, c Franklin, b Elliott ... ..	42
E. K. Scott, b Odlum ... ..	8
N. O. Bennett, not out ... ..	62
R. W. Watson, not out ... ..	4
Extras ... ..	11

(For 4 wkts. dec.) 176

Bowling: Ewart-Davies, 9—1, 24—1; Vazifdar, 7—2, 26—0; Hawkes, 9—1, 20—0; Odlum, 8—0, 48—1; Franklin, 3—0, 21—0; Elliott, 3—0, 7—1; Morgan, 1—0, 19—0.

ST. BART'S HOSPITAL.

P. H. R. Hawkes, b Scott ... ..	30
P. D. Moyes, b Davidson ... ..	9
J. E. R. Dixon, c Scott, b Watson ... ..	9
R. Morgan, b Scott ... ..	0
J. S. Vazifdar, b Scott ... ..	4
N. G. O. Gourlay, lbw, b Scott ... ..	2
C. Franklin, lbw, b Scott ... ..	0
H. R. Odlum, c Devine, b Bennett ... ..	9
C. G. Elliott, c Lewis, b Watson ... ..	1
P. Haigh, not out ... ..	1
T. Ewart-Davies, not out ... ..	3
Extras ... ..	8

(For 9 wkts.) 74

Sunday, July 7th, v. Old Meadonians, at Chislehurst; Won.

We were able to play this match, postponed from a very wet Victory Day, in weather which remained perfect throughout.

Gourlay lost the toss and we assembled 10 men and a substitute and took the field at 12 o'clock. Ewart-Davies opened the attack and in his fourth over took the first wicket. Nine more overs were bowled, during which a sitter was dropped in the gully off Vazifdar, without any further wickets falling, and it was clear that the opening bowlers, in spite of great accuracy and much skill, were out of luck. Then Odlum came on and induced the batsmen to lash out at his first ball, but it was almost out of reach and Moyes at the wicket took the catch; 47 for 2. Seven more overs and another wicket to Odlum, then in the next over Williamson (45) was well stumped by Moyes off Odlum, and the rout had begun. With the fifth ball of the last over before lunch, Odlum deceived the batsman into hitting his wicket, and we went in to lunch with the score 85 for 5. After lunch with the remaining ball of his over, Odlum dismissed the new batsman and had to wait while another over was bowled before Gourlay at mid-off took the catch, which made the hat-trick. Ewart-Davies managed to snatch a quick wicket, before Odlum cleverly deceived the batsman, who was running out to hit him, by bowling a much faster ball and Moyes had the bails off in a flash. Which gave Odlum 8 wickets for 25 runs.

In reply Hawkes, batting in his best form, gave us a very good start before being caught and bowled most surprisingly from a colossal drive, and Vazifdar carried on the good work.

After we had won by 7 wickets soon after tea, we carried on and were all out for 132, then we gave the Old Meadonians another innings and got them out for 81.

OLD MEADONIANS.

Kirkwood, lbw, b Ewart-Davies ... ..	8
Williamson, st Moyes, b Odlum ... ..	45
Woodward, c Moyes, b Odlum ... ..	4
Mayoreas, b Odlum ... ..	8
Jones, hit wkt., b Odlum ... ..	7
Rix, c and b Odlum ... ..	4
Wilson, b Odlum ... ..	0
Woods, c Gourlay, b Odlum ... ..	0
Wales, st Moyes, b Odlum ... ..	5
Long, c Moyes, b Ewart-Davies ... ..	0
Hewitt, not out ... ..	0
Extras ... ..	10

94

Bowling: Ewart-Davies, 9—2, 14—2; Vazifdar, 9—1, 24—0; Elliott, 7—0, 18—0; Odlum, 8.2—1, 25—8.

ST. BART'S HOSPITAL.

P. H. R. Hawkes, c and b Rix ... ..	46
P. D. Moyes, c Mayoreas, b Williamson ... ..	8
J. E. R. Dixon, c Long, b Woods ... ..	11
J. S. Vazifdar, not out ... ..	25
R. Morgan, not out ... ..	4
Extras ... ..	1

(For 3 wkts.) 95

N. G. O. Gourlay, H. R. Odlum, C. G. Elliott, P. Haigh, R. A. Struthers and T. Ewart-Davies did not bat.



**BART'S ALPINE CLUB**

A Climbing Meet is to be held this autumn at Kelys, the Climbers' Club Hut in N. Wales.

The secretary, J. W. Platt, would like to receive the names of all those gentlemen wishing to attend this meet.

Previous experience of rock climbing, though a useful attribute, is by no means a necessary qualification.

Certain older and experienced members of the staff have kindly consented to support this meet by their presence.

The actual date of the meet will be decided by a general consensus of opinion. It will be during the period September—November.

The secretary will be glad to furnish further particulars on request.

T. W. P.

**BIRTH**

ANDREWS—On April 10th, 1946, at Bricket House Nursing Home, St. Albans, to Daphne (née Smith), wife of F/O. B. E. Andrews, R.A.F.V.R. (now in India), a daughter.

**DEATH**

GERARD CHARLES TAYLOR, O.B.E., M.D.—On June 2nd, 1946, at 3, Kingsdale Road, Berkhamstead, Herts.

**CHANGES OF ADDRESS**

DR. AND MRS. JOHN GROVES to The Priory, Ledbury, Herefordshire. Tel.: 177.

DR. H. C. KILLINGBACK to Tile House, Uxbridge Road, Stanmore, Middlesex.

DR. L. LEVY to P.O. Box 6457, Johannesburg, South Africa.

MR. D. F. ELLISON NASH to 25, Park Crescent, Portland Place, London, W.1. Tel.: Welbeck 5100.


DR. R. BODLEY SCOTT to 90a, Harley Street, London, W.1. Tel.: Welbeck 7877.

MR. VERNON THOMPSON to 6, Wimpole Street, London, W.1. Tel.: Langham 4335.

**HONOUR**

During a recent visit to Prague, the Order of the White Lion of Czechoslovakia was conferred by President Běnes upon Mr. G. C. Knight, for his services as a Neurological Surgeon to the Forces of the Czech Republic.

This is the principal Order of the Republic, the only other British Surgeon to hold it being Mr. McIndoe—also a Bart's man—who received the decoration for the plastic work he carried out for the Czech air force.



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Varicose Conditions**

'Elastocrepe' is 'Elastoplast' cloth without the adhesive spread. It therefore has the same unique *stretch* and *regain* properties associated with 'Elastoplast'. Superior to the ordinary crepe bandage—washing *renews* elasticity.

**Elastocrepe**  
TRADE MARK

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**REMINDER:** *Smith and Nephew P.O.P. Bandages now carry the universal Trade Mark 'GYPSONA'*

# M & B Acridine Antiseptics

Demonstration of the efficiency of the newer members of the acridine group of antiseptics, with a pH value approaching neutrality, has led to renewed interest in the group and will extend the range of their indications. In comparison with the original compounds the local and systemic toxicity is reduced without any diminution in antibacterial activity. Isotonic solutions can be safely applied to the most delicate tissues and in addition 5-aminoacridine causes no deep staining of the tissues.

**PROFLAVINE MONOHYDROCHLORIDE—M & B**

**PROFLAVINE HEMISULPHATE—M & B**

(Neutralised Proflavine)

**5-AMINOACRIDINE HYDROCHLORIDE—M & B**

Powder : Bottles of 5, 25, 100 and 500 grammes.

The original acridine derivatives, Acriflavine—M & B, Euflavine—M & B and Proflavine Sulphate—M & B, are available should they be preferred.



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# PENICILLIN

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### PENICILLIN (Sodium Salt)

Rubber-capped vials containing:—  
100,000 International Units  
200,000 International Units  
500,000 International Units  
1,000,000 International Units  
(1 mega unit)

### SUSPENSION OF PENICILLIN

(Calcium Salt)

A sterile suspension in ethyl oleate with beeswax for injection.

Rubber-capped vials containing:—  
10 c.c. (125,000 International Units per c.c.m.)  
20 c.c. (125,000 International Units per c.c.m.)

### OILY INJECTION OF PENICILLIN, B.P.

A sterile suspension in arachis oil with beeswax.  
Rubber-capped vials containing 125,000 International Units per c.c.m.

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### PENICILLIN LOZENGES (Troch. Penicil., B.P.)

500 International Units per Lozenge. Bottles of 50.



MEDICAL DEPARTMENT  
BOOTS PURE DRUG COMPANY LIMITED NOTTINGHAM

BB154-183

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### PENICILLIN OINTMENT (Ung. Penicil., B.P.)

A reasonably stable preparation for the local treatment of pyogenic infections.

Supplied in collapsible tubes containing 1 oz.  
500 International Units per gramme.  
(Available soon)

### PENICILLIN EYE OINTMENT

(Oculent. Penicil., B.P.)

A reasonably stable ointment for ophthalmic use.

Supplied in 1 drachm ophthalmic tubes.  
1,000 International Units per gramme.  
(Available soon)

### STERILE POWDER OF PENICILLIN

(Calcium Salt) WITH SULPHATHIAZOLE

For External use

Contains 5,000 International Units per gramme  
Bottles of 15 grammes  
Bottles of 100 grammes

# ST. BARTHOLOMEW'S



# HOSPITAL JOURNAL

Vol. L

SEPTEMBER 1st, 1946.

No. 8

## THE COGITATIONS of DEWI

Football and hockey starts. Mingled with one's regrets for the game of tennis which one did not play, and the "chance of a knock" which one neglected, comes pleasant anticipation of the season which lies ahead.

To the bosoms of club-officials this anticipation brings honourable worries. Mr. Dixon wonders optimistically whether the Hockey Club will repeat its successes of last season. Mr. Mangan meditates upon his fixture-list and ponders over the lusty material at the disposal of the Soccer Club. And Mr. Dewi Morgan runs fingers through his inimitable hair and mutters Celtic expletives beneath his breath.

While intending no disrespect to other clubs we must consider that on Mr. Morgan's ample shoulders lies the heaviest burden of the three. Rightly or wrongly the character of the hospital is largely judged upon the performance of its Rugger Club and the problems of Mr. Morgan are, in consequence, the problems of us all.

His difficulties start long before the kick-off. Before the first ball goes into touch he must have his principles in line. Shall he pick players for their personal prowess or for their ability to form part of a united team? Must he discard from the beginning the busy Houseman who cannot play mid-week Cuppers and the erratic genius who will not follow instructions? These, and other questions of general policy, he either must or has decided, for the more definite his views on that persistent problem of What's Wrong with Bart's Rugger, the better will he be able to pass on his fine reserves of personal enthusiasm.

This question can easily be answered if we ask it correctly. If we stop saying What is Wrong and start saying Who is Wrong (with an inward glance at our own attitudes) the

problem solves itself. It is useless for Mr. Morgan's enthusiasm to be infectious if his followers have inoculated themselves with cynicism. Let us explain. When Mr. Dixey last spoke in public (at the General Meeting of the Union) he felt it necessary to apologise (and to blame the Girl Guides) for his use of the expression "Team Spirit." That such an acute observer of human nature as Mr. Dixey should judge this apology to be necessary is a severe reflection upon the mentality of his audience. Should Mr. Morgan encounter the same jeering response which Mr. Dixey anticipated; should the majority of Bart's really consider that self-discipline and enthusiasm are fit objects for derision, then our fixture-card must be cancelled forthwith.

We enjoy the company of the sociable and bibulous as all good Bart's men should. But if Mr. Morgan decides to profit by the standard criticism of last year's team and insists that his players confine their physical excesses exclusively to that part of the week-end which follows the match, we cannot but consider his attitude sound and worthy of support. And if, having conferred upon the lucky ones the honour of representing us, he asks that they shall appear regularly and punctually, we (who, alas! will not be among the chosen) can only envy those who receive such an honour at so small a price.

We would also prescribe the proscription of another common fallacy. Even the most dutiful and public-spirited among us are liable in their off-moments, to complain that there are not enough ready-made rugger-players joining the hospital. That Bart's are happy to use players who have learnt their skill elsewhere is obvious, but that we should also make the utmost use of talent which comes here in the undeveloped



state is also imperative and often forgotten.

With all this advice let us mix a word of congratulation. We are pleased indeed to hear that the "A" XV is at last to appear in white uniform. In a successful club there should be but little interchange of talent between the 1st and the "A," but with the reappearance of the "A" Interhospital Cup the fielding of a well-turned-out and enthusiastic "A" sides becomes more important than ever. We hope that they too may remain of fairly constant composition from week to week.

One word remains. On top of his other duties Mr. Morgan must not allow himself to play the host unaided. Last year it was not always obvious that opposing teams were not the private guests of the captain. This year we hope that all will do their share whether off the field or on it.

#### THE PUBLICATION COMMITTEE

Dr. R. Bodley-Scott has kindly accepted our invitation to join the Publication Committee.

#### TIMES FOR ATTENDANCE IN OUTPATIENTS' DEPARTMENT

In reply to several requests from both Students and Practitioners we are including in this JOURNAL an official list of times for attendance in the Outpatients' and Special Departments of the Hospital. The list is up-to-date and will be revised as necessary.

## CYSTOMETRY and the CYSTOMETROGRAM

By C. E. HARTLEY

This paper is written in the attempt to stimulate interest in urinary bladder function rather than to submit results obtained by use of the cystometer: this is necessary since the series of cystometries so far carried out does not provide sufficient material on which to base results of statistical value. Anyone whose interest in this method of recording bladder function is aroused by the present paper should refer to the studies in cystometry made by Denny-Brown and Robertson in this country and Munro in America.

#### DEFINITION

Cystometry is the study of the neuro-muscular mechanisms of the bladder by means of simultaneous measurements of pressure and capacity.

#### CONTRIBUTIONS

Contributions for the October issue should be received on or before September 20th.

We should like to remind contributors that the Publication Committee cannot consider articles unless the writer includes his name. Names, however, will not actually be published without the author's permission.

#### OUR FAULT?

We apologise for certain mistakes which occurred in a notice published in last month's issue on behalf of the Bart.'s Alpine Club. In a letter to the Editor, the secretary, Mr. J. W. Platt, draws our attention to the following facts:

- (1) That his initials are J. W. P. not T. W. P.
- (2) That the name of the Club Hut is HELYG (not KELYS).
- (3) That he wrote "certain other experienced members of the club"—not "certain older experienced members," noting with admirable logic that climbers are never old—they either remain eternally young or get killed.

We should like to draw Mr. Platt's attention to his own writing. Whilst fully appreciating the originality of his style we believe that something approximating more nearly to our usual conception of English handwriting would prove to be more intelligible.

The results obtained can most conveniently and clearly be recorded in the form of a graph—the cystometrogram, in which intra-vesical pressure at a given moment is plotted against the volume of fluid producing it.

#### APPARATUS

The apparatus used is one modified from that recommended by Munro, and is illustrated opposite. With the outlet clip B closed, fluid admitted through A from a reservoir, enters the bladder whose internal pressure fluctuations are simultaneously recorded on the manometer. The board on which the system is mounted can be raised or lowered on its stand so as to align the base of the manometer with the symphysis pubis level.

#### METHOD

The bladder is first emptied, if possible in the upright position, so that when a catheter has been passed an estimation of the residual urine can be made. As the catheter is being passed, an estimate should also be made of the resistance offered by the external sphincter: this may provide useful indication of the sphincter tone, though other causes of difficulty of catheterisation in the male may confuse the issue.

The catheters used should ideally be of uniform size, but experience would tend to confirm the expectation that providing the bore of the catheter was adequate, consistency of record could be obtained by introducing a glass connection of constant bore between the catheter and the manometer. Munro advises the use of a catheter with a terminal opening, but again the laws of hydrostatics would not seem to be prejudicial to the catheter with a laterally positioned opening. Once the catheter has been passed, the bladder is allowed to empty completely. In atonic bladders considerable care must be taken and time expended in ensuring such an emptying before the cystometry is commenced.

With the bladder empty, the apparatus is connected to the catheter with the tubing suitably filled with antiseptic fluid, so that air can be expelled prior to lowering the base of the manometer to the level of the symphysis pubis. The fluid level in the manometer is then adjusted to zero and the clip A opened to admit 1:4,000 oxycyanide of mercury, or other suitable antiseptic, at the approximate rate of 10 ccs. per minute. To maintain this rate as near constant as possible, continual adjustments may be necessary as the intra-vesical pressure rises with increasing volumes.

The test chosen for this present series consisted of running 500 ccs. or less—as circumstances permitted—into the bladder in this way, taking 30 readings of intra vesical

pressure for every 50 ccs. volumetric increase; the time also being noted at every 50 cc. stage. No great accuracy is claimed for this method of recording results, since too much obviously depends upon the ability of the operator in spacing his 30 readings evenly during each 50 cc. increase in bladder content, but it should answer most of the purposes of cystometry.

The important part played by the intra-abdominal pressure in augmenting the intra-vesical pressure, was demonstrated by alternate raising and lowering of the foot of the bed during the cystometry, when as much as 6 or 7 cms. pressure variation was recorded over a wide range of pressures and volumes, thus emphasising the need for silence and immobility in the patient during the test. During cystometry, observation should be made of the reaction of the patient to bladder distention as regarding discomfort, pain and desire for micturition experienced.

#### THE NORMAL CYSTOMETROGRAM

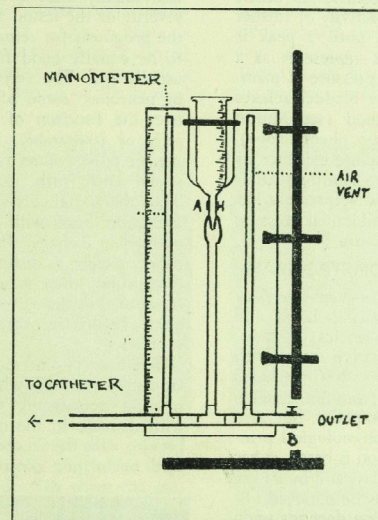
The abnormalities of bladder function can only be appreciated in comparison with the normal and this is particularly so in the realm of cystometry. The present series of cystometries does not include any "normals," and knowledge of the normal cystometrogram is

based on the series of 51 cases recorded by Munro (1936).

The two main types of normal response to slow filling may be described as follows:—

(1) The bladder accommodates increasing volumes with minimal rise in pressure (15 cms. usually not being exceeded up to 350 ccs.) by cerebral inhibition of detrusor activity (partial or complete) until some 350-450 ccs. volume is recorded, when the tetanic level of stretch is reached and the bladder empties by bursts of tetanic activity.

(2) Similar partial or complete inhibition of detrusor activity occurs until a volume of 350-450 ccs. is reached, when detrusor activity builds up to a level producing the desire for micturi-



APPARATUS



tion; the detrusor waves then summate to produce emptying of the bladder by a single contraction.

There is little essential difference between the two methods described and providing that minor variations are recognised as normal, further division or unification of response to stretch are unnecessary. What is of importance is that the true detrusor wave of contraction should be recognised and differentiated from the artefact. This detrusor contraction is aptly described as a wave since it is a step phenomenon both on the wax and the wane. First, in response to stretching of the bladder wall, a proportion only of the muscle fibres shorten before augmentation of this contraction occurs—once or repeatedly—by the activity of further sets of fibres, this continues until a peak is reached which on the graph represents as a "plateau" effect, that is the pressure is maintained momentarily before the bladder relaxes again by the same step method (see Munro (1936) for his analysis of the phenomenon). The true detrusor wave is absolute evidence of the functional integrity of the neuro-muscular mechanism, whereas the artefact represents but the secondary effect of intra-abdominal pressure variations on intra-vesical pressure.

#### THE ABNORMAL CYSTOMETROGRAM

The diagnostic value of cystometry is perhaps limited (see paper by Weyrauch, Lucia and Howard (1944) on the deficiencies of cystometrograms) by the comparative ease with which a diagnosis of bladder dysfunction is arrived at, by observation and from the patient's own history of his or her complaint, but as a means of demonstrating the physiological principles on which that dysfunction is based, it has a definitely valuable part to play, and by its use a more complete diagnosis may be achieved.

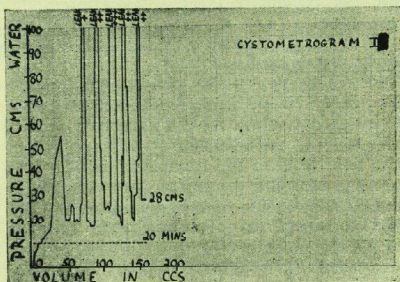
The normal act of micturition depends upon the integrated function of—(1) the cerebrum, (2) the micturition centre with lumbar spinal cord, and (3) the peripheral neuro-muscular mechanism of the bladder. In this co-ordinated reflex act, the cerebrum exerts a controlling influence over the cord centre, itself the only true micturition centre, which in turn depends for its function upon the integrity of the vesical neuro-muscular mechanism.

In lesions of the central nervous system, bladder function is determined by—not only the nature of the lesion, but also and as importantly, the level at which that lesion is active. Any lesion of the higher centres themselves or one situated below them but still cephalad to the lumbar cord centre, interrupts partly or completely the passage of inhibitory impulses from

the cerebrum, and incontinence is to be expected from the subsequent uncontrolled detrusor activity which is the response to distension of the bladder. Any lesion, on the other hand, of the micturition centre itself, or one situated distal to it, produces a toneless, afunctional bladder—in degree as the lesion is severe, known as the atonic bladder. Examples of these "high" and "low" cord bladders will now be given.

The two cystometrograms that follow illustrate the effect of lesions above the lumbar cord centre, which is the production of a hypertonic, hyper-excitable bladder—deprived as it is, of the controlling influence of the cerebrum: individually these two cases differ only in the severity of the lesion at the time of cystometry, the prognosis for return of function happening to be equally good for both; but this is not usually so. The cerebrum with its profusion of neurones, some of which are able to take over the function of others damaged temporarily or irreparably, must necessarily have a greater power of recovery from injury than the spinal cord with its irreplaceable elements. Thus the spinal cord compression, contusion or laceration, bears with it a greater likelihood of permanent damage, which in the context of this paper means a disturbance of the reflex of micturition, than a similar injury within the cranium; but the cystometrograms in the initial phase before recovery sets in are essentially similar.

The first cystometrogram shown was obtained from a man of 38, who had sustained a severe cerebral concussion two months previously, with damage to the medulla oblongata; interference with the co-ordination of cerebrum and cord micturition centre therefore resulted.

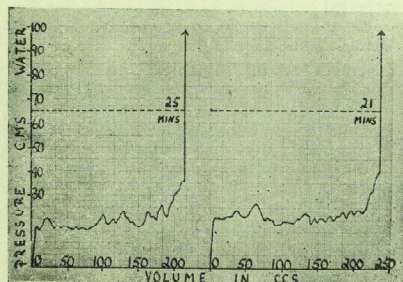


It demonstrates what probably amounts to complete absence of cortical inhibition of detrusor activity—due to the medullary damage, such that emptying contractions occurred at

every stimulus represented by 20 ccs. or less increase in intra-vesical volume. Consequent upon this, although his peripheral neuro-muscular mechanism was unaffected by the injury, he was yet incontinent of urine in his sleep, unless awakened at intervals during the night to forestall this occurrence.

It represents an extreme example of the hypertonic, hyper-excitable bladder.

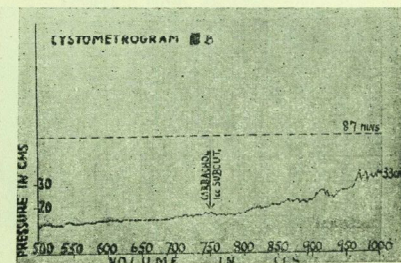
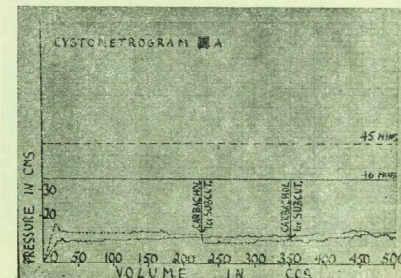
The second cystometrogram is of a similar case, but of less severity, in a man aged 50, whose bladder function was recovering after relief of a spinal cord compression at the (cord) level of D9. The lesion is again one at a site to interfere with the transmission of cerebral impulses of inhibition of detrusor activity, leaving the micturition centre and neuro-muscular mechanism intact. Again there is hypertonicity and hyper-excitability as instanced by an emptying contraction occurring at a volume of 200-250 ccs. instead of the normal 350-450 ccs.



This is the so-called "automatic spinal bladder," a result not only of the lesion illustrated but also of tabes dorsalis when the sensory fibres of the bladder are alone destroyed. Unless such patients are trained to empty their bladders regularly, a contraction occurs leading to an incontinence beyond their power to control, as a response to a certain dimensional distension. In this case, as can be seen from the cystometrogram, the distension needed to be of the order of 250 ccs. before this effect was occasioned. Note the uniformity of the two records in this respect, and the associated hypertonicity (normal pressure for the first 250 ccs. would be less than 10 cms.), which cystometry has shown, is a stage through which all bladder recovery must proceed.

Lesions at a lower level, both of the cord centre itself and of the cauda equina and nervi erigentes, give rise to the atonic bladder—exemplified in the following case. This man had "retention with overflow," a result in his case

either of incomplete paralysis of the external sphincter, or a result of the resistance offered by the long and tortuous male urethra to the passage of urine. In the female, where this latter factor is at a discount, the atonic bladder is usually accompanied by an almost constant dribbling incontinence of urine, despite the retention of very small quantities in the bladder at low pressure. In the male, therefore, a fair degree of control over micturition should be established—despite a complete lesion of, for instance, the cauda equina, since his atonic bladder will hold moderate volumes of urine retained by the sphincter-like effect of the perineum; and by applying suprapubic pressure he will be able to pass urine at convenient intervals. The lot of these patients is therefore demonstrably better than that of the patient with a higher lesion and a hypertonic bladder; they cannot, however, guard against stress incontinence, which remains a troublesome feature.



The cystometrogram itself demonstrates:—

(1) accommodation of 1,000 ccs. with a rise in intra-vesical pressure of approximately 20 cms. only.

(2) absence of all detrusor activity over a range of distension amounting to twice or three times the volume at which such normally



occurs prior to evacuation of the bladder.

(3) absence of response to the subcutaneous injection of carbachol.

These are the properties of an atonic bladder.

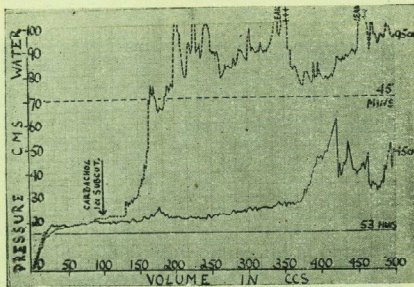
The continuous line tracing in A serves as a control against which the action of carbachol (interrupted-line tracing) can be compared.

Some examples are now given of the way in which cystometry may be of interest and of use to the clinician.

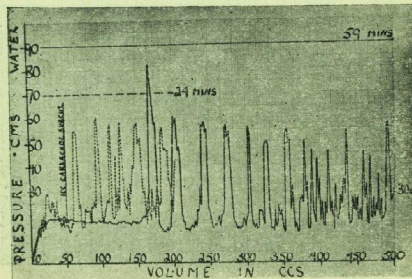
Firstly, cystometograms IV and V demonstrate two differing actions carbachol would seem to have on the bladder: as before, the continuous line of the tracings serves as a control record with which the action on the interrupted-line tracing can be compared.

Either the exhibition of carbachol causes:

(1) an increase in bladder tone with increased activity superimposed upon it:



or (2) an increased detrusor activity without a sustained rise in bladder tone.



As will be evident on reference to the criteria of normal bladder response to slow filling, the cases used in the above demonstration of the action of carbachol, did not have normal bladders, there being evidence of hypertonicity in both and abnormal excitability in the second.

A useful application of cystometry is in the accurate control of decompression of the over-

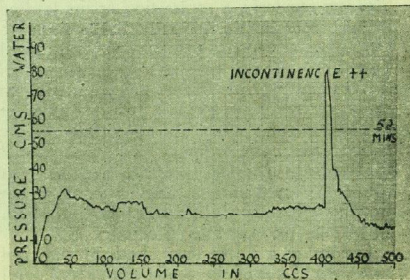
distended urinary bladder. It can be shown that the decompression of such a bladder should be guided by pressure considerations rather than volumetric ones.

In the atonic bladder whose distension has followed—not obstruction to its outflow but paralysis of its muscle wall, large volumes of urine may be retained with little discomfort to the patient, mainly because the intra-vesical pressure is low. In one case with retention of 1,000 ccs. it was only 30 cms., in another it was 17.5 cms. for 1,250 ccs. and in a third 10.5 cms. for a volume of 850 ccs. These bladders behave as elastic bags, and on decompression the pressure falls evenly and proportionally with the fall in intra-vesical volume. Thus slow decompression is unnecessary since the pressure at which a litre of fluid is retained is scarcely higher than that at which some 300 ccs. are contained by the normal bladder, hence an adverse effect upon the kidneys is not to be expected.

On this all would be agreed, but it can be shown cystometrically that in the case of acute painful distension the pressure fall on decompression does not run proportionally with the volumetric fall. Thus decompression without cystometric control is likely to prove unsatisfactory, especially as the intra-vesical pressure may actually rise at one stage as decompression proceeds, due to a stimulation of detrusor activity at the lower pressure level. Above which level the bladder musculature could not previously contract against.

These points were evidenced and amplified in a paper by Cox (*Lancet*, 1945).

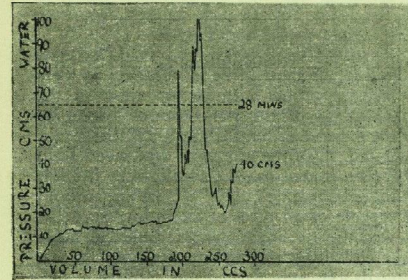
The next three cystometograms are of interest since they illustrate the expected effects of suprapubic cystostomy, of increasing duration, on bladder function.



(1) Suprapubic drainage established for six weeks, showing:—

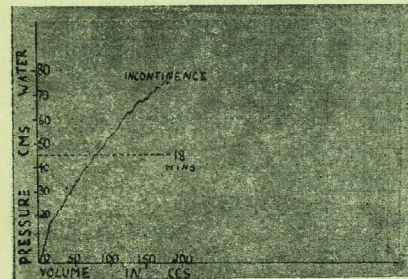
(a) no reduction of capacity,

and (b) moderate hypertonicity (of no significance in this case as the patient had an enlarged prostate, which is commonly associated with hypertrophy and hypertonicity of the bladder).



(2) Suprapubic drainage established for three months, showing:—

(a) moderate reduction of capacity, and (b) moderate hypertonicity.



## A MOOT POINT

Among the platitudes and shop-talk of the Refectory I was much pleased to overhear an excellent argument among three strangers. After a mediocre beginning as a disagreement about evening dress, it developed, as indicated below, into a discussion of the etiquette of dancing. The characters were: A (the Formalist), B (the Unrepentant Modern), and C (the Cynic).

A: The pleasures of getting into elegant evening clothes, etc.

B: That social informality in general was an excellent development and that dancing in particular was now a more pleasant pass-

(3) Suprapubic drainage established for three years, showing:—

(a) gross reduction of capacity, and (b) gross hypertonicity.

N.B.—This was originally an atonic bladder following a cauda equina lesion, thus the absence of detrusor activity is not related to the cystostomy itself.

Cystometry has also had a part to play in the elucidation of such problems as stress incontinence and enuresis, and the latter was fully reported in the *B.M.J.* of October 7th, 1944.

In conclusion, apart from all its other uses, the cystometer can readily be adapted for "tidal drainage," thus encouraging the greater use of this excellent method in the rehabilitation and treatment of bladder dysfunction.

I should like to express my acknowledgment of the help and understanding Mr. J. E. A. O'Connell has given me in the practice of cystometry and in the preparation of this paper, to Mr. J. P. Hosford for allowing me the freedom of his wards and the interest he has shown in this study, and to Dr. B. G. Wells for the photographic reproductions of the original cystometograms.

## REFERENCES

- Bachus, P. L., and Mansell, G. S. (1944), *B.M.J.*, 2, 462.  
 Cox, H. T. (1945), *Lancet*, 1, 138.  
 Denny-Brown, D., and Robertson, E. G. (1933), *Brain*, 56, 179.  
 Munro, D. (1936), *New Engl. J. Med.*, 214, 617.  
 Weyrauch, H. M., Lucia, E. L., and Howard, J. (1944), *J. Urol.*, 51, 191.

time than it had ever been.

A: That the "one partner per evening" development was deplorable.

B: That this was not true of all contemporary dances; that Grosvenor House combined the best of the formal and the informal.

A: That one's table at Grosvenor House contained few new faces and compared poorly with the "open field" of the true Ball.

B: That in all old systems the wallflower problem was insuperable.

A: That wallflowers must be the result of (a) faulty invitation or (b) lack of organisation during the dance; that the problem could



- be solved by re-introducing dance-cards and by reviving in his full capacity the Host or M.C.
- B: That in any but the smallest modern dances this post was outside the capabilities of any one individual.
- A: That inability to produce proficient hosts was a severe charge against modern social training; that the present inelastic system (paradoxically the product of informality) had produced a chicken-hearted generation of young men who jibbed even at the idea of asking for an introduction.
- B: That the whole business of asking for introductions was an irksome artificiality; that A was asking the impossible as most modern dances were now too crowded for any such system to be workable; that dances sensibly timed to allow for private dining beforehand must result in some degree of fixed partnership, and that duty-dances in all their forms were an intolerable bore.
- A: That duty-dances were a small price to pay for the variety of the old order; that they were an elegant and simple method of paying one's respects; that the presence of the older generation as amiable chaperones and venerable gentlemen was an excellent thing. Ideas were mingled and such folk were well

able to supplement the functions of the M.C.

- B: That at the informal one-generation dance one was infinitely more at ease and worth knowing, and that on such occasions one was better able to pick out the best from the ranks of the opposite sex.
- A: That, on the contrary, the snap decisions which one must make in choosing partners without proper introduction were to the advantage of the well-favoured frippet at the expense of her plainer but wittier rivals. At this stage the argument was saved from an abrupt descent into personalities by the following intervention from C: That the artificial atmosphere of all types of dance was such that no worth-while acquaintances could be made and no intelligent discussion could flourish; that many dances were darned uncomfortable anyway; that dancing was conducive to vanity in the female and effeminacy in the male; that it was an expensive luxury, and that all intelligent people should allow dancing to die a natural death.

No further conclusions were reached and I, being unable to decide who was in the right, finished the discussion of my humble sausage and hurried away to take note of the various arguments. These may lead others to interesting conclusions of their own.

EVELYN TENT.

## CORRESPONDENCE

### CENTENARY OF ANÆSTHETICS

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

Dr. C. Langton Hewer points out that the centenary of the administration of chloroform will be 1948. There seems however to be no doubt that 1946 marks the centenary of the first administration of anæsthetics in this country.

It has been recorded as follows, and is usually accepted that: "Liston, with the aid of William Cadge, afterwards of Norwich, performed the first operation under ether in Europe on December 21st, 1846. The patient was a man suffering from septic arthritis of the knee. The thigh was amputated in twenty-five seconds, and the patient left the University College Hospital cured on February 11th, 1847."

It is of interest to note that S. J. Tracy published a pamphlet at St. Bartholomew's Hospital entitled "Description of an Apparatus for the Inhalation of Ether Vapour, with some remarks on its use." The preface of this pamphlet is dated 25th March, 1847.

The pamphlet begins "At the termination of the last year" (1846) "we received a communication from America, through Dr. Boott, which will mark that epoch in the annals of medical history as one of stirring interest to the profession and to suffering humanity. The introduction of the vapour of ether

for the annihilation of pain during surgical operations came upon us as a fact without preface, but as one bearing so much of probability, that the whole profession was at once prepared to entertain it. Little or no account of its application came to us with the intelligence of its discovery, save that Drs. Jackson and Morton, dentists, of Boston, had found that ether vapour had produced insensibility to pain during the extraction of teeth; so that it was left to the ingenuity of our countrymen to carry out the application of the fact.

"Immediately on its becoming known in this country, Mr. Skey requested me to extract some teeth from patients under its influence; and for that purpose Mr. Ferguson, instrument-maker to the hospital, supplied us with a common vapour inhaler, which was charged with ether."

From this it seems quite clear that ether was used for anæsthetic purposes at St. Bartholomew's Hospital in 1846, by S. J. Tracy, at the request of Mr. Frederick Carpenter Skey, at that time a member of the surgical staff, for cases of dental extractions.

Yours faithfully,

6, Ipswich Road,  
Norwich.  
July 26, 1946.  
CHARLES NOON, F.R.C.S.

## WE HAVE BEEN WARNED

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

One cannot help but admire your courage in planning a Gossip Column. But pause awhile, I beg of you, to consider your actions. In the Spring of 1936, as some may remember and any who wishes can verify, Geoffrey Flavell had the same idea. Perhaps our error was that we sprang "Sequestra"—by "The Probe" on an unsuspecting public. I was "The Probe." Of the "Sequestra" themselves I need say little save that as I had taken the precaution of lampooning only my personal friends I escaped any serious legal action. But I dare not visualise the consequences of gossiping about one's enemies. But the column also contained Charles Fletcher's first *Candid Camera* study—of Dr. Geoffrey Evans and Dr. George Graham, respectively solemn and mournful, contemplating an unseen cadaver in the post-mortem room. The caption, if I may remind you, readers, was "Let us Pray: A Shot at the recent Oxford Group Rally." Following publication there was an uneasy silence for a few days except in the Abernethian Room where almost uniform praise was expressed. The JOURNAL had woken up at last. But then the storm broke. It was undignified: it was irreligious: it wasn't funny: it was a scandalous thing (said one correspondent) that Drs. Graham and Evans had joined the Group: it was a splanid thing (said another) that they had seen the light.

Now in some ways this was a good thing, for in those days piles of unclaimed journals lay in the cloakroom each month and the same criticisms of

dullness and thinness were levelled at it as are today. Flavell, in three months, had the JOURNAL going like the proverbial hot cakes and this he did in three ways. Firstly, he brought it out on the first of the month. (My copy reached me today, the 24th, after forwarding it is true, but it still left the printer's after the "last day for receiving contributions"). Secondly, he wrote brilliant editorials. Thirdly, he saw that it recorded the doings of the students whose journal it is. (This legacy persists to some extent today). "Sequestra" certainly helped the renaissance but this feature was very soon killed by the weighty opinions of dry-as-dust members of the staff. Only the *Candid Camera* persisted and this was shout of comment. Caricatures were censured. Always the reason given was that the JOURNAL had a circulation (about two dozen complimentary copies) outside the hospital and its subscribers and that these people might form a poor opinion of our saintly institution.

Therefore, sir, I say Go warily! Remember that many of your readers are incapable of appreciating a joke in the pages of the JOURNAL. *Punch*, yes: *Esquire*, possibly: but the JOURNAL, no. Be prepared, too, for a libel action or a house-whipping or both. But if on improvements you are bent then start by publishing on the first of the month even if this means skipping a whole issue to do it.

I remain, sir, your obedient servant,

HOGARTH.

Sevenoaks,  
August 24th, 1946.

## OBITUARY

### VERNON THORNE THORNE, M.B., B.Ch., D.T.M. & H.

*Vernon Thorne Thorne*, born 1904, was the son of Dr. Richard Thorne Thorne and grandson of Sir Richard Thorne Thorne, K.C.B., F.R.S., F.R.C.P., both sons of Bart.'s and the latter on the teaching staff of the Hospital.

Educated at Marlborough and Caius, Cambridge, he entered Bart.'s in 1926, and after qualifying, joined his father in general practice in Woking, but after three years decided to join the Colonial Medical Service and chose Nigeria as his Colony. When the war broke out in 1939, failing to obtain release to join the

R.A.M.C., he continued with his duties in Nigeria and the British Cameroons and worked exceedingly hard for long extended tours. He became seriously ill in March, 1945, and was invalided home in June of that year, suffering from a tropical form of Chronic Endocarditis. After three months in hospital, he returned to his home, where he died on August 5th, 1946. He was married at St. Bartholomew's the Great in January, 1938, and leaves a wife and daughter.

## POEM?

The boy sat on the burning deck,  
A "Bainbridge" on his knee.  
With fuming rage he closed the book  
And flung it in the sea.  
The sea endeavoured to digest  
Its contents, but in vain.  
With anguished might, a wave swept up  
And flung it back again!  
By now the deck was burning fast  
The student did prepare  
To hastily abandon ship  
And leave his "Bainbridge" there.

But sentiment o'ercame the lad  
So, grasping book in hand,  
He plunged into the raging sea  
And rapidly made land.  
The years rolled by, his luck was in,  
And having passed "M.B.,"  
Our lad, commissioned Surgeon Lieut.,  
Returned to roam the sea.  
In still of night, our hero sleeps  
And lets day's duties slide.  
A lucky man is he who sleeps  
With "Bainbridge" by his side!  
MESONEPHROS.



