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No. 1

SCIENCE OR ART?

During the last twenty-five years the question whether medicine is an art or a science has often been the subject of addresses by eminent medical men. Thus last year Sir Lionel Whitby, Regius Professor of Physic at Cambridge, chose *The Science and Art of Medicine*¹ as the subject of his inaugural lecture. In his preamble he pointed out that his appointment as Regius Professor was "the first occasion on which a man has been appointed whose practice, tastes, training and original work have been in the scientific, rather than the clinical, field," inferring by this the increasing importance of the scientific aspects of medicine. And in an early paragraph he said that medicine is both a science and an art.

However, it is not as simple as that. In fact there is more that could be written on this subject than would fill several numbers of this JOURNAL.

At least twice during his latter years Wilfred Trotter spoke on *Art and Science in Medicine*,² the first occasion being an address delivered at the opening of the 1932-3 session at University College Hospital and the second being part of his Lloyd Roberts lecture on *General Ideas in Medicine*.³ Much of what follows has been gleaned from these two addresses, both of which show the lucidity of exposition of which Trotter was such a master.

A great part of pre-clinical training is a training in the method of experimental science, a method which plays such an effective part in the advancement of knowledge. In experimental science it is essential that the conditions of the experiment should be as completely specified as possible. Thus the student begins his clinical career with a certain (and often supposed) knowledge of the normal and of the

principles of experimental science. On entering the wards he will be surprised at being expected to accept judgments based on "un-specified experience, on intuition, on delicately balanced probabilities all imperfectly defined,"² but he is, in fact, seeing some part of the practical art of medicine. The word "art" is used here in the sense in which the farmer, the builder or the sailor may be said to practice an art.

A practical art has no complete foundation of set principles and is made up of incompletely definable items of knowledge. The items of knowledge are not applied like scientific rules to a particular case but are rather interpreted in the treatment of the case according to the personality and judgment of the artist. An apprenticeship is thus necessary for education in a practical art since it brings the pupil the constant example of his teacher doing the actual things that he himself will ultimately have to do. As long as medicine is in part practical art this apprenticeship must continue.

This might be put another way. The medical student has not only to be taught; he has also to be trained that is, he has to cultivate a talent. This talent is the aptitude to infer from experience stored and not actively recalled, which is, in fact, the use of intuition. It is also the application of the whole mind to the patient without the interposition of anything of himself. And finally it is the application of psychology to give the patient an ease of mind and to make him co-operate—in this sense the use of psychology can never be an exact science because the normal variations in individuals have such a wide range that every patient requires a different approach according to his psychology. The doctor will best succeed in comforting the patient only if he uses some-

thing that is part of himself and which comes naturally. He must convey affective suggestion automatically—using the word in its psychological sense.

However, the general process of culture is towards the conversion of practical arts into applied sciences: where the conditions are less easily definable the process is necessarily slow. In medicine the process still has a long way to go and the mainstay remains a practical art. Methods of precision must be strictly subject to the art of medicine if they are not to be a pitfall. "The affectation of scientific exactitude in circumstances where it has no meaning is perhaps the fallacy of method to which medicine is now exposed."³ Though the doctor has to eliminate human faculty wherever possible, he also has to apply it on many occasions. It is rarely that he can make a decision which is justifiable on strictly scientific grounds.

To sum up: if "half the art of medicine is to adopt a reasonable and practical attitude to the unknown"⁴—that is to have a soundly cultivated judgment—the other half is to weld science into the art of bedside medicine and to submit every minor problem of clinical work, where the conditions allow it, to methods by which an exact decision is possible.

1. Cambridge University Press, 1946.
2. U.C.H. Magazine, September-October, 1932.
3. B.M.J., 3th October, 1935, vol. ii, p. 609.
4. A. E. Clark-Kennedy, *The art of medicine in relation to the progress of thought*. C.U.P., 1945.

In the Editorial of the December number of the JOURNAL a list of the outstanding hospital events of 1946 was presented. Unfortunately one event was not thus chronicled. We regret such an omission was made. The first post-war Inter-Hospitals Cross Country Championship for the Kent-Hughes Cup was held last

Contributions for the next JOURNAL should be received by February 6th.