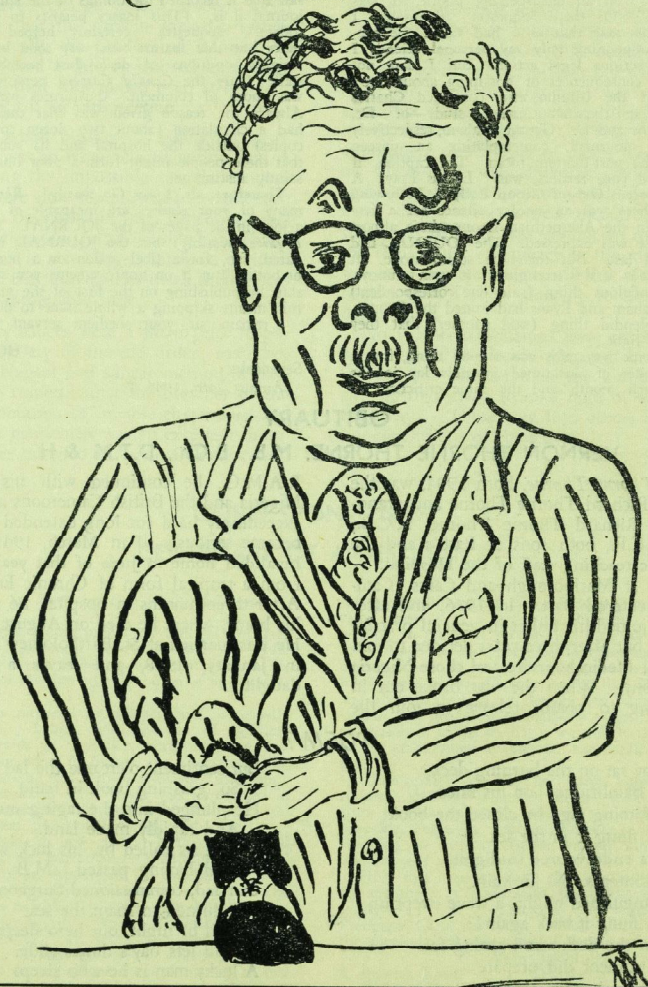
ABERNETHIAN SOCIETY MEETINGS

At 5.30 p.m. in the Anatomy Lecture Theatre, Charterhouse Square.

Thursday, October 17th.—Prof. A. J. E. Cave (recently appointed Professor of Anatomy at Bart.'s) on "The Contributions of Ancient Egypt to Anatomy and Surgery."

Thursday, October 24th.—Medical Films.

LECTURE NOTES



"Now where's that other piece of Slippery Elm?"

Saturday, July 13th, v. Bromley C.C., at Chislehurst; Drawn.

BROMLEY: 206 for 7 declared.  
ST. BART'S HOSPITAL: 125 for 6 wickets.  
P. D. Moyes 45, P. H. R. Hawkes 14, J. S. Vazifdar not out 14.

Saturday, July 20th, v. Rabbits, at Chislehurst; Drawn.

RABBITS: 186 all out.  
ST. BART'S HOSPITAL: 146 for 8 wickets.  
P. H. R. Hawkes 32, P. D. Moyes 20, D. F. Aubin 20, J. E. R. Dixon 18, N. G. O. Gourlay 18.

Sunday, July 21st, v. Public School Wanderers, at Chislehurst; Drawn.

PUBLIC SCHOOL WANDERERS.

K. H. S. Wilson, b Elliott	...	41
A. P. Henderson, c Elliott, b Morgan	...	56
G. J. Higgins, c Gourlay, b Odium	...	10
M. D. L. Hart, st Struthers, b Vazifdar	...	59
H. J. Etheridge, b Haigh	...	12
D. Chapman, not out	...	33
P. Edley, not out	...	11
Extras	...	15

(For 5 wks. dec.) 237

Bowling: Ewart-Davies, 11—0, 61—0; Vazifdar, 9—1, 42—1; Odium, 8—1, 32—1; Elliott, 6—0, 19—1; Morgan, 9—0, 51—1; Haigh, 3—0, 20—1.

ST. BART'S HOSPITAL.

J. S. Vazifdar, c Chapman, b Hart	...	11
P. Haigh, c Higgins, b Henderson	...	11
R. Morgan, c Aubin, b Hart	...	0
N. G. O. Gourlay, c and b Aubin	...	38
J. N. Cozens-Hardy, b Aubin	...	24
C. G. Elliott, b Burton	...	19
H. R. Odium, not out	...	78
R. A. Struthers, c Henderson, b Aubin	...	0
T. Ewart-Davies, c Etheridge, b Hart	...	11
D. G. Taylor, not out	...	0
Extras	...	15

(For 8 wks.) 158

Saturday, July 27th v. Broadwater C.C. at Worthing —Lost.

ST. BART'S HOSPITAL.

J. E. R. Dixon, c Suttle b Pollard	...	24
J. S. Vazifdar, b Wellman	...	6
R. Morgan, c Duffield b Pollard	...	1
N. G. O. Gourlay, b Wellman	...	0
D. Thompson, c Taylor b Pollard	...	2
H. R. Odium, b Mills	...	39
R. A. Struthers, st — b Pollard	...	4
D. G. Taylor, c Pollard b Mills	...	0
P. Goodrich, c Suttle b Pollard	...	3
H. Whitting, b Hills	...	0
W. G. Dawson, not out	...	6
Extras	...	5

BROADWATER C.C.

Suttle, c Dawson b Morgan	...	65
Greenfield, c Morgan b Vazifdar	...	27
Bartlett, st Struthers b Thompson	...	16
White, run out	...	1
Hobden, c Gourlay b Thompson	...	6
Taylor, not out	...	5

Wellman, c and b Thompson	...	3
Extras	...	2
(for 6 wks.)	...	125

BOWLING.

Vazifdar	...	10	1	1	37
Odium	...	7	1	0	33
Morgan	...	6	0	1	34
Thompson	...	5	0	3	16
Whitting	...	1	0	0	1

Sunday, July 28th. Past v. Present at Chislehurst.

Never have we begun so well. Off to a late start, Hawkes and Dixon played with complete confidence. Two overs from Gallimore kept Hawkes very quiet, but otherwise the scoring was steady, and in the 75 minutes before lunch, 98 runs were scored—Hawkes 50, Dixon 46. Hawkes came out ten minutes after lunch, the opening stand producing 124. Dixon was out at 132 for a delightful 82, and there followed some cheap wickets, until at 161 for 6, Gourlay was joined by Elliott and they forced the pace, to allow a declaration at 224, leaving the Past an awkward three-quarters of an hour before tea. Paget and Napier were the most successful bowlers, both coming on after lunch, Paget bowling most tempting slow off-breaks to a scattered field.

Two valuable wickets fell to Vazifdar before tea, but Paget and Gabb stayed together and put on 48. When Odium was brought on to bowl, the innings soon ended, Ballantyne being bowled by a googly which he left alone, and Napier run out by an excellent throw from Hawkes on the square leg boundary. The last wicket fell at 6.10 with 20 minutes to spare.

PRESENT.

P. H. R. Hawkes, c Gallimore b Cochran	...	57
J. E. R. Dixon, c O'Connell b Napier	...	82
R. Morgan, c Ballantyne b Paget	...	4
J. S. Vazifdar, b Paget	...	5
N. G. O. Gourlay, not out	...	39
H. R. Odium, c Gallimore b Napier	...	1
P. Haigh, lbw b Paget	...	0
C. G. Elliott, not out	...	23
Extras	...	13
R. A. Struthers, M. Whiteley and G. Hicks did not bat	...	—
(for 6 wks. dec.)	...	224

BOWLING.

Cochran	12	1	47	1	Dingley	4	0	13	0
Williams	5	1	14	0	O'Connell	3	0	16	0
Ballantyne	6	0	56	0	Napier	5	1	21	2
Gallimore	8	1	28	0	Paget	7	0	27	3
Gabb	3	0	10	0					

PAST.

J. North, b Vazifdar	...	7
C. Paget, c Gourlay b Odium	...	47
J. Gallimore, b Vazifdar	...	0
W. H. Gabb, c and b Odium	...	21
R. Ballantyne, b Odium	...	1
A. Dingley, b Odium	...	4
J. Napier, run out	...	0
J. O'Connell, c and b Morgan	...	5
D. Williams, b Odium	...	1
J. Cochrane, not out	...	5
S. Hewitt, c Struthers b Odium	...	8
Extras	...	6



**BOWLING.**

Hawkes	7	1	20	0
Vazifdar	7	4	12	2
Elliott	4	0	12	0
Odlum	12	2	38	6
Morgan	10.2	2	19	1

Saturday, August 3rd v. Old Millhills at Chislehurst—Lost.

**ST. BART'S HOSPITAL.**

P. D. Moyes, b Saunders	3
J. E. R. Dixon, lbw b Ford	65
N. G. O. Gourlay, b Saunders	18
J. S. Vazifdar, b Catesby	13
R. Morgan, c Naylor b Catesby	1
H. R. Odlum, b Saunders	13
C. G. Elliott, lbw b Lawther	13
P. Haigh, b Saunders	1
R. A. Struthers, not out	3
T. Ewart-Davies, not out	1
C. P. Newcombe did not bat.	
Extras	8
(for 8 wks. dec.)	139

**OLD MILLHILLS.**

D. V. Saunders, c Moyes b Ewart-Davies	4
D. Thatcher, c Vazifdar b Ewart-Davies	5
F. W. Naylor, c Morgan b Odlum	32
A. I. Goldman, not out	70
C. R. Ford, b Odlum	3
I. M. Lawther, not out	28
Extras	4
(for 4 wks.)	146

**BOWLING.**

Ewart-Davies	11	1	2	21
Newcombe	5	0	0	15
Odlum	8	0	2	47
Vazifdar	8	1	0	45
Morgan	3	0	0	14

Sunday, August 4th v. Broxbourne at Broxbourne—Won

Vazifdar and Gourlay enjoyed the Broxbourne bowling to the extent of 65 runs. Vazifdar came out first endeavouring to cut a ball outside the off stump; but it rose and he placed it in gully's hands. Gourlay was tempted by several similar ones until at last he got a snick and the wicket-keeper held it; his innings included six fours. Cozens-Hardy, having had about an hour's practice, hit the ball far when he went in, but picked the longest boundary of all to aim at, and just failed to reach it with a six, though he landed three fours. A hat-trick disposed of Morgan, Odlum and Elliott, but Struthers came to our rescue with some fine drives and a 22 not out.

Vazifdar set an elaborate leg-trap bristling with short legs all placed to the nearest blade of grass, and got the opening bat caught off his first ball in the slips. Bowling with similar abandon he took more wickets in his third, fifth and seventh overs and was then taken off presumably for being too good. Odlum got into difficulties with his run and bowled a no-ball, then brought the innings to an abrupt end with the beginnings of a hat-trick.

**ST. BART'S HOSPITAL.**

P. D. Moyes, c Noble b Stalley	2
J. S. Vazifdar, c Palmer b Clare	27
N. Gourlay, c Noble b Clare	39

R. Morgan, b Stalley	5
J. Cozens-Hardy, b Bailey	18
H. R. Odlum, b Stalley	0
C. G. Elliott, lbw b Stalley	0
R. A. Struthers, not out	22
P. Haigh, c Noble b Bailey	6
T. Ewart-Davies, b Clare	2
P. Goodrich, lbw b Clare	8
Extras	10
	139

**BROXBOURNE.**

Champion, b Ewart-Davies	4
Clare, c Ewart-Davies b Vazifdar	0
Hunt, c Gourlay b Vazifdar	9
Hollow, lbw b Ewart-Davies	7
Bailey, b Vazifdar	15
Chase, b Vazifdar	3
Dart, lbw b Odlum	11
Noble, not out	13
Stalley, run out	4
Clare, b Odlum	17
Palmer, b Odlum	0
Extras	13
	96

**BOWLING.**

Ewart-Davies	7	1	2	24
Vazifdar	7	2	4	20
Elliott	6	2	0	24
Odlum	5.2	0	3	16

Monday, August 5th v. Stanmore at Stanmore—Lost.

**STANMORE.**

M. Daly, lbw b Ewart-Davies	1
J. Rafter, b Vazifdar	3
A. E. Morgan, c Morgan b Ewart-Davies	40
R. F. Curtis, b Ewart-Davies	0
J. B. Chapman, b Vazifdar	0
K. H. Chapman, c Kelly b Ewart-Davies	0
A. W. Rundle, c Moyes b Morgan	3
D. Dalvin, st Moyes b Odlum	1
J. G. Boys, b Ewart-Davies	12
H. F. Osborne, lbw b Ewart-Davies	0
J. Murphy, not out	2
K. E. Watson, b Ewart-Davies	0
Extras	9
	71

**BOWLING.**

Ewart-Davies	10.4	3	7	18
Vazifdar	5	2	2	11
Morgan	9	2	1	23
Odlum	4	0	1	10

**ST. BART'S HOSPITAL.**

P. D. Moyes, b Rafter	1
J. Vazifdar, b Chapman	10
N. Gourlay, b Chapman	3
R. Morgan, b Rafter	2
P. Haigh, b Rafter	6
H. R. Odlum, c Boyes b Chapman	6
C. G. Elliott, lbw b Chapman	14
R. A. Struthers, b Rundle	4
T. Kelly, b Chapman	0
D. G. Taylor, c Daly b Rundle	5
T. Ewart-Davies, not out	1
W. G. Dawson, b Rafter	0
Extras	4
	50

ST. BARTHOLOMEW'S HOSPITAL.  
TIME FOR ATTENDANCE IN THE OUT-PATIENTS' AND SPECIAL DEPARTMENTS.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
<b>MEDICAL OUT-PATIENTS</b> New Cases : 9 a.m.	Dr. Hayward Dr. R. Bodley-Scott at 9 a.m.	Prof. R. V. Christie Dr. E. F. Scowen	Dr. Black Dr. Oswald at 9 a.m.	Dr. Hayward Dr. Bodley-Scott at 9 a.m.	Prof. R. V. Christie Dr. E. F. Scowen at 9 a.m.	Dr. Black Dr. Oswald at 9 a.m.
<b>SURGICAL OUT-PATIENTS</b> New Cases : 9 a.m.	Mr. A. Hunt at 9 a.m.	Mr. M. Boyd at 9 a.m.	Mr. Underwood at 9 a.m.	Mr. Nanton Morgan at 9 a.m.	Mr. H. Rodgers at 9 a.m.	Prof. Paterson Ross at 9 a.m.
<b>DISEASES OF WOMEN &amp; ANTE-NATAL</b>	Mr. John Beattie at 1 p.m.		Dr. Wilfred Shaw (Gynaec.) at 12.30 p.m.	Mr. D. B. Fraser ante-natal 12-30 p.m.		Mr. D. B. Fraser (Gynaec.) at 9 a.m.
<b>ORTHOPAEDIC DEPARTMENT</b>	Mr. J. Burrows at 1 p.m.			Mr. Bedford Russel at 9 a.m.	Mr. Capps at 1 p.m.	
<b>THROAT NOSE &amp; EAR DEPARTMENT</b>	Mr. J. C. Hogg at 9 a.m.	Mr. N. Jory (Aural) at 1 p.m.				
<b>OPHTHALMIC DEPARTMENT</b>	Mr. E. B. Stallard at 9 a.m.	Mr. Rupert Scott at 1 p.m.		Mr. Bedford Russel at 9 a.m.	Mr. Rupert Scott at 1 p.m.	
<b>SKIN DEPARTMENT</b>		Dr. R. M. Mackenna at 9 a.m.	Dr. R. M. Mackenna at 9 a.m.		Dr. R. M. Mackenna at 9 a.m.	
<b>DISEASES OF CHILDREN</b>	Dr. Charles Harris Dr. Franklin at 1 p.m.	Dr. Charles Harris at 1 p.m.		Mr. H. B. Stallard at 9 a.m.	Dr. Franklin at 1 p.m.	
<b>DENTAL DEPARTMENT</b>	9 a.m.	9 a.m.	9 a.m.	9 a.m.	9 a.m.	9 a.m.
<b>TUBERCULOSIS DISPENSARY</b>		12.30 - 2.30 p.m. 1.5 - 7 p.m. (Art. Pneumothorax Clinic at 3 p.m.)				
<b>VENEREAL DEPARTMENT</b>	Men 11.30 - 2 p.m. Male Irrigations 9 a.m. - 6 p.m.	Male Irrigations 9 a.m. - 6 p.m.	Male Irrigations 9 a.m. - 6 p.m.	Men 11.30 - 2 p.m. Male Irrigations 9 a.m. - 5 p.m.	Women & Children 11.30 - 2 p.m. Male Irrigations 9 a.m. - 6 p.m.	Male Irrigations 9 a.m. - 2 a.m.
<b>PLASTIC SURGERY</b>			Mr. A. Melnicoff at 1 p.m. from Oct. 1st.			
<b>PSYCHOLOGICAL DEPT.</b>		Dr. A. Turner at 1 p.m.		Dr. E. B. Strauss at 1.30 p.m. (New Cases only)	Dr. E. B. Strauss at 1.30 p.m. (Old Cases only)	Dr. A. Turner at 1 p.m.
<b>NEUROLOGICAL DEPT.</b>						

\* By appointment only with Welfare Department August, 1946.

+ These hours are intended only for patients who cannot attend at midday.



## EXAMINATION RESULTS

## UNIVERSITY OF OXFORD

## SECOND B.M. EXAMINATION, TRINITY TERM, 1946

*Pharmacology and Principles of Therapeutics*  
Fairbank, W. H. D. Griffiths, A. W.  
Glossop, M. W.

*General Pathology and Bacteriology*  
Evans, H. A.  
*Medicine, Surgery, Midwifery*  
Brooks, D. Hall Cozens-Hardy, J. N.

## UNIVERSITY OF CAMBRIDGE

## FINAL M.B. EXAMINATION, EASTER TERM, 1946

*Part I. Surgery, Midwifery and Gynaecology*  
Bracewell, G. A. Marsh, E. D.  
Clarke, L. W. Williams, R. D.  
Shairp, B. E. Buchanan, J. H. S.  
Bradford, D. C. Richards, D. H.

*Part II. Principles and Practice of Physics, Pathology and Pharmacology*  
Clarke, L. W. Whitmore, H. B.  
Mail, W. D. Finlayson, R.  
Dixey, J. R. B.

## CONJOINT BOARD

## PREMEDICAL EXAMINATION, JUNE, 1946

*Physics*  
Heckford, J. Ladell, R. C. H.  
*Biology*  
Heckford, J. O'Reilly, P. B. M.

## FIRST EXAMINATION, JUNE, 1946

*Anatomy*  
Abraham, R. J. D.  
*Physiology*  
Hacking, S. Abraham, R. J. D.  
*Pharmacology*  
Begley, M. D. March, N. C.  
Blackman, J. H. Maude, A. R.  
Butcher, P. J. A. Merory, P. H.  
Davy, P. H. Monckton, J.  
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Felix Davies, D. D. Osborn, T. W.  
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Glenister, F. W. A. Pugh, J. I.  
Hadfield, G. J. Sacks, D.  
Hindle, J. F. Smallwood, R. I. L.  
Jowett, J. H. G. Thacker, C. K. M.  
Lindon, R. L. Thomson, W. M.  
Mangan, M. K. Vazifdar, J. S.  
*Pathology*  
Colley, R. O. N. G. Pearson, F. A.  
Dossater, A. E. Pilling, A.  
Elliott, C. G. Pugh, J. I.  
Forster, A. L. Renwick, R.  
Hadfield, G. J. Thacker, C. K. M.  
Jenkins, J. S. Timmis, P.  
Molesworth, P. R. H. Treharne, P. G.  
Maitland, R. I. Williamson, T. B.

## FINAL EXAMINATION, JULY, 1946

*Medicine*  
Cartledge, V. L. Newcombe, C. P.  
Davis, P. R. Osborn, T. W.  
Fuller, J. D. Pavey-Smith, J.  
Hadfield, G. J. Pugh, J. I.  
Haire, I. R. Shairp, B. E.  
Hopwood, G. M. Thacker, C. K. M.  
Molesworth, P. R. H. Timmis, P.  
*Surgery*  
Atteridge, J. H. Noon, C. F.  
Brierley, D. S. N. Proctor, I. R. D.  
Buchanan, J. H. S. Pugh, J. I.  
Cooke, H. G. W. Renwick, R.  
Hadfield, G. J. Richards, D. H.  
Hopper, P. K. Storey, R. H.  
Jackson, I. Thacker, C. K. M.  
McCluskey, K. A. Timmis, P.  
Molesworth, P. R. H. Williamson, T. B.  
*Midwifery*  
Bradford, D. C. Pugh, J. I.  
Cheshire, D. J. E. Thacker, C. K. M.  
Cooke, H. G. W. Timmis, P.  
Cocks, R. A. Weston, P. A. M.  
Deane, K. R. H. Williamson, T. B.  
Forster, A. L.

*The following students have completed the examinations for the Diplomas M.R.C.S., L.R.C.P.*

Cartledge, V. L. Pavey-Smith, J.  
Davis, P. R. Pugh, J. I.  
Fuller, J. D. Renwick, R.  
Haire, I. R. Shairp, B. E.  
Jackson, I. Thacker, C. K. M.  
Newcombe, C. P. Timmis, P.

## ANNOUNCEMENTS

## CHANGES OF ADDRESS

R. H. DARRETT to 72, Cole Park Road, Twickenham.  
S. H. C. CLARKE to Brooke House Hotel, Brooke Street, London, E.C.3.  
G. DALLEY to Penarol, Parkstone, Dorset. Tel.: Parkstone 30.  
C. MARTIN-DOYLE to the Riffel House, Claines, Worcestershire. Tel.: Fernhill Heath 28. Professional address: Castle Street, Worcester.  
A. J. H. SPAFFORD to Manor Cottage, Whitchurch, Oxon.

## FENCING

The Bart's Fencing Club, which has been non-existent during the war, has now resumed activities. The Dean has kindly accepted the presidency and officers have been elected. The facilities for fencing have been meagre, but a team has been formed to carry the colours of Bart's for the time being. Our first fixture was against London Hospital, when we put up a fairly good show, losing the foils by 7-9, but winning sabre by 3-4; with more practice we may hope for better results. TEAM: Messrs. Lindon, Nielson, Rosen, Ussher (capt.), Benett. G. R. B.

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**HOSPITAL JOURNAL**

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No. 9

### MOTHER WIT AND CLERGY

There is an old English saying that "*an ounce of mother wit is worth a pound of clergy*", wit being the old name for intelligence and clergy for learning. With its acceptance of the Group Test of Intelligence, modern society has put this old belief into practice. Given a method of assessing intelligence, suitable for use on a large scale, it has seen fit to establish a set of values based upon intelligence rather than learning, upon *potential* rather than *actual* ability. It seems pertinent to enquire whether these tests do in fact measure intelligence and whether it is desirable to attach any great importance to an artificially segregated and artificially measured quality of mind.

Group Tests of Intelligence, first used on a large scale in the American Army during the last war, are now extensively used in this country: in the services, and in the selection of candidates for Grammar Schools and for certain professions, such as the Civil Service. The use of such tests is growing and it seems possible that they may one day guard the entrance to all our higher schools and Universities, so forming part of the inescapable lot of mankind.

To what extent these tests actually measure intelligence must depend not only upon the nature of the test used, but also upon our conception of intelligence. If we define intelligence as the ability to acquire and utilise concepts and divide it into its reproductive and productive aspects, then the majority of Group Tests are essentially measures of the latter quality: that is, they test the power of the individual to manipulate his own store of concepts in the solution of novel problems, rather than his power to store and reproduce knowledge as acquired from the outside. Indeed,

tests of acquired knowledge are avoided as far as possible and such knowledge as is pre-supposed (for instance, a knowledge of simple arithmetic and of the native tongue) is such that it can hardly have been avoided by an intelligent person. In consequence the results are largely uninfluenced by previous education, thus frustrating the efforts of the "crammer" and at the same time not handicapping the subject whose education has been neglected. Although the very nature and variety of the questions may defeat the educational formalist, we fail to believe that a teacher who acquaints his pupils with the various techniques used in the text is unable to influence the result. The questions tend to run true to pattern and a child well schooled in the art, say, of detecting absurdities, or of recognising similarities and dissimilarities between words or of completing series of numbers, has an advantage over the child who meets such problems for the first time in the examination.

The time factor plays an important part in determining the results. The time allowed is usually so short that many find for them: time rather than the difficulty of the questions is the limiting factor. The quick thinker is at an advantage—the slow thinker at a disadvantage out of proportion to his slowness, since realising his disadvantage, and being forced to work at an unaccustomed pace, he loses confidence. The time factor has been defended on the grounds that there is no quickness apart from that of general intelligence and that in fact the slow thinker is less intelligent than his faster counterpart. But slowness in making a decision or in solving a problem is not necessarily due to slowness of thought. The cautious individual who carefully and methodically weighs up all



the pros and cons before committing himself is at a disadvantage as is also the highly-gear'd imaginative individual who may find himself involved in difficulties beyond the ken of his more confident rivals. For instance, a question may contain an obvious absurdity which the normal person detects at once—but the hyper-intelligent may think of circumstances which justify the absurdity, and whilst busy sorting out his many ideas, solving his conflicts and expressing himself at length, his more confident brethren are racing ahead, piling up marks for themselves. In many professions this habit of investigating meticulously all the possible relevant factors before pronouncing an opinion is a valuable asset. Here it is penalised.

The tests are used essentially as tests of educative capacity and ultimately of performance in the outside world. Our acceptance or rejection of them must then depend upon how closely intelligence, so measured, can be related to performance. Since the latter depends upon many factors in addition to intelligence we can hardly expect this relationship to be close—a conclusion which appears to be borne out by observation. Of the factors largely neglected by the intelligence test we should like to draw particular attention to memory and effort.

Artstotle once said: "*persons who have good memories are apt to be slow of wit.*" Whilst not confirming this, experimental psychology has shown that there is no marked correlation between retentivity and intelligence as defined by intelligence tests. In other words, the reproductive and productive aspects of intelligence do not necessarily run parallel, so that the student who excels at manipulating his store of knowledge is at an advantage, whilst he who has a good memory is given no credit for it. Yet in some professions, proficiency depends to quite a large extent upon memory—a fact to which any student of, say, medicine or law can bear witness.

And what of effort—striving—the ability to

compensate for lack of natural gifts by sheer hard work? There are many who, coming near the middle of the class in intelligence tests, are able to maintain a persistently high standard of work in school, gain university scholarships and continue to do well at the university and in later life. Are such people to be considered intellectually inferior—less educable than certain of their more "intelligent" colleagues, who, proceeding to support a facile belief that "they - don't - need - to - work - 'cos - they're - clever" show themselves incapable of any sustained effort—academic or otherwise? We do not maintain that all "intelligent" individuals are idle and that all "unintelligent" ones are by nature diligent and obviously the intelligent person who cares to apply his natural gifts can rise to heights unattainable by his less gifted rival, no matter how much effort the latter is prepared to expend.

There are limits to the process of compensation, but the performance of any individual—and hence his value to society—depends upon many variable factors of which intelligence is only one, and it is dangerous to attempt to prophecy ultimate performance upon this last quality alone. Useful as they are in dividing individuals into certain broad groups, intelligence tests are of a very limited value in drawing finer distinctions. By all means let us use our individual tests in segregating mental defects from the normal, but let us be exceedingly careful before we decide that A is more worthy of admission to some school or profession than B, simply because he happened to gain a few more marks in an intelligence test.

If we take the view that individuals should be classified according to our artificially defined standards of intelligence and if we neglect the fact that other factors play a rôle in determining performance, then we remove to a large extent an individual's power to control his own destiny. What, then, is the purpose in living and striving—for if we are all to be judged upon some intrinsic and unalterable quality of mind—our fate is sealed at birth?

*In future contributions for an issue of the Journal should reach this office by the eighth day of the month preceding.*

## THE TRAINING OF A GENERAL PRACTITIONER

By WILLIAM EDWARDS

I was talking the other day to a surgeon, who is also an examiner, and the Dean of a Medical School (not Bart.'s), and he expressed some surprise and indignation at meeting several students up for their finals who had never seen a case of carcinoma of the tongue. He suggested that it was a very common condition, with which every student should be thoroughly familiar.

From the point of view of a man who has to train potential surgeons, he was undoubtedly right; but as a general practitioner it seemed to me a matter of minor importance to future G.P.'s. For carcinoma of the tongue is only rarely met with in general practice. If there is any doubt, it is a simple matter to get a second opinion; and no G.P. would dream of attempting to treat it. All a G.P. really needs is to remember the possibility every time he sees a sore tongue.

All of which led me to inquire what may be the subjects which really are of importance in training a general practitioner—and I suppose the schools do contemplate that some proportion of their students will be good enough to enter this most difficult field and acquit themselves with credit in it?

To this end, I have analysed two hundred cases actually seen in my own practice, which is a fairly representative, mixed general practice, including all classes of the community and people of all ages and both sexes. To make things fair, I have taken a hundred consecutive cases seen in February, 1946, a sickly season; and a hundred consecutive cases seen in August, 1946, which should be a comparatively healthy time of year. Apart from choosing the months, there has been no further selection, and the cases are just as I happened to see them, one after the other.

The February hundred can be classified thus:

Influenza	18
Bronchitis, pneumonia, pneumonitis and other causes of squeaks and bubbles in the chest	10
Dyspepsias, including 2 D.U.'s	9
Rheumatism, various	7
Obstetric and gynaecological	6
Psychoneurosis 6, psychotic 1	7
Ear troubles	6
Tonsillitis	5
Heart disease	5
Mumps	4
Skin diseases	3
Minor operations	2
Epistaxis	2
Conjunctivitis	2
Migraine	2
Chlorosis	2
Sinusitis	1
Carcinoma 1, rodent ulcer 1, papilloma bladder 1, new growths	3

Enlarged prostate	1
Foot troubles	2
Dental cases	1
Herpes Zoster	1
Obesity	1
Now for the August list:	
Trauma	13
Psychoneurosis	11
Obstetrics and gynaecology	10
Skin troubles	9
Rheumatism (various)	7
Ear troubles	4
Heart diseases	4
Carcinoma 4, papilloma bladder 1	5
Bronchitis	3
Dyspepsias	3
Dental cases	3
Eye troubles	3
Disseminated sclerosis	2
Thyrototoxicosis	2
Whooping cough	2
Migraine	2
"P.U.O."	2
Minor surgery	2
Tonsillitis and pharyngitis	2
Mongol	1
Esophageal diverticulum	1
Thrombosed pile	1
Pyknolepsy	1
Ectopic testis	1
Gallstones	1
Subthyroid	1
Pernicious anaemia	1
Herpes Zoster	1
Innocent tumour of breast	1

I think even a cursory glance at these lists is interesting. Note that there is no case of acute appendicitis, nor of strangulated hernia, nor of perforated gastric ulcer. The G.P. does, of course, get surgical emergencies fairly often, but not every day of the week. It is vital that he should not miss such cases, and, as his experience of them in practice will be relatively limited, his training in recognising them should be unexceptionable.

The tail ends of both teams are of no significance except to illustrate the fact that at any time the odd case of any disease you like to think of will crop up and will expect something to be done about it. They really represent the leavening variety in what might otherwise tend to become a monotonous job.

But the bulky top ends of both list are, I think, tremendously important to anyone who may have to consider the sort of training a G.P. ought to get. Note that the infectious disorders of winter are largely counterbalanced by the extra cases of trauma in summer, when people are more free to get out into the healthy open air and to injure themselves. The 18 cases of 'flu might well be, a month later, 18 cases of measles, but are very unlikely to be 18 cases of scarlet fever, and quite certainly not 18 cases of diphtheria or of typhoid; which are quite as



rare as cases of carcinoma of the tongue.

Discarding the seasonal ailments, there is quite a striking similarity. Rheumatism; obstetrics and gynaecology; psychoneurosis; ear, nose and throat troubles; heart diseases, dyspepsia, and the occasional new growth, and still more occasional neurological case, make up the bulk of one's work, and the subjects in which one should try to be as expert as possible.

To return for a moment to the seasonal troubles which head both lists. When I qualified I had never been shown a case of measles, of whooping cough, of influenza. Doubtless things are better now; but these diseases do make up a very great part of a G.P.'s life, and a text book acquaintance with them is wholly insufficient. From a text-book one might gather that cancrum oris was a common complication of measles—I have never seen a case—and that otitis media should just be borne in mind—whereas otitis is the first thing one looks for in every measles case, before even bothering to go over the chest. I have heard influenza described as a "certificate disease" in which no treatment is needed; whereas it can be a very exhausting illness with considerable effect on the heart muscle, and may need a great deal of good doctoring.

Probably the student learns all he needs of the effects of trauma, and of diseases of the chest; but I feel that more emphasis needs to be placed on the acute epidemic disorders which he will have with him all his life.

Rheumatic disorders are with us all the year round. A few teachers are greatly interested in the subject, and their students may take after them, but it should not be left to chance, and attendance at a clinic specialising in the rheumatic diseases should be part of the curriculum, certainly taking precedence over major surgery.

Every G.P. should be a good obstetrician. He need not be able to do a Caesarian section, nor disentangle locked twins. He must be able to diagnose a presentation without error, to do a low forceps skilfully and abjure high forceps like the plague; he must be able to turn a posterior presentation, and to deliver a breech with extended legs without getting a third degree tear. He must, too, know something about analgesics, and I would suggest to him that gas-and-air often partakes of the effects of suggestion and nothing more, while if he will learn to give trilene-air really well, he will have at his command anaesthesia, analgesia or amnesia as he wishes. The G.P. need not be an operative gynaecologist; but he must be a good diagnostic gynaecologist, and expert at the simpler forms of treatment. The student, then, should miss no opportunity of getting his fingers in the pelvic cavity.

Laryngology is important, and a good knowledge of cardiology vital; but to avoid making this story too long, may I be a heretic about psychiatry?

About ten per cent. of one's cases, all the year round, are frankly psychoneurotic. I was taught, as a student, to exclude organic disease before diagnosing psychoneurosis. I don't know if this is still taught, but it is sheer nonsense. Nearly every psychoneurotic has a quite genuine organic disease. He may have an old coronary thrombosis, he may be a diabetic, he may have sciatica—he may have anything, but more often than not it is his attitude to his chronic organic disease, rather than his misadventures with his mother's nipple as a baby, which caused his psychoneurosis. What one has to find out is not that he has no organic disease, but that his symptoms are not due to his organic disease—and that is a very much more difficult thing to do.

It is, however, of the essence of the matter, because it is so easy to fall into error and to continue to treat a perfectly stationary and incurable organic complaint, while ignoring the patient's emotional attitude to it which is really causing all the trouble.

When doctors commit this error, and their patients get no better—that is when all these people begin to drift to quacks, and the quacks do get results because, whatever else they fail in, they never fail in giving strong suggestion.

Dealing with a psychoneurotic is a very difficult matter indeed, and three lectures with a handbook on the subject will not help at all. You need to have known him and his family for several years. You need to understand just how and why he cannot adjust himself to life. You need to realise that you will never cure him, and neither will the psychiatrist to whom you may, in desperation, send him. You send him to a psychiatrist when, being human, you can't stand him any longer—but you only do it to give yourself a holiday!

You don't, as a rule, employ hypnosis; psychoanalysis, narcoanalysis, electric shock therapy, or a quizz into his love life. You do, if you are sensible, concentrate on explanation, on reassurance, and on strong suggestion. You avoid hypnotising yourself by admitting that your treatment is quackery, and the better quackery it is, the better results you get. You gain the patient's confidence, and, while the curse is that you can never get rid of him, the blessing is that he has someone to lean on, a prop to see him through a difficult life and, with your help, he remains a useful member of society.

But ten years in general practice is the only training ground.

## RUGBY SEASON 1946-1947

Season Tickets for matches at Chislehurst are now available from the Secretary of the Rugger Club, price half-a-guinea.

## TWO CASES OF LARGE, SINGLE, ADENOMA OF THE KIDNEY

By W. M. KEYNES

In the majority of grossly fibrotic kidneys it is common to find small, circumscribed, masses of renal tubules devoid of glomeruli which form tumour-like nodules. In the fibrotic kidney the nodules are usually multiple and are pure adenomata, closely copying the structure of the normal renal tubules, or are cystadenomata or papillary cystadenomata. Such tumours may also be found in a fair number of normal kidneys, where they are usually single. In serial section the tubules comprising these tumours may clearly be shown to be in continuity with the normal renal tubules at one or several points, thus giving evidence of the tubular origin of the tumours and that the secretory tubular tissue of the adult kidney can proliferate and differentiate. Much more rarely an adenoma grows to produce a tumour mass as large as, or larger than, the kidney itself. Such large, single adenomata are encapsulated, often lobulated and are liable to become cystic and mottled by hæmorrhage. The cysts may be filled with watery, gelatinous, or blood-stained fluid. Two such cases are reported here.

Professor Hadfield (*Bart.'s Hospital Reports*, 72, 1939, pp. 241-267), in his description of *Tumours of the Kidney*, based on the specimens in the Hospital Museum, states that "when an adenoma of renal tubules has reached a certain complexity of structure it becomes potentially malignant." This perhaps explains the rarity of the large, single, adenoma of the kidney.

Of the seventy-four kidney tumours in the Hospital Museum in 1939, thirteen were adenomata and three papillary cystadenomata. These sixteen cases were equally distributed between the two sexes and their ages varied from 28 to 72. The usual symptoms were pain and/or a mass in the loin for a few weeks or even years before operation. One had a history of a few weeks of hæmaturia before operation. Four were accidentally discovered post mortem. The sizes of these tumours varied from 16 × 20 cms. (it was this case that had a history of hæmaturia) to 3.5 × 2 cms.

The chief symptoms of a renal tumour are a mild dragging pain, hæmaturia, and a palpable tumour. The first of the cases reported here,

a woman of 74, had a dragging pain and a palpable tumour, but no hæmaturia. Owing to the fact that the tumour apparently was not lying in the loin, and could not be moved back into the loin, and because there was an extremely misleading history, a misdiagnosis was made pre-operatively. This explains why certain investigations, such as a plain X-ray or intravenous pyelogram—investigations which would undoubtedly have shown a kidney lesion—were not made pre-operatively since a kidney lesion was not suspected at that time. This case shows how difficult the diagnosis of kidney disease can be. The second case, a woman of 23, had hæmaturia and back-ache, and a kidney lesion was shown pre-operatively.

### CASE No. 1

The patient, a housewife, aged 74, was admitted to hospital 10/3/46 complaining of constipation. She had had mild constipation for 54 years, ever since the birth of her first child; one month before admission she had a continuous severe pain in the rectum all through one night, and next morning her doctor performed a manual evacuation of faeces. She was able to open her bowels the following morning after a strong purge. After that she had a bearable niggling pain in the rectum with a feeling of pressure, and also diffuse dragging pains in the abdomen, especially under the left costal margin. There was no history of mæna or the passage of mucus. She had a hysterectomy performed fifteen years earlier.

On examination the patient appeared pale. Her lungs and heart were normal, her pulse regular with a rate of 80 beats a minute, and her blood pressure 130 systolic over 90 diastolic. Her abdomen was distended, resonant and moved well; there was no guarding or free fluid present. On deep palpation there was a little tenderness below the right costal margin where a firm, smooth, mass with irregular lobulation but ill defined edges was palpable. This mass was mobile, separate from the liver and below it, and moved on respiration, but it was not possible to push it backwards into the



loin. The lower pole of the left kidney was also felt. The urine was clear and acid, and containing no albumen, blood or sugar. The haemoglobin was 84% (Haldane) and the blood urea 31 mgm.%. X-ray examination showed clear lung fields—except for a well calcified lesion in the right apex. A barium enema was not given for fear of obstruction. From these findings a pre-operative diagnosis of carcinoma of the hepatic flexure of the colon was made after considering such conditions as carcinoma of the stomach or gall bladder, renal tumour, hydatid cyst, etc., and it was proposed to do a hemicolectomy.

The operation of right nephrectomy was carried out on 14/3/46. Under general anaesthesia the tumour became more mobile and the previous diagnosis was queried. A right oblique incision was made over the mass and the tumour found to be retroperitoneal. The colon appeared normal, as did the left kidney on palpation. The right kidney was palpable. The peritoneum was then incised in the paracolic gutter, the colon turned medially, and the tumour exposed. It was found to be growing from the right kidney and was removed with that organ. The wound was closed without drainage.

The patient made an uneventful recovery. The diffuse dragging pains in her abdomen ceased after the operation, but whether this was due to the operation or to having her bowels opened regularly whilst in Hospital, it is difficult to say.

**Pathological report.** The specimen was a greatly enlarged right kidney, the increase in size being due to a tumour mass  $12 \times 10 \times 8$  cms. occupying the upper half. The tumour was irregularly lobulated and soft; on section it was fleshy pink and of a uniformly firm consistency, but near its centre was an irregular whitish area. The kidney was compressed round the tumour forming an apparent capsule; its lower half showed no naked eye abnormality and the pelvis was greatly distorted and compressed, but there was no clear evidence of infiltration. (Figure 1.)

Sections showed the tumour to consist of closely packed columns of large eosinophilic cells, many of which contained fat. There was no attempt to form tubules or alveoli. Some of the nuclei showed degenerative changes and the central whitish area was due to degeneration of the parenchyma and its replacement by connective tissue. The blood supply was not rich nor was there evidence of quick growth or infiltration of the kidney tissue or renal pelvis. (Figure 2.)

The tumour was a large, single, adenoma of the kidney.

### CASE No. 2

The patient, a housewife aged 23, and four months pregnant, was admitted to hospital 2/4/46 with haematuria. During the week before admission she noticed blood in her urine constantly, there being some increase in frequency for micturition, accompanied by dysuria. Four days before admission she noticed an ache in the left lumbar region.

On examination the patient was a good colour. In her abdomen neither kidney was palpable; at first there was some tenderness in both renal angles but this ceased after the first day in hospital. The urine was smoky, acid, and contained blood, with a trace of albumen but no sugar. A centrifuge deposit showed blood cells, occasional white cells, was sterile on culture and a film of it showed no organisms. The blood urea was 32 mgm.%. The day after admission cystoscopy and a dye test were performed and appeared normal. The next day an intravenous pyelograph was performed which showed a space occupying lesion in the right kidney, a normal left kidney, and that both kidneys were functioning well.

The operation of right nephrectomy was carried out 10/4/46 under general anaesthesia. The right kidney was exposed through an L shaped incision in the right lumbar region (after removing half an inch of the twelfth rib) and was removed. The patient made an uneventful recovery.

**Pathological Report.** The specimen was a right kidney. Occupying its upper pole was a large fluctuant swelling  $12 \times 7 \times 6$  cms., the surface of which showed patchy discolouration. On section the tumour was encapsulated and consisted of soft, yellowish material intermingled with blood clot. At its lower end there was a nodule of soft pinkish growth. The pelvis of the kidney was separated from the tumour mass by its fibrous capsule. (Figure 4.)

Sections showed the tumour to be an adenoma of the papilliferous type which had undergone extensive degenerative changes. The cells composing the tumour had an orderly arrangement and showed no mitotic figures. There was no evidence of infiltration of the kidney substance. (Figure 3.)

The tumour was a large, single, papilliferous adenoma of the kidney.

I wish to thank Mr. J. B. Hume and Mr. G. L. Keynes for permission to publish these cases. Also Dr. H. A. Magnus for his advice and for drawing my attention to the second case. The photographs were taken by Mr. E. V. Willmott, of the British Postgraduate Medical School photographic department.

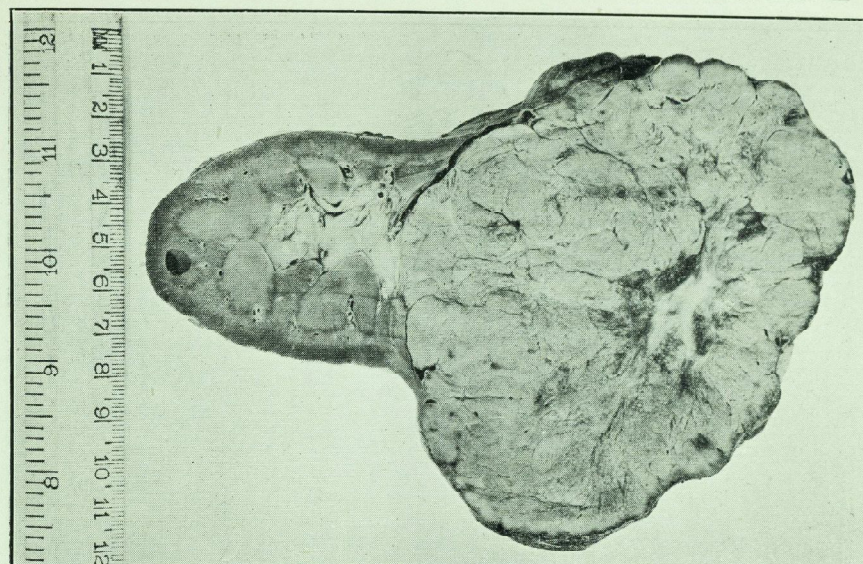


Figure 1. Section of kidney from Case No. 1—tumour on right.

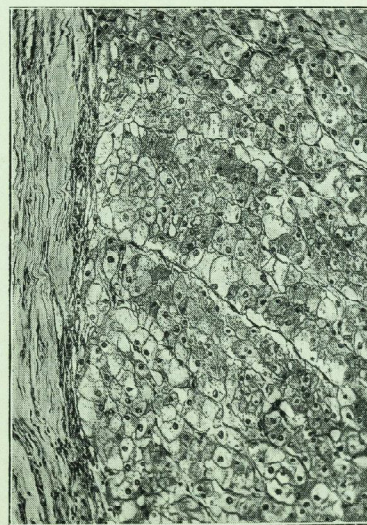


Figure 2. Section of tumour mass from Case No. 1 showing adenoma cells to right and compressed renal tissue to left. H. and E.  $\times 112$ .

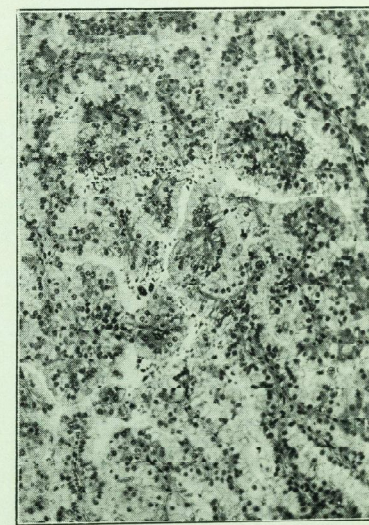


Figure 3. Section of tumour mass from Case No. 2 showing cells of the papilliferous adenoma. H. and E.  $\times 112$ .



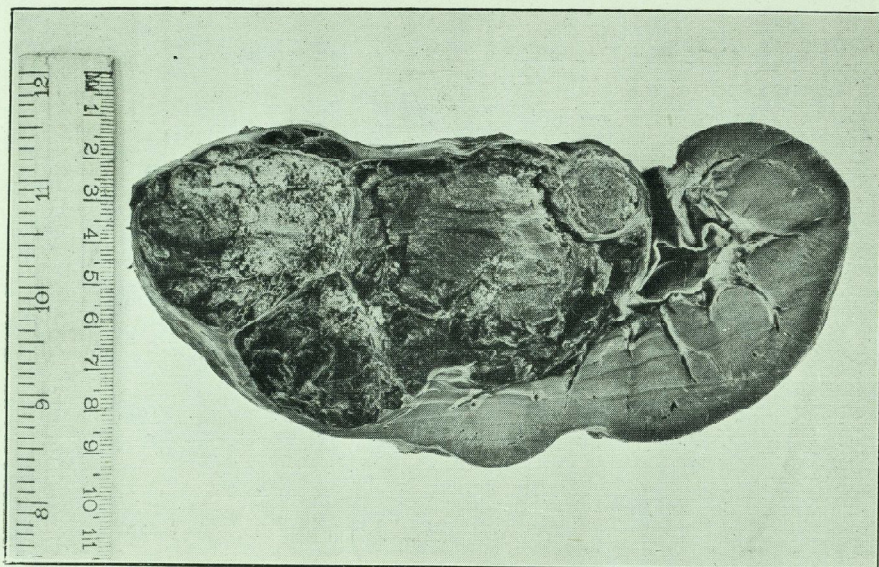


Figure 4. Section of kidney from Case No. 2—tumour to left.

### CREEPING SICKNESS

Last month a past editor of this Journal sent me a warning. He told me of the horse whippings which had been the everyday lot of gossip-writers in the past and counselled caution in picking targets for my gentle malice.

I thank him for this kindness and fellow-feeling. It is gratifying to learn that somebody has an interest in my personal welfare. For the moment, however, his anxiety is misplaced. In the presence of so many general idiocies and communal follies I have no need to risk my neck in the lampooning of bellicose individuals.

One may attack a wise man without rebuke. It is only if his institutions are assailed that he will rise in wrath with his friends. By contrast, one must duck after tantalising a solitary fool but may ride rough-shod over nincompoops in the mass. I dare not curse an individual for cadging my cigarettes, but I may say the most outrageous things against cigarette-cadgers in general. Numerous though they are, not one of them will answer back (except, perhaps, Mr. Glanvill, but he, thank goodness, has given up smoking). By responding they would be

admitting a fault of which they had not personally been accused; and that, as any magistrate will tell you, is not in human nature.

With safety, then, I can attack the Creepers. These are the yes-men, the favour-seekers, the products of an unnatural union between an old court-toady and a confidence trickstress. Their technique is sufficiently common knowledge for me to omit a detailed description. Their origins lie far back within the shades of time. In a *Bart's Journal* of 1905 was an article about "The Keen Man" who "striveth ever to be in the front row and taketh copious notes therein. —He carrieth not his stethoscope by stealth neither doth it shame him that he talketh shop in strident tones to his brethren in the public places of the city.—He cocketh his head at the physician saying Yea, Yea, verily it is præsystolic. Of the surgeon he asketh intelligent questions while yet he already knoweth the answer."

I do not greatly care what results they achieve. Ultimately, of course, they are after house-jobs. So is everybody else. That they

should imagine that such methods deceive our noble masters is curious but unimportant. But what does matter, and what makes me exceedingly cross, is the effect which this small group of nit-wits has had upon the relationship between students and their superiors.

"We are masterless students of unproven creeds" (E. Tent, '46). This somewhat sententious remark points out a great truth. Unfashionable as it may be to respect the judgment of our superiors, it is at present true that we lack personal contact with the senior staff of the hospital. Of the several causes of this defect the principal one is that nobody (except the Creepers) will talk to the poor honorarics. One sees them "wandering lonely as a cloud" about the precincts and talking shop in groups because, poor gentlemen, none of the really pleasant students like you or me will talk to them. We are scared that our friends will think that we too have joined the Creepers' Union. Smallness of mind starts the cycle and a bigger smallness is the result. I submit that we cannot develop our own vast intellects unless we converse with these Great Men. We have everything to lose by this bashful reserve, which is maintained only because a few wretched individuals think that they can oil

their way into house-jobs and the rest of us are foolish enough to believe them.

No names, no pack-drill (no libel-actions either). It would be fun to publish a list of Creepers. It would be even greater fun to publish a list of members of the staff who neglect their social duty to the students. Those same poor gentlemen whom we observed disconsolately lining the Square have unfortunately got tired of waiting. Nowadays the getting of a friendly good-morning from our masters is like drawing wisdom teeth. They are busy men, we know, and they are not bound to notice us at all, but if they were aware how much we would value a chance remark about the weather and the crops, if they would realise that we really are interested in their anecdotes and comments on the lighter hierarchy, if, above all, they could understand that we love them for themselves as well as for what we think we can get out of them, then indeed they might think it worthwhile to spare us an occasional word.

An optimist I may be, but am I not right in looking forward to that enlightened era of the future when Great Men will even, on occasion, poke their noses into a cleaner and better A.R.?

EVELYN TENT.

### NEVER SAY "NO" TO A SURGEON!

#### A NURSE'S REFRAIN

I must never say "No" to a surgeon—  
To a surgeon I never say "No."  
A Bart's nurse, I was taught,  
If she does as she ought,  
Will give of her best  
To fulfil his request,  
For she must efficiency show.  
Yes, she must efficiency show.  
If he says, "Fetch me this," I must find it.  
Whatever he wants, I must get him.  
It wouldn't be done  
If, only in fun  
I said with a smile  
"You must wait for a while."  
For I'm told I must never upset him.  
Yes, I'm told I must never upset him.  
When he asks me to get him a trolley  
All ready, with everything there,  
I have to keep guessing—  
Will he do a dressing,

Tap a chest, or transfuse—  
How I wish he would choose;  
For to ask him is more than I dare.  
Yes, to ask him is more than I dare.  
So far, I have always obliged him  
For courtesy is my tradition.  
One day he asked me,  
"Will you come out to tea?"  
And I must confess,  
I from habit, said "Yes."  
For I dare not forget my position.  
Oh, I dare not forget my position.  
Still I never replied in the negative  
For the whole of my hospital life,  
Till they gave me the sack  
And I never went back.  
For I dared to say "No Sir,  
I'd much rather go, Sir,  
Than agree to becoming your wife, your wife,  
Than agree to becoming your wife."



## IN OUR LIBRARY—V.

## JAMES YONGE'S "OLEUM TEREBINTHINÆ," 1679

By JOHN L. THORNTON, Librarian

During the early days of surgery, several notable names arose from among the ranks of those following the armies in the field, or sailing as ship's surgeons. Both were hard schools, providing plenty of practice, with very primitive facilities for treating the severe casualties that were encountered, so that improvisation was necessary, and fertile brains evolved methods now considered as important steps in the history of surgical technique. Paré and Larrey among military surgeons, and Woodall and Clowes among naval surgeons, stand out as names associated with important writings on military and naval surgery, while there were many others, all pioneers in the field that taught surgery the hard way. James Yonge is rarely mentioned in histories of medicine, yet his career is typical of the early mariners who practised surgery, and his achievements are worthy of study even three centuries after the date of his birth.

He was born in Plymouth on May 11th, 1646, and before the age of eleven was apprenticed to Mr. Richmond, a ship's surgeon. In May, 1661, Yonge became surgeon's assistant to the "Montague," and was present at the action off Algiers. He returned to England the following year, and came to London to learn more surgery. On returning to Plymouth he bound himself as apprentice to his father for seven years, but before very long went to sea again, first visiting Newfoundland, and then voyaging to West Africa. On a subsequent trip he was captured by the Dutch, and taken to Amsterdam, until exchanged for a Dutch prisoner in our hands.

On returning to England, Yonge went into practice at Plymouth, but continued to study, and February, 1668, found him making a second voyage to Newfoundland. His return two years later was his final sea trip, and when a naval hospital was opened at Plymouth, James Yonge was appointed surgeon, while he also became deputy at Plymouth to the Surgeon General of the Navy. Visiting London in 1678, he met several fellows of the Royal Society, which led him to write his best-known book. Yonge held numerous offices, including that of Mayor of Plymouth, and in 1692 was appointed surgeon to the new dock at Hamoaze. He now came to London, attended the lectures of Edward Tyson, and presented himself as a can-

didate before the College of Physicians in 1702. The same year he was elected F.R.S., and he contributed several papers to the *Philosophical Transactions*. In 1703 he gave up most of his public work, and died on July 25th, 1721.

James Yonge's most important publication, the only work of his that we possess, is *Currus triumphalis à terebintho. Or an account of the many admirable virtues of oleum terebinthinæ. More particularly, of the good effects produced by its application to recent wounds, especially with respect to the hemorrhages of the veins, and arteries, and the no less pernicious weepings of the nerves, and lymphaducts. . . . And lastly, a new way of amputation, and a speedier convenient method of curing stumps, than commonly practised, is with divers other useful matters recommended to the military chirurgion [etc.]*, London, 1679, a most interesting little book, in the preface to which the author soundly rates those who steal the writings of others, and publish them as their own! In this book Yonge deals with the use of turpentine in arresting hæmorrhage, describes for the first time the flap operation in amputation, and also a contrivance similar to the tourniquet. Numerous case histories are given. Inside the cover of our copy the following information appears written in ink: "It has been said that Mr. John Hunter obtained his notions of the powers of Ol. Terebinthi. in stopping hæmorrhages, from this little known work." The note further suggests that the books by Kentish on Burns and Scalds, and by Alanson on Amputation, "both . . . seem to have been founded on this treatise." Yonge's other writings include *Some considerations touching the debates, etc., concerning the Newfoundland trade, 1670; Wounds of the brain proved curable, 1682*, which is based on his own cases; *Medicator medicatus, 1685*; and *Sidrophel vapularis, 1699*.

Further information regarding the career of James Yonge is available elsewhere,\* but the above reveals something of the achievements of a ship's surgeon, beginning his career at the age of eleven, and ending a life of devotion to surgery as the friend of Sir Hans Sloane, Walter Charleton, Edward Browne, Edward Tyson, and of Charles Bernard.

\* See Munk William. *The roll of the Royal College of Physicians of London, 2nd edn.*, Vol. 2, 1878, pp. 2-6.

## ABERNETHIAN SOCIETY

151st SESSION 1946-1947

MEETINGS TO BE HELD OCT.-DEC. 1946

Thursday,  
October 17. Prof. A. J. E. Cave on "The Contribution of Ancient Egypt to Anatomy and Surgery."  
October 27. Medical Films.  
November 7. Prof. J. Z. Young, F.R.S., on "Nerve Regeneration."  
November 14. Clinical Evening.

November 28. Mr. Claud Mullins, Stipendiary Magistrate, on "Crime and Psychology."  
December 5. Dr. E. F. Scowen on "Urinary Steroids."  
December 12. Debate.  
*Meetings are held at 5.30 p.m., usually in the Anatomy Lecture Theatre, Charterhouse Square.*

## REVIEWS

## INTRODUCTION TO CLINICAL NEUROLOGY.

Gordon Holmes, M.D., F.R.S., Edinburgh. E. &amp; S. Livingstone, Ltd. Pp. 183. 12s. 6d.

The appearance of new textbooks dealing with aspects of medicine which have already received much literary attention is not always a matter for jubilation. There can however be very few of the large number of students of neurology who have been taught by Dr. Gordon Holmes who will not rejoice to find that he has given them in this small book a resumé of his teachings which the passing of years will leave unclouded. This book can be confidently recommended to other students both undergraduate and post-graduate and can certainly be read with profit by all who may be called upon to investigate patients who may be suffering from disease of the nervous system.

The opening pages deal with the meanings of symptoms and signs and the examination of the patient. There follows a short discussion of pathological processes in the nervous system and the manner in which these give rise to disturbances of function. A series of excellent chapters then deal with the physiology and anatomy of the various portions of the nervous system. At intervals a chapter is interposed to describe the clinical examination of the systems thus considered. The fact that the author is both an outstanding neuro-physiologist and clinical neurologist makes this arrangement of great interest and value. Everything is good and nothing is omitted. Perhaps the sections dealing with the complexities of the extrapyramidal system, the place of the cerebellum in the performance of voluntary movement, sensation and the patient's mental state are particularly valuable. The autonomic nervous system is not excluded.

This book will recall vividly the teaching of Dr. Gordon Holmes to those who have had the opportunity of attending his classes. For others it provides in small compass a crystal-clear account of these aspects of neuro-anatomy and neuro-physiology which are of clinical importance, and it indicates the methods of application of this knowledge in the examination of the patient. There is little doubt as to the high place which the work will occupy in the medical literature of the English-speaking world.

There is a debt of gratitude to Dr. Holmes for crystallizing in this way his immense knowledge of clinical and experimental neurology.

## PRACTICAL HANDBOOK OF MIDWIFERY AND GYNÆCOLOGY, 3rd edition, by W. F. T.

Haultain, B.A., M.B., B.Ch., F.R.C.P.E.D., F.R.C.S.E.D., F.R.C.O.G. Obstetrician and Gynæcologist to the Royal Infirmary, Edinburgh.

and Clifford Kennedy, M.B., Ch.B.E.D., F.R.C.S.E.D., F.R.C.O.G. Assistant Gynæcologist to the Royal Infirmary, Edinburgh. E. and S. Livingstone, Ltd., Edinburgh. Pp. 288. 20s.

This is a handy synopsis of obstetrics and gynæcology chiefly designed for the final year student about to take his qualifying examinations. It represents the standard teaching of the famous Edinburgh obstetric school and as such it will be equally acceptable to the examining bodies in England. It is not intended to supplant standard textbooks of obstetrics and gynæcology but rather as a supplementary handbook for revision after the rudiments of the subject have been mastered.

Apart from the use of chloroform in obstetrics—of which the Edinburgh school has always been enamoured and in the use of which it is particularly expert—there is little to criticize in the book. Chloroform, however, is a dangerous and often lethal drug and carries with it a risk of severe or fatal cardiac failure, post-partum hæmorrhage and atrophy of the liver. It is most unsuitable in toxicæmic cases and very dangerous if administered on two separate occasions; the best English obstetric thought very rightly condemns its use.

SOME CHAPTERS IN CAMBRIDGE MEDICAL HISTORY. Sir Walter Langdon-Brown. Cambridge University Press. Pp. 119. Price 6s.

During the last few years, Sir Walter Langdon-Brown, Emeritus Regius Professor of Physic in Cambridge University, delivered a series of papers before the Royal Society of Medicine. He has now remodelled these and issued them in this pleasant volume.

Round a central theme of a few great men, Sir Walter has written chapters in which, as he writes, "a thread of continued progress, albeit tenuous at times, can be traced." Until the nineteenth century medicine in Cambridge centred upon these men and thrived on their accomplishments, but after that time the stage widened and the last two chapters describe the remarkable rise of the medical school at Cambridge and the personalities and achievements of the men responsible. There is purposely little written in this book on William Harvey for "he is too well-known for inclusion in this small work."

"John Caius and the Revival of Learning" and "William Gilbert and the Dawn of Experiment" are the titles of the first two chapters. It is of interest that Caius, although not a Bart's man, owned a house, in which he died, on part of the site of the present pathological laboratory in Bart's, his viscera being interred in the church of St. Bartholomew-the-Less. Gilbert, more famous for his book, *De*



*Magnete*, than as a physician, applied his physics to medicine and combatted the influence of astrology on medicine. Following is a chapter on Francis Glisson, who established a biological approach to medicine, especially the co-ordination of clinical findings with morbid anatomy. "The Age of Reason" with William Heberden's effort to rationalise therapeutics is next dealt with. Heberden described many things besides his nodes (to which he himself attached little importance), and left many wise commentaries amongst his writings. In that age also Addenbrooke's Hospital was founded. John Haviland was the first to start a regular course of lectures in pathology and medicine at Cambridge and to make the medical examinations a real test. For this he is given credit in "John Haviland and the Beginning of Reform."

The great triumvirate of George Paget, Humphry, and Michael Foster, along with some of their pupils and brilliant appointments, are described in the penultimate chapter, many of them from personal experience. The last chapter is on "the Transition from the Nineteenth Century" and describes Sir Clifford Albutt, for whom the author is able to show his great personal admiration and draw a delightful portrait. Albutt was the man to whom in later years Sir William Osler was able to say "... to you, when young, the old listened as eagerly as do now, when old, the young."

At the end of this interesting and well-written book is a list of references, which conceals by its brevity the width of Sir Walter's erudition.

**HANDBOOK OF MEDICINE FOR FINAL YEAR STUDENTS**, G. F. Walker, M.D., M.R.C.P. 3rd ed. Pp. 311. 21s. Sylviro Publications, Ltd.

This is the third edition of a work which first appeared in 1931, its object and scope are suggested by the title, but the author is at pains to emphasise that it is not "just another synopsis" but a handbook of practical bedside medicine for senior students and practitioners doing hospital work or revising for higher examinations. The first section of the book

consists of an abbreviated scheme of physical examination; but the major part takes the form of a survey of general medicine under such headings as "Dyspepsia," "Involuntary Movements," "Septicæmia," and "Endocrine Disorders." There are five pages on psychological medicine and a note on medical ethics and etiquette.

Of the making of medical synopses there is no end; but so great are the difficulties involved that few of the products of such industry can be greeted with unqualified approval. A special responsibility rests upon the compiler of a handiwork for final year students, for the latter have generally neither the time nor the experience to make a critical evaluation of the available text-books, and clutch hopefully at anything which seems to point an easy way through the qualifying examinations. The volume under review is not a "cram" book, it makes no claim to comprehensiveness, and must therefore, like any other anthology, stand or fall by the wisdom with which its contents have been selected, and their intrinsic value. Few will quarrel with Dr. Walker's choice of material; the vast majority of common and important diseases are included, and no space is wasted on clinical rarities. On the other hand, there is an unfortunate tendency to introduce such statements as (in reference to urine examination) "sugar is, of course, very important," which are of no value whatever in a book for final-year students. Some definitions are unsatisfactory ("the apex beat ... is that point on the chest wall where the cardiac impulse is at its maximum") and some explanations are obscure and unhelpful (in pernicious anæmia "The hæmoglobin is indeed reduced, but not to an extent commensurate with the corpuscular lack. Hence the hæmoglobin content of a corpuscle is high and the 'colour index' is said to be increased"). Nevertheless, as an aid in sifting the essential from the unessential, the book will be of value to the student; one could recommend it more wholeheartedly if the price were less disproportionate to the size and the general quality of production.

## A FAREWELL PARTY

On the evening of July 30th, Dr. and Mrs. A. C. Roxburgh were entertained to dinner at the Martinez Restaurant by the staff of the Skin Department.

In one way it was a solemn occasion, for the Dinner was held to pay a tribute of loyalty, affection and gratitude to a very popular Chief whose retirement was imminent; but although this thought was present in the minds of all who attended, it was not allowed to dull the enjoyment of the evening, the opening stages of which were enlivened by a running fire of chaff and commentary concerning some photographs which had recently been taken illustrating the work of Dr. Roxburgh's Department.

As the accompanying illustration shows, the photogenic qualities of dermatologists have to be seen to be believed, and the more intimate "stills" of the Chief—*nez à peau* and lens to eye—searching for *Sarcoptes scabiei*, or with furrowed brow scrutinising a patient's case sheet and obviously thinking "What the dic-

kens do I do about this?" were vignettes which would bring a smile of happy recollection to many a Bart.'s man who had sat and watched and listened whilst Dr. Roxburgh has taken his clinics.

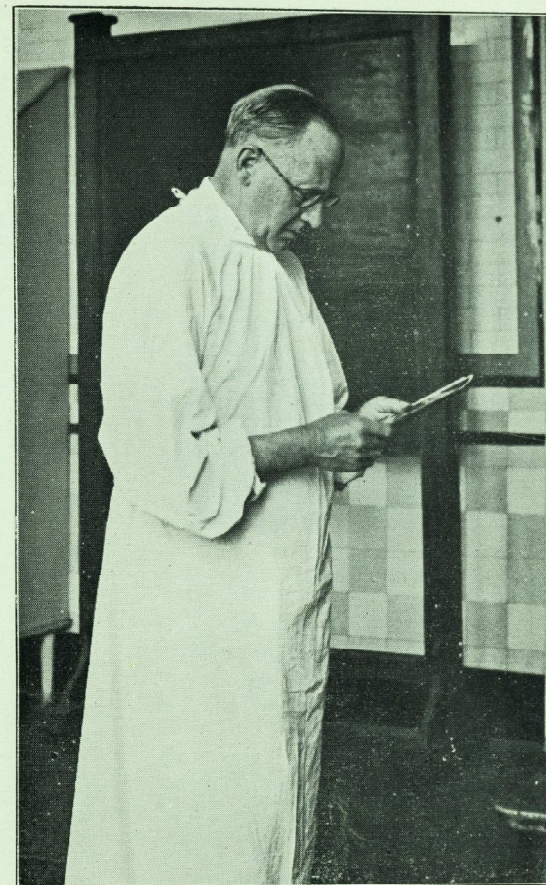
The Dinner passed quickly, and then the serious business of the evening commenced. Dr. H. Corsi first read a letter from Dr. Adamson, former Chief of the Department,—who much regretted his inability to attend the Dinner, and sent his good wishes to Dr. and Mrs. Roxburgh—and then delivered a speech which was memorable for its wit, delivery, comprehensiveness and brevity. Dr. Corsi paid tribute to Dr. Roxburgh's capacity for leadership, and referred especially to his aptitude for undertaking for long periods a tremendous burden of work, whilst maintaining an enviable equanimity, an unimpaired sense of humour, an ability to inspire his colleagues, and a zest to obtain the fullest co-operation from the patients.

He discussed many important items of the

work at Bart.'s, and innovations for which Dr. Roxburgh was responsible, such as the introduction into this country of Wood's light for the rapid diagnosis of ringworm of the scalp and the manufacture of Thorium X, previously only prepared in France and Germany. He mentioned the duties outside Bart.'s which the Chief had undertaken: the Presidency of the British Association of Dermatology, and of the Dermatology Section of the Royal Society of Medicine; the Editorship of the British Journal of Dermatology; the creation and maintenance through seven editions of a most successful textbook on dermatology; the work at the Masonic Hospital, St. John's Hospital for Diseases of the Skin, where he had been Dean for some years, and Wellhouse Hospital; his interest in photography. Having dealt with these and other matters, Dr. Corsi then referred in many ways to Mrs. Roxburgh's able assistance of her husband's work, and the interest which she had always taken in the Department. The toast of Dr. and Mrs. Roxburgh was drunk with acclamation, and the Chief then rose to reply.

Dr. Roxburgh sketched the history of the Department from its opening by Dr. Reginald Southey (of the tubes) and Dr. Andrew in 1868, to his own advent as Physician of the Department in 1928. As it is hoped that he will publish this part of his speech, it will not be recorded here. He thanked Dr. Corsi and his other Assistants—those who had passed to further duties, and those who remained with the Department—for their loyalty and devoted work, and for the help they had given him. He welcomed the presence that evening of Sister M. D. Coates and Miss I. Bollen, both of whom had done so much for the success of the Department, and Miss K. D. Thompson, whose knowledge of ultra violet ray therapy and wizardry in sorting patients' cards were indispensable features of the Clinic. He knew that all would give his successor the same loyalty as they had given him.

Other toasts were proposed and drunk. Dr. Bernard Green made a neat speech on behalf of the Junior Assistants; Dr. and Mrs. Oakley were congratulated on Dr. Oakley's recent appointment as Honorary Dermatologist to the



"What the dickens do I do about this?"

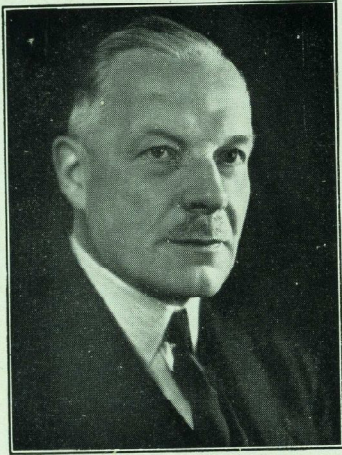
Wolverhampton Royal Hospital; Dr. and Mrs. Forbes were honoured in a toast; Dr. Robert Klaber's memory was honoured, and Dr. R. M. B. MacKenna was congratulated on his appointment to the staff of St. Bartholomew's Hospital.

The evening passed all too quickly, and will long be remembered by all who were present. These included Dr. and Mrs. A. C. Roxburgh, Miss I. Bollen, Dr. H. Corsi, Sister M. D. Coates, Dr. and Mrs. J. M. Forbes, Dr. B. Green, Dr. C. V. Henriques, Dr. R. M. B. MacKenna, Dr. and Mrs. D. E. Oakley, and Miss K. D. Thompson.



## OBITUARY

WILLIAM McADAM ECCLES, M.S., F.R.C.S.



William McAdam Eccles died on May 30th, where he was happy to be, in St. Bartholomew's Hospital. Among his papers he left a memorandum, as usual exquisitely typed in black and red, setting out all the facts of his life down to the year 1944. Knowing my father I am sure that he included everything which he considered of importance. There are only two themes in a record of seventy-seven years: medicine and religion.

He was born in 1867, the son and grandson of Bart's men. Educated at University College School and University College, he qualified at Bart's in 1890, and the same year was appointed house surgeon at the West London Hospital, where in 1896 he helped to found the Post-Graduate School. He was a house-surgeon at Bart's in 1891, and was elected Assistant Surgeon in charge of the Orthopaedic Department in 1903, Surgeon in 1912, and Consulting Surgeon and a Governor in 1927. The list of lectureships, honorary secretaryships and other offices which he held at Bart's fills almost a quarto page. It shows that he took great interest in the nursing staff, and that for a number of years he was co-editor of the Bart's JOURNAL. Since he became a governor he spent much time in helping to raise money for the Hospital. But his passion was the teaching of anatomy. He was always ready and able to make plain to anyone, grown-up or child, just how their knees work or what and where the appendix is. To speak or write in

an obscure or highbrow way about your own subject was to him an offence against the truth, and many of those whom he taught have written with gratitude about his skill as a lecturer.

His colleagues agree that he was a careful, unhesitating and competent operator. Such a description fits well with his love of accuracy, and his serene mind, which was so seldom uncertain what it was best to do in any situation, however unexpected. He gained many academic distinctions, of which the Gold Medal, awarded when he became a Master of Surgery in 1894, was his most prized possession. Once he was forced to pawn this medal, and he liked to refer to this lean time as proof of the risk and adventure which a man runs when he takes a large house in Harley Street before he is thirty, without any money of his own, and just starting a family. In those early days my mother and he made both ends meet, she by letting rooms, and he by coaching medical students. Far from regretting the struggle, he criticised the Health Bill because he feared it would be administered in such a way that salaried mediocrity would soon replace the opportunity to win a name and a competence in private practice.

Readers of the JOURNAL know the immense interest which my father took in the B.M.A. He did so, not just because he enjoyed committee work, which he obviously did, but because he had a settled belief in the value of a professional tradition. Being a profoundly religious man he could not help seeing the great story of past and future as a single whole, and consequently he put a just value on the teamwork necessary to maintain the unity and spirit of a profession.

The Presbyterian Church in George Street, Marylebone, knew him as member, deacon, elder and speaker on Sunday afternoons for over fifty years. He read the Bible constantly, and was always on the look out for modern versions, which he hoped might enable ordinary people to understand better the truths it contains. In his own mind he was clear, with a clarity incomprehensible to many of us, exactly what the relation between God and man is. It was part of his nature to hold and act upon the conviction that all men and women are equally God's creatures, so that he spoke to the hall-porter and to the Prime Minister in precisely the same tone and words, and would refer to two such conversations with a completely unconscious impartiality. At the same

time he was an austere man, who had set himself somewhat unfriendly limits of behaviour. He neither smoked nor drank nor swore. Of these three self-denials his children considered his restraint of language much the most remarkable. Once and once only he was heard to utter a word of abuse. He called a public personage a skunk. This unique lapse occurred about the year 1924 and is a landmark in our family history.

With such beliefs and principles it was natural that he should devote much time to missionary work, and to the Temperance Movement. He was certain that the health of the body and the health of the soul are just two sides of one thing, so that a medical missionary was at once the most satisfying and the most important career he could conceive. Alcohol damages the body: a damaged body is a bad partner for a Christian soul. That was his argument; and he put it forward uncompromisingly without thought for the possible consequences on his own popularity in an easy-going society. His intimate friends were few, but his

sympathy with every chance acquaintance gave him all the personal contacts he desired. His heart was in his church and his hospital, and as the record shows, he gave his best to both.

In 1895 he married Anna Coralie Anstie, daughter of Benjamin Anstie, J.P. of Devizes. They had five children, of whom the eldest son died of wounds in 1916 and the second from illness contracted in the same war. His wife and daughter both died before him. In the war just ended he organised a model Aid-Post in Marylebone, stayed in his bed through every air-raid when he was not on duty, retired from London and most of his committees in March of this year, was taken to Bart's within a fortnight, continued to the limit of his strength to assist in the preparations for the Centenary Celebrations, was overjoyed to learn of their success, and lived another three weeks, cared for by the doctors and the nurses whom he thought the best in the world.

*This obituary was kindly written, at our request, by Mr. David Eccles, M.P., son of the late Mr. McAdam Eccles.*

## RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

(Bart's men are invited to send details of papers, etc., published by them to the Librarian for inclusion in this list. Reprints also are welcomed, and are filed permanently in the Athenæ Collection.)

- BEARD, A. J. W. "The anaesthetist and the care of the surgical case." *Brit. Med. Bull.*, 4, ii, pp. 114-120.
- \*BIRDSALL, S. E. "The treatment of suppurative otitis media." *Post-Grad. Med. J.*, May, 1946, pp. 144-146.
- CHALKE, H. D. "Typhus: experiences in the Central Mediterranean Force." *Brit. Med. J.*, June 29th, 1946, pp. 977-980; July 6th, 1946, pp. 5-8.
- \*COCKAYNE, E. A. "Dwarfism with retinal atrophy and deafness." *Arch. Dis. Childhood*, March, 1946, pp. 52-54.
- CULLINAN, E. R. (et. al.). "Description of an outbreak of beri-beri." *Quart. J. Med.*, April, 1946, pp. 91-102.
- FIELD, E. J. "The early development of the sheep heart." *J. Anat.*, April, 1946, pp. 75-87.
- \*GARROD, L. P. "La pénicilline." *Revue Médicale de Louvain*, 1945, No. 22, pp. 337-352.
- "The nature of meningitis following spinal anaesthesia, and its prevention." *Brit. Med. Bull.*, 4, ii, pp. 106-108.
- \*—"Role du laboratoire au cours d'un traitement par la pénicilline."

*Semaine des Hôpitaux de Paris*, January 14th, 1946, pp. 1-7.

HEWER, C. L. "Curare." *Brit. Med. Bull.*, 4, ii, pp. 110-111.

—"Trichlorethylene as an anaesthetic agent." *Ibid.*, 4, ii, pp. 108-110.

MACFARLANE, R. G. (and J. Pilling). "Anti-coagulant action of soya-bean trypsin-inhibitor." *Lancet*, June 15th, 1946, pp. 888-889.

(and J. R. O'Brien). "The rationale of the blood sedimentation rate." *Practitioner*, July, 1946, pp. 1-12.

OBERMER, E. "Calcium and phosphorus-metabolism in pregnancy." *J. Obstet. and Gynec. Brit. Emp.*, June, 1946, pp. 269-277.

O'BRIEN, J. R. See Macfarlane, R. G. (and J. R. O'Brien).

RAVEN, R. W. "Cancer of the stomach." *Med. World*, July 5th, 1946, pp. 647-650.

—"Cancer of the colon." *Ibid.*, July 12th, 1946, pp. 683-686.

ROXBURGH, A. C. "Poikiloderma Jacobi? Atrophic lichen planus." *Proc. R.S.M.*, 39, June, 1946, p. 479.

—"Patchy punctate pigmentation." *Ibid.*, June, 1946, pp. 479-480.

SMART, J. "Complete congenital agonesis of a lung." *Quart. J. Med.*, April, 1946, pp. 125-139.

\* Reprint presented to the Library by the author.



## UNIVERSITY OF LONDON

EXAMINATION FOR THE ACADEMIC POSTGRADUATE DIPLOMA IN  
MEDICAL RADIOLOGY. JUNE and JULY, 1946

Mandelstam, M.

## SPECIAL FIRST EXAMINATION FOR MEDICAL DEGREES. JULY 1946

Albright, S. W.	Connell, P. H.	Jones, H. D.	Slonims, A. M.
Bapty, A. A.	Cox, W. H. A. Chave	Jones, K.	Smith, G. C.
Dacey, I. S.	Clacknell, D. D.	Jouis, R. F.	Taylor, W. N. A.
Beale, I. R.	Dick, D. G.	McDonald, I. R.	Thomas, G. E. M.
Bloom, M.	Fildes, P. G.	McKinna, C.	Thomas, J. W. I.
Brooks, W. V.	Gill, R. B.	Manning, G. E.	Watkins, D.
Brown, B. St. J.	Goodspeed, A. H.	Mercer, M. H.	Watson, L. P. E.
Bouton, M. J.	Green, A. N.	Mules, R. J.	White, W. T.
Rowers, K. E. J.	Gretton, A. H.	O'Reilly, P. B.	Whitard, B. R.
Caplan, J.	Heckford, J.	O'Sullivan, D.	Wilkinson, B. R.
Chuck, V. R.	Hodgson, D. C.	Price M.	Williamson, P. J.
Cohen, N. H.	Holbrook, B. W.	Rushton, D. H.	Wilson, M. S.
Cohen, M.	Hooker, D.	Sims, A. J.	Wyner, S. E. A.
	Jarvis, H. C. M.		

## SPECIAL SECOND EXAMINATION FOR MEDICAL DEGREES. JULY 1946

Andrews, J. D. B.	Jones, N.
Brandreth, T. K.	Koster, H. G.
Brest, B. I.	McCloy, J. W.
Capstick, N. S.	Menon, J. A.
Carter, F. G. T.	Pedersen, D. L.
Coluhoun, J.	Rohan, R. F.
Cox, J. S.	Stantou, T. J.
Davies, W. H. G.	Steinthal, F. G.
Dickerson, R. P. G.	Studdy, J. D.
Facer, J. L.	Thomas, W. C. T.
Griffiths, J. D.	Wilkinson, W. H.
Hardy, C. G. J.	Wright, A. N. H.
Holland, W. G.	

## THE ROYAL COLLEGE OF PHYSICIANS

## F.R.C.P. APRIL 1946

Black, K. O.	Linder, G. C.
Hayward, G. W.	Parsons, F. B.
Avery Jones, F.	

## M.R.C.P. APRIL 1946

Behr, G.	Royston, G. R.
Cates, J. E.	Thursby-Pelham, G. C.
Cochrane, J. W. C.	Williamson, D. A. J.
Dalton, I. S.	

## GOULSTONIAN LECTURER 1947

Dr. F. Avery Jones has been elected Goulstonian Lecturer for 1947.

## HOCKEY

As we start a new season it may be of interest to survey our prospects in the light of last year's achievements.

The most notable of last year's events was undoubtedly the winning of the Inter-Hospitals Cup. This we did for the second consecutive season, and as our last victory was in the first post-war tournament we now possess the cup.

Our Captain, A. E. Fyfe, also captained London University and the United Hospitals, and our success as a team was largely due to him, who, with W. A. Oliver, our right-back and a past Captain of Hockey, and R. H. Ellis, our goalkeeper, will be sadly missed when we defend the cup in 1947. Fortunately, however, we still have the services of J. E. R. Dixon, who played regularly for London University and the United Hospitals and was reserve for English Universities.

It was a great loss that A. E. Dossetor, elected Captain, was unable to play through ill-health, but we were glad of his support from the touchline.

Of last season's regular 1st XI players we have:

## LAWN TENNIS

The Annual General Meeting of the Lawn Tennis Club was held in the Abernethian Room on April 5th. Mr. Fraser was unfortunately prevented from taking the chair, but the meeting, receiving his consent, continued, and the following officers were elected to the Club:

Captain, E. D. Marsh.  
Vice-Captain, A. J. McDonald.  
Secretary, T. A. J. Prankerd.  
Assistant Secretary, P. A. M. Weston.

It was decided to run a 2nd VI throughout the season, and the hope was expressed that some Preclinicals would be forthcoming to support the teams. Twenty-one matches were arranged for the 1st VI, and twelve for the 2nd VI.

As can well be understood from the behaviour of the weather this summer, many of these had to be scratched, and it was not until July that much practice was obtainable. In spite of this, however, the 1st VI have distinguished themselves by reaching the finals of Inter-Hospital Cup. Receiving a bye in the first round, U.C.H. became our opponents in the second round, and a victory of 15 matches to love was obtained over them at Chislehurst on July 13th. Up to then three matches only had been played; the first against Imperial College was lost 3 matches to 2, the second against St. Thomas's Hospital was won 7 matches to 2, and the third against Middlesex Hospital was lost 3 games to six.

A team from Vauxhall Motor Works, Luton, came down to Chislehurst to play us on July 14th; they proved to be the better by winning 8 matches to 1. Mr. Fraser produced a "qualified" team on the following Saturday and a very enjoyable match was played, his victory being decided only by the last match. It was hoped that we should be able to play a return at some later date and attempt to regain our prestige, but this unfortunately proved impossible. The following week we defeated U.C.H. 6 games to love.

After indescribable difficulties in finding a suitable day on which to play the third round of the Inter-Hospital Cup, we succeeded eventually in playing it on September 7th. A week of continual rain had almost submerged the courts, but there appeared on the Saturday a few hours of sunshine, and by playing during these, and stopping during the showers, we managed to gain a victory over St.