R.A.M.C. OFFICER TO HIS CIVILIAN COLLEAGUES

No longer needs to hang his head in shame
This wretched slave, whom Government
employs;

Since all of you will soon be much the same—
State-paid and State-directed Bevan boys!

R. B. P.

March. This cup was won by Bart.'s and the team, which hopes to repeat its success this year, is to be congratulated.

As is usual in the February number, an account of the Christmas Shows, both at Bart.'s and at Hill End, appears in this issue. Alan Tois has written an account of the shows at Hill End. As we were not there over Christmas we will make no further comment. G. Haverfordwest has written a critical account of the shows at Bart.'s. He complains of the bad production of the shows and deplors the inexperience of the "actors." Further, he sees in these present-day shows a certain lack of rehearsal and of energy spent. We feel that he does not mean to belittle the effort of the actors to the extent that he does, but that his criticism is written in the hope of seeing better shows next Christmas.

We agree that the Residents' Show was undoubtedly the best of the shows this year, partly because of its greater sophistication and partly because of the greater effort put into its production. The love scene in a silent film and the "Radio quiz" were particularly ingenious. We take pride in the fact that it was an ex-editor of the JOURNAL who wrote the show. In early January a Pot Pourri was held of what were considered to be the best items from the Christmas-day Shows. In this almost all the Residents' Show appeared, and the items composing this show compared well with the best taken from the other shows. Perhaps this is explainable by the greater age and therefore (shall we say?) experience of the Residents.

We enjoyed seeing an impersonation of one of the members of the staff in "What Scowen on?", the "spring" coat of Widow Twankey in the pantomime by the "Infarcts," and two of the biggest babies ever born at Bart.'s in the show by the Seven Loose Bodies.

DOCTORS YARNS

MAINLY MIDWIFERY.

By MAURICE G. PEARSON

Every medical man who has reached the age of retirement spends interesting hours, like "Dr. Bradley," dreaming over past events in his career, some of them a source of legitimate pride; in many the amusing features predominate—and alas, a few probably still make him hot with shame and regret for tragedies that he might have prevented had he been wiser or better informed.

From these last he has learned his lessons and it is just possible that a younger generation may profit by his mistakes and experiences.

And my own recollections do go a dreadfully long way back; this will be realised when I admit that I was House Surgeon at St. Bart.'s under the late Sir D'Arcy Power's father—Henry Power, President of the Ophthalmological Society of Great Britain, and also under John Langton, Surgeon, at which time the future Professor Gask was a "Dresser" in our team. And they go even further back than that—to the days when having just finished my preliminary subjects, anatomy, physiology and so on—I, like all other Bart.'s students, went over to "Mackenzie's" to learn midwifery. Mackenzie's was a shop where butchers' clothing—blue aprons, etc.—were sold to the Smithfield meat-porters; it was next door to the entrance to the old church of St. Bartholomew's the Great, and the three upper ramshackle stories above it were rented by Bart.'s Hospital as a residence for its District Midwifery team of eight or ten students who were sent out thence individually to confine the mothers of the slums adjoining—Clerkenwell Road, Ironmonger Row, Sweet Apple Court and the rest. In Sweet Apple Court lived a patient called Rose Bloom. Alas, she did not conform to her picturesque name and address, and that is putting it mildly.

Every student had to fit in a month at "Mackenzie's," whenever he could manage it, among his other hospital courses. And, believe it or believe it not, we had no instruction whatever in midwifery, either by lectures or otherwise, before starting our duties there. Superintending us, there was an "Extern Midwifery Assistant," himself a recently qualified man, who was supposed to instruct us—to go out with us to our first few cases, and subsequently only if sent for in an abnormal case. As for myself, he did not even take me to my first case because I had taken the precaution to

go a month earlier with a fellow student to see how he managed his, on the strength of which I was supposed to "know how"—and how horrified I was at the whole performance! In practice we were left pretty well to shift for ourselves, but we were not allowed to apply forceps. It was touching and flattering to be addressed by the mother (and for the first time in our lives) as "Doctor"; little did they know how absolutely untrained we were or that we would not be even legally qualified for several years to come!