M. D. Mehta, A. McDonald, J. Platt, H. McC. Giles, E. D. Marsh and J. E. K. Dixon; while amongst the newcomers are J. B. Dossetor, last season's Oxford captain, and G. Hurst, who played for Cambridge before the war and has just returned from the Services. So we hope to field a fairly strong side.

We were very glad of the encouragement of our President, Professor J. Paterson Ross, and hope that next season more of the Hospital will follow his excellent example in supporting the Hockey Club.

The 2nd XI was run ably by P. Osbourne (Captain) and R. King (Hon. Secretary), and did well despite a lack of regular players. This season, however, with the return of the Preclinicals to London, it is hoped that the 2nd XI will extend its activities, for the 2nd XI of today is the first XI of tomorrow.

The following were awarded their Hockey Honours: W. A. Oliver (Old Honour), A. E. Fyfe (Captain), J. E. R. Dixon (Hon. Secretary), R. H. Ellis, H. McC. Giles, E. D. Marsh, M. D. Mehta, and A. E. Dossetor (honorary award).

Thomas's Hospital. The sight of the courts at the end of the day must have been anathema to Mr. White, and it was decided to play the finals against Guy's on the following Wednesday on hard courts.

They were played on Regents Park hard courts, and it was pleasant to see some supporters from our own Hospital watching. Marsh is to be congratulated on his very fine win in the singles against Dwyer, undefeated this year. The Cup went to Guy's by 8 matches to 4, the results being:—

## SINGLES

E. D. Marsh beat P. Dwyer, 2-6, 6-4, 6-3.  
T. A. J. Prankerd lost to K. Kong, 3-6, 6-8.  
R. A. M. Weston beat E. Fillose, 6-3, 3-6, 6-1.  
N. Winstone lost to I. K. Fry, 6-4, 1-6, 3-7.  
M. D. Mehta lost to P. Carton-Kelly, 2-6, 4-6.  
A. J. McDonald lost to K. Hume, 3-6, 6-3, 4-6.

## DOUBLES

E. D. Marsh and A. J. McDonald lost to R. Dwyer and K. Kong, 6-3, 3-6, 2-6.  
T. A. J. Prankerd and N. Winstone lost to I. K. Fry and K. Hume, 4-6, 3-6.  
T. A. J. Prankerd and N. Winstone lost to P. Carton-Kelly and E. Pellore, 0-6, 8-10.

P. A. M. Weston and M. D. Mehta beat E. Fillose and P. Carton-Kelly, 6-0, 6-1.  
P. A. M. Weston and M. D. Mehta lost to I. K. Fry and K. Hume, 6-4, 1-6, 1-6.

Other 1st VI matches played have been against St. George's Hospital and St. Mary's Hospital; the former of which was drawn and the latter won.

The 2nd VI has likewise suffered many of its matches being scratched, but they succeeded in winning three and lost only one.

Our many thanks are extended to Mr. White for all the trouble he has taken over the courts, which have been in excellent condition, and also for the tennis balls he obtained for the matches.

The following have played for the 1st VI:—E. D. Marsh, G. Giri, P. A. M. Weston, T. A. J. Prankerd, M. D. Mehta, A. J. McDonald, L. W. Clarke, L. Cartledge, B. Davies.

The following have played for the 2nd VI:—I. Portelly, H. A. Evans, D. Bradford, A. Wells, W. Newman, B. Reiss, G. Hirst, I. Proctor.

*We apologise to the Lawn Tennis Club for not having inserted this notice before.*



## CHANGES OF ADDRESS

BEINSON, R. L., to Bredon House, 321, Tottenhall Road, Newbridge, Wolverhampton. Telephone: Tottenhall 51894.  
 COHEN, E. LIPMAN, to 39, Wimpole Street, London, W.1. Telephone: Welbeck 3867.  
 FRANCIS, A. E., to Wellcome Physiological Research Laboratories, Langley Court, Beckenham, Kent.  
 KILLINGBACK, H. C., to Tile House, Uxbridge Road, Stanmore, Middlesex.  
 MARTIN, C. J., to 91, High Street, Tring, Herts. Telephone: Tring 3343.  
 MORETON, A. L., to 104, High Street, Hungerford, Berks. Telephone: Hungerford 61.  
 MYERS, BERNARD, to 63, Catherine Place, Buckingham Gate, S.W.1. Telephone: Victoria 5022.  
 TURNER, J. W. ALDREN, to 27, Weymouth Street, London, W.1. Telephone: Langham 3336.  
 WEST, C. ERNEST, to Broadpauk, Moor Lane, Budleigh Salterton, Devon. Telephone: Budleigh Salterton 157.  
 WILSON, HAROLD W., to Weasel Score, St. Olaves, Nr. Gt. Yarmouth. Tel.: Fritton 223

## ANNOUNCEMENT OF DEATH

ROBERT WILLIAM JAMESON, M.D., D.P.H.

On July 30th, 1946, at 33, Beckenham Road, West Wickham: ROBERT WILLIAM JAMESON, M.D., D.P.H., Barrister-at-Law.

Dr. Jameson was an authority on the differentiation of the two kinds of small-pox and author of: "The Present Position of Smallpox," 1927; "Notes on Variola Major and Minor," *Lancet*, 1930; "Smallpox and Vaccination—a Heterodox View."

## ANNOUNCEMENT OF BIRTH

BROOKER. On August 27th, 1946, at Hammersmith Hospital, to Kathleen, wife of Dr. A. E. W. Brooker, a son—John.

WELLS-COLE.—On June 15th, 1946, at Lincoln, to Peggy (née O'Neill), wife of Gervas H. Wells-Cole, a second son.

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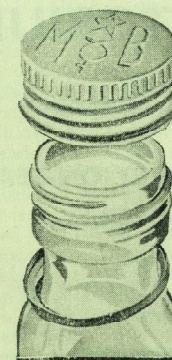
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HOSPITAL JOURNAL

Vol. L

NOVEMBER 1st, 1946.

No. 10

### OH JUPITER!

On a scrap of paper, the prescription brings to a focus the endless battle between science on the one hand and tradition on the other. Side by side with the name of a modern drug goes a mysterious symbol whose origin is shrouded in the mists of time. Latin, English and Latinized-English words; Roman and Arabic numerals; Metric and Apothecaries' Systems—all mingle together in glorious confusion. It appears that the physician, always ready to adopt new techniques, is at the same time loth to part with anything which has once been established, whether this be a system of nomenclature, an archaic form of symbolism or a drug which over and over again has proved its worthlessness.

Like the wise men of ancient Chaldea we still make invocations to Jupiter—the *greater fortune*: blending the astronomical sign for this planet with R, the initial letter of the Latin *Recipe*, we manufacture that hybrid symbol R with which we proceed to decorate the prescription. It is difficult to understand what bearing Chaldean astrology has upon modern medicine, since the time when anyone could seriously maintain that our mental or physical welfare is dependent upon the movements of the heavenly bodies has long since passed.

It is even more difficult to defend the continued use of Latin in prescriptions—that is if a language, synthesised by the addition of Latin endings to the English equivalents, has any claim to the title of "Latin." It is argued that Latin is the traditional language of science, understood the world over; that the absence of definite and indefinite articles makes for brevity and the Latin genitive for neatness in expression, but it must be admitted that the disadvantages are many. It is impracticable to write the

whole in Latin, since parts such as the patient's name and address must be written in the native tongue, together with any unusual directions with which a limited and stereotyped knowledge of the language is unable to cope. Ignorance of correct case-endings leads to numerous mistakes or to evasions thereof in the form of the abbreviations. The innocent-looking full stop covers a multitude of potential sins! It cannot be held that the Latin form allows of secrecy since a patient able to interpret an English prescription is unlikely to be deceived by its Latin equivalent and in any case there is little room for mystery in modern medicine.

There is even less to be said for the Apothecaries' system—a system in which each quaint unit is a different multiple of the next and in which the units of weight and measure do not correspond. The student, already familiar with the metric system, resents having to spend valuable time and energy becoming proficient in the use of tables which should have been discarded long ago, together with the archaic hieroglyphics used as abbreviations for its various units. The present tendency to use the metric system for the newer drugs but to retain the Apothecaries' system in general use is a lazy makeshift arrangement which serves to confuse rather than clarify the issue. It necessitates frequent interconversions and, most physicians being bad mathematicians, often leads to error. A clean break from the old system would lead to much inconvenience at first, but surely the medical fraternity, which prides itself on its intelligence, is sufficiently labile to be able to make the change.

The Roman system of numerals was so clumsy that it passed out of general use long ago. Yet here are we—members of a scientific



profession, with frequent recourse to the use of figures, still happily dotting "ones" and smiling contentedly on the curious mixture of Roman and Arabic which must result when we attempt to express common fractions other than one half, or any decimal fraction.

More serious, however, is our failure to discard drugs which are devoid of any useful action, or for which there are less toxic, more efficacious or even cheaper substitutes available. Often one sees cases of thyrotoxicosis under continuous iodine therapy in spite of the well established fact that the effect of iodine in this connection is temporary and its use should be reserved for the pre-operative period. Again one sees bromides used in sleeping draughts in spite of, one might almost say in defiance of, experimental observations that no single dose of bromide, within the therapeutic range, is capable of raising the blood level of that ion to a height sufficient to induce hypnosis.

It is customary to sneer at certain groups of drugs: expectorants and tonics are good examples, but to prescribe them all the same, excusing one's action on the grounds that "the patient expects . . ." A useful phrase, an invaluable defence mechanism, used to cover many of our more futile actions. Is it that the patient expects or that we expect he expects and that we are in fact projecting our thoughts on to him? The average patient is not such a fool as some of us are inclined to suppose; question any chronic bronchitic on the efficiency

of his latest cough mixture and you may well find cause to revise your views as to the patient's faith in a bottle of medicine: that your faith in the patient's faith is very much greater than the latter warrants. And if there are some who remain discontented until given some sort of medicine it is our duty to correct rather than foster such misapprehension. If we have no drug of value for the condition in question—let us be honest and admit the fact and not attempt to conceal our inefficiency by prescribing drugs we know to be useless.

The pharmacopœias and text-books of materia medica, at present overburdened with large numbers of almost useless drugs, would benefit from some much needed pruning. Even some of our most modern drugs are becoming superfluous. As each new class of drug is discovered and another field of research opened up, numerous preparations of the same type flood the market. The practitioner is often overwhelmed and we see him using one particular preparation, often not the most suitable, without any clear idea as to why he is doing so. The situation could be clarified if for reasons of low efficiency or high toxicity or cost the least desirable of these drugs were scrapped after a suitable trial.

And with them must go our three old friends: the Apothecaries' system, the Roman numerals and the Latin prescription—all relics of a by-gone age when it was the accepted custom to conceal ignorance under the cloak of ritual.

*Contributions for the December number should reach this office by November 6th.*

*Members of the Hospital are asked not to walk on the newly laid grass at Charterhouse Square. It will be some months before it will be possible to do so.*

## SPORTS CALENDAR

November.									
Sat. 2	Rug. v. R.N. Air Station	...	H	Mon. 18	Rug. v. Redruth	...	...	...	Δ
	Soc. v. H.A.C.	...	H	Tues. 19	Rug. v. Devonport Services	...	...	...	Δ
	Hoc. v. R.N. College	...	A	Wed. 20	Soc. v. Bromley County Sch.	...	...	...	H
Sun. 3	Hoc. v. Bandits	...	A	Sat. 23	Rug. v. Stroud	...	...	...	A
Wed. 6	Soc. v. St. Mary's Coll.	...	A		Soc. v. St. Thomas' Hospital	...	...	...	H
Sat. 9	Rug. v. R. Sigs. Catterick	...	H		Hoc. v. Reading University	...	...	...	A
	Soc. v. Bromley Cnty. Sch.	...	A	Wed. 27	Soc. v. Met. Pol. (Perkham)	...	...	...	A
	Hoc. v. Gravesend	...	H	Sat. 30	Rug. v. Old Rutlishians	...	...	...	H
Mon. 11	Soc. v. Christ's College	...	A		Hoc. v. Broxbourne	...	...	...	A
Wed. 13	Soc. v. Queen's College	...	A	December.					
Thu. 14	Soc. v. Downing College	...	A	Sun. 1	Hoc. v. Lensbury	...	...	...	Δ
Sat. 16	Soc. v. Jesus College	...	A	Wed. 4	Soc. v. Guy's Hospital	...	...	...	H
	Hoc. v. Woolwich Poly.	...	A	Sat. 7	Rug. v. Cross Keys	...	...	...	H
	Rug. v. Newlyn, Penzance	...	A		Soc. v. Bristol University	...	...	...	A
					Hoc. v. Polytechnic	...	...	...	A

## HOW NOT TO GIVE AN ANÆSTHETIC

### LIFE AND DEATH AT ST. AUTOPSIA'S

The month of the student's life allotted to the Anæsthetic Dept. is nothing like enough to transform the menace of the ether bottle (the bright lad who performs private and highly frightening experiments with the taps) into a consistently capable anæsthetist. As there is hardly a department in the Hospital, nor faculty in the University which does not feel the same way about their allocation of the student's time as we do, we can go little further than teaching our clerks how to avoid killing people. Achieving this is smugly, though rightly, considered a major triumph.

This account of anæsthesia at St. Autopsia's Hospital, based largely on a teaching film you may have seen, is intended to underline a few of the important points of the game. I hope some of the future clerks will include it in the varied reading matter they frequently dip into during long cases.

Let's start by considering the patient, Mr. George Smith. And I mean considering him. To you he's only SMITH—CHOLECYSTECTOMY on a blackboard. But to him he's George Augustus, driver of a 22 bus, father of two kids and husband of an anxious wife. He's been whisked out of the comfortably dusty, secure familiarity of the home where he is master. Torn away from the bright, beery interior of the "Grapes," in which he is the social hub. Thrust into the sterile, spartan surroundings of St. Autopsia's, where they take his clothes away, bath him and order him about. To-morrow he is to be forcibly rendered unconscious and the most precious gall-bladder in the world plucked from him. The chap in the bed next door has just come back from his operation and appears to be dead. George is naturally a little scared.

George is mostly worried about being put off to sleep, like an old dog or unwanted kitten, he keeps recalling. He would like to see the doctor into whose hands he will be unwillingly delivering his life, if only to receive the inevitable assurance that everything's going to be all right. At St. Autopsia's the anæsthetists don't size up their patients the night before—a routine penance, so I understand, of even the public hangman.

George can't sleep in a strange bed with his suppressed qualms as restless bedfellows, a torment from which a few grains of soneryl would bring delivery. Eventually he drops into

dreams of strangling, drowning, hanging and other forms of suffocation, until he is awakened at five with his morning enema.

After half a day starved of food and denied of drink the hour approaches. Too quickly, apparently, for the anæsthetist, who has forgotten to ring up about the premedication. This job is passed on to an orderly, about half an hour before George is due to appear. After finishing his cigarette and considering whether to have ten bob on the four-thirty, the orderly leisurely picks up the phone. At St. Autopsia's the sister is busy when the message comes through. After boiling up a syringe she eventually sticks the injection into George, synchronising with the arrival of the trolley and porters.

George is bumped down to the theatre with xerostomia, tachycardia and an urgent desire to micturate. He is trundled heavily into the anæsthetic room. The porters, with the air of Carter Paterson men, desert him. So does the nurse, calling to some unseen crony would she keep an eye on this one, she is going off duty.

George, as lonely as the Ancient Mariner, finds time to look over the death chamber. It is a cell, well lit by a bulb just above his eyes, bearing all the appearances of the engine room in a submarine, and as hot. There are two doors, both wide open. One leads to the corridor, from which passers-by throw him curious glances. The other is labelled THEATRE, which appears to be in a state of uproar. George's heart sinks—he has seen the gallows. They are getting ready, with alarming nonchalance, to cut him up. Somewhere in the distance a radio is playing swing.

A nurse pops in, seeming surprised to see him. "Oh," she remarks in an offended tone, "you're down, are you?" She disappears like a conjurer's rabbit. Three or four nurses pass through on their way off duty, chatting the while. Another brings in a tray of nasty, shiny instruments—"To cut me up with," thinks George—which she leaves on a trolley beside him while she drops metal drums on the floor. At St. Autopsia's they have got into the habit of using the anæsthetic room as a corridor and general store, although, as distinct from our E.M.S. improvised theatres, they have both. There is only one recommendable feature in the whole room—a large notice requesting "SILENCE!"



The anaesthetist arrives. He is in one hell of a hurry. George waits helplessly for a reassuring nod from him. Instead he starts shouting angrily at an orderly.

Just then a bloody surgeon comes from the theatre with a bowl of guts which he proudly exhibits to about twenty students.

The anaesthetist doesn't bother to wash his hands. Like a fighter pilot grimly leaping to his plane, he falls upon the death-machine. This exhibit stands within inches of George's nose instead of behind his head, affording a good view of the works, complete with horrible labels saying *ÆTHER* and *CHLOROFORM*. So far the anaesthetist, a Mr. Styfle, has disregarded George as if he were so much air. Admittedly, they haven't been introduced.

Styfle waves a spanner of the size George associates with his 22 bus rather than with the delicate and scientific business of sending him off to sleep. Tremendous hissings cut short his uneasy thoughts. This gives way to mighty clangings as cylinders are dropped all over the floor. George watches as Styfle pours something from a bottle into the bung-hole of the death-machine. This operation is performed with the effect of filling a lighter from a two-gallon petrol can. Terrifying fumes of ether assault George's anxious nostrils.

"There you are, Jones!" shouts Styfle, as an orderly shuffles in. "Where the hell have you been? We're damn late, we'll have to rush this one—and why weren't these cylinders full? Did you know you can kill a patient like that?"

Jones starts an address on the working conditions and obligations of orderlies.

"Oh, my God!" cries Styfle. "The laryngoscope won't work. Pray heaven we won't need it, or we're sunk! Get a couple more men, Jones, we may have to hold him down."

George is on the point of announcing he is not going to have his operation, thank you, when a mask is clamped on his terrified face, and he is suffocated. The smell of rubber is nauseating. The ether not cleared from the delivery tube makes him choke. His last recollections are of a nurse dropping more drums and Styfle bawling "Can't you read?—SILENCE! All right, take his jacket off, he's under."

The Surgeon, scrubbed and gloved, appears at the door long enough to enquire "Ready?"

As he's in a tearing hurry, Styfle pushes over the ether lever like the throttle on a Meteor. George gives way to cough, spasm and a purple blush.

Snatching a tube, Styfle plunges it into a nostril like a Sherman tank in a cornfield.

Tremendous coughing and spasms. Dark blood wells up, like the waters from Moses' rock, at both nostrils and the mouth. The ears remain dry.

"Worst of being in a hurry," reflects Styfle, "too light, and obstructed. Still, the connection would have kept slipping out, anyway."

Styfle eventually reduces the coughing, bleeding, cyanosed, remains to some sort of quiescence. The surgeon re-appears. "What!" he hollers, "Not ready yet!"

Seizing a second laryngoscope, Styfle plunges it into George's mouth like a jemmy, loosening his top teeth and neatly nipping his lower lip. George, still too light, spits blood in his eye. Fair enough.

"Good Heavens!" shouts the surgeon. "Are you going to be all night? When can I get at him?"

Eventually George is intubated, the blood cleaned from Styfle's trousers, and he is served up to a fuming surgeon. Exhausted from the battle, Styfle is just considering popping out for a smoke when George goes blue on him again. Panic-stricken, Styfle makes a belated inspection of the gas leads. These are connected up correctly, which foxes him, until a weary flowmeter catches his eye. His oxygen, which he should have checked, has just run out.

No sooner has Styfle started his pipe in the anaesthetic room and opened a conversation with a nurse than he is summoned back to the theatre.

"Tight," the surgeon comments briefly. At St. Autopsia's there's not much co-operation between surgeon and anaesthetist—and no wonder.

George's pupils are twin black moons. The situation is beyond Styfle, who complacently regards the lashings of ether and gas pouring into his patient. The oxygen rotometer registers half a litre a minute, but Styfle hasn't heard about the behaviour of sub-oxygenated muscle yet.

He then disappears from the theatre until the abdomen is being closed—after all, what did Dr. Magill invent those handy tubes for? "How is he?" asks the surgeon.

Styfle lays an uneasy finger on the pulse. Rate 112. Volume—h'm, well, probably all right. As he hadn't checked the pulse in the beginning he has now no more idea than the lift boy whether George has deteriorated or not.

At length the tube is removed, the dressings applied, and Styfle makes off for tea, confident of a good job done. But what's that? What's the panic? George has gone black again. If you made sure your patients were breathing

when you left them, chum, you'd have your teeth in those cucumber sandwiches by now.

"By the way," remarks sister as he pulls up the chin (Styfle knew that much), "his arm was hanging over the table edge all the time."

"Probably get a radial palsy," he tells her,

"Pity."

There you are, then, and that's only a few of the horrors. In view of the obvious note of personal experience about the induction, I'll hide behind my old pen name of

ALAN TOIS.

## WAR MEMORIAL FUND

Many Bart.'s men and women have been wondering what is being done to commemorate those members of the Hospital and College who fell in the recent war. A committee representing the Medical Council and the College Committee was set up recently to discuss the matter, and to put forward a concrete proposal. As a result it has been decided to raise a fund for the education of the children of those who lost their lives in the service of their country. It is also proposed to engrave in stone the names of all Bart.'s men, nurses and employees of the Hospital and College who fell in the war. Permission will be asked of the Treasurer and Governors of the Hospital to place the names on the walls in the entrance to the new Medical Block. There is in that place a hallway, inside the bronze doors, which is very suitable for this purpose.

The main bulk of the money raised for this memorial will be applied to the education of children of Bart.'s men or nurses who fell in the war and are in need of this help. The Fund will be administered by a chairman and two trustees, in the first instance Professor J. Paterson Ross, Dr. Bodley Scott, and Mr. Alan Hunt. When it is known how many children are eligible to benefit from the Fund an allocation

can be made to each child, the money to be spread over a period of years up to the age of 21 or such shorter period as he or she may require assistance for education. By this means all the money will be allocated within a limited period, and by the education of these children a worthy memorial will have been completed.

In order that an early start may be made, will any Bart.'s man or Bart.'s nurse who knows of children needing help, who come within the scope of this scheme, please send in their names as soon as possible. The fund is open for subscriptions at once. It is hoped that all Bart.'s men will receive within a very short time a letter asking them to join in raising the money. It may be said that already the Nurses League of St. Bartholomew's Hospital has promised a very substantial contribution.

We believe that most Bart.'s men wish to commemorate through the Hospital and College those who fell in the war, and we believe that this proposal offers a chance of doing so in a way which will meet the wishes of the majority. To make a success of this memorial generous contributions are needed.

GOFFREY KEYNES,

*Chairman of Medical Council.*

CHARLES HARRIS, *Dean.*

## PERSONAL

The Enigmatic Englishman is dead.

Time was when, by unwritten law, we strove to wipe from our appearance all clues concerning the individual beneath. Propriety dictated that young men should assume a gentlemanly uniformity. Consider any Edwardian photograph. Each short-lapelled jacket resembles its neighbour. Every collar contains an identical proportion of starch. All heads are cropped to the same unappetising stubble and the faces appear to have been taken from a single inscrutable death-mask. Yet beneath these grim exteriors beat the gay hearts of the music-hall rowdies, the ambitious young men of the City, the ardent admirers of puff-sleeved counter-parts, and the embryos from which have developed the impressive elderly gentlemen of to-day.

The studied effrontery with which MR. HAWKES manipulates his cigarette speaks more about him than Wisden ever will.

MR. REISS, for education's sake, dare not appear in public without the soiled collar of the cultured intellect.

If MR. MACDONALD did not bear evidence about his person of a week-end spent in bottom-scraping his nautical purchases would be discounted as waste.

I have no wish to draw ridicule upon these gentlemen nor ill-will upon myself. I might as well have commented upon the ivory-tipped golf-club which proclaims MR. DIBB *un homme du Theatre*, or the peerless cigarette-lighter which demonstrates MR. BUTCHER'S precision of mind. Descending thus to personalities is not my aim but my method of illustrating a fact.



All this is changed. We are taught to Be Natural, to display our complexes as though they were for sale and to adopt a that's-me-take-it-or-leave-it attitude to superiors and contemporaries alike. This may be sound psychology but nevertheless it is exhausting in practice. We are all so busy Portraying Ourselves down to the last trouser-button that we have very little energy left over for the job in hand. One need only consider the effort required by MR. DONALD TAYLOR in sustaining his use of the endearing term "old boy," or by MR. FISHER in controlling his utterly self-expressive hair, to perceive how true this must be.

The growth of hair alone deserves a monograph to itself. The preclinical school in particular carry it to extraordinary lengths. Incredible revelations of character are apparent also in the development of moustaches. These allow for considerable variations of psychic composition from the extremes of MR. DU

HEAUME'S intermittent bad shave to the exquisite growth which was recently seen about the hospital closely followed by MR. KELLY.

I must allow that this business of Being what you Are is sometimes an accidental process. In a recent encounter with the Catering Company A NOTABLE SPECIMEN FROM OUR COLLECTION OF BIRD LIFE, by attempting to be what he wasn't, namely, a Saviour of the Stomachs of his Fellows, accidentally and obviously became what he is, an ill-mannered and self-demonstrating nincompoop. In the working-out of this process his vulgar faction declared with considerable aplomb that they had Lost Faith in the Students' Union. To this the Union replied, with some justification, that it had never been what it had no intention of developing into—i.e., Something to have Faith In. Regretfully it must continue to be what it can't help remaining—a thankless sanitary organisation for attempting to do the necessary dirty work.

EVELYN TENT.

## GOODBYE TO BART'S

by MALCOLM DONALDSON

Before the second German War it was customary for members of the staff who were on the eve of retiring to give a "Last Lecture." On such an occasion all the students, many of whom may have invested half-a-crown to avoid attending this man's ordinary lectures, turned up in force together with members of the honorary staff to hear this "last lecture." I have attended many such sad functions. On more than one occasion I have seen the lecturer so overcome with emotion that he was obliged to retire before the lecture was finished. Some lecturers just gave the last of their normal lectures, others dwelt on the changes that had taken place since they went to Bart.'s; to some people it seems to come as a surprise tinged with regret that changes should take place, but really it would be very extraordinary and tragic if there was no change. This is not to suggest that Mr. Ford was right when he said, or was reputed to have said, that "all history is bunk." On the contrary it is of the greatest value in order to obtain the point on which to plot out the curve of future events. It is not difficult to plot out a curve, but it is less easy to persuade one's colleagues that such a curve is correct, and in this I failed so far as the organisation of

Cancer treatment and research at Bart.'s were concerned. Nor was I very popular with the Treasurer and Almoners in 1923 when I met the organizers of the Fleet Street Collection in a Lyons' teaslop, and persuaded them to earmark £2,000 of their gift for the first deep X ray apparatus to be installed at Bart.'s. This was subsequently put under the charge of Dr. Levitt, who did such splendid pioneer work in X-ray therapy. From then onwards I tried to stimulate interest in Cancer treatment and organisation, but, alas, the dividing line between a stimulant and an irritant is very thin, and in the end it was obvious that my efforts had become a pure irritant and was useless. Such efforts to stimulate enthusiasm along one particular line often suggest that the person has lost all sense of proportion, has become "dotty" on the subject and cannot recognise the importance of other conditions such as, for instance, the common cold, which is far more important than cancer.

This idea of a one-track mind is not correct. To overcome inertia a force greater than the inertia must be applied. The clever fellow knows what is the right lever to use, the other man uses all his strength with little

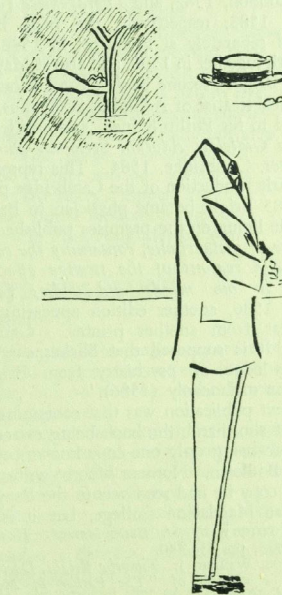
effect. Even now I make one more despairing effort to stimulate the younger generation by asking them to visit other cancer centres like Manchester and institutions abroad, now that travelling is once more normal. It has often been said with much truth that when a young man goes to see the work of other nations, he either goes with the idea that nothing is better than that which is being done in his own country, or with the idea that any different technique or organisation that is different from his own must be an improvement. It is unnecessary to point out that there is "more than one way of killing a cat," and the animal is just as dead whichever technique is employed. No, the object of travel is not merely to imitate others, nor just to report what has been seen, but to think "how can I use this knowledge to improve the particular set of circumstances existing at home?" At this point the reader, if he has got as far, will say this "waffling" is obvious; agreed, but the obvious sometimes needs repeating and it is the privilege of the old to do so.

I have just visited Stockholm, the most lovely of cities. It is true that the contrast between this neutral country and poor battered London did at first rouse very strong resentment in me, but that was foolish because we must look at the future. The Radiumhemmet is a splendidly built and equipped block within the grounds of the large teaching hospital called Karolinska; this building made me green with envy, well planned and well carried out. Of course good work has been done in our own country in cellars and under difficult conditions, but it is absurd to believe that good treatment rooms and laboratories with plenty of room will not improve good work. It will be a long time before it is possible to build such a department at Bart.'s, but at least it is possible to go round the world in the interval and collect ideas, and know exactly what is wanted when the time comes. The Radiumhemmet as it is to-day is a good example of what a few determined people can do, and the history and plan of this institution, a copy of which can be seen in the Cancer department, shows that in Sweden even a Socialist Government will help those who help themselves. The organisation of Cancer treatment in Sweden is better than in Great Britain, but it is a small country and is therefore much easier to organise. I doubt if their physicists are in such daily touch with the Radiotherapist and the patient as there in England and there we score heavily, but there is much to be learnt. I also saw the Södersjukhuset, the most modern hospital, not yet completed. It is a magnificent

building for 1,200 patients and the sound principle of having a maximum of four beds in a ward has been adopted. It would not be difficult, however, to make certain criticisms. Corridors with marble floors look beautiful but are not very pleasant to walk on the whole long day, and had they installed an internal telephone to every bed the amount of walking the nurses are obliged to do would have been cut down by fifty per cent. In Norway I saw other hospitals, but what interested me most was a 1.9 million volt X-ray apparatus of the Van der Graaf type which had been installed during the German occupation.

And now the time comes when a member of the Gestapo armed with a scythe and a hand grenade grabs me by the shoulder and tears me away from my colleagues at Bart.'s to do other work at Mount Vernon Hospital, and as I am torn away these are my last words to those responsible for the Cancer Department:—

"Wake up, Bart.'s."



A STUDY IN DRESS



## IN OUR LIBRARY—VI. TIMOTHY BRIGHT (1550?—1615)

By JOHN L. THORNTON, Librarian

As a physician Timothy Bright appears to have been a failure, possibly because he did not give his entire attention to the subject, yet although his connection with this Hospital ended in his forced resignation, there is every reason to honour him for his achievements in other fields.

Norman Moore<sup>1</sup> states that Timothy Bright was born at Cambridge in 1550, while the D.N.B. gives the place of birth as probably in the neighbourhood of Sheffield, and the date as "in or about 1551." Probably the standard biography of Bright<sup>2</sup> clears up this point, but unfortunately we do not possess a copy. Bright was a member of Trinity College, Cambridge, being a scholar in 1567, a B.A. in 1568, and graduating M.B. in 1574 and M.D. five years later. From 1570 to 1572 he studied abroad, and on his return lived for a time in Cambridge. He wrote a Latin treatise on medicine in two parts, which were entitled *Hygieina* [etc.], London, 1582, and *Therapeutica* [etc.], London, 1583, respectively, the parts being reprinted separately at Frankfurt in 1588 and 1599, both together in 1598, and also at Mayence in 1647. Bright's second book, a commentary on the physical treatise of Adolphus Scribonius, was dedicated to Sir Philip Sidney, and entitled *In physicam Gulielmi Adolphi Scribonii animadversiones*, Cambridge, 1584. This represents a very early production of the Cambridge press.

In 1585 Bright became physician to Bart.'s, and while living on the premises published his *A treatise of melancholic, containing the causes thereof and reasons of the strange effects it worketh in our minds and bodies* [etc.], London, 1586, another edition appearing the same year from another printer. Garrison writes, "It is supposed that Shakespeare got his knowledge of psychiatry from Bright's treatise on melancholy (1586)."<sup>3</sup>

His next publication was that containing his system of shorthand, the book being extremely rare, there being only one copy known, which is in the Bodleian. Norman Moore<sup>4</sup> writes that the only copy he had seen was in the Pepysian Library at Magdalene College, but it is not

<sup>1</sup> *The History of St. Bartholomew's Hospital*, Vol. 2, 1918, pp. 433-440.

<sup>2</sup> Carlton, William J. *Timothe Bright, Doctor of Physicke: a memoir of "The Father of Modern Shorthand"*, 1911.

<sup>3</sup> Garrison, Fielding Hudson. *An introduction to the history of medicine. . . . Fourth edition* [etc.], 1929, p. 203.

known if this is the copy now at the Bodleian. In 1888 this book was reprinted, but as the edition was limited to only 100 copies, this also is rare, and a copy is housed in the Athenæ Collection in our Library. It is entitled *Characterie; an arte of shorte, swifte, and secrete writing by character. Invented by Timothe Bright, Doctor of Physicke. Imprinted at London by I. Windet, the assigne of Tim. Bright*, 1588. This reprint follows as far as possible the exact spacing, pagination and quaint old-style spelling of the original, using almost identical fount type. The Advertisement is signed by J. Herbert Ford, *Reporters' Journal* Office, 27, Chancery Lane, London, W.C., 26th July, 1888. The original volume was dedicated to Queen Elizabeth, and its rarity is probably due to the fact that the shorthand characters were all inserted by hand, possibly by Bright himself, so that it is doubtful if a large edition was thus manually produced.

The other book by Bright contained in the Library is his abridgement of Fox's *Book of martyrs*, the title-page of which reads *An abridgement of the Booke of Acts and Monuments of the Church: Written by that Reverend Father, Maister John Fox: and now abridged by Timothe Bright, Doctor of Physicke, for such as either thorough [sic] want of leysure, or ability, have not the use of so necessary an history. . . . Imprinted at London by I. Windet, at the assignment of Master Tim. Bright, and are to be sold at Pauls wharf, at the signe of the Crosse-keyes*, 1589.

On August 21, 1591, Bright received formal notice to leave Bart.'s Hospital. "This day it is ordered and agreed for that Dr. Bright hath bine often warned for neglectinge his dewty about the poore of this house. That there be staye made of such billetes and coles which sholde be dewe unto him and that he shall have knowledge and warninge to depart at Michellmas next."<sup>5</sup> He had already been ordained, and became rector of Methley, Yorkshire, in July, 1591, and three years later also became parson of Barwick-in-Elvett. Bright appears still to have practiced medicine occasionally, but it would appear that the Church had caused him to forsake his earlier profession, and he died at Shrewsbury, where he was buried on September 16, 1615.

<sup>4</sup> *Op. cit.*, p. 437.

<sup>5</sup> Moore, Sir Norman. *Op. cit.*, Vol. 2, pp. 439-440.

Had Timothy Bright concentrated on medicine he would probably have excelled as a physician, but politics, religion and his system of shorthand occupied much of his time. Norman Moore writes: "He was not unread, but he showed no real learning, and had little mother wit." His other writings include some metaphysical disputations, and it would be appropriate to endeavour to collect a complete

set of his medical writings in the Library, that they might be critically examined at a later date, or at least studied bibliographically. His name is unknown to many Bart.'s men, yet his achievements were not without merit, and his connection with our hospital not entirely unworthy.

\* The physicians and surgeons of St. Bartholomew's Hospital before the time of Harvey. *Bart.'s Hosp. Reports*, 18, 1882, p. 342.

## BACK HAND SERVICE

(long after Kipling)

God gave all men all men to love,  
But since our hearts are small,  
Decreed that we in cliques should move,  
That each should not know all.  
As self-conceit could not survive  
Close contact with all Bart.'s,  
Self-limitations we contrive  
To split us into parts.  
So some in Rugger circles walk  
And some know nought but books,  
While some interminably talk  
Of drives, late-cuts and hooks.  
Each to his choice and we rejoice,  
Though others think it strange,  
That man and boy we do enjoy  
Our Ping-Pong in the Range.  
No tender-hearted forward knows  
The courage we've employed  
In beating back with battling blows  
The sphere of celluloid.  
To runners we could not explain  
Our stamina of will  
As, poised behind the plywood plane,  
We gather for the kill.

The comradeship of bat and ball  
Within our valiant club,  
They would not understand at all  
In Vicarage or pub.  
"The play's the thing." We know no names  
Obscene enough to squawk  
At those who hold that indoor games  
Are but an aid to talk.  
Through many a dusty, sunless hour  
We'll build our muscles yet,  
Our sallow skins shall fill with power,  
Our changeless shirts with sweat.  
So long as we are able  
We'll advance Britannia's fame,  
On this green and pleasant table,  
In this manly British game.  
God gave all men a life to live,  
But laymen's hearts are small,  
And all the facts He did not give  
That judge an hospital.  
So Rugger was our crucial test  
Till Mary's topped the bill.  
Let future reputation rest  
On Ping-Pong-playing skill!

W. G. H. L.

## A CASE OF SHOVELLER'S FRACTURE

By JOHN WHITTINGDALE

A young man walked into the Out-Patient Department of the Yeatman Hospital, Sherborne, complaining of an aching pain in the upper part of his back.

Since his discharge from the Army, he had been working as a pupil on a dairy-farm, where each morning, he had had to lift full churns of milk on to the platform of a lorry five feet above the ground level.

He had noticed the aching pain for a month but could not give a definite history of the onset.

Upon examination, he was well built and muscular, height 5 feet 8 inches. There was no visible swelling or discoloration over the painful area which was in the upper dorsal region.

Upon palpation and on percussion of the vertebral spines, the second dorsal spine was tender, but no mobility could be obtained on lateral pressure.

A skiagram revealed that the terminal half inch of the second dorsal spine was broken off and dragged downwards for half an inch as measured on the skiagram.

This injury was undoubtedly produced by muscular action, but the young man could not remember a definite, sudden pain, nor having felt any crunch or click.

He was advised that no treatment was available apart from rest and the local application of heat. Fibrous union is to be expected and excision of the fragment is unlikely to become



necessary, though this has been recommended by authorities.

Captain J. H. Annan, R.A.M.C., described a series of cases of this condition, occurring in prisoners of war (*Lancet*, 10.2.45, p. 174); and quotes series of cases from McKellar Hall (1940), Watson Jones (1941), also stating that the condition was known to German surgeons as *schipper Krankheit*.

### PER ARDUA AD . . . ?

By W. J. ATKINSON

On a gloomy evening of late January, with only the soft drizzle of the Plain, and thoughts of the past harassed year on the House for company, I waited for a truck to take me to the new unit. The exchange of white collar and dark suiting for Army boots and gaiters was comfortable enough, but the future address of "In the Field" suggested otherwise.

At the unit, together with two further arrivals, I made a trio which departing officers regarded as the epitome of youth and irresponsibility. We felt as lonely as Stonehenge itself until invited to attend the 1st Airborne Division Medical Society's farewell party. There, indeed, was the company of good fellowship in the names of one's students days—Graham-Jones, Alec Palmer, Bonham-Carter, Mitchener, Edwards, Uncle Eagger and all. For a week a return to physical fitness and an increasing desire to qualify for that same company pushed away the thoughts of imminent space-occupying lesions.

Bleak Derbyshire next enclosed the rising tension of both physical and mental needs—two weeks of manly running to and fro in boots and equipment. Even the temporary locus of three days in the C.R.S. (blessed haven of many an anxious heart) was a welcome respite. The final test—seven miles road-run in marching kit armed with a rifle (carried in every conceivable position but the correct one)—this should have rescued me as I looked around for some reasonable excuse; alas, they carried me through and congratulated my perseverance!

For the next two weeks, the aerodrome was perfectly comfortable after Hardwick's concrete huts and barren Mess where mud and false bravado made poor aperitif to every meal. Calculating one's chances of injury was reassuring enough. "All you have to do is what you are told." A Roman candle had been one of my favourite fireworks as a child, but the variety surreptitiously advertised in Airborne circles involved either a mistake in parachute packing or some electrical disturbance in atmospheric which causes the silk of the parachute

to adhere together during the average of one minute of descent from the usual 600-800 feet. But for this occurrence, a careful study of one's training could overcome any mishap. Thus reassured, I did the gymnastics of falling from ropes and controlled slings at various heights, vying with Private O'Leary to win the sergeant-instructor's approval. Through holes in exalted fuselages and doing trapeze acts on special swings, and falls on to well-padded matting, we whiled away six days rather like the prelude to one's examinations.

The two balloon jumps from 800 feet were said to be quite safe, and as we watched the silent descent of fellow trainees through the clouds that kept very low that wintry morning, we were reassured at first. The balloon-cage came down for another four and, with parachute strapped to my back and "static line" clipped to the cage, I felt myself on the way due . . . up. Fainter and fainter grew the earth, larger and larger became the hole in the bottom of the cage until, amongst the cloud in a hushed other-worldly state, the balloon "stopped," leaving the four victims-to-be feeling very lonely as they crouched in a sitting position round the hole. Electrified by "Action Stations No. 2," and then "Go," something precipitated me through the hole into space: since no one is ever allowed to push another over and none volunteered to confess to such later, I can only think that our three week's training had bred that kind of discipline which did not reason why.

In the descent from a balloon there is a delayed opening of the "static-parachute" and for some three or four seconds one feels a detachment from mundane things as the earth is rising and yet there is no sense of falling. If an incorrect exit is made, the pack of the parachute hits the side of the hole and promptly somersaults its parachutist. In an aircraft drop this usually "rings the bell"—brings the under surface of the chin in lacerating contact with the forward side of the hole, a sickening event the sequelae of which include an often unconscious descent and landing and later a scar

which is diagnostic of parachute training. However, I did not meet the other side of the hole and, for another three-quarter minute or so, after the reassuring tug at my shoulders, an exhilarating feeling of freedom prompted a few caustic comments to the crowd below and then—the landing. It took quite a time for me to remember all that I was taught as to the correct anatomical parts on which to land and how they should be disposed, but those two balloon jumps did seem worth while.

The day came for what was to be my first flight in an aircraft. Unfortunately, or otherwise, the instructor placed me No. 1 in this, the first run of what were called slow pairs. Only a queer look answered my request for the reason. However, the stories of having one's hands crushed by insistent boots as one clung to the side of the hole in the bottom of the Whitley fuselage, of tearing away pieces of its frame with frantic finger nails—all seemed a little exaggerated as, on that cold morning we waited for the ceiling of visibility to rise. The colleague who patted my back where the parachute lay and said: "A very nice blanket that," did not restore my confidence. As we trooped into the shaking frail-looking Whitley and took our places I found my rival, Private O'Leary, on the opposite side of the hole from me, trying as I was, to grin nonchalantly—a most sickly effort. In the five minutes to the dropping zone I could see the trees far below us set in the kindly pleasant fields which had been the background to such a happy past life!

Warned of the approaching "run-in" and, reassured that the static lines from our parachute cases were hitched up to the strong points on the fuselage, we crowded into position. I felt the aircraft throttle down and heard the engines cut as the pilot brought us over the dropping zone 500-600 feet below us. "Action Stations!" as the red light over our heads winked on. Then green light . . . "Go" bellowed the instructor as I attentioned into space with the now reflex movement of twisting from the sitting position beside the hole to the attention position with a thrust forwards from my hands on the edge of the hole. During the minutes and age-long seconds awaiting the signals, all was tension and suspense. Now, in the split seconds of the exit, I felt first the blow of the slip stream from the propellers, then the wind in my body and face and finally the heave at my shoulders as the parachute was pulled open. Sometimes, as on this occasion, the jerk of the opening chute can bruise one's shoulders and groins considerably. It took also about four "drops" for me to find time to look up even with gratitude at the

open canopy; but the view of the landscape below combined with the gentle movement of descent to make it one of the most exciting sensations of my life. Landing from an aircraft drop is more difficult than from a balloon because there is more oscillation as one pendulums to earth; at that time, one had to check one's drift (a guess at the best) and, accordingly, to turn by holding one's shoulder straps in a certain way, in order to bring one to earth on a forward swing. Nowadays it is found easier to increase the rate of descent slightly by pulling the forward shoulder straps and so to check both oscillation and drift simultaneously. However, once again the orders of keeping one's feet and knees together and elbows well tucked into one's sides did not reach my motor cortex in time. A sack of coal could have made a better landing. A stream of abuse from the instructor and of sympathy from Private O'Leary (mutually reciprocated) greeted me in the canteen later.

We had to repeat the same slow pairs again that day and on the following day, two flights of five together. Then the whole "stick" of ten went through in one run over the dropping-zone. Next came a night drop from a balloon and this seemed fraught with the maximum of uncertainty. However, I would aver now of all the drops, that from a balloon in the full moonlight is the most moving and splendid; the earth has a quiet silvery charm during those silent seconds of descent, which no other approach can quite equal. Finally, in a daylight "scheme" in which some twenty aircraft dropped complete "sticks" of ten one after the other, we had to combine forces on the ground and enact the most fantastic manoeuvre of muddle in a supposedly united attack on a nearby station. The stick that found themselves perched on telegraph poles and wires some two miles away had quite a deal to say about the R.A.F. later.

Leaving Ringway was like leaving the nursery and, back on the Plain, in the raw March weather, we still had to undergo various feats of endurance and military warfare. The Whitley aircraft gave way to the Albemarle with its large bunny-hop aperture and the Dakota with its door exit. Brusque Army officers and sergeants replaced the kindly persuasive R.A.F. instructors. Having qualified at eight jumps for the "Wings," we became criminals now if we "refused" at any drops. Instead of the careful control of wind and surface conditions by the Airforce specialists, doubtful battalion and field ambulance commanders now judged the dropping zone possibilities, be it cornfield or open heath and



whether or not above the maximum-for-safety 20 m.p.h. wind velocity. On one occasion a hearty Colonel forgot to fire his Verey light as the aircraft came over the d.z. and we dropped into gusts of 35 m.p.h. Our second-in-command is said to have flashed past a motor-cyclist and asked him if he wanted a lift, whilst I should still be going nor-nor-west but for a clump of trees that timely refused my canopy right-of-way. Five injuries, including a fractured pelvis were small costs that day.

Volunteers were slow at first and the long wait till D-day was spent desultorily in studying warfare surgery and military manoeuvres. Relegated to a glider field ambulance owing to an absence at a neurological unit, I watched the advanced parachute squadron go on the eve of D-day—an honour and a sorrow to remember. That night in the barbed wire enclosure, which had held us all for the past twelve days in anxious, but openly nonchalant, expectation, I wondered what price we were going to pay for eighteen months of good fellowship and discipline. There is no man or officer in Airborne who will ever say that he was not afraid.

The next morning the German radio

announced that Caen was the focal point and I knew that my own little show was off. However, as we piled into the fragile gliders for our two-hour cross-Channel trip that afternoon, I still wondered. A smooth crossing indeed terminated in a landing which tore off a wing and buried our "nose" in good Normandy soil. We knew neither where we nor Jerry were. Late that evening, I rejoined my old para field ambulance and remained with them and then the 5th Para Brigade for three months. During that time I saw the other side of the parachutists' life. Still cheerful, friendly and incredibly brave, these men now exchanged the carefree fun of parachuting for the stern real task of killing men whose courage they valued as highly as their own. Some of them, in civilian life, will find re-adjustment difficult, but many more were the sort of fellows you would not notice in such a light if we had known them as civilians (one such of our own hospital has won distinction in the Special Air Service). Therefore, confessing to a deep gratitude for the honour of knowing them and tending their wounds, I plead a leniency and a *long term* appreciation for those few men who survive.

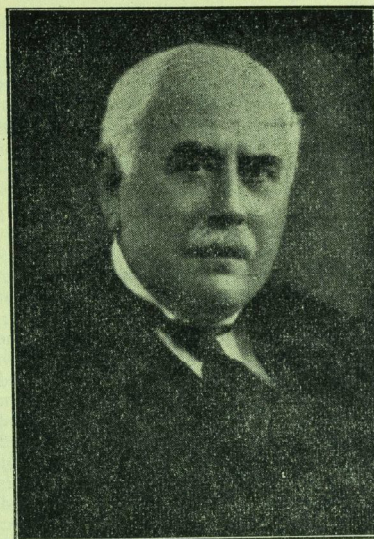
## OBITUARY

### SIR WALTER LANGDON-BROWN, M.D., F.R.C.P.

We much regret to announce the death of Sir Walter L. Langdon-Brown, which occurred at his home in Cambridge on October 2nd in his 77th year. He was born in 1870, the eldest son of a famous father, the Rev. Dr. John Brown, pastor of Bunyan Meeting House, Bedford, who wrote the well-known biography of John Bunyan, and his mother was Ada Hayden Ford. He was at Bedford Grammar School, and gained a scholarship at St. John's College, Cambridge. Here he had a good career and was placed in the first class of both parts of the Natural Science Tripos. He came to St. Bartholomew's Hospital in 1892, winning the open entrance scholarship. He had hitherto been known as Brown, but the Warden of the School (as it was then called), Dr. T. W. Shore, addressed a letter to W. Langdon Brown and from this time he adopted it as his surname. Many years later when he was knighted, he added the hyphen, so that he might use his christian name of Walter and yet retain the name of Langdon-Brown by which he was generally known. In his early days at hospital, he had curly hair which led to his being called Curly Brown or Curly. Later he was always spoken of by students and his friends as L.B. He passed his Cambridge M.B. examination easily and became House Physician to Dr.

Samuel Gee. His predecessor was Lord Horder and his successor the late Dr. Hugh Thursfield. Later they were all three elected to the staff in the same order of seniority.

Then followed many years of waiting which he filled very profitably. He had fine clinical experience as senior physician to the Imperial Yeomanry Hospital during the South African War. On his return he taught in the Physiological Department and was of great assistance to those working for the primary Fellowship examination. He also had valuable experience as Assistant Physician (1900) and later Physician (1906-1922) to the Metropolitan Hospital. Here he met Eileen Pressland who was a ward sister and became his first wife. He became Medical Registrar at St. Bartholomew's in 1906, and his demonstrations in the postmortem room were very stimulating to students in the next seven years. He had the gift of being able to make a complete picture of the disease and so stress the value of morbid anatomy. In 1913 he was elected an Assistant Physician, just after the rule had been passed that the retiring age of the staff should be 60 instead of 65. He did not succeed to the post of full Physician until 1924 when he was nearly 54, and thus held the office for just over six years before becoming a Consulting Physician. The long period of



waiting which he had, though irksome, was very profitable to him and he was a very good teacher of physiology and morbid anatomy. His classes in the Outpatient Department and medical "grind" were deservedly very popular and many students attended his ward rounds. His knowledge of physiology coloured all his early work, and his book, *The Physiological Principles of Treatment*, which has now reached its 8th edition (the last three editions with the assistance of R. H. Hilton), was well suited to make students and doctors realise that physiology should not be forgotten after the 2nd M.B. examination, but should remain a living force so long as they practised medicine. His long wait had another unusual effect. He had appreciated the difficulties of the younger men and when he was on the staff he did his best to improve their position and to help them whenever he could. His varied training had made him an outstanding physician; he was beloved by his patients, who treasured his advice. His consulting practice was, in its heyday, very large and his spacious consulting room (in Cavendish Square) leading out to a small garden with a statue of Mercury, reminding one of a Pompeian house, was in keeping with his great stature.

Outside the hospital he filled many posts. He was elected to the Fellowship of the Royal College of Physicians in 1908, and gave the Croonian Lectures on "The Role of the Sympathetic Nervous System in Disease" in 1918;

he was Senior Censor in 1934 and gave the Harveian Oration in 1936 on "The Background to Harvey." He served as an examiner for the Royal College of Physicians while Censor, and for Cambridge, Sheffield and Welsh Universities, and the National University of Ireland. His great stature, bulk and his bushy eyebrows made him a rather formidable examiner. He was as quick to recognise real knowledge as to spot the bluffer, while his genuine kindness made him popular. In 1932, two years after he had retired from the active staff of the hospital, he was appointed Regius Professor of Physic in the University of Cambridge and filled this post with great distinction for three years. He retired under the age limit which the University had recently enacted for all newly appointed professors. While in he was elected a Fellow of Corpus Christi College. He was knighted in 1935, an honour which was welcomed by all his friends.

In his later years at the hospital he showed great interest in psychology and wrote a good deal on this subject. He was president of the Medical Society of Individual Psychology and occasionally lectured at the Institute of Medical Psychology (Tavistock Square). He was chairman of the Langdon Brown committee on Postgraduate Training in Psychological Medicine, which issued an important report in 1943. He served on the General Medical Council, as the representative of Cambridge University, for three years and was the Privy Council's nominee on the Council of the Pharmaceutical Society of Great Britain. This work interested him greatly and he served on several important committees.

He had read widely and was wont to enliven his lectures with his references to art, literature and history. He gave a couple of addresses to the Abernethian Society which were much appreciated, in spite of their being read from his manuscript instead of being talked. His knowledge of medical history was great and he was president of this section (1942-1944) of the Royal Society of Medicine, and recently gave a most interesting account of the Regius Chair of Physic at Cambridge and of its occupants. This was compiled under great physical difficulties, and has just been published in book form, "Some Chapters in Cambridge Medical History." He had also been president of the old section of Therapeutics and Applied Pharmacology (1921-23) and of Urology (1923-24) and was elected the first president of the section of Endocrinology which was founded last year, although he was seriously ill at the time and could not deliver his Presidential address himself. He was a



great traveller and had so good a bump of locality that after a study of the map he could find his way about a new town with ease. It was perhaps during these travels, that he learnt to appreciate good food and wine about which he was always most knowledgeable. Among other honours which came to him were D.Sc. of Oxford University, Hon. LL.D. of Dal-

housie University, Honorary Fellow of the Royal College of Physicians of Ireland.

His first wife died in 1931. Subsequently he married Freda Hurry, who had been his trusted secretary for many years. The marriage was ideally happy and during his last illness she nursed him with devoted care.

G. G.

## OBITUARY

### JOHN BARRIS, F.R.C.P., F.R.C.S., F.R.C.O.G.



It is a sad privilege for me to write a personal note about a friend and colleague, John Barris, who passed away at the beginning of the year, but I feel that there are many of his old pupils scattered throughout the world who may have missed the notice in the "Times" and would not be expecting his untimely death.

My first meeting with him occurred in the "Old Surgery," a department which few will now remember. He was the junior House Surgeon and I was his most junior dresser, with all the nervousness and ignorance of a new boy. Barris at once put me at my ease and a few days later allowed me to open an abscess under his personal supervision. At the end of this, to me a big and exciting operation, he said, "now you feel years older," and I did.

Barris joined the Hospital in 1901, and from the first day he became imbued with the spirit of that grand institution, and devoted the whole of his life to Bart's. He was a dresser in the "Dark blue firm" and later House Surgeon. The head of this "firm" was Mr. Bruce Clarke, sometimes spoken of as the Bruiser, and thereby hangs a long tale as to why this nickname was given to him. Barris, like his chief, was always loyal to his students and housemen, and in his

opinion it was very difficult for a Bart's man to do any wrong, and if he was a member of the "dark blue firm" and a rugger player, quite impossible. Before coming to Bart's he studied at Caius College, Cambridge, from 1898-1901. During his student years he gained many prizes in addition to the Luther Holden and Shuter scholarships. As already mentioned he was house surgeon to Mr. Bruce Clarke and later house surgeon to the Department of Obstetrics and Gynaecology under Sir Francis Champneys and Dr. S. A. Griffiths. At the end of this appointment he went abroad for a year to visit clinics in Germany, Austria and elsewhere, this of course at a time when Germany was worth visiting. About this time he married Margaret Morris and subsequently had three daughters.

Soon after his return from Germany he was appointed Obstetrical tutor and in 1913 took his place on the Honorary Staff. He was now able to show his powers of teaching which benefited so many Bart's men. He had a wonderful store of patience and was ready to explain and repeat the same point over and over again. Not only was he a great teacher, but more important, he impressed the student, by his own example, with the right attitude to adopt to the patient. He always emphasised the fact that he was treating the patient, who happened to be suffering from some disease, rather than treating a disease which happened to be inside a patient. This indeed is a lesson that has not been learnt by all medical men and women. John Barris was keenly interested in the Students' Union, and particularly in the Rugger Club, whose president he was for many years. It was jokingly said to become Barris' house surgeon the first qualification was to play rugger for Bart's. Happily some of the best house surgeons in the hospital did happen to play rugger.

Owing to the untimely death of Dr. Williamson, Barris was head of the department for a great many years. He was a very good and careful surgeon, and gentle by nature, his operative success was enhanced by the gentle

way in which he handled the tissues.

In 1939 Barris retired under the age limit and became Consulting Physician Accoucheur to the Hospital and one of its Governors.

On the outbreak of the second German War Barris immediately volunteered to help the hospital by teaching at Hill End. His services were of great value to the department at a time when its staff was considerably depleted. He was the author of many scientific articles and joint author of "Ten Teachers," a book read by a countless number of students. In 1938 he was invited to become president of the section of Obstetrics and Gynaecology of the Royal

Society of Medicine, but was obliged to refuse on account of ill-health.

Barris was a Fellow of the Royal College of Surgeons and of the Royal College of Physicians. It is not everybody who realises how much he did for Bart's, particularly for the welfare of the students, because of his extremely modest and retiring nature.

Thus passes from our midst one of the most loyal of Bart's sons, remembered and beloved by generations of students for whom he did so much, and whom he inspired with the best traditions of this great institution.

M. D.

## REVIEWS

OCCUPATIONAL THERAPY FOR THE LIMBLESS. Phyllis Lytleton, C.S.P., M.A.O.T., 40 pp. illustr. H. K. Lewis & Co., Ltd. Price 3s.

This little monograph is the outcome of the author's experience at the Ministry of Pensions Hospital, Leeds. Amputees require great encouragement during the first few months, and the author rightly terms the occupational therapy department the "ideal Nursery slope" on which the limbless man can try out his powers.

The mental approach to the problem is well set out; there is lucid description of many gadgets for use in the early days of rehabilitation before the "tin limb" can be fitted, and the particular application of the usual occupational therapy crafts—rugmaking, "plastics", woodwork—to amputation patients is discussed in practical detail.

The book is to be recommended not only for therapists but as a useful small gift to any patient who has lost a limb, and serves to remind the surgeon that his responsibility is not over as soon as the scar is sound.

A NEW SYSTEM OF FIRST AID. R. C. C. Clay. 188 pp., illustr. Foreword by Air Marshal Sir H. E. Whittingham. Price 3s. Faber & Faber.

This book has been written not only to debunk traditional first aid teaching—for which the author himself once received the reward of a fountain pen—but to give practical aid to the injured in the positions in which they are found, and not merely to those conveniently placed flat on their backs.

The book unfortunately suffers from austerity publication restrictions. It is well but inadequately illustrated, and the photographs bear no positional relation to the text, which makes study difficult. The inadequacy of ordinary arm slings even in the vertical position is explained and two quite novel and effective methods are given—the parcel and the envelope slings.

Students would do well to read this book through as it is not padded with crude inaccuracies of useless anatomy often found in such first aid books, and bandaging technique is wisely limited to the use of the ubiquitous triangle. Nurses too should see it, although it is likely that the traditional use of antiquated methods devised in the days of cannon ball and buckshot will continue to be required in the State Examinations.

It is to be hoped that this admirable protagonist of experience versus orthodoxy will reach a second and even better edition and its good advice will reach the minds of many normally too proud to read first aid.

THE CONQUEST OF PAIN, by G. Bankoff. Published by Macdonald & C. Pp. 202. Price 6s.

This is not a serious history of anaesthesia but in the words on the cover is "designed so as to make entertaining and lucid reading for the layman with no previous technical knowledge of the many wonders of contemporary medical science today." This object appears to be achieved but there is rather an excess of sensationalism and a lack of accuracy. The Biblical references are particularly unfortunate and it seems going rather far to describe Dr. Charles T. Jackson as "the devil incarnate" (p. 179). However, in spite of defects and many omissions, this book does give a graphic outline of the chequered beginnings of the art and science of anaesthesia. There are eight illustrations.

PRACTICAL ANAESTHETICS, by H. Ross Mackenzie. Published by Bailliere, Tindall & Co. Pp. 172. Second edition. Price 10s. 6d.

It speaks well for this book that a second edition has become necessary after only two years.

The clinical student will get a good outline of the more elementary teaching of anaesthetics by its perusal, but it suffers from a lack of those detailed instructions which are so essential for a textbook on this subject.

The nomenclature of drugs is not always sound. For example, under local analgesic agents, *pantocaine* and *decaïne* are described as synonyms for *bute-thanol*. This is true, but the official and correct term "*amethocaine*" is not mentioned.

The second edition not only contains 36 more pages than the first, but is larger in surface dimensions and is printed on better quality paper. It follows also that the illustrations, now 71 in number, are reproduced more clearly.

AIDS TO PUBLIC HEALTH, by Llywellyn Roberts. Bailliere, Tindall and Cox. Fifth edition. Pp. viii 259 with 4 figs. Price 6s.

The Students' Aid Series has produced many books which have proved most valuable to those looking for much information in a little space, and this one in particular has earned a well deserved popularity. This edition, the fifth, the fourth being in 1938, reflects the advances in public health which have taken place in the intervening years. The food and nutrition chapter, for instance, has been expanded, and dust earns its place as a carrier of infection. In later editions it is likely that penicillin and D.D.T. will receive more mention.

Taken in all, this edition contains just what the student requires for his final revision and much that he will find useful when qualified.



## A FAREWELL ROUND FROM DR. GEOFFREY EVANS

It was with feelings of sadness intermingled with expectation that a large assembly gathered outside Harvey to join the old firm for the last time. Sadness for the many who, at Cell Barnes, Hill End and Bart.'s had learned much of the art of practising medicine and of the principles embodied in the Stoic philosophy. Expectation for some "pearls" and, most emphatically, for two or three good stories.

Sure enough, hopes were realised and sadness melted away, best of all perhaps is recalled the man with the phantom limb who not only scratched his phantom toes when they itched, but also frequently collapsed through stepping

off on the wrong foot. But in the minds of those who look back upon the "good old days" are those guiding lights indicated by Marcus Aurelius:

"What then is that which is able to conduct a man? One thing and only one, philosophy. But this consists in keeping a man free from violence and unharmed, superior to pains and pleasures and doing nothing without a purpose." Likewise, "Be not disgusted nor discouraged, nor dissatisfied, if thou dost not succeed in doing everything according to right principles, but when thou hast failed, return back again..." for "A man must stand erect, not be kept erect by others..."

## CORRESPONDENCE

## CLOTHING RUGGER PLAYERS

To the editor, *St. Bart's Hospital Journal*.

Dear Sir,  
On behalf of the R.U.F.C. many thanks for the space your generously allotted to our appeal for coupons and shirts. Coupons have reached us from all sides, even from distant Canada. May we thank all those who have so generously given so that we have been able to obtain shirts for the A XV.

Unfortunately, it is today impossible to obtain Bart.'s shirts. The need is great. Already we have received a few, but we feel sure that up and down the country there must be many Bart.'s doctors who have a shirt tucked away somewhere. Could you please let us have them? We do not ask you to back us, but only to clothe us with your shirts.

F. A. C. LLOYD,  
Hon. Sec., R.U.F.C.

22 September, 1946.

## HAND WRITING

To the Editor, *St. Bart's Journal*.

Dear Sir,  
With regard to your reply to my letter, may I say that I depreciate your preference for a monotonous uniformity in handwriting?

This preference appears to me to be yet another indication of the prevalent tendency towards inhumanity amongst many of my contemporaries.

That an avowed disciple of Hippocrates should deliberately express his desire to eradicate the art of graphology by attacking its very foundations is indeed deplorable.

I would commend its study to you, sir, as being a most fruitful source of understanding your fellow humans.

No amount of carbon copy will every provide you with one jot of the wealth of information that is contained in an individual's method of putting pen to paper.

I remain, Yours faithfully,  
J. W. PLATT.

20th September, 1946.

## THE STUDENT AND THE G.P.

The Editor, *St. Bart's Hospital Journal*.

Dear Sir,  
Ten years in general practice is the only training ground—I read at the end of an excellent article in the current issue of the Journal. May I suggest, as must have been suggested many times before, a foretaste of such experience before qualification?

The prospective doctor in past centuries underwent a long period of apprenticeship to the G.P. of his day, acquiring much knowledge of his future work before entering hospital to complete his training.

Nowadays the new G.P. is faced with much that he has not seen, or has seen but little, and must spend a lot of his limited time learning about the commonest diseases. Surely it would be far better if he had a period, even one of only three months, working with a G.P. during his final year. He would then see cases of the mysterious disease, influenza, before being called upon to treat one.

The medical curriculum need not really be lengthened by such an addition. While I, personally, enjoyed every month of my twelve in the various surgical departments—in-patient and out-patient—I feel that nine months could well be made an adequate period for these, leaving the extra three months for the study of the commonest diseases with the help of a man in frequent contact with them.

The student need not occupy much of the G.P.'s time, and the help which he could give his tutor would go a long way to repaying the latter for his teaching.

Such a proposal as this must have been put forward many times, but I think its importance justifies yet another.

I remain, Yours, etc.,  
R. WARWICK BROWN,

District Sitting Room, R.S.Q.,  
St. Bartholomew's Hospital.

October 8th, 1946.

## ANÆSTHESIA

DR. C. LANGTON HEWER has been appointed the first editor of *Anæsthesia*, a quarterly journal published by the Association of Anæsthetics.

## CRICKET

The results of our games this season indicate that we have not been much good. However statistics may be invoked to show that we have improved. In May and June we played 11 games, won 1, drew 4, and lost 6. Since then we have played 16, won 5, drawn 5 and lost 6. And if you try very hard, you can detect improvement there. On the whole the howling was good enough; it was collared about 10 times, but we found on those occasions that time was short and our later batsmen were often able to play out a draw. We never produced havoc among good batsmen but sometimes we were effective against rabbits and Odlum, Ewart Davies and Morgan each had his day.

With reliable batting we should have done very much better. Four times our score was in the thirties and nine times we made less than a hundred. We were always liable to collapse. Too often we had to bat second and the disadvantage of this can be seen. In ten games we batted first, we won four of them drew two and lost four. Of the other 17 games we won two, drew seven and lost eight. Seven times Gourlay declared and three times victory followed.

Our batsman with the highest aggregate was Vazifdar; he made about 20 almost without fail and was a model of steadiness. Gourlay and Dixon did not produce quite their best form though Dixon made 82 and 65 in successive games, and it was only with practice that we overcame our surprise at seeing Gourlay out when looking well set. Moyes kept wicket very well and was consistent as a batsman. Haigh was best in difficult times, and his 63 against the Foreign Office was most valuable. Odlum and Elliott kept up the morale of the pavilion and Odlum saved us from ignominy against Eastern Command and Broadwater.

The Second Eleven appeared only once, most of the time it was playing in the First. The one game it played ended in glorious victory by one wicket over St. Mary's Hospital.

Date Opponent Grnd. Own Score Opp. Score Result

Date	Opponent	Grnd.	Own Score	Opp. Score	Result
May	4 St. Thomas' H.	H	148 for 7*	159 for 4	Drawn
	11 Orpington	H	122 for 6	159 for 7*	Drawn
	18 London Hosp	H	39	40 for 1	Lost
	25 Crofton Park	H	94	98	Lost
	26 Buccaneers	H	125	163 for 9*	Lost

Date	Opponent	Grnd.	Own Score	Opp. Score	Result
June	1 Old Rutlishians	H	37	38 for 2	Lost
	9 Pub. School W.	H	109 for 6	122	Drawn
	10 Gerrard's Cross	A	120 for 6	117	Won
	21 Hornsey	A	39	169	Lost

## GOLF

The Twelfth Autumn Meeting of the St. Bartholomew's Hospital Golfing Society was held at Porters Park Golf Club, Radlett, in good weather on September 25th, and was attended by twenty members. The Milson Rees Cup was won by Dr. J. W. Poole and Dr. R. Finlayson who tied with a return of five down on bogey.

At a business meeting held after the afternoon's play Sir Charles Gordon-Watson was elected President of the Society for the ensuing year.

Dr. George Graham retired from the post of Senior Secretary and was elected Treasurer of the Society. A vote of thanks was passed recording great appreciations for his past services.

Dr. M. B. McIlroy was elected Junior Secretary to join Mr. R. S. Corbett and Dr. H. F. Brewer.

29 Nomads	H	96 for 4	165 for 5*	Drawn
30 E. Comm'd H.Q.	A	95	185 for 7*	Lost
July				
6 St. Mary's H.	A	74 for 9	176 for 4*	Drawn
7 Old Meadonians	H	95 for 3	94	Won
13 Bromley	H	125 for 6	206 for 7*	Drawn
14 Rabbits	H	146 for 8	186	Drawn
21 Pub. School W.	H	138 for 8	237 for 5*	Drawn
27 Broadwater	A	90	92 for 3	Lost
28 Past	H	224 for 6*	105	Won
Aug.				
3 Old Millhill's	H	139 for 8*	146 for 4	Lost
4 Broxbourne	A	139	96	Won
5 Stanmore	A	50	71	Lost
18 Romany	H	164 for 5*	115	Won
24 Lensbury	A	64	191 for 5*	Lost
25 Foreign Office	A	153 for 9*	84	Won
31 Hampstead	A	96 for 8*	97 for 1	Lost
Sept.				
7 Old Rutlishians	A	83 for 6*	68 for 3	Drawn
15 Finchley	A	36	140 for 8*	Lost

\* Declared.  
Played 27. Won 6, Drawn 9, Lost 12.

## AVERAGES.

## BATTING.

	Innings	Not out	Runs	Highest Score	Average
Hawkes	10	1	303	65*	33.67
Dixon	15	1	294	82	21.00
Cozens-Hardy	7	0	144	41	20.57
Gourlay	24	5	321	39*	16.89
Vazifdar	27	2	400	48	16.00
Odlum	25	4	269	45	12.81
Elliott	18	3	190	35*	12.67
Moyes	21	1	244	45	12.20
Haigh	21	7	160	63	11.43
Morgan	27	0	216	45	8.00
Struthers	14	5	56	22*	6.22

## BOWLING.

	Overs	Maidens	Runs	Wkts.	Average
Ewart-Davies	78	10	247	20	12.35
Morgan	167.3	24	604	39	15.48
Vazifdar	256.5	49	760	47	16.17
Newcombe	80.2	4	202	11	18.36
Odlum	247	11	1001	53	18.89
Haigh	39	7	153	7	21.86
Hawkes	73	8	261	11	23.73

## CATCHES.

Moyes, 15; Morgan, 14; Gourlay, 11; Odlum, 8; Elliott and Struthers, 7; Vazifdar, 5; Hawkes and Haigh, 3; Taylor, 2; Dixon and Cozens-Hardy, 1.  
Moyes stumped 9; Struthers stumped 7.

## ANNOUNCEMENT OF MARRIAGE

BOWER-CREEK.—The marriage of Ronald James Bower to Margery Joan Creech, S.R.N., took place on September 7th, 1946, at Bury St. Edmunds.

## CHANGES OF ADDRESS

GRAY, GILBERT, to Carsaig House, Isle of Mull, Argyll.

FRANCE, C. H. G., to Le Calme, 10, Rue de Menton, Menton, France.

RADCLIFFE, WALTER, to Ten Acres, The Avenue, Wivenhoe, Colchester.

ROBERTSON, J. A. W., to 1707 Coventry Road, Birmingham 26.

WINNICOTT, D. W., to 47, Queen Anne Street, London, W.1. Telephone: Welbeck 5050 and Hampstead 2979.



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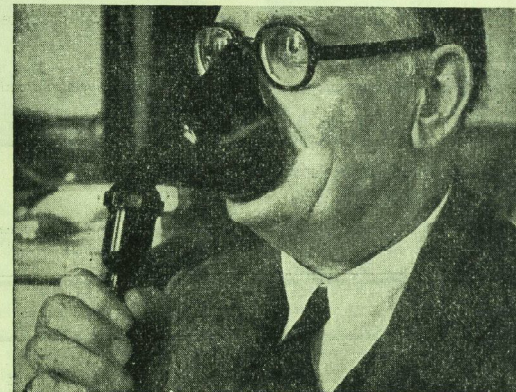
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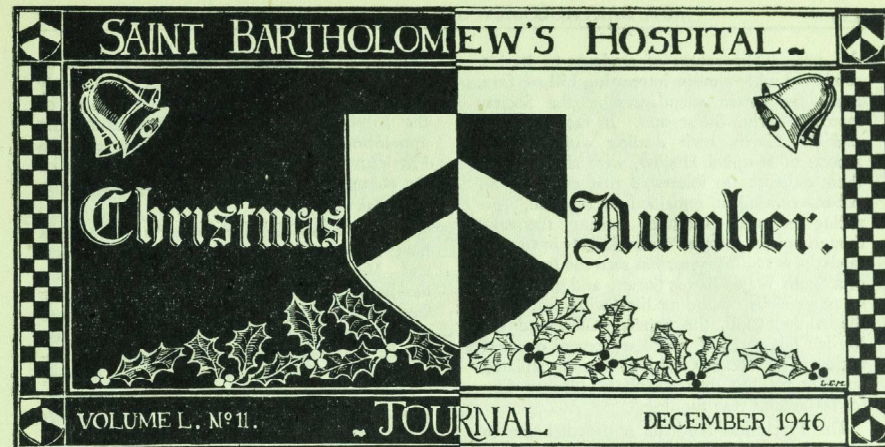
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### TURNING BACK THE PAGES

December comes again and with it the time when Editors sit back and review the year which is past. A year of steady progress in the change-over from war to peace, coloured by festival and darkened by the loss of old friends. A year which has seen the retirement of so many members of the senior staff and their replacement by younger men, the return of the Pre-clinical Students to Charterhouse Square and the re-organisation of the medical curriculum, the formation of new clubs and societies and the revival of pre-existing ones, and Bart's itself regaining much of its former beauty as the blast walls come down and the windows go back in their frames.

1946 may well be remembered for its anniversaries of which there were many—far too many for us to do full justice to them all: the 600th anniversary of View Day, the 400th anniversary of the Refounding of the Hospital, the 150th anniversary of the Abernethian Society, the jubilee of the introduction of X-rays into the Hospital, and the centenary of the introduction of anaesthetics—or to be more precise on a much disputed point—the 100th anniversary of the first use of ether and the 98th anniversary of the first use of chloroform in the Hospital.

The main event of the year was the Commemoration of the Fourth Centenary of the Second Foundation of the Hospital, held on May 8th and attended by their Majesties the King and Queen. There were criticisms; that the whole affair was in the nature of a pompous and unnecessary advertisement; that centenaries lose caste when

held at intervals other than 100 years and that since we had commemorated the eighth centenary of our Foundation in 1923 the present festivities were to say the least—excessive. There were others who read into the proceedings a certain political significance—who saw it as a defiant gesture in the face of the National Health Service Bill: Bart's—the Mother Hospital of the Empire—flaunting her centuries' old tradition and determined to resist to the uttermost any attempts to destroy an individuality of which she is justly proud. I suspect that a certain Professor, who suggested we send a copy of the Commemoration Number of the JOURNAL to the Minister of Health, saw it in this light. But whatever our views as to the necessity for, or the motives behind the celebrations, we could not but admire the way in which the arrangements were carried out. Few of those present will ever forget that rainy day in May: flags flying over the Henry VIIIth Gateway; the covered way between the Gateway and the Memorial Arch, carpeted and heavy with the scent of flowers, the colourful scene in the Church with Robert Morley magnificent as Henry VIII and an acutely self-conscious staff even more magnificent in full academic dress. It was a cruel trick of fate which kept Mr. McAdam Eccles away from the Festival he was so largely concerned in planning.

The Abernethian Society has been celebrating its 150th session and a Commemoration Dinner and Ball was held in the Savoy Hôtel on April 5th, with Lord Horder presiding. Princess Elizabeth was invited to attend—she



did not. The return of students to Bart.'s, combined with a more interesting bill of fare, made for better attendances at the Society meetings during the session. In fact Mr. Vick and Dr. Harris, both dealing with different aspects of Hospital History, were able to keep their audiences so interested that even the St. Albans contingent remained to the end, forsaking its usual custom of retiring furtively, though noisily, through the back door in time to catch the 6.35. The year has seen the formation of a South Wales Bart.'s Society and the revival of other clubs, including the Swimming Club, the Alpine Club, the Fencing Club and the Music Club, to all of which we extend our best wishes. The Hockey Club is to be congratulated on winning the Inter-Hospitals' Hockey Cup for the second year running.

The Preclinical Students returned home to Charterhouse Square in April—to buildings sadly blitzed and only temporarily repaired and to a grass square, "which can never be safely used as a short cut from one part of the college to another and which until further notice cannot be safely used at all." The clinical course has been lengthened by six months to enable students to hold appointments in the medical and surgical special departments. Since previous teaching in these special subjects was extremely scrappy, the new arrangement has on the whole been well received.

During the year the Hospital has lost some of its most distinguished members in the deaths of: Sir Walter Langdon-Brown, Dr. J. D. Barris, Dr. W. S. A. Griffith, Dr. Robert Klaber, Dr. J. G. Porter Phillips and Mr. W. McAdam Eccles.

With the ending of the war came the retirement of many of those members of the senior staff who had carried on beyond the normal retiring age and the list of retirements for 1946 has been long, mainly on this account. Among the retiring physicians were: Dr. A. E. Gow, Dr. George Graham, Dr. Geoffrey Evans, and Dr. A. C. Roxburgh; among the surgeons: Mr. Harold Wilson (who retired at the end of last year), Mr. J. E. H. Roberts, Mr. R. M. Vick, Dr. M. Donaldson, Mr. Bedford Russell, Sir Harold Gillies, Mr. Atkinson Fairbank and Mr. Kenneth Walker; and of the X-Ray Department Dr. N. S. Finzi. We shall miss them all—for their fads and fancies, their funny stories, their gentle encouragement and their not so gentle curses, but above all for their great wisdom and judgment based upon a lifetime of experience. Most of them will continue to serve the Hospital as Governors, Consul-

tants or in an Emeritus capacity. The list of new appointments has been correspondingly long and was printed in the June number of the JOURNAL. Since then we welcome the appointment of Dr. R. M. B. MacKenzie as Physician to the Skin Department and that of Dr. Kemp Harper as Radio-Diagnostician to the Hospital.

The usual shortages of labour and materials have been holding up repairs to the Hospital and Medical College, but definite progress has been made. All the wards in the King George V Building, with the exception of those on the ground floor are now open, Charterhouse Square is functioning, the large Students' Laboratory in the Pathology Block has been refitted, the College Library is open, blast walls have disappeared, glass has returned to the windows and there is a general cleaning and painting programme in operation. Even the Abernethian Room has been cleaned and shorn of its years' old coating of grime is almost unrecognisable. The opening of a Clinical Lecture Theatre in the Hospital itself obviates the necessity for that mad evening scramble to Charterhouse Square. It is to be hoped that students will be able to present for lectures earlier and in a better fed and less dyspnoeic condition than has hitherto been possible.

And what of the JOURNAL? A special Commemoration Number was published in July; the annual appeal for more contributions was published in April. Whether the latter has been in any way responsible for the marked improvement in quality of the material now reaching us, it is difficult to say. At all events contributions have improved and this, combined with an increased allowance of paper, has enabled us to produce what we are pleased to think is a better JOURNAL. The headquarters of the JOURNAL have been moved to the Library, where the continuous hum of activity from our corner of the room has been said to keep the readers awake. It had long been obvious that we had overstayed our welcome in the College Office and the joint threats of Dr. Harris and Mr. Morris to evict us—forcibly if necessary—eventually materialised. One morning we arrived to find the JOURNAL desk dumped unceremoniously in the passage outside the Library, minus the Editorial swivel chair which had been stolen (or as they put it—"reclaimed") by the College Authorities. However, we are very happy in our new home—but it would be nice to have that chair and swivel round and round in the way that real Editors do.



## REGENERATION OF NERVE

by J. Z. YOUNG, F.R.S.,

Professor of Anatomy, University College

From an address given to the Abernethian Society, November, 1946

When a nerve fibre has been interrupted the peripheral portion degenerates and many new branches are put out from the central end. The fate of these branches depends on the pathways which are open to them. If the nerve has been crushed and not completely severed, the supporting tissues (neurilemmal tubes) may be left after the injury, the axons alone being interrupted. In these circumstances the new fibres have optimal opportunities for returning to their old pathways, growing down directly through the tubes. It has long been known that after interruption of nerve conduction without severance of continuity the recovery may be exceptionally rapid and complete. Seddon has suggested the name *axonotmesis* for such an injury, and one of the major problems of nerve

surgery is to distinguish between nerves damaged in this way and those in which the supporting tissues as well as the axons have been interrupted, the condition which Seddon calls *neurotmesis*.

Before we deal with methods for making this distinction, we must discuss another problem about the fate of the numerous fibres growing down into their end tubes after axonotmesis. Their full recovery is of course not complete unless they grow up from the tiny fibres of  $1\mu$  in diameter which first grow out to the large medullated fibres, which may be as much as  $20\mu$  in diameter. It has recently been discovered that this recovery only occurs in those fibres which make contact with the periphery. Thus if a nerve is crushed and also



severed lower down the new fibres which are not allowed to return to their muscles will remain very small, whereas others similarly crushed but allowed to return to the muscle rapidly grow towards the normal. There is therefore some influence which passes up the nerve fibres from the periphery (sense organs can apparently work as well as muscles), but at present we have no indication of the nature of this effect.

Although there is thus some means of regulating the growth of those fibres which make successful connections there is no mechanism which ensures that after neurotmesis any nerve fibre shall be directed back to its old end organ. Analysis of events at the margin or suture line produced after union of the ends of the nerve stumps showed that the Schwann cells grow out from the periphery towards the central stump. They thus make bridges along which the nerve fibres growing from the central stump can reach back towards the periphery.

It is obviously of great importance to encourage the formation of this framework of Schwann cells and the work of Weiss suggests that this is best done by light tension at the point of union, which will orientate the growth of the cells along the lines of stress. Under the most favourable circumstances, however, there is bound to be great confusion at the point of union so that even if very many branches are put out by the central fibres it will be rare for one of them to return to its appropriate end organ. It must be remembered that even in a simple nerve to a muscle there are at least six different types of fibre (somatic motor, spindle motor, annulo-spiral sensory, tendon organ sensory, pain, sympathetic).

When a nerve is damaged by trauma it is not easy to decide whether axonotmesis or neurotmesis has occurred. Continuity of the nerve may be preserved and yet so much damage be inflicted on the supporting tissues that no satisfactory pathways remain for the outgrowth of new fibres, and in such circumstances it is necessary to remove the damaged stretch of nerve.

On the other hand recovery is much better after axonotmesis than neurotmesis, since there is no confusion of pathways, it is therefore undesirable to sever a nerve surgically unless this

is undoubtedly necessary. Unfortunately we cannot allow indefinite waiting before a decision is made. This has often been the practice in the past, but while the patient and surgeon wait hopefully for the signs of recovery the muscles are undergoing atrophy and the joints becoming stiff. There is now experimental as well as clinical evidence that recovery does not occur so successfully when fibres return to their end organs after a long delay. The muscle fibres shrink and become surrounded by fibrous tissue which hinders the return of the nerve fibres and may prevent re-union altogether. After very long periods of wasting the muscle fibres break up and disappear altogether. Although we know too little of the rate at which these changes occur there is reason to think that they become serious in man after some months. Therefore the earlier a nerve suture is performed the better; with, however, the proviso that it is not convenient to suture nerves immediately after injury when it is not easy to see how much has been damaged. The ideal is to wait for two or three weeks, by which time the extent of the injury is apparent and the sheaths of the nerve have become slightly thickened and more easy to sew.