As for the instruction we had from the "Extern"—it consisted only of a few demonstrations with a pelvis and a rubber dummy which also had other uses: for instance, in our lively moments it was tied on to the end of a long cord and forcibly propelled from an upstairs window on to the helmet of a passing policeman—and as rapidly withdrawn. Sieges on the stairs and water fights with buckets and Higginson's syringes followed.

As for lectures or other instruction in midwifery, I cannot recollect that we had any, either before or after our month's spell at "Mackenzie's," nor was any midwifery done inside the hospital. Gynaecology, yes—lectures, wards and operations—the latter done by a physician if P.V., otherwise by a general surgeon; but midwifery was mainly left to ourselves; that we learnt from books. It is horrifying to think now of how untrained we were in this respect when let loose on a confiding world! No doubt things are better now, but not so many years ago I met a Bart.'s man who had held many hospital appointments there, had his Fellowship, and was starting in general practice without having ever applied forceps, or even seen them applied on a patient! That should not be possible, and probably is not now.

Soon after qualifying I came out to South Africa, without knowing a soul there, with little cash and no plans—a step I have never regretted—and was immediately rushed willy-nilly into taking a temporary relieving appointment as Railway Medical Officer on the Cape Government Railways, and that on the loneliest and dreariest part of the Karoo and a hundred miles or more from the nearest town, and nearly as far from any medical or nursing assistance. The real holder of the post was down with pneumonia, delirious, and the whole

village was seething with influenza and pleurisy. It was part of my duty to travel over, say, 170 miles of railway once a week in a little six-wheeled coach attached to the rear of a goods train. On these occasions the engine carried a Red Cross disc and any railway servant, foreman, ganger, plate-layer—European or Native—living along the line had the right to "flag" the train, that is, to stop it by holding up a red flag in case of sickness of himself or any of his family, when I would dispense what help I could on the spot or send medicine on my return. Often I have held up such a goods train for an hour or more while I delivered a baby. Even passenger trains were so held up sometimes if I was known to be on board.

The one train that was sacro-sanct was the fast weekly Boat Train from Johannesburg to Cape Town: nothing might delay that. And yet it happened, and gave me one of the most abiding recollections of my life. The "foreman" at a tiny one-man siding—a mere crossing place for trains, where even ordinary slow passenger trains never stopped, had found out by telegraphing along the line that I was on the fast Boat Train that night, and had the temerity, by waving a red lantern, to bring the train to a stand-still, with much screeching of brakes, opposite his cottage—the driver doubtless thinking that there was a broken bridge or something of the sort ahead. He found me, told me his wife was dying, and of course there was nothing for me to do but get off the train which thereupon, after much swearing by the crew, pulled out "leaving the world to darkness and me." And then my troubles began. The foreman was very nearly right in his statement. His young wife was seven-months gone in her first pregnancy, was flooding terrifically. It didn't take many minutes to diagnose a "placenta prævia." He and his wife were absolutely alone there: not even a native woman to help. There was no possibility of getting further medical or nursing help. The only instrument I had with me was a stethoscope, but luckily I did happen to have a bottle of chloroform; and the husband was a one-armed man with a hook where his right hand ought to have been!

With the background of training in midwifery which I have sketched above, and which was no more and no less than every student got—with that in mind and this being only my third midwifery case since leaving "Mackenzie's," try to imagine my feelings. The situation was one that I suppose is to be expected occasionally in new and thinly-occupied

countries, but one which I feel that much more experienced practitioners than I might justifiably feel scared at—and frankly, I was scared. The chloroform saved the situation. For nearly three hours the one-armed husband kept his wife under its influence: one might say "off and on," for the anaesthesia fluctuated between moments when the patient was struggling and others when I was doing artificial respiration.