In order to avoid leaving the patient longer than is necessary in the hope of a "spontaneous" recovery it is necessary to know something of the rate of nervous regeneration. Unfortunately this is still by no means certain in man; the fine tips of the fibres grow quite rapidly, probably 4.5 mm/day, at least after axonotmesis. After they have arrived at the end organ, however, there is a further period of waiting until they have matured, before functioning can begin. It is not clear, therefore, exactly what is meant by the "rate" of regeneration. However we shall not be wrong to assume that the power of function should advance down the nerve after axonotmesis at a rate not less than 1 mm/day. Knowing the position of the injury and of the nearest muscle to it we can therefore calculate the time at which recovery should appear, assuming that the nerve has not been severed. It should be the principle of the nerve surgeon not to leave the patient longer than this expected time since further delay will reduce both the morale of the patient and the power of his tissues to recover.

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KEEP OFF THE GRASS!

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## THE CLICHÉ EXPERT LOOKS AT MEDICINE

by ALAN TOIS

Q.—Ah, Mr. Arbuthnot, is it not? I do hope you had an enjoyable crossing in the Queen Elizabeth?

A.—Most pleasant, thank you.

Q.—Now, Mr. Arbuthnot, I want to ask you all about Medicine. To start with, what would you say Medicine is?

A.—Medicine is an Art and a Science. It is a calling. It is the noble profession of.

Q.—How nice of you. And what are doctors?

A.—Born, not made. Either brilliant young, or eminent.

Q.—And what are all specialists?

A.—Harley-street.

Q.—Quite so. In which hospitals do they practise?

A.—The Great London Hospitals.

Q.—Whose names—

A.—Are renowned all over the world. They are supported entirely by—

Q.—Voluntary Contributions. Correct, Mr. Arbuthnot. Where else do they practise?

A.—In their palatial consulting rooms.

Q.—And their fees?

A.—Are fabulous.

Q.—Of course. What are G.P.s?

A.—Over-worked, harassed, respectable, the core of the profession. Either Genial Old Country, or Well-Known Town.

Q.—What does a successful G.P. need?

A.—A bald head to give an air of wisdom, a paunch to give an air of prosperity, and piles to give an expression of anxiety.

Q.—Excellent. What are nurses dressed like?

A.—Women. They are angels dressed like women.

Q.—What do they do?

A.—They lay cool hands on fevered brows.

Q.—And what else?

A.—They marry the doctors.

Q.—Well—er, yes. Now, what looking are physicians?

A.—Grave.

Q.—And what are surgeons?

A.—Steely-eyed. Steel-nerved. Steel-wristed.

Q.—No wonder the sparks fly sometimes, ha ha, and what sort of knife does a surgeon use?

A.—The healing knife.

Q.—What are all operations?

A.—Dangerous.

Q.—Right there, Mr. Arbuthnot. How are they done?

A.—They are brilliantly performed.

Q.—Where's the patient's life?

A.—In the balance.

Q.—But what sort of recovery does he make?

A.—Uneventful.

Q.—Where else are operations performed?

A.—In lonely game-keeper's cottages. By the light of guttering candles. On the kitchen table.

Q.—The *kitchen* table, Mr. Arbuthnot?

A.—Invariably the kitchen table.

Q.—Now, what will the coming National Health Service interfere with?

A.—The doctor-patient relationship.

Q.—Yes. And what will doctors become?

A.—Civil Servants. Cogs in the machine. Slaves of the State. Starved of initiative. Bureaucrats. Ruined.

Q.—I agree. Tell me, now, what is the mystery about students?

A.—Where the awful ones go to and the nice doctors come from.

Q.—And what do students bear?

A.—The books. The bottle. Their rivals in the Hospitals' rugger cup.

Q.—But they have to attend their courses—

A.—Diligently.

Q.—Just the word. How do they cope with the fuel shortage?

A.—They burn the midnight oil. But as for the nurses, the lamp still—

Q.—Quite, quite. When does a man cease being a student?

A.—Never. A doctor is a perpetual student. Every day he learns something new.

Q.—Perfectly right. Now let's cut the fooling, Mr. Arbuthnot. You know plenty about Medicine really, I know. For instance, I bet you could even tell me what the best treatment is.

A.—Rest in bed.

Q.—Correct. And what do you examine?

A.—The whole patient.

Q.—What do you make?

A.—One diagnosis.

Q.—What do you treat?

A.—The patient, not the disease.

Q.—If you can't make up your mind, what do you wait for?

A.—Further investigations.

Q.—And what do you look for?



A.—Septic foci.  
 Q.—Quite correct. That means—  
 A.—Surgical interference.  
 Q.—A few quick surgical questions now—I think you'll have no difficulty with these. How would you define a lump?  
 A.—Exactly.  
 Q.—Who heals wounds?  
 A.—Nature.  
 Q.—Where there is pus—?  
 A.—Too easy.  
 Q.—What is a night of Venus followed by?  
 A.—A life-time of Mercury.  
 Q.—And what would you open?  
 A.—An undiagnosed acute abdomen. A fluctuant boil. The bowels, regularly.  
 Q.—This brings us to midwifery. Where do A.P.H.s occur?  
 A.—On the Scottish moors, in the desert, in tents at Epsom Downs on Derby Day.  
 Q.—And P.P.H.s?  
 A.—In garrats. On desert islands. On the top of Snowden.  
 Q.—But what must you have in your pocket?  
 A.—2d.  
 Q.—For—?  
 A.—The phone.  
 Q.—And the midwife?

A.—Is hysterical.  
 Q.—Great! We might almost have been to the same rounds mightn't we? On these occasions what do you arrive in?  
 A.—Your bicycle.  
 Q.—Er—well—not strictly . . .  
 A.—The nick of time.  
 Q.—Congratulations. Well, thank you, Mr. Arbuthnot. Just a word about our own hospital—  
 A.—The Mother Hospital of the Empire—  
 Q.—Yes, of course—  
 A.—The only hospital in the City—  
 Q.—True, true—  
 A.—And endowed with traditions—great, proud, noble—  
 Q.—This is almost embarrassing, Mr. Arbuthnot. As I see it's just on midday, I suggest we go and—  
 A.—See the Vicar?  
 Q.—Exactly.  
 A.—A pleasure and an honour, Mr. Tois, to have a drink right here inside the noble walls of the world-famous Guy's Hospital.

*Mr. Arbuthnot appears without the kind permission of Mr. Frank Sullivan.*

## RHEUMATISM

### PEEL OFF THE HUSK AND CRACK THE NUT

by G. D. KERSLEY

In the last decade the attitude of the medical profession to chronic rheumatic disease has altered—but it must alter even more. When, fifteen years ago, I told my chief I was leaving Bart's, and was interesting myself in "rheumatism," he told me I was "prostituting my soul for filthy lucre." For once he was wrong. To-day, some of the best brains in the country are studying the subject and the small Scientific Advisory Committee of the Empire Rheumatism Council includes in its personnel a Peer of the Realm and two august Professors of Medicine. Regional schemes for treatment are being formulated in three centres, a hospital devoted to rheumatic disease is being linked to a University Medical School and at least five Research Fellowships are available for the study of the rheumatism problem. But still we leave much to be desired with regard to medical education in this subject.

Many postgraduate courses are being organ-

ised, but the Professorial Hierarchy governing Undergraduate Education is almost as difficult a nut to crack as is the rheumatic syndrome itself. One excuse given is that we cannot teach what we do not know and the other, that the curriculum is already over-loaded. The answer to the first is that we should teach the little we do know, being honest about our ignorance, and to the second, that as a third of the patients we shall see when we leave the enclosing walls of hospital, come under the differential diagnosis of "rheumatism," we must find time for adequate teaching at the expense of rareties. When I took the membership, I should have been delighted with a question on Cushing's syndrome, but would have paled at the thought of one on fibrositis, rheumatoid arthritis or ankylosing spondylitis.

What are the "rheumatic diseases,"—I would prefer to term them "rheumatic syndromes"? They might be defined as patho-

logical changes in the mesodermal tissues of unknown aetiology. Seventy per cent. of such cases can be classified into reasonably clear-cut syndromes, such as osteoarthritis, rheumatoid arthritis, ankylosing spondylitis, fibrositis, gout, etc. Each of these syndromes has guiding principles in regard to treatment and, though by definition we do not know the exact cause of any of them, we do know some of the aetiological factors that most frequently play a part. So far so good, but what of the remaining 30 per cent., who show signs and symptoms linking these syndromes together. And what of those cases of known aetiology which exactly resemble some of the rheumatic syndromes, except that in such we know a specific organism to be responsible? How can we deal with this chaotic situation?

Firstly, every doctor must realise the position and know what is known about the subject: it is only by undergraduate teaching that this can be accomplished. One university has

established the principle that at least one whole day shall be spent by every medical student at a hospital, specialising in rheumatic disease and a short course is to be run by medical students at the Peto Place Rheumatism Clinic, Regents Park, under the aegis of the Empire Rheumatism Council. These are good omens for the future.

Secondly, clinicians must tear away at the husk, peeling off conditions formerly diagnosed as rheumatic by establishing specific aetiologies and finally guiding the tongues of the research workers in the cracking of the kernel. The specialist in rheumatism, if such exists, for he must above all be a general physician, must spend his time demolishing his speciality. To do this, he cannot work alone; he must guide a team consisting of the orthopaedic surgeon, the pathologist, the radiologist and the specialist in physical medicine, and together we hope they will hasten the day when all things are made clear.

## CONGESTION

*This was the title of this month's Evelyn Tent article. But just before going to press we discovered that much of what the article was airing no longer had any basis. In it Evelyn Tent complained about the avoidable overcrowding of students at some stages of the clinical course. The following note given us by the Dean explains the new arrangement, which admittedly does not affect the periodic "congestion" at present suffered by those undergoing their clinical appointments. It is for their successors and the present Introductory Course to benefit from the change.*

The new arrangement of an entry into the clinical period of the medical course taking place twice a year in October and April, instead of four times a year, is now in force. In consequence the Introductory Course will be held

from October to December, and again from April to June. Approximately sixty students will join each Introductory Course. After this first three months of their clinical curriculum the appointments will be held in pairs, as for instance first time clerking and first time dressing, surgical out-patients and medical out-patients. Thus, after the Introductory Course, in order to avoid the uneven numbers in each quarter arising from a four time a year clinical entry, students doing their clinical work will be divided into two groups; one will do their clerking and the other their dressing, and in the next three months the appointments will be reversed. This will continue all through the course up to the last revision period of three months, when the entry will again be reunited into one group.

*The following is by Evelyn Tent and replaces this month's article:*

Black should be worn  
 By the British, for have you not heard  
 How in these terrible days we mourn  
 The death of a word?  
 Gusto is gone  
 From our tongue. In the strife and the fuss  
 Of the fight for grey principle Gusto passed on  
 From our language and us.

Temper is chilled.  
 In the cold light of reason survives  
 Aught of the fury of living that filled  
 Our ancestors' lives?  
 Idiots! Why  
 Should we cancel the creeds that have grown  
 With the growth and the learning of ages and  
 try  
 To establish our own?



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- BROCKLEHURST, R. J. "Some thoughts on the pre-clinical period of the medical curriculum." *Med. Press and Circ.*, Sept. 25th, 1946, pp. 228-231.
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- \*HAYWARD, G. W. "Amoebiasis in Italy." *Brit. Med. J.*, Sept. 28th, 1946, pp. 457-459.
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- KEYNES, G. L. (J. W. Linnell, —, and J. E. Percy. "Some vulgar errors in regard to goitre." *Brit. Med. J.*, Sept. 28th, 1946, pp. 449-452.
- LANGDON-BROWN, SIR WALTER. "The birth of modern endocrinology." *Proc. Roy. Soc. Med.*, 29, July, 1946, pp. 507-510.
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- SCOTT, R. BODLEY. "Enlargements of the lymph nodes." *Practitioner*, 157, Oct., 1946, pp. 241-247.
- WALFIER, K. M. "Marriage difficulties and the practitioner." *Med. World*, 65, Sept. 20th, 1946, pp. 172-174.
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- \*WORMALL, A. (Hilary M. Dewey and —). "Studies on suramin (antrypol: Bayer 205) 5. The combination of the drug with the plasma and other proteins." *Biochem. J.*, 40, 1946, pp. 119-124.

\* Reprints received.

## APPRECIATION

## SIR WALTER LANGDON-BROWN

To write an appreciation of a man with whom I was so closely associated for many years as I was with Langdon-Brown is not easy. I was, in a sense, too near to him during all that time of friendly rivalry to realise his outstanding merits. It was only when we met less often that I began to see how great he really was. But during the time of our daily contact I quickly learnt to esteem L.-B. for his loyalty to those about him and his devotion to his job, whilst I envied him the splendid use he had made of his university training. He never protruded his scholarship and often expressed his dislike of those who did. When a physician and a demonstrator of morbid anatomy, both graduates of a sister university, used the blackboard of the P.M. room on which to write amateur verses in Latin to each other, Curly's grunting comment was: "Smells of the midnight oil."

Langdon-Brown was massive in his body but,

unlike his Johnsonian prototype, the expression of his mind was not rough hewn nor ponderous, but rather delicate and fine. It was like his gait, which was short-stepping and quick, with body bent forward—curiously anticipating the distressing disease which much later afflicted him. A good observer would not call Langdon Brown fat; but the mistake was made, much to his horror, by a lady who once consulted him. After the usual greetings, and being seated, the physician enquired as to the nature of the patient's complaint, whereupon the lady burst into laughter. When she recovered she apologised and was about to begin her story, only to start again what seemed to the consultant an uncontrollable hysterical giggle. "May I share the joke?" asked Langdon-Brown. "Well, you see," said the patient, "I came to consult you about obesity." There is another consulting room story worth recording; it illustrates the lack of awareness which was some-

times apparent in Langdon-Brown as also the relentless logic of his mind when this was really roused. L.-B. was fond of cats and one day, when a psychasthenic patient came to see him, the cat showed that tiresome feline indecision as to whether it wanted to remain in the room or go outside. It went to the door and mewed. Curly rose automatically and let it out, continuing his questionnaire with the patient meanwhile. He was just seated when the cat mewed to be let in. Curly rose again, still talking, and let the cat in. When the sequence was repeated the patient became resentful and asked if it were his case or the cat's to which the great consultant was going to attend. "Both," said Curly, "you've both got the same disease."

Tribute has been paid—but not at all excessive—to the very considerable value attaching to Langdon-Brown's contributions in the sphere of endocrinology and psychological medicine. These were the direct and logical outcome of his early devotion to, and teaching of, physio-

logy. It was interesting to watch the gradual transition through which his well trained and equally well stored mind passed, from the more easily documented facts relating to the circulatory, digestive and other basic "systems" to the more complex and tentative study of hormone activity, and finally to the ambitious and sometimes almost vertiginous contemplation of the problems of human personality. Interesting to watch but also a privilege to be able to watch, for here was a master mind at work, taking the van of medicine a stage further on by his power of synthesis and clear thinking. Langdon-Brown's genius for interpretation of the growing list of phenomena in these two last named fields made him a fascinating lecturer and essayist. "Thus we are men" succeeds in making obscure things plain by virtue of the exercise of a gift for clear expression married to a deep fund of special knowledge. It is Langdon-Brown at his latest and best.

HORDER.

I suppose every right-minded medical man regards some one or two of all his teachers as his real fathers or godfathers in medicine and I am sure that many of my own and of succeeding generations must so regard Walter Langdon-Brown.

I myself encountered him first about 1911 or 1912, in an ill-judged and vain attempt to pass "the Primary," as a teacher not of medicine but of physiology. He and Hinds Howell divided the subject between them and to L.-B., if memory serves, fell the alimentary tract with the autonomic nervous system controlling its movements, metabolism, the endocrine, and, I think, the circulation.

Two immense forces—the inexorable increase of knowledge and the spirit of the age have together decreed that medical students shall no longer learn even their more advanced physiology from physicians. Doubtless there is some gain but there is great loss. The physiology we learnt from our two teachers was physiology—not medicine, science—not applied science and it was indubitably up to date; but they could see, if we could not, how it might help and whither lead the student, the qualified practitioner. The very art and science of medicine, and beyond doubt the emphasis and accent of their teaching was determined by this vision, which no pure physiologist could share. For the teacher himself the benefit was perhaps still greater. It is hard to imagine that Langdon-

Brown could in any case have failed to refresh and enrich his physician's mind at the springs of physiology, but there is nothing like teaching for compelling one to learn and he himself would express his debt to this self-imposed intellectual discipline. For the hospital it is an obvious gain to have on its staff at least one physician who not only remembers his physiology but is constantly relearning and revising it.

All who have read his many papers and lectures, covering whole provinces of medicine, must have observed how constantly his knowledge of advancing physiology informed his penetrating and enlightening thought.

To his understanding of physiology he linked an almost equal knowledge and appreciation of psychology and performed the rare feat of driving the two in double harness, analysing at once the emotional conflicts in the patient's mind and the neurochemical machinery which transmutes them into symptoms.

But for one whose mind has been pricked into activity by his more recondite writings there must be twenty sometime students of Bart's who will remember with gratitude and affection L.-B.'s "tutorial classes." They were held in the late afternoon. Perhaps they occurred in the summer but in my memory they happen, more becomingly, in the autumn and winter. You can sit on the front benches if you want to stand up to an occasional question, further back if you are too lazy or too shy. L.-B.



appears, punctual, impressively large, modest, almost as if a little shy himself, with a slight attractive hesitation in his speech and a suspicion of short-windedness suited to his girth. He speaks quietly and simply, with humour but without the intrusive joke. His task is the systematic exposition of simple clinical medicine and he does not depart from it—this is no occasion for airing theories; but as a man who knows his own library backwards will reach down a book and find chapter and verse in an instant, so L. B. can bring down from the well stocked shelves of his tenacious memory precisely the case-sheet to illustrate the point he is making and to fix some lesson in the student's mind. "I remember being called to see a medical man who . . ." might be the gambit, and there followed a little story, not over-dramatic, not of some *Lucus Naturæ* or miracle of diagnosis or therapy but of a specific instance of the disease under discussion, its symptoms, signs diagnosis and treatment. This sounds commonplace enough, but it was not.

The cases recounted to us came, and were told as coming from his own practice, yet I am certain that none of us could feel in the least degree that our teacher was advertising or exalting himself. The patient, not the doctor, was the centre of the picture, yet the patient was not a "case" but a real, solid and suffering fellow man or woman, seen in his own house by a doctor summoned to help him. What we were privileged to see was not the Great Detective, the wonder-working consultant at his task, nor yet the diagnostic and therapeutic procedures of the clinic and the ward, with which, after all, we were familiar enough; we saw, as on the screen, but more convincingly, a glimpse of practice—a thoughtful, experienced, observant doctor confronted by a clinical problem, employing his senses, his wits, his imagination and his humanity in its solution—practising the Hippocratic Art. It was a very inspiring picture.

In the casualty and out-patient departments, in the wards, in his own consulting room—a

very attractive one, opening onto a little paved garden with a statue—and at the bedsides of patients, he exemplified his own teaching, combining humanity, philosophy, science and clinical art in a very rare degree to the great benefit of the many who sought his help. He was endowed with a faultless memory—capacious, retentive and instantly accessible, if that is the word, to its possessor—it could store names, faces and places, relationships, clinical facts, written and spoken words—complete with reference and hand out any one on demand, a marvellous possession for a practitioner of any kind, perhaps most of all for a consultant. It seemed he might almost have practised will-out notes, though in fact he made and kept very good ones. Disorder of function rather than of structure, the constitutional, the psychosomatic disease, the ailments of the whole rather than the part, were his special field in medicine but he despised and belittled nothing clinical and would have given excellent advice about a septic finger.

Specialisation, "team work," division and subdivision of diagnostic and therapeutic labour invade the province of the general physician; the clinic, we are told, is to replace the consulting room; increase of knowledge and multiplication of techniques so overload the medical curriculum that its weight crushes and almost obliterates the substratum of learning and culture which should support it. In Walter Langdon-Brown we may have seen and known one of the last of his kind—a man of wide reading and culture, at once scientist, humanist and artist, professing and practising medicine in full range and full independence.

If so the late example of the type was a fine one. His generation, school, university and hospital can be proud of their share in the making and storing of his mind; the clinical methods he employed and the professional traditions he followed stand justified in his practice.

L. W. B.

## SPORTS CALENDAR

December.				
Wed. 4.—	Soc. v. Guy's Hospital	...	H	
Sat. 7.—	Rug. v. Cross Keys	...	H	
	Soc. v. Bristol University	...	A	
	Hoc. v. Polytechnic	...	A	
Wed. 11.—	Soc. v. Royal Naval College, Greenwich	...	A	
Sat. 14.—	Rug. v. Cheltenham	...	H	
	Soc. v. Old Aldenhamsians	...	H	
	Hoc. v. Ex-Bart's XI	...	H	
Wed. 18.—	Soc. v. Met. Police (Peckham)	...	H	
Fri. 20.—	Hoc. v. Leeds University	...	H	
Sat. 21.—	Rug. v. Newbridge	...	H	

## ABERNETHIAN SOCIETY

*There will be a meeting of the Abernethian Society at 5.30 on Thursday, January 16th, when Dr. John McMichael, Reader in Medicine at the British Post-graduate Medical School, will address the Society on "Heart Failure."*

## MUSIC CLUB

*The Music Club has now been reformed with W. Fairbank as secretary. A choir and an orchestra have been started, and anyone wishing to join these should see the secretary. It is hoped that anyone able to sing or play an instrument will join and thus support the club.*

## MIDWIFERY IN DUBLIN or WHAT'S IN A NAME?

by F. M. SHATTOCK

Now that peace has broken out in this country medical students may once more do their "Midder" at the Rotunda. This article is designed to inform them of the conditions there.

Dublin itself has many attractions for its visitors. There is abundant food—at a price—and cigarettes at half the usual cost, whilst on the alcoholic side: good sherry and burgundy cost 7/-, sauterne 5/- and champagne 22/6 a bottle. It is rash to promise to send anything home from this land of plenty as nothing can be sent out of the country and the contents of all parcels have to be declared. Silk stockings can be sent out wrapped as newspapers if one is prepared to buy them at 22/6 a pair. Clothing coupons cost 6d. each or £1 for a book of 78 but any student of the Rotunda would be exceedingly foolish to buy them as they are always given to him on the district. By the time they are in need of our tender ministrations, good Dublin mothers have usually had some 20 children, and as they say: of what use are 78 x 20 coupons to them? Clothes are, however, very expensive and not of good quality.

One misses the "News of the World." This paper, the "Sunday Pictorial," "Lilliput," "Men Only" and a number of other papers and journals, are banned in the Free State. Until last year there was even a censorship of medical textbooks. Dr. Wilfred Shaw's "Textbook of Gynaecology" was on the black list and no student could obtain it. When it was eventually released the chapter on contraception had been torn from every copy.

The Rotunda itself has 174 beds—111 maternity, 32 gynaecological and 31 in the infants' department. In '44-'45 1,602 cases were delivered on the district, 4,033 were delivered in the hospital and 3,375 patients visited the ante-natal department.

The student must be prepared to pay a tuition fee of £6 6s and £2 9s. per week for accommodation. The fare to Dublin is about £4. Most of his money will go on food. That provided at the hospital is good but inadequate and most nights find the students and post-graduates scattered throughout the restaurants of Dublin, supplementing the Rotunda meals.

The next item of expenditure is the gathering

of one's obstetric kit. One has to provide everything—artery forceps, rubber gloves, apron, umbilical thread and even one's own swabs and silver nitrate. On the district the student is not allowed to give any injections—such as ergometrine. He is, however, allowed to administer orally the tablets of ergot which he is expected to purchase at his own expense from the hospital. Thus the district is no cheap affair and even if one does not complain at the price one should disagree with the principle involved.

On arrival at the Rotunda the student will have to watch two cases being delivered and later deliver a couple himself, to learn the Rotunda methods. After this he is faced with a viva from the clinical clerk. In his his knowledge of midwifery will be assessed and also his knowledge of how to conduct himself on the district, when to return to the Rotunda for help, and when to phone for help. This is of importance as the student is alone on the district without the aid of a qualified midwife.

He is then allotted to a group of not more than four students. All the members of a group attend district cases together and each is signed up for every case which his group attends. Groups tend to be smaller in winter than in summer. All cases on the district have to be visited daily by the student who delivered them for the first ten days after birth. Students are also called out to abortions. These occur in Dublin with a frequency of one in five live births. Provided that the abortion is complete the students are credited with the case.

Whilst on the district one can also deliver cases in the wards. The hospital is fitted with a complicated system of bells and buzzers which ring throughout the building. Two bells mean a normal case. When these ring there is a rush for the ward as the first student to arrive does the delivery. One bell indicates an abnormal case and the students and post-graduates are supposed to go to the labour ward to watch. The labour ward itself is somewhat barbaric but is the best that can be managed in view of the nursing shortage. In it there are five beds separated only by linen curtains and as many as five deliveries may be going on at once. This has a bad psychological effect as one nervous multip can completely upset four primips who may be doing

<sup>1</sup> The Editor refuses to vouch for the accuracy of figures regarding the high parity of Dublin women.



their best to accept childbirth as a normal physiological function.

From the student's point of view the teaching could be vastly improved. Every day there is a lecture for half-an-hour and every afternoon there is an ante-natal clinic from 4.30-5.30. In some ways the students are allowed a great deal of responsibility. Should the child require resuscitation they have to carry it out and the clinical clerk only visits the mothers at the student's request. On the other hand students are not allowed to do any suturing nor are they supposed to administer the open ether which is frequently used in the labour ward.

Most of the nurses at the Rotunda advise against going there to learn midwifery. Nurses trained in general work no longer have to pay for their midwifery training, but they still remain unsalaried. Nurses who are not trained in general branches have to pay £40 to do midwifery training at the Rotunda. The food in the nurses' home is considered very bad and there is supposed to be very little teaching. The

### IN OUR LIBRARY—VII. WRITINGS ON ANÆSTHESIA\*

by JOHN L. THORNTON, Librarian

The centenary of anaesthesia is being celebrated by exhibitions at the Wellcome Historical Medical Museum, at the Royal College of Surgeons, and elsewhere, while the periodical press has marked the occasion by the publication of special anaesthesia numbers (*British Medical Journal*, Oct. 12, 1946; *British Medical Bulletin*, Vol. 4, No. 2, 1946; *Post-Graduate Medical Journal*, October, 1946). It is suggested that a brief review of historical material on anaesthesia contained in the Library might prove of interest.

Early this year E. S. Ellis, a Bart's man, published *Ancient anodynes*, and a further contribution to the subject has recently been acquired. This is *The History of surgical anaesthesia*, 1945, by Thomas E. Keys, containing numerous references, and a chronology of events relating to anaesthesiology and allied subjects (pp. 103-118). This begins at the year 4004 B.C., with the birth of Eve, and contains the names of many claimants to the title of discoverer of anaesthesia. Henry Hill Hickman, Crawford Williamson Long, Horace Wells and William T. G. Morton each made contributions, which are dealt with more fully by Keys, and in the two special numbers mentioned above.

Sir James Young Simpson first used ether

\* All the books and articles mentioned by title in this note are available in the Library.

day staff come on duty at 7.30 a.m. and leave at 9 p.m. During the day they are allowed 2-3 hours off duty. If they are not in the labour ward they have to look after about eight mothers and their children. This figure depends on the size of the ward. The nurses under training are allowed half a day per week off duty and the staff nurses are allowed one day per month.

If the Rotunda fails it is because it tries to do too much. It has a threefold job: the teaching of students, post-graduates and nurses. Thus one section is deprived of various functions in order to give another section something to do—hence post-graduates are called to do suturing on the district, and the post-graduate on duty has to do all the required daily blood-pressures. The solution, which would never be acceptable, would be for one of the three Dublin lying-in hospitals (the Rotunda, the Coombe and the National) to be used solely for the teaching of post-graduates and another for the teaching of students. The special needs of each could then be considered.

in his obstetric practice in January, 1847, and on searching for a substitute eventually used chloroform. He wrote many papers on the subject, of which we possess *Notes on the inhalation of sulphuric ether in the practice of midwifery*, 1847. This is the copy sent by Simpson to Matthews Duncan, who was in Paris, and a note on the reverse of the title-page signed by J. Y. Simpson suggests that Duncan should translate "the pith of these notes for one of the French journals." We also house the following by Simpson: *Account of a new anaesthetic agent as a substitute for sulphuric ether in surgery and midwifery*, 1847; *Answer to the religious objections advanced against the employment of anaesthetic agents in midwifery and surgery*, 1847; *Remarks on the superinduction of anaesthesia in natural and morbid parturition: with cases illustrative of the use and effects of chloroform in obstetric practice*, 1847; and *Anaesthetic midwifery: report on its early history and progress*, 1848.

The following two tracts from America are of interest, the first being by the surgeon who on October 17, 1846, removed a tumour from the arm of a woman under the influence of sulphuric ether. The nature of the anaesthetic was unknown to the operator, Morton being the anaesthetist. George Hayward, the surgeon,

entitled his paper *Remarks on the comparative value of the different anaesthetic agents*, Boston, 1850. Edward Warren was legal agent to Morton, who wished to take out a patent for his discovery, and to support Morton's claim Warren collected together numerous letters and excerpts from periodicals, which he published as *Some account of the letheon: or, who is the discoverer? . . . Third edition.—Revised and enlarged*, Boston, 1847. This is the edition we possess, there being five issues altogether, of which ours is the second issue of the third edition. Keys (p. 183) records not more than twelve copies of any of the issues.

A pamphlet emanating from Bart's was published in 1847 as *A description of an apparatus for the inhalation of ether vapour; with some remarks on its use*, by S. J. Tracy. Our copy is signed "Dr. Roupell with the author's respectful compliments," and the preface is dated, St. Bartholomew's Hospital, March 25, 1847. The author states that on hearing from America that ether vapour had been used to produce insensibility to pain during the extraction of teeth, Mr. Skey asked him to repeat the experiment. Daniel Ferguson, instrument maker to the Hospital, supplied a common vapour-inhaler for the purpose. Tracy mentions that he had used it for the extraction of teeth from 500 patients, and that all major operations were conducted under the anaesthetic.

When John Snow (1813-1858) administered

### ARE YOU KIDDING?

by CHAKE

Contrary to the general belief there is a very small number of Yogi in India, and of these, the majority practise their cult in the more remote hills, far from prying European eyes. Indeed India was never the centre of Yoga, but in the mountainous, and so-called-uncivilised areas of Burma, the cult flourished. The coming of Japanese aggression in Burma caused many Yogi to descend from the hills, and flee westwards for their lives, leaving behind them most of their scanty possessions. As they travelled to the West they avoided the more populated areas, for they are essentially of a retiring disposition; and so only a few British soldiers were privileged to meet these masters of applied physiology. I belong to this fortunate number.

At this time I was in command of eight men on an ack-ack post, near the sea, in Burma. One morning our eleven o'clock tea was interrupted by the appearance of a very Methuselah of a man, coming towards us. He was

chloroform to Queen Victoria in 1853 at the birth of Prince Leopold he did much to remove prejudice against the use of anaesthetics in midwifery. Snow, who is also prominently associated with work on cholera, gave ether at St. George's Hospital and at University College, and in 1847 wrote a book on the subject, but it was superseded by the introduction of chloroform in the following year. He did not live to see the publication of his classic *On chloroform and other anaesthetics: their action and administration*. Edited, with a memoir of the author by Benjamin W. Richardson, 1858, which has become rare.

In Keys' chronology the following books are recorded, all of which we possess: M. D. Nusworthy, *Theory and practice of anaesthesia*, 1935; Arthur E. Guedel, *Inhalation anaesthesia*, New York, 1937; Noel A. Gillespie, *Endotracheal anaesthesia*, Wisconsin, 1941; and R. Charles Adams, *Intravenous anaesthesia*, New York and London (1944). He also notes under the year 1932 the first edition of C. Langton Hewer's *Recent advances in anaesthesia and analgesia*, the fifth edition of which has been reprinted this year. Bart's men are further represented in the Athenæ Collection by H. E. G. Boyle's *Practical anaesthetics*, 1907 (2nd ed., 1911), Charles F. Hadfield's *Practical anaesthetics for the student and general practitioner*, 1923, and by Richard Gill's *The CHCl<sub>3</sub> Problem* (2 vols, 1906).

walking with the aid of a stick and looked almost overwhelmed by fatigue. Using my smattering of Burmese, I asked him to stop and have some tea. Somewhat to my surprise he replied, in a faultless Cambridge accent, that he would be delighted to do so. It was obvious he had noticed my confusion, and having rested a few minutes he continued, "When I was up at one of your Varsities I studied philosophy, and decided to take up Yoga. Much obliged for the tea, old man, and before I leave you I should like to repay you in some way. Anything I can do for you?"

I hesitated for a moment, then taking my courage in both hands, asked him to perform the Indian Rope Trick, as I had always wished to see it. He smiled sourly and added he would do it for one hundred rupees. I could not afford this, so the Yogi said he would perform a small feat for us, without charge. Then he fell to the ground and started writhing, shuddering, twisting and foaming at the mouth as if in



torture. It was a terrible sight; his face became a mask of evil, and evil could be felt emanating from him. Suddenly, as if all the wickedness had left his body, it relaxed, his face became peaceful, the expression one of pure beauty, and before our very eyes he rose vertically in the air, to a height of four feet!

We stood gaping for a few minutes until someone broke the spell by laughing. Then I approached and spoke to the Yogi, who, being deep in a trance, did not reply. I thought it a good joke to raise him a little higher in the air, so he would bump on coming down, but when we tried to lift him he would not move. We tried to push him down, but the nine of us could not stir him, and his flesh had become so hard that it could not be pinched. It was not until he was accidentally pushed on the feet that we discovered he could be moved horizontally. Then we formed a ring and passed him to each other, as if at a Rugby practice, until we tired of it. We returned him to his original position, dusted the footprints off where we had jumped up and down on him, and waited. A few minutes later the Yogi sank to the ground and emerged from the trance.

As we waited I thought of a most ingenious plan. Our gunsite was on one hill, with the stores and camp on another; whilst in the valley between the hills ran a small river on its way to the sea, which lay a few miles to the South. The day before we had received a delivery of fifty tons of ammunition, at the gunsite, and would have to work in the broiling heat until it was moved to the stores. My idea was to hire the Yogi for a few days, get him to elevate himself, load him with ammunition and push him to and fro across the valley until the task was completed.

The Yogi, being very pleased with my suggestion, said he would work during five days, eight hours a day, for a wage of one hundred rupees. The terms being agreed upon we parted, with expressions of goodwill, tho' we never expected to see him again.

Much to our surprise the Yogi appeared punctually at nine o'clock the following morning, and after telling us to return him to his original position at five to five in the afternoon, he went through his sickening performance and elevated himself. I then sent four men to each hill. At the gunsite we loaded the Yogi and gave him a strong push. He shot over the valley to the stores, where they stopped, unloaded and turned him round, then returned him to us. So we spent the day—load, push, stop, unload and return—until five o'clock,

when the Yogi sank to the ground and emerged from the trance.

Time passed swiftly and our task, which might have taken so long, was practically finished at the end of four days. On the fifth day the Yogi appeared at the usual time and elevated himself. In two hours we had moved all the ammunition, and after performing a few odd jobs, and having given one of the men, a keen peace-time pilot, a glide across the valley, I got down to business. I told the men that the Government would probably refuse to pay the Yogi, and it was our responsibility to do so. However, on pooling our resources, we found we did not possess one hundred rupees between us, and so were placed in an extremely unpleasant position. It was not quite twelve o'clock when I had a second flash of inspiration. I stood up, walked over to the suspended Yogi, turned him South and pushed him with all my might in the direction of the sea. . . . The last we saw of him was a tiny speck rapidly vanishing over the horizon.



THE LAST ROUND.

## REVIEWS

PSYCHOLOGICAL MEDICINE. By Desmond Curran, M.B., F.R.C.P., and Eric Guttmann, M.D., M.R.C.P. Second Edition. Pp. 246; illustrated. 10s. 6d. Edinburgh: E. and S. Livingstone, Ltd. 1945.

It goes without saying that the ideal text-book of psychiatry will never be written, in the same way as the ideal text-book of medicine (or, for that matter, any other subject) can never be written. Every text-book has its own special purpose to serve and can be criticised by persons who do not find their own particular needs fulfilled. The purpose of Curran's and Guttmann's "Psychological Medicine" is indicated in its sub-title, viz., "A Short Introduction to Psychiatry." A book of this kind, which is about as long as a medium-length novel, is intended for medical students and general practitioners rather than for specialists in psychiatry and neuropsychiatry. That that particular reading public appreciates the book is shown by the fact that it was originally published in April, 1943, reprinted in January, 1944, and the second edition appeared a year ago. This edition does not differ markedly from the first. To quote from the preface of the second edition: "The main alterations and additions will be found in the sections on constitutional factors and psychopathic personalities and in the chapters dealing with the affective and hysterical syndromes. A brief discussion of some of the problems of psychosomatic medicine has been appended. We considered it necessary to devote a chapter entirely to obsessional states and have also given more attention to modern physical methods of treatment."

The authors are to be congratulated on having resisted the temptation to expand their book beyond the dimensions originally intended for it. "Psychological Medicine" can be confidently recommended to the medical student preparing for his final examinations (and he should remember that questions of a psychiatric nature are likely to appear in examination papers with unfailing regularity); and he can comfort himself with the thought that he is likely to find the book very readable as well as informative.

I TALK OF DREAMS. By Kenneth Walker. Jonathan Cape, Ltd. Pp. 200. Price 10s. 6d.

The greatest difficulty in writing the usual sort of autobiography must lie in recalling the thoughts and attitudes of the past rather than the incidents which provoked them. Mr. Walker calls his book an experiment in autobiography because his professed intention is to write of the past in the full light of his present ideas. He adds another touch of novelty by describing his life up to the end of the first world war not as the life of one man but as the adventures of a group of characters, all of which he has identified within himself: Scions, the explorer, Knight-Paton, the crusader-missionary, Black Hawk, the Indian brave, the Personage, and the mysterious Intruder; each at different times takes command of the party.

An allegorical method such as this might have produced a book of some complexity, but, fortunately for many who will read this book as an adventure story, Mr. Walker never completes the task which he announces as his aim. As the tale progresses

the band of adventurers is more and more frequently referred to as "I" and their function is reduced to that of a recurring idiom rather than a prime motif of the autobiography. This failure to carry through his original idea is symptomatic of the inconclusiveness of much of Mr. Walker's thought. He has evolved only an incomplete philosophy and the final stages of any puzzle are always the most difficult to solve. The blurb on the flyleaf lays stress on his remarks about being a passenger rather than a navigator throughout life. Yet Mr. Walker was unable to sustain his allegory. Circumstances and his uncontrollable inward companions may appear to dominate a part of his life, but the inner citadel of his personality is indispensable and undestroyed.

Fortunately this a many-sided book. The thoughtful passages are interesting but inconclusive. The documentary parts are excellent. All Bart's men will enjoy the author's account of his connections with the hospital, and everybody will enjoy the life-story of a man who has known people and places from Iceland to the North-West Frontier and has practised surgery in Buenos Aires and the French battlefields. Mr. Walker combines his philosophy and his storytelling with great skill. He is never offensively clever.

GRAY'S ANATOMY. 29th Edition. Edited by T. B. Johnston, C.B.E., M.D., and J. Whillis, M.D., M.S. Longmans, Green & Co., London. pp. 1,597. Illustrations 1,359. Price 70s.

It is with a sense of awe that one approaches the latest edition of one of the larger standard text-books. The latest *Gray*, which has come out four years after the last edition, is little fatter although it contains forty more pages. It does, however, cost ten more shillings.

Seventy shillings is a huge amount for any student to spend on one book. *Gray's Anatomy* is not a book to be read from cover to cover; its main use is as a work of reference: for instruction and for verification. But in this rôle such a book is indispensable, and it is a help in the difficult process of assimilating anatomy for the student to have his own copy. The increased cost is therefore regrettable.

The usual tendency for a new edition of a text-book is towards expansion to keep pace with new knowledge (this is not always, of course, entirely appreciated by the student!). But at the same time the old text should be scrupulously examined with a view to finding a better manner of presentation. In a text-book of anatomy this is especially true of the illustrations. In this case nearly two hundred of the figures have been revised. In addition there are nine more X-ray plates. Notwithstanding these changes it is possible, however, still to find figures in which the old, and therefore to the present-day student muddling, terminology is used. Such is a diagram showing the distribution of the cutaneous nerves of the arm. No doubt these anachronisms will vanish with a still further edition.

The order of *Gray* has remained the same. The important fifty pages on surface anatomy are still at the end: it is a pity but inevitable that this should be so. It is in this section that a curious change in the text has taken place which is confirmed by cross reference—the centre of the deep inguinal ring has



shifted medially from above the midpoint of the line joining the anterior superior iliac spine to the pubic tubercle to above the midpoint of the line joining the A.S.I.S. to the pubic symphysis, that is in front of the external iliac artery. This would appear to go against the experience of surgery and previous descriptive anatomy which surely cannot have been wrong all these years.

The chief additions to the text are in the embryological and neurological sections—it is here that most of the recent advances have occurred. The rest of the text has been revised and much of it re-written.

It is good that text-books should be kept up to date—with *Gray* it must have been a great effort to have revised so many pages, and both the editors

and the publishers are to be complimented. There must, indeed, have been a great temptation to let more time elapse before bringing out a new edition.

A WARD POCKET-BOOK FOR THE NURSE. By H. M. Gratton, S.R.N., S.C.M., D.N.(Lond.). Faber. Price 3s. 6d.

This small book is just another of its kind, and the contents are to be found in many text books written for nurses.

It opens with diagrams of instruments and equipment, and these in varying sizes are often misleading.

It may, however, appeal to nurses with limited experience and probably be very helpful to junior nurses.

## CORRESPONDENCE

### PERSONAL

To the Editor, *St. Bart's Journal*.

Dear Sir,

You published an article in last month's issue of the Journal entitled "Personal," written by an author who astutely hides himself under the nom-de-plume of Evelyn Tent. This gentleman, probably misled by his zeal for stimulating interest in the Journal, has failed to take heed of the wise and kindly counsel offered him by Hogarth in the September issue, and has degraded the Journal by publishing cheap abuse of a too personal nature.

May I suggest that, to prevent the Journal becoming a "News of the Hospital," this column be banned and that articles of more general interest and higher standard, in which the last issue abounded, be inserted in its place?

I am,

Yours faithfully,

W. T. NEWMAN.

9th November, 1946. The Abernethian Room.

### STYLE OF ST. AUTOPSIA'S

The Editor, *St. Bart's Journal*.

Dear Sir,

I feel that I must tell you how pleased I was to read the article by Mr. Alan Tois in your November issue which mentioned my old chief, Gordon Styfle. How vividly I can yet remember my anaesthetic clerking when "Boosey" Styfle, as we all loved to call him, had but lately joined the House at St. Autopsia's. Mr. Tois' versatile pen has already told you much of Styfle's sound method and lovable idiosyncrasies. May I add to his evergreen memory one or two of my own recollections?

Styfle was always what we clerks called a "keen type." I well remember him perched on a trolley in the old theatre passage where he could see all (and everyone) that passed, assiduously reading his edition of "Pocket Medicine" by which, together with "Aids to Surgery," he always swore so heartily! His industry was rewarded and I can still recollect the jest with which he sold off his books when the hurdle was passed.

Even as I write many more scenes crowd back into my memory. His neat manipulation of the laryngoscope (to which Mr. Tois alluded) which was always based upon sound mechanical principles of leverage, his glorious intubations and the economy

in anaesthetic vapours achieved in their execution, his phenol infiltrations before thyroidectomy and always his confident even nonchalant demeanour that was so conducive to confidence in his faithful clerks.

If there is one point upon which I would differ slightly from Mr. Tois it is in his casual mention that anaesthetists at St. Autopsia's did not "size up their patients the night before." This may have been true of some, but I think I am right in saying that Styfle seldom neglected his nightly ward-round. In fact it was one of his most endearing qualities that he never, neither inside nor outside the hospital precincts, neglected to make himself acquainted with the nursing staff, whatever their station, and once having made their acquaintance, to improve upon it whenever and wherever the opportunity presented itself.

Long may his memory remain and his deeds be repeated in song and story.

I remain, Sir,

Yours, etc.,

MAX HILARY.

Abernethian Room,

St. Bartholomew's Hospital.

November 6th, 1946.

## ASSOCIATION FOOTBALL

### BART'S FIRST VICTORY AT CHARTERHOUSE SCHOOL.

No dreary chronicle of the match itself can convey the satisfaction which we gained from our 4-2 win at Godalming. Here for the first time this season Bart's played as a team and played well. The Charterhouse side was well trained and supported with all the noise that a School XI can command. They were even told loudly at half-time that beer-swilling students were bound to crack beneath their onslaught. The author of this remark was sadly misled. In the second half their attack was repeatedly broken and their marking disorganised. For this we had especially to thank the tackling of Messrs. Amos, Batey and Cox.

The ground was looking its best against a backcloth of school buildings and the tree-colours of autumn. Charterhouse kicked-off and for the first five minutes had things very much their own way. Before we were well settled they scored. Thomas replied soon afterwards from a movement by Mangan and Whiteley, who was in fine form. Charterhouse scored again through a misunderstanding between backs and goalkeeper, but before half-time Goodrich carried the score to 2-2.

During the second half there was no doubt who was on top. Relieved of their responsibilities at our end the inside forwards were able to pay undivided attention to the attack. Well-combined efforts brought us a third goal and then a fourth. Further additions to our score were prevented only by exceptional goalkeeping from the opposition.

TEAM—J. R. Watson; J. A. S. Amos, I. S. Batey; R. L. Osmond, A. C. Cox, A. N. H. Wright; G. C. Grassby, P. M. Goodrich, B. Thomas, M. K. Mangan (capt.), M. M. Whiteley.

Honours have been awarded to the following for the season, 1945-1946:—

C. G. Elliott, Dr. K. A. McCluskey, Dr. A. G. H. Murley. R. S. Pine. P. M. G.

## CROSS COUNTRY

The first match of the season was held over the 4½ miles course at Roehampton, against King's College and Hospital, Middlesex Hospital, Imperial College and University College, London, on Saturday, October 26th.

Rain during the morning had made the ground muddy—but the sun was shining for the start. After the first two miles the thirty-five runners had spread out with the Bart's team somewhere near the front of the pack. Keeping in a group, they maintained this position despite various attacks of "stitch," and with much puffing and blowing the end was at last sighted. The first five Bart's men were Dodson (5th), Burn (6th), Menuu (7th), Matthews (8th) and Glanvill (11th). King's College and Hospital, who had gained the 2nd, 3rd and 4th places won the match with 32 points.

2nd.—Bart's	... 37 points.
3rd.—Imperial College	... 66 points.
4th.—Middlesex	... 92 points.
5th.—U.C.L.	... 98 points.

Special mention should be made of Dodson, who was making his first appearance for the Hospital, and Menon who turned out in spite of a bad cold. F. Steinhall, G. E. Clulow and R. Zakon also ran for Bart's.

In conclusion, may I point out that the club is short of running equipment, and any gifts of spare running shoes, vests or coupons would be most welcome.

J. I. B.

## TABLE TENNIS CLUB

Fortunately the club was born sturdy, otherwise it could never have survived the vicissitudes of its first view months of existence. One might imagine a train of thought on these lines—for nearly a thousand years the Mother Hospital had flourished without the help of ping-pong, and there was no reason why things should be changed now! However, in all fairness, it must be said that the authorities were as obliging as circumstances permitted. Raised eyebrows and tolerant smiles gave way to material help, and conditions slowly improved. For instance, a much-needed increase in the grant enabled us to purchase a table conforming more to the requirements of the game than the old one. Then after many thwarted attempts we were permitted to leave the "Black Hole of St. B.H." and move into the relative luxury of the C.C.S. This is the second stage of the journey which will lead us eventually to permanent quarters in the gym at Charterhouse Square. We even received a filip from the poetical pen of Mr. Leslie, in last month's JOURNAL. But in this instance he remained polite, so we shall not retaliate!

To increase the financial balance, fifty-six people were persuaded to enter a Singles and Doubles Tournament, and at the same time to invest 1s. 6d. a head for the welfare of the club. When one looks at this sum in the light of a sausage and batter, semolina pudding and large coffee, it is realised what a great sacrifice was involved to subscribers. However, £4 was raised, thanks to everyone who helped.

Once established on a reasonable footing, it was decided to enter a team in each of the two London University Leagues. Whether this was a wise procedure remains to be seen. It was known, of course, that some L.U. clubs such as L.S.E. and Imperial College ran very strong teams even to the extent of national champions. Moreover, we lacked match experience and (in the past) proper conditions of practice. Our fears were fully justified after attending meetings of the combined L.U. clubs. They were keen as mustard, and it was evident that at least in London University Table-Tennis was taken seriously. Form-filling, literally in triplicate, reminded one of the present political trend in London University. Rules and regulations of such rigid nature had to be observed that one wondered if the aim was not to emulate the complexities of Parliamentary procedure. For example, it was laid down that the names of the 1st Team must be "registered." By this was meant that these players were under no circumstances to play for Team 2. Nor except under the most special conditions of hardship could anybody else play for Team 1. This confronted the Captain, Mr. Leach, with a task requiring the most tactful handling. He proceeded to choose his 1st Team and so far has escaped unscathed.

### MATCH RESULTS.

v. Queen Mary College I, at Home, October 31st. Lost, 5 sets to 4.

1. J. Leach (capt.)—lost to D. A. Guyatt (2-0). to P. Ganendra (2-1), to F. H. Butler (2-0).

2. W. D. Davies—lost to D. A. Guyatt (2-1); beat P. Ganendra (2-1), beat F. H. Butler (2-0).

3. J. Chesover—lost to D. A. Guyatt (2-1), beat P. Ganendra (2-0), beat F. H. Butler (2-0).

v. L.S.E. II, at Home, November 5th. Lost, 7 sets to 2.

1. M. Hasainnee—lost to R. Pender (2-1), beat H. Greatorex (2-0), lost to P. Fleming (2-0).

2. J. St. John—lost to R. Pender (2-0), beat H. Greatorex (2-0), lost to P. Fleming (2-1).

3. R. Lindon—lost to R. Pender (2-0), to H. Greatorex (2-1), to P. Fleming (2-0). P. N. G.



## EXAMINATION RESULTS

## UNIVERSITY OF LONDON

GENERAL SECOND EXAMINATION FOR MEDICAL DEGREES, SEPTEMBER, 1946

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Thomas, D. H. C.EXAMINATION FOR THE ACADEMIC POST GRADUATE DIPLOMA IN CLINICAL  
PATHOLOGY, OCTOBER, 1946

Gluckman, J.

## ROYAL COLLEGE OF PHYSICIANS

M.R.C.P., OCTOBER, 1946

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Atteridge, J. H.	Merory, P. H.	<i>The following Students have completed the examinations for the Diplomas M.R.C.S., L.R.C.P.</i>	
Fox, R. H.	Williamson, T. B.	Ballantyne, P. T.	Hopper, P. K.
Hopper, P. K.	Ducicly, D. S. N.	Clarke, L. W.	Wand, L. G. R.
Wand, L. G. R.	Harrison, J. A. B.	Hadfield, G. J.	Brierley, D. S. M.
Banks, P. J.	Storey, B. H.	Storey, B. H.	Fox, R. H.
Griffith, R. H.		Banks, P. J.	Molesworth, P. R. H.
Cheshire, D. J. E.	<i>Surgery</i> Griffith, R. H.	Cocks, R. A.	Williamson, T. B.

## L.M.S.S.A., OCTOBER, 1946

PRIMARY

*Physiology*

Donaldson, P. R.

## APPOINTMENTS

HERVEY, W. A., F.R.C.S.(Ed.), Hon. Surgeon in  
charge Ear, Nose and Throat Department, Queen  
Mary's Hospital for the East End, Stratford, 9.PABLOT, P. J., M.B., B.S., L.R.C.P., M.R.C.S., to  
the Colonial Service as a Medical Officer in Mauritius.*The charge for insertion in the JOURNAL of announcements of Births, Marriages, Deaths and  
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## HOSPITAL JOURNAL

Vol. L

JANUARY 1st, 1947.

No. 12

### PHOTOGRAPHY AND MEDICAL EDUCATION

A recent leading article in the LANCET ended once again with the well worn phrase, "Diagnosis before treatment." This emphasis on diagnosis is well known to the student who is trained to diagnose rather than to treat, or at any rate to obtain the facts from which, if he deduces correctly, he may also diagnose correctly. "Proper treatment" as a rule only follows the power to diagnose correctly. In the process of diagnosis, at the present time photography is used commonly in two ways, namely to make skiagrams and to record the electrocardiograph. But in helping the doctor to reach a correct diagnosis, photography can play a further part—that is in medical education, admittedly a longer term policy.

Besides these direct applications of photography, the X-ray plate and the E.C.G., in which the doctor has to become skilled in order to make a diagnosis, photography can be used in the forms of films, photographs as such, slides and text-book illustrations from which to learn.

The view of the late Mr. McADAM ECCLES on medical films was published in the JOURNAL of April last year: he was absolutely convinced that there was a real value in films "... silent, sound and colour in the teaching of medicine." However, some teachers are doubtful of the value of films and photographs in the education of medical students, and this is perhaps because they consider it to be spoon-feeding; and that the only way and the real way to learn is the hard way. But even these would agree that every year the poor medical student is expected to know more and more—that new knowledge is piling up quicker than out of date knowledge is being

dropped—and that, this being so, judicious spoon-feeding can be of use. After all, films and photographs can be used with advantage to mitigate the present-day austerity and to alleviate some of the agony of the medical curriculum.

Films are a means whereby knowledge may be disseminated in a visual form. For medical education they are of use in three ways: (a) to present material in a palatable well-thought-out form—the result of more than one person's effort and in general more concentrated than a lecture of the same length, (b) to show the student material not available either in sufficient quantity or at the right time, (c) to show things which happen slowly. Often a film will have more than one of these attributes.

The list of films already made includes films on *phagocytosis*, on *inflammation in a rabbit's ear* (made at Oxford), on *malaria*, on *surgery in chest diseases*. The Abernethian Society in its programme for the present session is showing a number of films chosen from such a list and is thus giving its members an opportunity which they would not otherwise have to see them this year. At its first film show—which by a curious coincidence occurred on the same day that Mr. NAUNTON MORGAN showed a film on surgery of cancer of the rectum, with himself in the lead, and in beautiful colour—a film on *scabies* was shown which possessed all the three attributes mentioned above. Dr. CORST, in summing up this excellent film, was able to say that it was so good that there was no longer any point in the skin department teaching this subject to students who had seen the film except to show them actual patients. Those who have seen any of the wonderful films made by Dr. CANTI or Dr. BLAND will realise the value of such films to the student



as well as to research. To see the *entamoeba histolytica* lolloping across the screen is indeed a delight and an education. There is no doubt that films will be used and made in greater and greater numbers for medical education—and this includes films with a preclinical as well as a clinical bias.

After this eulogy we wonder whether any of the dissentient teachers have changed their views. Or are these views opposing the value of films in medical education really held because they consider that the pampering of the student by films is one further step towards the uniformity of the doctor and away from the humanities and individual teaching of a few generations ago?

The preface of one of the current books on surgery says that the book has many photographs in it because the authors consider one illustration is worth many words. Most students appear to agree with this—at any rate it seems to make the book more readable, if only because such photographs take up space, and more pages are turned over in an evening's work. Our own "Candid Camera" seems a case in point and aroused more interest and was more memorable than many of our columns. A hospital photographic department with the services of an artist available can set up displays of photographs and morbid specimens with appended notes of very great educational value: the inclusion of arrows, labels and scales in the photographs would increase their usefulness

but needs more trouble to carry out. Thus a record of the progress of a particular case through the hospital from the time the patient first attends until the time he leaves dead or cured, can be presented.

There is no doubt that many lectures would be improved if lantern slides replaced ill drawn and often hastily thought out diagrams on a blackboard: with adequate facilities it is probable that more lecturers would use slides or the more modern film strip (this cheaper and compact method appears likely to replace the bulky and fragile slides).

It is thus with pleasure that we have heard that the College is buying one or more film projectors and that the hospital photographic department is to be refounded with a full time technical expert in charge. Such an expert has, indeed, been appointed. The department is to be sponsored by the Medical College, and with regard to student education will produce photographs, both coloured and plain, lantern slides and photomicrographs and will supervise the showing of films. We hope it will eventually even make films and we wish it luck.

One last plea: we urgently hope that in the future the College will be able to have a teaching X-ray museum. Just as the only way to know pathological specimens is to examine and study them, so also this applies to X-rays and E.C.G.s. Accordingly we hope such a museum will one day be part of the normal facilities of the hospital.

## THE JOURNAL

We regret to announce the resignation of the Editor of the JOURNAL—Mr. L. E. McGee. His place will be taken by Mr. W. M. Keynes, formerly Assistant Editor. Mr. M. J. Linnitt has been appointed Assistant Editor.

Contributions for the next JOURNAL should be received by January 10th.

## SPORTS CALENDAR

Saturday, January 4th	
Rug. Cafford Bridge	H
Soc. Marylebone	H
Hoc. Birmingham University	H
Wednesday, January 8th—	
Soc. King's College	H
Saturday, January 11th—	
Rug. Exmouth	A
Soc. Westminster Hospital	A
Hoc. Vauxhall Motors	H
Saturday, January 18th—	
Rug. Aldershot Services	A
Soc. Birmingham University	A
Hoc. Cameleons	H

Wednesday, January 22nd—	
Rug. Public School Wanderers	
Soc. R.S.M.F.C.	A

Saturday, January 25th—	
Rug. O.M.T.'s	A
Soc. Imperial College	A
Hoc. Cambridge University Wanderers	A

Saturday, February 1st—	
Rug. Old Cranleighans	H
Soc. Lancing O.B.'s	H
Hoc. Middlesex Hospital	A

Wednesday, February 5th—	
Soc. St. Mary's Hospital	A

## MILK IN STANLEY CAMP

By L. R. SHORE

The physical condition of the young children who had been interned in Stanley Camp, Hong Kong, was very favourably remarked upon after our relief. It has been suggested to this writer that others might be interested in the way milk supply was supplemented and how a milk substitute was made in Stanley. The reader must excuse the lack of statistics. This writer has retained no written notes, he never had a "head for figures," and 42 months internment has done nothing to improve his memory.

In the early days of Stanley Camp, the Japanese sent milk into the Camp, enough to give a small daily issue to young children and certain invalids. This allowance was supplemented from certain Camp Stores of "Klim" or other similar product.

Early in 1943 the store of preserved milk was becoming exhausted, at a time when the Japanese issue was irregular and there were threats of it being stopped entirely.

The soya bean, if my memory serves me, is reputed to contain 28 per cent. by weight of fat and also vitamins of the B and the E (fat soluble) groups. A milk had been made from soya beans in Hong Kong, under the direction of Dr. Selwyn-Clarke, D.M.S.S., for gratuitous or almost gratuitous issue in Government clinics to necessitous Chinese. Also, soya bean milk had been bottled for sale by certain private firms in Hong Kong.

In Stanley we had a copy of Selwyn-Clarke's formula with directions for preparation of the milk. Of soya beans, during the whole period of internment, we had a supply which never quite gave out. If Camp supplies were lacking, the Red Cross representative was able to help and we just kept going.

The writer was invited by the Medical Department to experiment, using the Selwyn-Clarke formula, in order to augment the supply of milk with a soya bean product. It was hoped that soya bean milk would be suitable for those with gross malnutrition, for convalescent hospital patients and others even if it was unsuitable for young children.

Our equipment consisted of a stone Chinese rice mill of about two feet diameter (we got larger ones later), bored through the top with a vertical hole for feeding and so cut with grooves that it had to be turned counter clockwise, i.e., Chinese fashion. The mill had a wood stand about 2½ feet high and was turned by a long, heavy, iron handle which fitted into a sprocket of wood on the upper stone. The

lower stone was surrounded by a deep cut groove and spout, and so the mill was suitable for use with a liquid. The iron arm was the heaviest part of the equipment and had to be slung from overhead, otherwise the whole apparatus was liable to tip over.

The formula aimed at the production of a milk-like emulsion which would not separate on standing, would keep for 24 hours and would have a nutritive value comparable with cow's milk. One catty (21 oz.) of beans would make five pints of milk (I am almost sure).

The formula advised soaking the beans for a certain time at a certain temperature. What was the period or what the temperature I do not remember—we never did it, having no facilities for regulating temperature. With us, the period of overnight soaking was a matter of judgment, but soaked the beans had to be. Too long a soak, or a hot night might result in fermentation; too short a soak or a cool night left the beans hard and shotty and made a difficult job in the morning.

The beans were washed and hand picked (they needed it!) before soaking. They were fed into the mill with water and ground. After the first grind the beans were crushed and broken. After a second grind a fine meal was obtained. A third grind produced a "mush" which separated into a top layer of "milk" and a lower layer of the husks and harder parts. We usually stopped at this stage and took the product into the "dairy," where a team of ladies strained it. There was room for judgment in feeding the mill. It was easy to get the whole thing jammed and it took time to learn the knack of it.

The milk was sterilized by heat after straining. The thick residue was apportioned to the various Camp kitchens, where it was used for thickening stews, etc., to the Hospital and a certain amount as a perquisite to the soya bean workers. Made up with rice flour the residue made good pancakes and scones. This perquisite was stopped later when the residue was needed to grow yeast for the treatment of beriberi.

The milk was slightly salted and then was not unpalatable; it went well with conge (i.e., rice porridge), in the morning. Certain mothers were rather disgusted with it, as the cynics said, because it did not go well in tea. It went well with cocoa, though. This is a distant recollection of a certain prosperous but transitory period when Red Cross stores ex "Kamakura Maru"



provided us each with a liberal issue of cocoa and sugar.

If the luck was good the soya bean milk would keep 24 hours without curdling and would produce a very respectable layer of "cream" after standing.

The process sounds simple enough, though I have mentioned one or two difficulties. There were others. The beans had been in store for the most varied periods and samples differed very much in hardness, worminess and dust content. Anyway: Dr. Herklots (our botanist) has told me there are many varieties of soya bean.

The formula advised the use of butter muslin for straining. We had to use the linings of sugar bags, flour bags, towels or anything. The whole process was carried out in the open, hence the need for sterilization of the end product. The quantity of water had to be carefully watched. Three grinds usually sufficed, but sometimes four or even five were needed to get the emulsion; on the other hand, we occasionally got a satisfactory product from the second grind.

A great trouble was the lack of water-tight containers. Old biscuit tins, buckets, bowls, etc., were pressed into service. Another difficulty, trivial as it will seem, was the frequent replacement of the wooden sprocket and the central spindle of the mill. Hard wood was difficult to come by except by cutting up furniture, of which there was little enough and that greatly

### EUPHEMISMS EVANESCENT

"You are old, Father William," he cried in his fear,

"And your body's but fit for the tomb.  
I know that your end is remarkably near—  
Pray notice the gathering gloom."

"O, I've noticed the gloom, but the chaps in this room

Are enough to make anyone sad.  
I've a bit of a cough, and a cold in the chest—  
And the students are driving me mad."

"Your face is grimacing, and twisted with pain,  
You breathe with asthmatical gasps.  
The light in your orbits has started to wane,  
But one stinging in your larynx still rasps."

### THEATRICAL CRITICISM

People often cry out for a better British Theatre producing better plays, but the cry is inarticulate. It is very difficult for anybody, especially the impressarios, to get a clear idea of the improvements that are necessary. Unfortunately one goes to a play only once. If one dislikes the food or the service at a restaurant

prized.

It was after two or three weeks of daily experiment that we produced four pints of milk for issue. We worked the output up to 80 pints a day but never exceeded that. During the winter, 1944-45, water and fuel were both very short, and there was no electricity. Each boiler had to do several jobs in rotation. It fell to the lot of the soya bean grinders to work in the darkness, the moonlight or the dawn, as it might be, at 6.15 a.m.; and we learnt to do the job in complete silence, too! There were sleepers all around.

I think the general opinion would be that the experiment was a success and the conversion of part of our scanty and uncertain stock of soya beans into "milk" was abundantly justified. The blindness and beri-beri cases in particular were benefited and the supply of milk for the young children and special cases was conserved to a greater extent than had seemed possible at one time.

P.S.—I have mentioned Selwyn-Clarke very briefly in passing. I wish all readers to know that Selwyn-Clarke did a very fine job for the prisoners of war in Hong Kong, until he was imprisoned by the Japanese. I have no doubt that he is remembered at Bart's. May I express the hope on behalf of many others and of myself that his health is quite restored?

L. R. S.

"Yes, I said I've a cold, and I'm coughing a bit—

Your remarks may be rather profound.

In fact, I'll be perfectly frank and admit  
I may look as queer as I sound."

"The skin is stretched taut on your face like a mask,

Your limbs are all withered and yellow.

A few days you may last—in case you should ask.

You moribund, tedious old fellow."

J. McO.

one does not go again, but, in theatre-going, judgments are formed too late for one to show disapproval in any similar way which will touch the pockets of the promoters.

Through this difficulty arose the industry of professional theatrical criticism. Newspaper proprietors developed the habit of employing

intelligent people to decide for their readers which plays should be visited and which avoided. The idea failed. The freedom-loving Englishman refused to be told what was good for him. Mr. Agate and his like were derided as destructive cranks. In consequence the London public still wanders aimlessly from theatre to theatre, drawn by the nature of the title or the reputation of the actors, but seldom by the merit of the play.

There is only one means by which a better theatre can be produced. That is a raised standard of criticism among individual theatre-goers. The frugal British are unfortunately unwilling to admit to their friends that they have picked a loser. Having spent time and money arranging a visit to The Duke of York's, they are unwilling to confess that "Is Your Honeymoon Really Necessary" did not come up to expectations. Such an admission implies that they have made a mistake. So they answer their questioners (themselves potential theatre-goers) by indecisive off-hand comments. As a result this unworthy play runs into its third year. Only by enthusiastic praise of what is liked and by unequivocal condemnation of what is dis-

liked can a theatre-goer persuade others to avoid bad plays. Only in this way can it be made true in the theatrical world that good plays pay and bad plays don't.

Even if the mechanics of fair criticism could be developed in this direction they would be of little value if the criticism itself were to remain as unsound as it is at present. The path of the amateur critic is treacherous. He is liable to forget that criticism is not the purpose of play-going. It is the secondary result of the primary process of enjoyment. A producer has something to give. On whether that something is worth giving and whether he and his actors give it satisfactorily depends the approval of his audience. During the performance itself the spectator should give his undivided attention to whatever the producer offers. Only afterwards should he rationalise his pleasure or displeasure in the nature of the gift and the giving. It is through making this analytical process into the prime motive of theatre-going that all the objectionableness and affectation of theatrical highbrowism has come into being.

EVELYN TENT.

### THE BRITISH-SWISS MEDICAL CONFERENCE, BASLE 1946

by W. A. HERVEY

Holding a Medical Conference in a foreign land is an institution which should be encouraged—it gives the visitor an excuse (if one is needed) for a holiday abroad and combines business with pleasure. Not only can views of "shop" be exchanged with medical brethren of a strange land but the ways of life, medical and lay, can be studied at first hand and compared with those of the Home country, to the advantage of both.

Basle, the city in which the Conference was held, is one of those cities in Switzerland which is seldom visited by the English tourist. As it is on the frontier few people get out of the train, as they, naturally, are more anxious to get to the beauty spots and to the Alps, but it is old and well worth a visit. It is considered to be an industrial city; when the old coloured houses are seen, especially in the sunny weather which the Conference enjoyed for most of the time, and everything appeared so clean, the old saying that comparisons are odious was brought home with a vengeance—shades of Lancashire! The absence of smoke and grime was most noticeable.

On September 16th, 1946, the British-Swiss Medical Conference opened and was well attended by British visitors as well as by Swiss

The programme was a full one and for five and a half days a variety of subjects were discussed.

First came the inaugural welcoming speeches, in which many speakers paid tribute to Britain for the part she took in the recent war. This praise was voiced often by the Swiss throughout the Conference, including references and tributes to Mr. Churchill, who was being so enthusiastically received in Berne and Zurich, the same week as the Conference was being held.

After the welcoming speeches the Conference settled down to business, and the subjects discussed included Endocrinology, Physiology, Surgery, Radiology and Industrial Medicine. Most of the lecturers spoke in English (how many English lecturers would, under similar circumstances, be able to give their lectures in the language of the country they were visiting?) Professor Hugh Cairns was the only member of the English team who gave his lecture in German.

The organisation of the Conference was excellent as would be expected in Switzerland. The lectures were held in the new University, the lecture theatre itself was modern, light, air



conditioned and the acoustics good. Headphones were attached to many desks for those members who wished to hear the lectures translated. Slides were mostly well selected and clear.

On the Tuesday evening after the day's lectures a banquet was held in honour of the guests, this was well attended, and running through all the speeches again was the sincere respect the Swiss had for the British in fighting for the freedom of Europe, and pains were taken to point out that, even in the darkest days of the war, they still had faith that England would win through.

On the Wednesday afternoon following the lectures, a visit to the new Hospital was arranged. The Hospital is really a magnificent piece of modern design and lay-out costing something in the region of three million pounds (less than one fifth of a day's expenditure in England for the war.) The operating theatres are a delight, and few criticisms could be heard from even the most critical surgeon. The wards are of six beds each and so arranged that they open off a main corridor, although at each end of the corridor is a ward of two beds for the more serious cases. At the end of the corridor is a lounge for the up patients, who are thus able to enjoy their convalescence away from the wards, and on the opposite side of the corridor are the sisters' room, the kitchen, bath rooms, etc. Heating is supplied by pipes in the ceiling which are warmed in winter and cooled in summer. The Hospital roof is flat and arranged so that patients can use it as a sun lounge. Those visitors interested in surgery were conducted round the surgical side by the Director of Surgery, the Physicians going round with the Director of Medicine. The lady visitors were also taken to the up-to-date kitchens. The Out-Patient Department is also modern in every detail, with lifts to the wards. At the end of their tour the visitors were supplied with wine and refreshments and these were partaken on the semi-open Hospital roof from which a magnificent view of the city is obtained.

In the evening a "Free for All" discussion was held when visitors and hosts could talk together on their own particular subjects.

On the Thursday morning, it was arranged to take the visitors to some of the chemical factories in the city and at 9 a.m. motor coaches were ready waiting outside the University, to take the parties to the various factories. The writer visited the Sandoz factory. On arrival the guests were greeted by the Director of the firm in a modern Board Room—reminiscent of one of the big lounges in the "Queen Mary."

The chief production of this firm is Ergot, and the visitors were shown the production of

this important drug even from the artificial infection of the grain, which had to be done during the war, when Switzerland was cut off from outside supplies, to the finished product. The factory is up-to-date and includes many well equipped research laboratories. The guides all spoke good English and the guests were able to see many experiments actually in progress. The tour of the factory took two hours and at the end the thirsty and somewhat tired visitors were well regaled, in the aforementioned modern Board Room, with red or white wine, together with sandwiches, these being made of such delicacies not seen in England for many a long year. A packet containing some of the firm's products was given to each visitor on departure.

In the afternoon a trip was made to charming little Rheinfelden, a well-known Spa, in which there are well-equipped hotels for treatment; the waters there are famous throughout Switzerland. The old town, to which it was originally intended to go by steamer, is situated about ten miles up the Rhine from Basle. On arrival the visitors received a very interesting talk on Industrial Medicine by Dr. Donald Hunter, which was admirably amplified with slides. Dr. Hunter's delivery was excellent, not one word was out of place and not a single slide appeared up-side-down! After the lecture the visitors made their way through the old town, picturesque with its coloured buildings and narrow, crooked, cobbled streets, a relic of its Austrian occupation, down to the hotel by the river for tea.

Friday and Saturday were occupied with lectures.

The whole Conference was a very pleasant experience with ample opportunity for the exchange of ideas. The Swiss themselves were very anxious to know what had been going on in the big medical world while they had been surrounded and completely cut off from communication with the outside world during the war. This latter fact is more easily appreciated when it was pointed out that the citizens of Basle watched the actual fighting between the French and the Germans a few yards from their own buildings, some of which border the frontier line.

It is hoped that this Conference will result in many more being held, also that the hospitality, kindness and generosity of the Swiss will be returned by the Medical fraternity of this country before long.

The Conference left a pleasant memory in the visitor's mind, not only for the hospitality received but for the opportunity it gave for the exchange of views among those interested in the various subjects discussed.

## QUIET GENTLEMEN, PLEASE!

By EDEN TATE

I was sitting in the library in Charterhouse Square reading some anatomy. There were about a dozen of us in all, working hard, because it was the end of term. Peace and quietness reigned supreme.

The door opened, and a face protruded itself round the edge. As I looked up the face gave a perfunctory glance round at the inmates, exhibited suitable disdain, and withdrew. I returned to Cunningham, and was just getting absorbed in a fascinatingly intimate description of the paravesical fossa when the door opened again. The face re-appeared, beating its body to it by a short neck, and full disclosure revealed the appalling fact that the owner of both was Squiffy Jones. I uttered an inward groan and returned hurriedly to close intimacy with the fossa. But evidently his journey this time had been more fruitful, for he came across the room and settled his bulk in the chair next to me.

I do not know whether you have ever had much contact with the paravesical fossa, but it possesses some particularly charming characteristics. One of the more winning of these is the lateral relationship it bears to the bladder, the full beauty of which situation was just beginning to impinge itself on my grey matter when Jones leant across and articulated his mandible.

"Got the time?" he asked, in what he no doubt modestly assumed to be a whisper. It would have classified him amongst the foremost of our leading sergeants-major any day. I took out my watch irritably, and pointed silently to the fingers. He nodded and preferred his thanks in a diminutive bellow. Once more I returned to the allure of the paravesical fossa. But not for long. Jones extracted his watch—an aged family heirloom—from his pocket, and proceeded to crank it, the latter emitting a very presentable imitation of a school of female grasshoppers on heat. A fearful rending sound soon announced that the contraption was fully wound, and back it went into his pocket. Peace and quietness reigned again far a short space. Long enough for me to learn to my disillusionment that the paravesical fossa was in fact merely a depression in the peritoneum, when Jones oscillated his mandible again.

"I say, old man," he began, in that endearing thunder of his. "Have you seen Ginger?" I felt like telling him I should see red shortly,

if he didn't shut up, but thought the retort unworthy of me. One or two other people had begun to get restless by now, and the librarian, who was, as always, attempting the day's quota of crosswords, was glowering outraged. Evidently acrostics and acoustics did not get on well together.

So I shook my head to indicate the negative and subsided once more into Cunningham. The idea of work seemed to appeal to Jones too, for the next moment a large case was thumped onto the table, opened with a report like a pistol shot, and a number of tomes heaved lustily forth. After the selection of the necessary volume the whole process was repeated in reverse, ending with the case being hurled unceremoniously to the floor. Hardly had he finished that motion with the one hand, before, with the other he was frantically mutilating the pages of his book in an apparently feverish desire to find something to read. At last he stopped and turned to me again.

"Can you tell me something about the tempero-mandibular joint?" he said. "I'm supposed to be taking a viva with Ginger in ten minutes, and I haven't a clue." Neither had I, so I gave him a stony glare instead. "No I can't," I vociferated. "For one thing I'm doing abdo, not head and neck, and for another it's time for coffee." And with this, plus as much dignity as my anger would allow, I rose and set off towards the door. And I should have reached it, too, if it had not been for that darned case. The thing caught me quite unawares, and sent me sprawling. And as I fell my arm swept across a neighbouring table, taking a shower of books and inkbottles with me. My head came an awful cropper on the invitingly sharp edge of a nearby table-leg, and as I rose to my feet, the world revolved neatly round two axes at right angles. A couple of chaps, obviously with the diagnostic in them, saw my plight and rushing up led me gently forth. The library meanwhile was in an uproar, with the librarian clapping a heaving bosom and some fellows picking up books and others grovelling around in the ink. And above all the rest of the noise I heard a voice pleading earnestly for silence. It was a booming voice, and might easily have been a sergeant-major's.

It was that fellow Jones's.



## THE CHARTER WINDOW

All those interested in Bart.'s and the history of the Hospital will be glad to know that the "Charter Window," which was damaged by enemy action, has been restored by Mr. Wilfred Drake, the well-known expert in stained glass, and is now re-instated in the Great Hall.

The window dates from the first half of the seventeenth century. It is not known how it came to be commissioned or whether it was paid for by the Hospital authorities or by a private benefactor. Sir Norman Moore's *History of St. Bartholomew's Hospital*, Vol. II., 1918, gives the following extracts from the Hospital Journals:—

1664, May 2. "Ordered that the window in the Great Hall for the presentation of the effigies of King Henry and the rest there pertractured [*sic*? portrayed] shall be made good, the steward to see this carefully done."

1710, May 15. "Wire frames are to be placed to secure the painted glass in the Great Hall."

1743, May 15. "The piece of painting on glass representing Henry VIII delivering the charter of this hospital to the governors, which was formerly in the window of the Old Hall is now to be placed in the west window of this parish church." A few days later this decision was rescinded and another made in its place.

1743, May 19. "The Picture of Henry VIII on glass is to be fixed in the great court room, opposite the middle chimney. Mr. Price, a painter on glass, for ten guineas to repair the picture completely with a border of painted glass to make it a proper size."

Edward Geoffrey O'Donoghue in his *History of Bridewell Hospital*, 1923, reproduced the window (vol. I., p. 182), giving its date as around 1683. I can find no foundation for his suggestion that among the figures surrounding Henry VIII are portraits of James I, Charles I and Charles II as a young man.

It is scheduled by the Royal Commission on Historic Monuments (*Inventory, The City of London*, 1929, p. 160), as follows:—"St. Bartholomew's Hospital, 18th Century Great Hall. A stained glass window of 17th Century date representing King Henry VIII presenting a charter to Sir Richard Gresham; various figures including Edward, Prince of Wales, are also represented. At the top of the window are the Tudor Royal Arms and at the base the Arms of the Hospital. Condition good."

The window is illustrated in Sir D'Arcy Power's *Short History of St. Bartholomew's*

*Hospital*, 1923, Plate XVI, and is described (p. 32) as follows:—"The second foundation is commemorated by a window in The Great Hall, showing King Henry VIII delivering a charter to Sir Richard Gresham, Lord Mayor of London in 1547. Prince Edward, afterwards King Edward VI, is seen on the left of the King."

The history of the grant of the Hospital to the City seems to be contained in the four following documents:—

(a) Petition of the Mayor, etc., to re-establish the hospital to meet the needs of the poor and sick, 1538.

(b) Letters patent reconstituting the hospital, and incorporating a Master and four Chaplains to govern it, 1544. (Under writ of the Privy Seal.)

(c) Indenture of covenant between the King and the City with the object of giving control of the hospital to the City on certain conditions, 27th December, 1546.

(d) Letters patent confirming (c), 13th January, 1547.

If the ceremony which the window purports to commemorate ever took place it cannot be (a), because the document shewn in the window bears the seal of Henry VIII, and Edward VI (born in 1537) is portrayed as a young man. It may commemorate (c) and (d), but it is to be borne in mind that Henry VIII died on the 28th January, 1547, and had been ill for some time previously. Also, although Sir Richard Gresham was the prime mover in the matter of the King's giving the Hospital to the City, he was not Lord Mayor in 1546-7, but in 1537-8. The Mayor on the 27th December, 1546 and the 13th January, 1547 was Henry Huberthorn, who assumed office 28th October, 1546.

Sir D'Arcy Power is right in comparing the window with the Bridewell Hospital painting representing King Edward VI handing a charter to George Burne who was Mayor in 1553, for the figure of the kneeling Mayor is similar in picture and glass. The designer of the window may also have had in mind Holbein's painting of Henry bestowing a charter on the Corporation of Barbers and Surgeons, painted 1541-1543. However this may be, the window must be regarded as a monument commemorating the debt of the Hospital to its second founder rather than as an accurate record of historical facts. The artist, working nearly a century after the event, was more concerned with the spirit than the letter.



The illustration shows the window as now restored by Mr. Drake. Earlier damage by missiles from without may well have been the reason why the wired frame was ordered in 1710. In spite of this protection it certainly suffered damage on several occasions after that date as the signatures of the glass repairers scratched on the window shew.

The only substantial part remaining of the original work of the 17th Century is the central panel between the two thick bars shewing the head and shoulders of the kneeling Mayor and of the figure on the right. The heads of King Henry and those around him are 18th century restorations. The arms used by the King which appear in the panel above his head are, in Mr. Drake's opinion, 17th century work, though the surrounding part, with the lion and dragon as supporters, are probably 18th century restorations. The uppermost part of the top panel with the corner ornaments and the arms of the hospital at the base are also 18th century work, added when the window was enlarged by Mr. Price in 1734. This was done to make it a proper size for the larger window space in the new Great Hall erected during the re-building of the Hospital by James Gibb between the years 1730-1759.



It is of interest to record the glaziers' signatures now detected on different parts of the window, as they afford evidence of the dates at which repairs were carried out—some of them could only be seen clearly when the window was dismantled for the recent, and, it is to be hoped, final restoration. These signatures are as follows:—

## ON THIRD PANEL FROM TOP:

John Price 1652  
Wm. Kent 1784

## ON THE CHARTER PANE:

E. Grove April 28 1783  
R. Fenner ditto

## ON FOURTH PANEL FROM TOP:

E. Grove  
&  
R. Fenner  
Glaziers  
1785

## ON TOP PANEL:

Robert Fenner 1795  
J. Barrett 1817

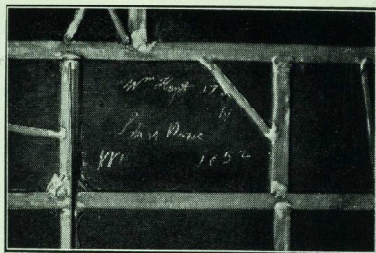
## ON FOURTH PANEL FROM TOP:

R. J. Lambert 1806  
J. Barrett 1805  
Glaziers

J. Barrett 1817  
Glaziers

Wm. Brady 1817

J. Barrett  
W. Spencer Glaziers  
Thos. Edwards 1819  
Thos. Edwards 1825



## ON THE CHARTER PANE:

J. Cooper  
J. Orridge April 28, 1881.  
F. W. Bond  
Glaziers

The earliest of these, if the date be read aright, was inscribed by John Price in 1652 (see reproduction). It was again a Mr. Price who, according to the Hospital Journal, enlarged the window and placed it in position in the Great Hall, in 1743. The glaziers' craft, like many other crafts, was commonly handed on from father to son and the surviving records of the Glaziers' Company show that the Price family were hereditary craftsmen of this kind over a long period in the 17th and 18th centuries.

A. M.

[We are greatly indebted to Sir Alec Martin of Christie's for this account of the Charter Window. He has given much of his time and expert knowledge towards the preservation of the Hospital treasures.]