Among the woman's belongings I found a pair of very long narrow-bladed cutting-out scissors; the points of these I sheathed in bits of my stethoscope tubing, and then boiled the lot. Using these as dilators, I was able eventually to get two fingers through the os to turn, and deliver a live child, which continued to live. By dawn it was all over; I don't know whether the woman, the husband, or I was the most exhausted. And then the comic element came in. As grey daylight filtered in through the blinds, and mingled with the light of the oil-lamp within, I stood at the foot of her bed—hat, gloves and overcoat ready, for it is bitterly cold on the Karoo in the early morning. I was waiting for an approaching goods train, and for my patient to wake up from her anaesthetic, which at last she did. She opened her eyes, looked at me dazedly, tried to say something, then looked at the baby at her side; looked at me again and obviously felt there was something she ought to say, and eventually in a very drunken way got it out:—"Goodbye, Doctor, and thank you zho much for a very pleazhant evening!"

Now that is the sort of incident that one can look back upon with a certain amount of pleasure at the happy ending. But here is one of a different kind, to think of which makes me burn all over, to this day, forty years later; and curiously enough it also happened when I was pulled off an express train to see a patient—this time a young girl lying struggling and screaming on the floor of a waiting-room, and with a crowd of shouting, gesticulating, and praying relatives and passengers around her. It was a pandemonium, and with no time or opportunity to make any adequate examination. Moreover they were all talking a language that was foreign to me, and they did not understand a word I said. You will have already guessed correctly that I am saying this in mitigation of my error. Frankly my own opinion was that she was just hysterical, but luckily I kept that to myself. I gave the girl a hypodermic of morphia and told the relatives, through an interpreter, to take the girl home, put her to bed and let me know next day how she was when

I would come out and see her if necessary. Next day she was dead—perforated gastric ulcer.

There are two morals to this story: firstly, the old one that mistakes in diagnosis are far more often due to want of examination than to want of knowledge, and secondly, that "hysteria" is a very dangerous diagnosis from the practitioner's point of view: even if correct there is more often than not a real physical basis as well. If incorrect you may be doing a great injustice, as well as a real injury. Therefore, never diagnose "hysteria" unless you are quite sure; and if you do, don't tell the patient or her relatives what you think until you are more certain still, and then with circumspection.

I wonder if there is any senior practitioner who has not at some time or other, especially in his early days, made mistakes of which he hates to think? I once made another, due to the same old cause—insufficient examination—which ended quite happily and even had its amusing side, but in which I was undoubtedly caught napping. A young carpenter and his wife were both taken violently ill about 10 o'clock at night with identical symptoms—violent stomach-ache and vomiting, and both admitted having eaten tinned crayfish, of which they were just a little suspicious, at their tea-time. I think I gave them both a dose of castor oil and chlorodyne, or something of the sort. At 2 a.m. I was called back again: the husband was quite well—my diagnosis was correct—but the wife was as white as a sheet and almost pulseless. I diagnosed then a ruptured tubal pregnancy, which possibly a complete investigation at the earlier visit might have revealed; but I was misled by the history and the similarity of symptoms in husband and wife and I jumped to conclusions. An almost excusable mistake, I think. Immediate operation saved the situation.

Incidentally, the subsequent history of that young woman was interesting. At my operation I had tied a loop to the left Fallopian tube, including the ruptured spot. Later she went to live near Glasgow, where she had another attack like the first, and again her doctor told her it was just a stomach-ache. "Oh no," she said, "it isn't that, it's a ruptured tubal pregnancy!" I can picture the surprised look on that doctor's face! But she was right: he fetched a gynaecologist, who removed her to hospital and operated, this time, on her right tube. This is an usual and quite possible history, of course. But here comes the surprise: she subsequently had a normal pregnancy with a normal delivery. How did she do it? I don't know—but I'm sure of the facts.

I have said that my early recollections went back to the days of "Mackenzie's," but the first surgical operation I ever witnessed occurred a lot earlier, and was a thriller.