## GLOMUS TUMOUR

By J. W. LATHAM

## Introduction.

An example of a *glomus tumour* on the foot has recently been identified. This is a rare type of tumour and few have previously been described, especially in this situation. The rarity of the tumour may only be apparent, and due to previous lack of recognition, as is suggested by the increase in incidence in the last few years, for it was first fully described and histologically identified by Masson only in 1924. The earliest description was made in 1812 by Dr. William Wood, of Edinburgh, who called it a "form of painful subcutaneous tubercle." *Normal Glomus.*

The normal *glomus* exists as an arterio-venous shunt, without capillaries, in the dermis of the extremities and in the coccygeal and

carotid bodies. It is a channel lined with endothelial cells, surrounded by a mantle of "epithelioid" or glomus cells, with plain muscle fibres, a plexus of non-medullated nerve fibres and connective tissues between the cells; there is no elastic tissue present. The glomus acts as a myo-neuro-arterial mechanism controlling circulation in the extremities and is thought to contribute to the control of local temperature. The only known pathological change is tumour formation.

## Case History.

The patient, a housewife, aged 46, was admitted to St. Bartholomew's Hospital on August 17th, 1946, complaining of a hard swelling on the underside of the right fourth toe. In August, 1943, she had had severe

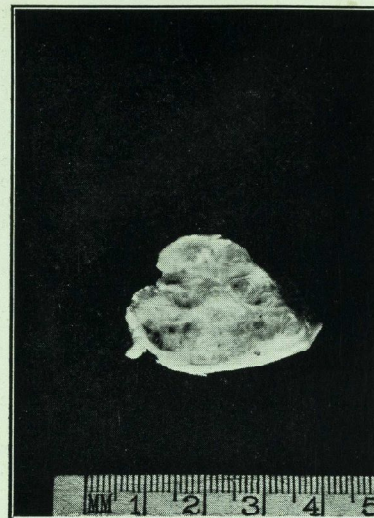


Figure 1—Macroscopic photograph of bisected tumour.

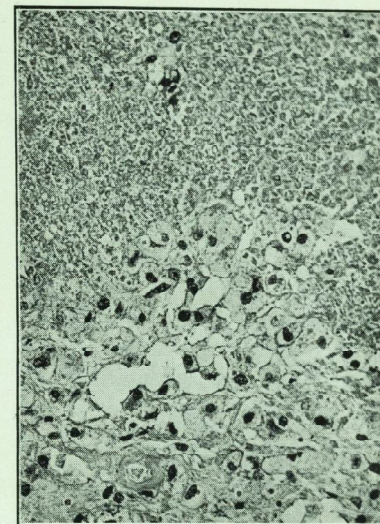


Figure 2—Section showing connective tissue component in upper half, and cellular component in lower half.  $\times 220$ .

stabbing pains between the right fourth and fifth toes, which were constantly present but insufficient to prevent her from walking; there was no history of trauma. The pain disappeared for 5-6 months to reappear at the same time as a hard lump on the underside of the right fourth toe, and this grew in the course of a further six months to about the size of a sixpence giving rise to slight pain on pressure. The lump was excised. In June, 1945, the lump reappeared in the same position and was again excised, but immediately began to grow again, giving rise to severe pain, stabbing in character, which shot up the side of the foot and leg to the knee. On examination, there was nothing relevant in the general systems. On the plantar surface of the right fourth toe over the second and third phalanges was a lump, approximately 3cms. diameter which was hard in consistency and smooth surfaced with well defined edges. It was attached to the skin. There was an area of tenderness around the lump. The fourth toe appeared swollen and the other toes normal in size; movement of the toe gave rise to severe pain, as did movement of the ankle joint. Lymph nodes in the popliteal fossa and right groin were palpable.

On August 21st, 1946, the tumour was removed under general anaesthesia. An oval

incision was made over the tumour, on the plantar surface of the foot, and the tumour dissected from the tendon sheath and removed with adherent skin. It appeared vascular and stripped easily. After operation the patient complained of pain in the right foot, but this subsequently disappeared.

Pathological Report: The specimen consisted of a small mass of tissue, approx. 2-3cms. diameter, with over-lying skin attached. Cut surface showed the tumour to be whitish-yellow in colour with small haemorrhagic areas, and was firm in consistency. Section showed the tumour to consist of closely packed tumour cells of epithelioid type, the nuclei showing some inequality in size and the number of mitoses indicating rapid growth. [This is illustrated in the accompanying photograph.]

*Glomus Tumours.*

The general structure of the typical glomus tumour is that of a tumour of the blood spaces, characterised by the presence in the walls of large cuboidal cells (Glomus cells); with variations produced by unequal growth of the constituent tissue element it may present three types of tumour:—

(1) Glomus cells predominating, a sheet of epithelial-like cells, large, cuboidal, with central nuclei, reticular chromatin, a pale rim of cyto-



plasm and well marked limiting membrane, with clefts, lined by endothelium.

(2) Connective tissue in preponderance, and vascular spaces, resembling a cavernous angioma, modified by the presence of glomus cells lying in rows, parallel to the endothelium and separated by fibrous layers.

(3) Nervous tissue proliferated, a rare type which resembles a neuro-fibroma in appearance.

All three types may be complicated by focal areas of proliferation. The typical tumour causes paroxysmal pain which may be of spontaneous occurrence and is sensitive to the minimum of trauma and change in temperature, and to position. The pain begins as vague tinglings and mild discomfort, becoming severe and radiating, and finally agonising. Pain radiation does not follow nerve distribution but tends to be diffuse and involve the whole limb, the development of symptoms usually being related to obvious trauma. The tumour is reported as being benign, with a self-limiting slow growth and not recurring after complete excision. There seems to be no particular age incidence, examples described ranging between the ages of 5 and 73 years.

#### Discussion.

Glomus tumours may presumably arise wherever there are normal glomera. These are most abundant on the extremities, especially in the nail bed and pulp. The example here described is unusual in its situation on the plantar aspect of the foot. Of Lendrum and Mackey's fourteen described cases, six were on the hand, four on the arm, three on the leg and only one on the foot, that being on the dorsal aspect.

The patient has no recollection of trauma, but this may possibly be disregarded in view of the length of time that had elapsed since the tumour first appeared in 1943, especially as in many cases reported, the reputed trauma had been of slight degree.

The tumour is reported as being benign, with a self-limiting slow growth and no recurrence on complete excision, yet in this patient the growth recurred almost immediately after two excisions, at the same site. Probably both attempts were incomplete.

Histologically this tumour is of type (1) with sheets of epithelioid cells and vascular clefts, except that the unequal and mitotic nuclei indicate rapid growth, suggestive of malignancy.

#### Summary.

An example of glomus tumour is reported.

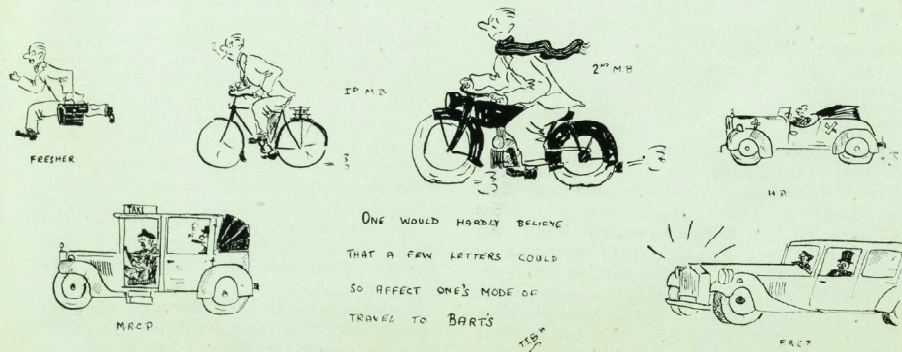
The normal glomus is described and the features of the glomus tumour presented.

The glomus tumour described resembles those of Lendrum and Mackey, and Masson, except in its possible malignant features.

I wish to express my thanks to Mr. G. L. Keynes for permission to present this case and to Dr. Cunningham for his advice. The photomicrograph and specimen photograph are by Mr. Wilmott, of the Photographic Department of the British Post Graduate Medical School.

#### REFERENCES

- Masson, P. (1924), *Lyon. Chir.*, 21, 251.  
 Bailey, O. T. (1935), *Amer. J. Path.*, 11, 915.  
 Mackey, W. A., and Lendrum, A. C. (1936), *Brit. J. Surg.*, 24, 208.  
 Lendrum, A. C., and Mackey, W. A. (1939), *B.M.J.*, 2, 676.



## ABERNETHIAN SOCIETY

### 151st SESSION 1946-1947

#### MEETINGS TO BE HELD JANUARY—MARCH, 1947.

Thursday,

January 16.—Prof. J. McMichael on "Heart Failure."

January 30.—Mr. O. S. Tubbs on "Surgery in Congenital Heart Disease."

February 13.—Mr. A. H. McIndoe on "Surgery of Deformities of the Male Urethra."

February 27.—Sir Richard Livingstone, Vice-Chancellor of Oxford University, on "An Aspect of Medical Education."

March 6.—Clinical Evening.

March 20.—Sir Lionel Whitby, Regius Professor of Physic at Cambridge University, on "Chemotherapy, yesterday and today."

Meetings are held at 5.30 p.m., either in the Medical and Surgical Lecture Theatre in Bart.'s, or in the Anatomy Lecture Theatre, Charterhouse Square.

## GROSVENOR HOUSE

The Annual Ball of the Students' Union will be held at Grosvenor House on Friday, January 24th, 1947, from 8 p.m. to 1 a.m. Applications for the

remaining tickets should be made immediately. Double tickets: 37s. 6d. Cheques payable to W. G. H. Leslie.

## CORRESPONDENCE

### THE SWIMMING CLUB

To the Editor, *St. Bartholomew's Hospital Journal*  
 Sir,—May we be permitted to appeal through the *Hospital Journal* for support for the Hospital Swimming Club? In the past the Club has received the majority of its support from a small band of enthusiastic members, whose ranks are constantly being thinned out by the passing years. Now that we have a large number of ex-Service men in our midst, we feel that they may be interested enough in our activities to come forward and help us. We also feel that there are many students in the Hospital who, though they can swim, or would like to learn to swim, are rather frightened at the prospect of water polo and competitive swimming. To these people we are prepared to offer training facilities in order that they may join in the activities of the Club.

Yours faithfully,

V. L. STEINBERG,  
 Vice-Captain, Swimming Club.  
 G. C. H. CHANDLER,  
 Hon. Sec., Swimming Club

November 13th, 1946.

### TIMOTHY BRIGHT AND HIS SHORT HAND

To the Editor, *St. Bartholomew's Hospital Journal*  
 Dear Sir,—Like many others, I have read with great interest Mr. Thornton's article on Timothy Bright. The Elizabethan physicians at St. Bart.'s were outstanding, and Timothy Bright was perhaps one of the most distinguished men ever attached to our staff. I found recorded in the parish register that his son Paul was baptised on February 9th, 1583, and was buried on March 10th of the same year. The daughter Margaret was baptised on August 18th,

1588, and was buried on November 11th of the same year.

Bright's system of shorthand was remarkable for its originality. Originality was one of the great features of the Elizabethans. That it was induced by a cascade of cosmic radiation is highly improbable. Much can be said to support the idea that it resulted from the importation of the potato from South America, for there is reason to believe that Europe was previously starved of Vitamin C. The pirated copies of Shakespeare's plays may have been obtained through members of the audience taking down the spoken words of the play in shorthand. It is not unreasonable to believe that Bright's system was employed, and this may be Bright's main claim to fame.

Yours faithfully,  
 WILFRED SHAW.

109, Harley Street, W.1.  
 November 21st, 1946.

## THE CHRISTMAS CARD

To the Editor, *St. Bartholomew's Hospital Journal*  
 Dear Sir,—May I take advantage of your columns to congratulate the person who bears the responsibility for printing the surrealist Christmas cards?

May I suggest that the JOURNAL might be enlivened by a competition to find the best description of the symbolic meaning of the design?

Yours sincerely,  
 B. H. DU HEANME.

P.S.—Perhaps the artist himself might like to compete!  
 Abernethian Room,  
 St. Bartholomew's Hospital.  
 November 28th, 1946.



## DR. STYFLE (Continued)

To the Editor, *St. Bartholomew's Hospital Journal*.  
Dear Sir,—I have shown to my friend Dr. Styfle the letter you published last month emanating apparently from the Antrum of Highmore. The good fellow at once vanished down the corridor, loudly thumping his feet. I am glad to say I succeeded in restoring his usual affability by deducing, from stylish and chronological considerations, that this obscure Boswell is a comparatively recent *enfant terrible*, enjoying the fullness of his infancy in your present columns.

"I can hardly remember the fellow," said Styfle, shaking his prematurely grey head, "although I have

## SIR WALTER LANGDON-BROWN

Lord Horder has told an amusing obesity story about Sir Walter Langdon-Brown. It is, alas, like most good stories about members of the staff, apocryphal. Some twenty years ago I plucked up my courage and asked L. B. one day, when we were having tea with some six

noticed his blossoming out as a columnist of advertised naughty design. This struck me as the literary impulse of a small boy with a piece of chalk before a broad fence. But I see in this same issue he declares he has thus managed to save the *JOURNAL* from unread and unreadable disaster. It is only necessary to add Voltaire's comment on the Portuguese Inquisition, who were convinced

that the burning of a few people alive by slow fire, and with great ceremony, is the infallible method to prevent earthquakes."

Yours sincerely,  
ALAN TOIS.

Hill End.

December 7th, 1946.

other people at the round table in the refectory, whether the story was true. He listened attentively and without indignation, and at the end said, "It is a very good story, but it just did not happen."

G. G.

## REVIEWS

*SURGERY OF THE HAND*, by R. M. Handfield-Jones. Second Edition. E. & S. Livingstone Ltd., pp. 164. Price 20s.

The first edition of "Surgery of the Hand" was so enthusiastically received, so beautifully produced and contains so much that is good, that a few criticisms of this book which is rapidly becoming a standard work in the language will not be out of place.

The first criticism is that the title should be "Minor Surgery of the Hand." Excellent descriptions are given of the treatment of sepsis, but the whole realm of plastic surgery, which constitutes the major advance in hand surgery, has not only been left untouched but has, in many instances, not even been referred to. It is true that Mr. Handfield-Jones writes the book for "the men who have to treat infections, injuries, and diseases of the hand," and these, he says, "are general practitioners, industrial medical officers and casualty house surgeons in hospital." The best results, however, will not be achieved unless it is realised that the correct rehabilitation of the all too frequent major hand injuries, infections and diseases, is a matter for skilled surgeons who have made themselves efficient at that peculiar combination of plastic and orthopaedic surgery which the hand demands. No adequate reference is made to the technique of skin grafting which may be needed to save an injured hand early in its treatment, and no reference has been made to the work of Bunnell. In general, bibliographical references would have helped the casualty house surgeon or industrial medical officer to go to the literature for further help, and further help is often needed.

Under the heading of "Pulp Infections" it is emphasised that the pulp is red and tense, but no mention has been made of the fact that in the great majority of cases when oedema is severe and incision urgently needed, the pulp may not be red and tense but, in fact, pale and tense.

The transverse incision recommended for draining collar-stud abscesses of the palm may be an improvement on the older longitudinal incisions, but they do involve a serious danger of dividing the digital nerves if the surgeon suffers from the slightest anatomical lapse. It would have been well to point

out this danger with some of the dramatic emphasis that is so liberally scattered about this book.

The value of heat in the treatment of these cases and the special types of apparatus illustrated, is perhaps laboured beyond the point of accuracy. It is well known that there are ample arguments against the use of heat in sepsis and even considerable arguments against its use to promote rapid healing.

The section on fractures follows the teaching of Watson-Jones fairly closely.

In spite of these criticisms, however, I feel that this is a book which it would be valuable for St. Bart.'s students to read, but if they become surgeons and wish to treat their hand cases fully and efficiently, they would have to go elsewhere for detailed help in all but their minor cases.

*A SHORT PRACTICE OF SURGERY*, by Hamilton Bailey, F.R.C.S., and R. G. McNeill Love, F.R.C.S., Surgeons to the Royal Northern Hospital, London. Seventh Edition. London: H. K. Lewis. Pp. 1097. 40s.

The seventh edition of this popular work will be welcomed by students. The new edition has been enlarged. One hundred and forty-one illustrations have been added, bringing to the total number up to 1,063. The authors in their preface quote the Chinese proverb, "one picture is worth a million words" in explanation of the number of illustrations. Undoubtedly the excellent photographs and diagrams enable the authors to confine the work to 1,097 pages. The book is eminently readable and covers a wide field. The historical annotations at the bottom of each page are invaluable.

It is rather surprising to find tannic acid advocated in the treatment of burns. The section on shock is not in accordance with modern ideas. Apart, however, from these criticisms, there is little fault to be found with the bulk of the subject matter. This short, concise, dogmatic work supplemented by lectures and ward classes should be adequate for the student preparing for the qualifying examination.

*TEXTBOOK OF GYNÆCOLOGY*, by J. H. Peel. Second Edition, 1946. Heinemann. Pp. 467. Price 21s.

The first edition of this book, already widely popular, was published in 1943, and its revised second edition well maintains its place in the fore-

front of authoritative gynaecological textbooks.

The book aims at the orderly presentation of up-to-date subject matter of gynaecology and succeeds in its object. It is clearly written, abundantly illustrated and can be recommended without reservation to the senior student. He will find particularly valuable the chapter on symptoms and the chapters on practical therapy which follow.

Disorders of menstrual function are presented in a most attractive form, and the appendix provides a useful guide through the maze of available hormone products.

*A POCKET OBSTETRICS*, by Arthur C. H. Bell. Churchill. Pp. 148. Price 7s. 6d.

The name of this book gives a clue to its contents. Pockets vary in size and this volume can readily be carried, but its subject matter suffers in consequence.

It will prove very useful to the student preparing himself for the vivas of ordinary qualification. The chapters on hæmorrhage in relation to pregnancy and labour are particularly noteworthy.

*PRACTICAL ANATOMY*, by W. E. Le Gros Clark. Edward Arnold. Pp. xvi.+470. Figs. 251. Price 23s.

A manual of practical anatomy may fairly be expected to contain both full directions regarding procedure and a reasonably adequate description of all structures encountered, as and when exposed, and this irrespective of their possible future import in clinical application. The present volume, however, departs violently from tradition, in its deliberate attempted elimination of all so-called (but undefined) minutiae of topographical anatomy, that time thus saved from dissection might be devoted to "radiological and surface anatomy," "the more systematic study of muscle actions and joint movements," and other matters. Exactly how radiological and surface anatomy, the actions of muscles and joints, etc., are to be appreciated without a thorough preliminary (and inevitably time-consuming) first-hand acquaintance with the gross features of the structures concerned, is not explained, nor does the present volume provide that amount of detail in their regard which has hitherto been considered, from experience, essential to proper understanding of their functional activity.

The accounts given of regions and organs are often meagre and unsatisfactory, and the references before or after the several chapters to supplementary reading are in part a confession of textual inadequacy, for, indeed, much of the information required to be sought elsewhere might legitimately have been included in this volume.

Any book designed for undergraduate instruction which deliberately aims at the introduction or imposition of arbitrary minimal standards of attainment in any department of medical science may commend itself to the uncritical student, but must occasion concern to those responsible for his education and training.

*BUCHANAN'S MANUAL OF ANATOMY*. Seventh Edition. F. Wood Jones, editor. Baillière, Tindall and Cox. Pp. viii.+1616. 847 figs. Price 45s.

The seventh edition of the familiar *Buchanan* (the only British anatomical textbook arranged upon regional lines) appears under the editorship of Professor F. Wood Jones, which sufficiently guarantees both its factual accuracy and its lucid presentation of topographical information. The entire text has been revised, and very largely re-written: general systematic embryology has been deleted and replaced by an informative chapter on the pre- and post-natal growth and development of the human body: colour has been deleted from all illustrations retained from

former editions, whilst some two hundred new illustrations from the editor's well-known pencil, and some fifty excellent radiographs, have been included. In addition to the well-known and now expanded Glossary, and to the good Index, are included biographical notes upon those anatomists whose names appear eponymously in the text.

The quality and arrangement of the subject matter require no commendation. The illustrations, however, may occasion some difference of opinion. The absence of all colour from the old figures has not, in the vast majority, lessened their utility, but some (e.g., figs. 601, 642, 691, 699, 715, 746) have become rather obscured; the outlines of muscle attachments in certain osteological figures (e.g., figs. 173, 176, 215) have become unduly emphatic; and some few figures (e.g., 435, 577, 598) might well have been deleted or re-drawn. The new illustrations reflect their author's well-known skill as a draughtsman. The utility of one or two such figures (e.g., on sutural and pterionic pattern) might be questioned, and one (fig. 352) is not particularly happy; but the remainder are refreshingly clear, forceful and naturalistic, so that one almost wishes Professor Wood Jones had undertaken the entire illustration of this volume. It is perhaps a trifle surprising, in view of the editorship, that the groove on the first rib lodges the subclavian artery, and that figs. 216 and 530 should suggest different origins for the obturator internus muscle!

In a day of general ignorance of Latin and Greek, and, indeed, of small acquaintance with the etymology of the English language, the enlarged and revised Glossary cannot but prove helpful in explaining anatomical terminology and rendering anatomical terms the help they should be to the student.

It is to be regretted that the occasion of this excellent production was not taken to include a reasoned résumé of those aspects of embryology and organogenesis of direct significance to the medical student, together with some pictorial indication of their clinical application. We hope to see such an account included in a future edition.

The new *Buchanan* is a reliable and attractive guide to the understanding and the appreciation of the gross structure of the human body, and as such it may be confidently recommended to the student engaged in acquiring knowledge of that territory which is destined to form the chief field of his clinical labours. *AIDS TO DERMATOLOGY*. Third Edition. By

R. M. B. MacKenna, M.A., M.D., F.R.C.P.  
Baillière Tindall & Cox. Pp. viii. + 309, with 6 figs. Price 6s.

In spite of its small size, this book covers the whole field of dermatology. Ample space is given to common diseases (psoriasis ten pages; herpes and urticaria each five pages), yet enough room is found for rare diseases (xanthoma four pages; prurigo three pages). Something is said even of really rare conditions such as the syndromes of Ehlers-Danlos and Senear-Usher, and exotic curiosities like Madura foot, Espundia, and Singapore ear. The book is written in a very readable style, and is certainly not what the author states it to be in the preface: a synopsis. For a synopsis is impossible to read—dry bones, a skeleton; but this text is alive and speaks. "Before making a diagnosis of senile pruritis (the author says on page 232) make sure that the patient is not really suffering from pediculosis corporis."

If the book is written in such a pleasant discursive style, yet covers the whole of dermatology, how then is it kept small?

Firstly, the print is smaller than in the ordinary so-called "handbook." It is, however, proportionate to the size of the page, and comfortably readable—



the books uncomfortable to read are those with small print on a large page, or large print on a small page. The type in this little book is rightly proportioned.

Secondly, the subject of syphilis has been allowed to drop out entirely. The divorce of dermatology and venereology has been proceeding steadily during the past twenty-five years, and its omission from a text-book seems to mark the break as final and absolute.

Thirdly, the book is not illustrated by photographs. Now this might seem to those unpractised in dermatology to be a disadvantage; but the reviewer is of the opinion that photographs, coloured or otherwise, convey extraordinarily little to the eye—little more perhaps than the full size picture of a horse registers with a horse or dog. Visual memory of photographs is very feeble. We remember patients; their names, their voices, their clinical signs; but not their photographs.

Let the student therefore not be put off buying this very comprehensive little text-book because of its smallness, or because of the absence of photo-

graphs. It contains enough and more than enough reading matter for him, and he will need no photographs if he is pursuing the main occupation of a student: seeing patients, more patients, and still more patients.

H.C.

TUBERCULOSIS AND CHEST DISEASE FOR NURSES, by G. S. Erwin. Published by J. & A. Churchill Ltd., 1946. Pp. 236. Price 10s. 6d.

The author of this book aims to provide a comprehensive account of chest disease, so that the details of the nursing care of such cases may be more easily understood. The greater part of the book is devoted to tuberculosis in its various aspects, but there is a short account of many chest conditions. The author's descriptions are clear and informative, but sometimes so detailed as to interest only the nurse specialising in tuberculosis. There is a lack of balance in the section dealing with general chest disease, in which too great emphasis is laid on rare but interesting conditions. The book should be of use to nurses in the tuberculosis and public health services.

## RUGBY CLUB

This year the Rugby Club has endeavoured to return to a pre-war footing; our fixture list has been planned on this basis and the Club is now fielding four teams each Saturday. This has been made possible by the return of pre-clinicals to Charterhouse Square. One of these teams, called "The Charters," has been formed especially to cater for young talent, with a view to its development for future years.

The season started—as it always does—with trial games. Unfortunately the late return of the pre-clinicals prevented these trials being as helpful as they might in selecting and getting teams settled down.

Our first game, which was in the nature of a trial, was with the Saracens at Southgate. This gave us an opportunity of getting a team together and also of experimenting.

The first match—still without pre-clinicals—was played against R.E.M.E. Arborfield on September 27th (the occasion of their fourth anniversary), under conditions suited to cricket. The result, a win to Arborfield by 8 points to 5, was a true reflection of the run of the play in a keenly contested game. For the Hospital Rosedale converted a try by Corbet which was the result of a fine movement between these two.

With the return of the pre-clinicals it now became expedient to reorganise the teams. Of last year's team we still had with us D. J. R. MORGAN (the captain), also P. H. DAVY, J. H. S. BUCHANAN, B. B. REISS, R. MAITLAND, R. I. L. SMALLWOOD, E. A. C. LLOYD, D. PEDERSEN, W. H. WILKINSON and S. HACKING. Amongst the newcomers we were very pleased to welcome a very valuable old hand—J. P. STEPHENS—who captained the side in 42/43, and has now returned to St. Bart's. Others were R. A. STRUTHERS, M. COOPER, A. H. JOHN, P. MOYES, D. HOWELLS, M. VERCOE, all of whom represented the hospital for the first time. C. I. MORGAN, H. EVANS, T. GLENISTER, R. ROSSDALE, to mention but a few, have also represented the Hospital during this season.

October 5th, v. Moseley. We were pleased to welcome Moseley, who proved better co-ordinated and made better use of their opportunities. Score: Moseley 13, St. Bart's 3 points.

October 12th, v. London Irish, at Sunbury (their first match here since '39) was a scrappy forward game. Score: Lost 3—0.

October 19th, v. Metropolitan Police, at Chislehurst

The police side had a heavier pack and gave their backs many opportunities to show their superiority. Nevertheless St. Bart's tried hard right up to the end. C. I. Morgan kicked a penalty. Score: Lost 13—3.

October 26th, v. Oxford Greyhounds, at Ifley Road. The ground was wet and slippery and a slight drizzle throughout the game made handling very difficult. The Greyhounds deservedly won by 11 points against a very poor display by St. Bart's. Score: Lost 11—0.

October 30th, v. R.A.M.C. Depot, at Aldershot. Here the Hospital obtained its first victory by a goal which J. H. S. Buchanan touched down for C. I. Morgan to convert. Score: Won 5—0.

November 2nd, v. R.N. Air Station, Ford, at Chislehurst. St. Bart's won this very evenly fought game against a strong Naval side by a penalty goal kicked by Wilkinson a few minutes from time. In the first half the Hospital were losing by 9 points to 3. Score: Won 14—12.

November 9th, v. R. Signals, Catterick, at Chislehurst. The visitors scored in the first minute of the game. For the next ten minutes the Hospital had the better of the play, but again the Signals scored. From then onwards St. Bart's made valiant but unsuccessful attempts to save the game. Score: Lost 18—5.

CORNISH TOUR. The annual tour started on Friday morning, when 20 players boarded the Cornish Riviera Express. At Penzance we were met by Rex Carr, the genial and hospitable secretary of Penzance-Newlyn Club, who did so much to make our tour a success. This year the team stayed at the Carlton Hotel which is in Penzance. After dining here, the whole team, armed with complimentary tickets, which the Penzance-Newlyn Club kindly presented to us, proceeded to a Rugby dance at the Winter Garden.

November 15th, v. Penzance-Newlyn. A large crowd watched this match on a fine afternoon. It was a keenly contested game resulting in a pointless first half. The superiority of St. Bart's, however, told in the second half, especially of the back line, three of whom, P. H. Davy (the renowned descendant), R. Struthers and G. Mears, scored tries, one of which R. Rosedale converted. Penzance (The Pirates) replied with a penalty goal. Score: Won 11—3.

In the evening the team listened to an eye-witness account of the game which was broadcast. We were

sorry to find that G. Mears was suffering from a delayed-action concussion. He later returned to St. Bart's.

On Sunday morning we went by bus to Lands End, and after a breath of rather cold and distinctly damp air, adjourned to the "First and Last."

November 18th, Monday, v. Redruth. On this occasion it was raining and it made the game heavy going. In the first half Redruth ("The Reds"), with a heavier pack, attacked down the hill to score a try. In the second half, P. H. Davy, picking up a loose ball, broke through to score a brilliant try—the only bright moment in a dull afternoon. Redruth attacked vigorously for the next few minutes, but to no avail. Result: Draw 3—3.

November 19th, Tuesday, v. Devonport Services. This, the last game of the Cornish tour, was played under even worse conditions than Monday's, and the game resolved itself into a forward battle in a quag mire. Soon the two packs became indistinguishable. An excellent movement towards the end of the game ended in B. Wilkinson scoring a try which he himself converted. Result: Won 8—6.

This ended a very pleasant and enjoyable tour, during which we won two matches and drew the third. There can be no doubt that the side as a whole benefited from the tour, especially the backs, who acquired a high degree of dash and co-ordination.

## ASSOCIATION FOOTBALL

SURVEY OF FIRST HALF OF SEASON  
As we enter the New Year we can look back with some satisfaction at the past year's record.

Our somewhat sorry performance at the start of the season, alleviated by a solitary win against Charterhouse School, was brought to an end after a run of eight losses by a successful week's tour at Cambridge. Four of the five matches were won, the team scoring nineteen goals, of which Dr. K. A. McCluskey scored eleven.

Returning once more to our twice-weekly fixtures,

## CROSS COUNTRY

A 4½-mile run was held over our own course at Chislehurst on Saturday, November 9th. Our opponents were Middlesex Hospital and King's College, London.

King's emerged the victors with the lower score of 17 points. St. Bart's were second with 29 points, and Middlesex third with 38 points. Scoring for St. Bart's were Burn (2nd), Matthews (6th), Glanvill (7th) and Zakon (14th). J. Dodson, who unfortunately retired early in the race owing to knee trouble, F. Steinhall and G. Clulow also ran.

A very enjoyable run against Goldsmith's College took place at North Cray on Saturday, November

## HOCKEY CLUB

It is unfortunate that this must be written after such a bad spell of weather, because the Club has not taken very kindly to muddy conditions. Moreover, our ranks have been decimated by the attractions of Queen's Square. It really should be compulsory for hockey players to take all their exams during the summer months!

The 1st XV, has benefited greatly by the return of pre-clinicals to Charterhouse. E. J. Griffiths, who was captain in 1938, is now with us once again, and his skilled play at centre-half gives great cohesion and security to the side. G. Hirst and J. W. Nellows are also valuable additions to the team. H. Whiting is less experienced, but as his tactics

November 23rd, v. Stroud, at Stroud. Again weather conditions were adverse. A depleted side took the field and held the home side to three points at half-time under conditions which made handling almost impossible. A drop goal in the second half added four more points to the home side score. Result: Lost 7—0.

November 30th, v. Old Rutshians. It was good to be back at Chislehurst, where we are fortunate in having a quick-drying ground. A rather uneventful game resulted in a win, for which P. H. Davy, R. Struthers, A. H. John, B. Wilkinson scored tries, none of which were converted. Score: Won 12—3.

Summarising, we find that the Hospital has won 5 matches, drawn 1 match, lost 7 matches; points for 67; points against 100.

Of the other Hospital teams, the Extra "A" (or gentlemen's team) has been the most successful and has lost only one match.

As to the future, we are glad to welcome C. S. M. Stephen—scrum half—who has agreed to play for us. We are still looking for someone who can kick, but apart from this there seems to be every reason to expect the side, which has now settled down, to do well in the New Year.

We are sorry to lose Professor Hadfield, our President, who forsakes us for the Sunny South until April, and wish him "bon voyage."

the lessons learned on the tour proved invaluable, and, despite the loss of our most prolific goal-scorer, the eleven individuals who started the season became a team, and we improved greatly. On more than one occasion we were able to rectify our prestige against early surprise upsets, and we look forward to the New Year, and the excitement of the Hospital Cup, with confidence.

Our record up-to-date: Played 17, won 8, lost 9; goals—for 50, against 49.

P. M. G.

23rd, over 4½ miles. The course was very wet and muddy, but nevertheless Menon was first home in the good time of 27 minutes 4 seconds. M. Matthews followed closely on his heels—was that bluish due to extra hard running or to the fact that half his shorts remained upon an obstinate piece of barbed-wire some half-mile back?

With Burn (3rd), Glanvill (4th) (not so fast, chaps, they're miles behind!), Dodson (6th) and Steinhall (9th), St. Bart's were easy winners, scores being: St. Bart's, 25 points; Goldsmith's, 53 points.

R. Zakon and G. E. Clulow also ran for St. Bart's. J. I. B.

improve he should develop into a most useful player. D. Aubin and J. J. Hill are regular supporters of the 2nd XV. We would like to find more players amongst the pre-clinicals. There must surely be much wasted talent in the Square, but it is hard to discover these potential players unless they come forward and ask for a game.

Amongst the Clinicals there is a number of last year's Cup-winning team still with us, though it was a great loss when Sandy Fyfe finally left us in November. It must be a long time since we had a County player on the side, but the arrival of J. B. Dossetor from Oxford has provided us with one. We hope that he will be able to do as much for the side



as his brother, Andrew, has done. Our captain, J. E. R. Dixon, also had a trial for Middlesex, of which we may be justly proud.

R. Hayter and J. Milligan are two new players who should do well with experience to match their keenness.

It is particularly heartening to find that the 2nd XV. has developed into a real team this year. Their unbeaten record with a resounding 12-0 victory over the London Hospital II. speaks for itself. The efforts of Paddy Osborne and Ronny King last year did much to revive the 2nd XV. and their work is being continued by T. Pranker, G. Jones and B. Juby with great spirit.

The 1st XV., on the other hand, had no sooner begun to settle down this season than it lost its rhythm, and has now become a disjointed set of individuals. That the weather is not to blame for this is proved by the 5-0 victory at Sevenoaks earlier in the season. There the ground was in very poor con-

dition but had little effect on the team, which was playing together very well.

It is to be hoped that, by the time this is published, the 1st XV. will be at full strength once again and that it will have shaken down into a much harder-playing and more coherent team. At the moment it would appear to be resting on some quite nebulous laurels. These have still to be earned.

#### RESULTS

1st XV.: Bournemouth 6-a-side, knocked out; Lensbury, lost 1-3; Rochester and Gillingham, drawn 2-2; Sevenoaks, won 5-0; R.N.C., Greenwich, drawn 2-2; Bandits, won 3-0; Gravesend, won 2-1; Reading University, lost 0-1; Broxbourne, lost 3-7; Polytechnic, won 4-2.

2nd XV.: Lensbury II., drawn 4-4; N.P.L. II., drawn 5-5; London Hospital II., won 12-0; Woolwich Polytechnic, drawn 4-4.

J. W. P.

### TABLE TENNIS CLUB

#### MATCH RESULTS

v. Battersea Polytechnic I., November 7th, at home. Won 5 sets to 4. J. Leach, won 1, lost 2; J. Chesover, won 2, lost 1; P. N. Gai, won 2, lost 1.

v. King's College II., November 15th, at home. Won 6 sets to 3. M. Husainee, won 2, lost 1; D. Friedman, won 2, lost 1; N. Tekkam, won 2, lost 1.

v. C.E.M.I., November 12th, at home. Won 9 sets to 0. W. B. Davies, won 3; J. Chesover, won 3; J. Leach, won 3.

v. Northampton Engineering I., November 19th, at home. Won 8 sets to 1. W. B. Davies, won 2, lost 1; J. Chesover, won 3; J. Leach, won 3.

v. Northampton Engineering II., November 19th, away. Won 7 sets to 2. M. Husainee, won 3; D. Friedman, won 3; N. Tekkam won 1, lost 2.

P. N. G.

### CRICKET CLUB BALL

The Annual Ball of the Cricket Club will be held on Saturday, May 3rd, 1947, at Grosvenor House. Music by the Blue Rockets Dance Orchestra. Tickets, 2½ guineas, double, available from the Hon. Secretary, Cricket Club, St. Bartholomew's Hospital. All ex-St. Bart.'s men are invited.

### CHANGES OF ADDRESS

BLACKBURN, GUY, to Keats House, Guy's Hospital, S.E.1. Telephone: Hop 0151.

CLAXTON, E. E., to 126, Nether Street, West Finchley, N.3.

FRANKLIN, A. W., to Lister House, 11, Wimpole Street, W.1. Telephone: Langham 4781

### APPOINTMENT

HERVEY, W. A., F.R.C.S. (Ed.), Hon. Ear, Nose and Throat Surgeon to the Bolingbroke Hospital, S.W.11.

### EXAMINATION RESULTS

#### ROYAL COLLEGE OF SURGEONS

At a Primary Examination held in October, 1946, the following were successful:—

Birch, J.  
Elmhirst, E. M.

Jones, H. M.  
Loewenthal, J.

McKane, T. O.  
Rotter, K. G.

Walley, G. J.

### BOAT CLUB

Rowing from the London University Boat House at Chiswick, the club began the October-December session with one of the largest number of members that it has ever had. However, owing to the scarcity of equipment, numbers soon fell. Despite this, a first VIII, an intermittent second VIII and a beginners' VIII were organised, as well as training outings in tubs and in the indoor tank.

At the beginning of December, the beginners' VIII took part in the Winter Regatta VIII's race at Chiswick. It put up a very creditable show, as it beat both its opponents in the first heat, but it was defeated in the semi-final. Later this same crew was challenged by L.S.E. second VIII, which it beat by three lengths.

On December 13th the Boat Club Ball was held at the Royal Hotel, Woburn Place.

D.B.

### ST. BARTHOLOMEW'S HOSPITAL CAMBRIDGE GRADUATES CLUB

The Annual Dinner of the Club will be held at the Mayfair Hotel on Wednesday, February 19th. This will be the first dinner of the Club since 1938.

All St. Bart.'s men who are graduates of Cambridge University are members of the Club.

The usual invitation cards will be sent out to members in the middle of January. Members will be able to bring guests to the Dinner.

### ANNOUNCEMENT OF BIRTH

COOPER.—On November 18th, 1946, at Newcastle, to Frieda (née Bell), wife of Captain J. R. Cooper, R.A.M.C.—a daughter, Jennifer Ann.

JORY.—On July 16th, 1946, at Hayes Crescent Nursing Home, N.W.11, to Daphne, wife of Norman Jory, F.R.C.S., of 23, Sheldon Avenue, Highgate, a son, Norman Clive David Savory.

MASON.—On December 15th, 1946, at Hull, to Mollie, wife of J. I. C. Mason, F.R.C.S.—a son.

### EXAMINATION RESULTS

#### UNIVERSITY OF OXFORD

#### 2nd B.M. EXAMINATIONS LONG VACATION, 1946

Pharmacology and Principles of Therapeutics

Evans, H. A.

#### UNIVERSITY OF LONDON

#### PASS THIRD (M.B.B.S.) EXAMINATION FOR MEDICAL DEGREES

Anthony, R. H.  
Banks, P. J.  
Bartlett, D.  
Bimstingl, M. A.  
Boyle, A. C.  
Davis, P. R.

Fox, R. H.  
Franklin, C. J. G. deL.  
Fraser, F. E.  
Glatson, H. H.  
Jamieson, J. G.  
Jones, T. G.

Jordan, P.  
McCluskey, K. A.  
Macpherson, R.  
Manning, J. D.  
Newcombe, C. P.  
Pearce, C.

Pugh, J. I.  
Rémy, M. F.  
Thacker, C. K. M.  
Williamson, T. B.  
Williams, J. R. B.

#### PART I

Aldridge, J. S.  
Bennett, J. W.  
Colley, R. O. N. G.  
Davy, P. H.  
Dossetor, A. E.  
Edwards, D.

Evans, J. W. G.  
Glasman, P.  
Griffiths, E. R.  
Hicks, G. E.  
Jones-Morgan, C.  
Lonsdale, D.

#### PART II

Allardice, A. R.  
Bryan, W. E.  
Craike, W. H.  
Jones, E.  
Morgenstein, A.

Newcombe, J.  
Thomas, D. C.  
Thomson, W. McL.  
Whitmore, G. L.

#### SUPPLEMENTARY PASS LIST

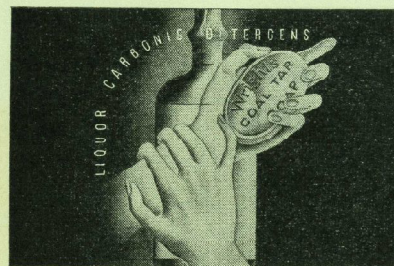
Marrett, J. E.  
Newcombe, J.  
Nicholson, R. D.  
Peters, W.  
Pilling, A.  
Sheppard, J. G. H.

Skoblo, M.  
Thomas, D. C.  
Thomas, D. P. P.  
Thomson, W. McL.  
Watson, J. R.  
Whitehead, B. L.

#### PART III

Campbell, F. G.  
Cheshire, D. J. E.  
Galbraith, H. J. B.  
Glenister, T. W. A.  
Gourlay, N. G. O.  
Hadfield, G. J.  
Juby, H. B.

King, R. C.  
Marrett, J. E.  
Morgenstein, A.  
Pranker, T. A. J.  
Weston, P. A. M.  
Whittle, R. J. M.



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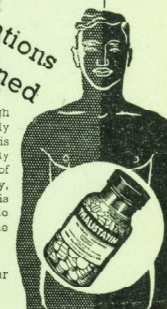
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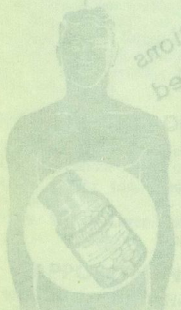
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