As school-boys of 15 and 13 my elder brother and I were sent by our father for a pleasure voyage down the Mediterranean and Black Sea. The ship chosen was a thirty-year-old tramp, called the "South Tyne," belonging to friends of my father; and as she was not, of course, licensed to carry passengers, my brother was entered on the ship's books as purser, and I as assistant steward at a salary of 5/- a month, which we never got. The ship's engines were old and dilapidated and frequently broke down and then we would lie-to for a couple of days while the engineers tinkered at the machinery. This happened for a second time midway between Gibraltar and Malta and while we were lying there idly on a placid sea a stoker got involved in a land slide of coal in the bunkers. His leg was hopelessly crushed up to the knee. There was, of course, no wireless then: no ships were in sight, no extraneous help available. So the captain, the mate, and the ship's carpenter took charge. A makeshift operating table was rigged up on deck. The captain, a big fat Tynesider, took his place at the head of the table with a large bottle of chloroform which he poured liberally on to a towel jammed on the patient's face—on one side of him the Board of Trade "Book of Directions for Master Mariners," on the other an old copy of "Gray's Anatomy," open at the appropriate place, the femoral artery and vein coloured brilliant red and blue respectively—and in the intervals between studying his books and struggling with the patient, he gave his "sailing directions" to the mate, who did the operation—and I must say the latter did wash his hands perfunctorily before starting. At the other end of the table stood "Chips," the carpenter, with some pieces of silk and string in a basin of water.

The mate was armed with the meagre set of instruments which every merchant ship was, even at that time, compelled to carry. If he was anxious, he didn't show it. My brother and I were mere on-lookers. The first stage of the operation took at least 10 minutes, during which the mate slowly nibbled his way through the skin right round the thigh, using only the extreme point of the knife. When after a further long lapse of time he had got well into the muscles, we were startled by a shouted order of the captain as he looked up from his "Gray's": "Stand by with the tashin's; Chips, I see blood on the chart hereabouts!" And

sure enough the mate just then severed the femoral artery—there was a squirt of blood across the deck, and the mate very neatly picked up the bleeding end of the artery with forceps and with the help of "Chips" applied the "lashin's."

IN OUR LIBRARY—VIII. THE WRITINGS OF THOMAS YOUNG (1773-1829)

By JOHN L. THORNTON, Librarian

Thomas Young has been described as the "most highly educated physician of his time," yet he is chiefly remembered, not as a medical man, but as a physicist and Egyptologist. He was born at Milverton on June 13th, 1773, and was very precocious, being able to read at two years of age. He later studied Latin, Greek, Hebrew, Chaldee, Syriac, Persian, French, Italian, Spanish and German. In 1792 Young came to London to study medicine, attending the lectures of Matthew Baillie and John Hunter, and the following year entered for one year as a student at Bart.'s. He continued his studies at Edinburgh, and in 1795 went to Göttingen, where he became doctor of physic the following year. Young spent a period at Emmanuel College, Cambridge, before setting up in practice in London, but he appears to have been chiefly concerned with physical optics, presenting several papers on the subject to the Royal Society, and he has been called the founder of that subject.

Thomas Young became professor of natural philosophy at the Royal Institution in 1801, but resigned in 1803, receiving the Cambridge M.B. in that year, and the M.D. five years later. He had been elected a Fellow of the Royal Society in 1794. In 1809 Young was elected a Fellow of the College of Physicians,

MUSTARD GAS

By PROFESSOR A. WORMALL

There are probably many mustard gas-scarred readers of the JOURNAL who are still wondering about the results of the investigations for which they were very willing volunteers in September—December, 1939. Here is my attempt, somewhat belated, I am afraid, to fulfil the promise I then made, that I would try to tell these volunteers, as soon as permission to do so could be given to me, something about the objects and results of these secret investigations.

In 1939 no information could be given, and it was also necessary in some cases to devise suitable controls to prevent "intelligent deduc-

A few days later, the engines once more functioning, the patient was put ashore at Malta—and recovered. We saw him on our return journey. Good work for amateurs! But how often predicaments such as that must have arisen before the days of wireless!

and in 1811 became physician to St. George's Hospital. He resigned from practice as a physician in 1814, and died on May 10th, 1829.

Young wrote extensively on mathematics, physics and Egyptology, his research on hieroglyphics resulting in the interpretation of the Rosetta Stone. His *Miscellaneous works*, in three handsome volumes, published in 1855, were recently secured for the Library, and contain most of his writings formerly scattered throughout periodical literature. But probably his most important contribution to medical literature was his medical bibliography, entitled *An introduction to medical literature, including a system of practical nosology* [etc.], London, 1813, of which a second considerably enlarged edition appeared in 1823. It consists of a selection of books considered necessary to complete a medical library, those of primary value to students, and those of established importance, being so marked. A systematic arrangement is adopted, to which a subject index is provided, entries being very brief. Both editions of this book are available in the Library, and further information on Thomas Young can be traced from the *Dictionary of National Biography*. One cannot resist speculating on the possible advantages to medicine had Young confined his attention to that subject, or at least had made it his primary object of study.

tions" being made by the subjects of the tests; for this latter I now offer my humble apologies. This explanation might help to solve the mystery as to why treatment with a brown, rather evil-smelling liquid gave marked inhibition of mustard gas blistering in some subjects, whereas other subjects treated with a similar solution suffered marked blistering.

The subjects will undoubtedly remember that they acquired burns, blisters, or lesions as a result of the application of diluted mustard gas, drops of an alcoholic solution containing 0.5%—10% of mustard gas being applied to two



Mustard gas blisters on Subject No. 1. Blisters produced on September 13th, 1939. Y was irradiated with a special mercury vapour lamp. X was the untreated control. Photograph taken on October 3rd, 1939.

or three spots on each forearm. The lesions on one forearm were left untreated as controls and those on the other arm were treated in various ways to test the value of certain secret remedies which had been submitted to the M.R.C. The above-mentioned brown, evil-smelling liquid was made up from a prescription sent by Sir Frederick Banting, one of the co-discoverers of insulin, to the M.R.C. The code name "Toronto application" was given to this mixture, and, at the request of the M.R.C., a rapid limited trial on twenty-seven of our preclinical Bart.'s medical students was made by me in collaboration with Dr. A. N. Drury, F.R.S. (then Lecturer in Pathology at the University of Cambridge, and now Director of the Lister Institute of Preventive Medicine).

Our tests showed that "Toronto" had a definite value in the treatment of mustard gas lesions, if applied up to 20 min. after exposure, with considerably better results if the preparation was applied within 5 or 10 min. If there was a delay of 20 minutes or more before the application of "Toronto," the results were not so satisfactory, and no significant beneficial results were observed when the preparation was applied to blisters which had already formed.

Although the results were not all that had been hoped for, they were sufficiently promising to warrant further investigations by H.M. Experimental Station at Porton; they reported, however, that this preparation, which was expensive and difficult to issue in a form suitable for use in the field, was not as good a remedy as their own ointment.

In another investigation, carried out partly in collaboration with Dr. H. McCombie, of the Cambridge University Chemistry Department, tests were made on the efficacy of a special Mercury Vapour Lamp. This lamp, which worked at a very high voltage, and produced, according to the inventor, very short rays and no heat, was submitted to the M.R.C. by a

Polish engineer working in Italy, and it was claimed that irradiation by the lamp greatly accelerated the healing of mustard gas blisters, even when the blisters had been fully developed.

Our tests on seventeen subjects (37 mustard gas "wounds") showed that in about four-fifths of the cases no improvement due to irradiation could be detected at any time; in the remainder there was a very slight improvement at some period of irradiation, but it was far too slight to justify extensive use of the lamp for the treatment of mustard gas burns. The accompanying photograph illustrates a typical case, showing, if anything, a slightly better healing of the non-irradiated lesion (X), compared with a similar lesion (Y) which had been irradiated nine times in all, for periods of 5-7 minutes at each session.

I should like, on behalf of Dr. Drury, Dr. McCombie and myself, to take this opportunity of offering sincere thanks to all those Bart.'s students who so cheerfully volunteered to act as subjects for these investigations.

Such was the response to my appeal that we were able to use only a fraction of those who volunteered, and the only complaint I ever received concerned our refusal to accept more volunteers for our lists. As far as I remember, no subject failed to turn up for his blistering, or treatment, even when the appointment was for 10 a.m. or 6.30 p.m. on Sunday, or at a time when a stricter devotion to duty would have demanded attendance in the Anatomy Department for a "viva." At times the blisters must have been very troublesome, and perhaps a source of considerable irritation, particularly for those taking part in Rugger and other games, and we are very grateful for the loyal way in which every subject followed implicitly the instructions given to him. Without this full co-operation from our human guinea-pigs, these investigations could not have been carried out.

A SHORT THESIS ON LECTURE GOING

In the past people have tried to judge one another by almost every conceivable standard, and a man might stand or fall by the character displayed in his features. The cranks have openly boasted that they can judge a man by his books, his ties, his keys or even the way he wears his braces.

Being in an eccentric mood, I am going to classify Medical Students by studying their attendance at lectures. [Needless to say, this thesis is being composed during a lecture.]

A colleague of mine has already dealt with the subject of "Position in the Lecture Theatre" in a thesis on "Creeping Sickness," and I would refer anyone wishing information on this topic to the St. Bartholomew's Hospital Journal, Vol. L, No. 9.

Students fall very naturally into one of two groups:—

A. Those who attend lectures.

B. Those who do not.

The first group is sub-divided into three main types:—

(1) Those who like attending lectures. (This type is self-explanatory. It is very rare, and is included only for the sake of completeness.)

(2) Those who do not like attending, but attend because of an obsessional-compulsion neurosis known in the modern literature as a "Sign up." (This type is probably the commonest.)

(3) Those who attend in spirit only. (More of this type later, but for the present, let me say that it is commoner than previously thought.)

Of the second group there are only two types:—

(1) Those that just do not care (rarer now than of old).

(2) Those who have the misfortune to be frequently and no doubt unavoidably required elsewhere at the appointed time of the lecture.

Now for a consideration, in greater detail, of one or two of the previous types:—

Those students who are present at lectures against their will have many ways of passing the time, and are invariably the first to protest

if the lecturer should be rash enough to overstep his time limit. This protest is made known in one of two ways:—

(1) Stamping on the floor—this is a complex symptom, and may, on different occasions, signify pleasure, amusement, annoyance or sheer boredom.

(2) The noisy closing of books (which needless to say have not previously been opened).

It is this type that is chiefly responsible for the bulk of the noise in the first fifteen minutes of the lecture. Late arrival, moreover, is not their only sign of unwilling attendance. Once noisily installed, they go about their alternative occupations with zest, and often with terse comments to their neighbours. Of these occupations I shall say little except that their number is legion, and includes crosswords, gossip and sleep. At this point I am tempted to digress, and talk about the effect of lectures in general on sleep; but I feel that such a digression would probably end in a classification of lecturers, so I will restrain myself.

Finally, a few words on those who attend lectures in spirit only. This raises the interesting problem of signatures. Some there are, who attend in person so infrequently that, on the rare occasions when this phenomenon does take place, they request one of their friends to "sign them on," lest their own signature be taken for a forgery.

The signatures of this type in general are so varied that it is an exercise for an expert calligraphist to diagnose whether Mr. A.'s signature is the work of Mr. B., C. or D. The only thing of which he can be certain, is that it was not executed by the aforementioned Mr. A.

In conclusion, may I express the hope that this thesis is brief enough to require no summary.

For those requiring bibliographical references, may I suggest the following books for perusal:—

"Lecture self go," by E. C. Duggitt.

"Books I should have read," by M. B. Falia.

"FRANKIE MOPTASIS."

IN DEFENCE OF PREJUDICE

Whenever my opponent in argument accuses me of prejudice, or whenever I feel the urge to fling back a similar charge, then fundamentals are at stake. Where the processes of mere logical thought are involved the issue is only a

matter of time and honesty. Some day machines will reach conclusions of this sort for us and save us time and trouble. But where this old accusation appears there is behind the argument something more than a string of debating-

points. For a prejudice is a bed-rock of belief which is deeper than reason.

Prejudices, they say, are at the root of almost every evil. Curiously, nobody thinks it absurd to extol intuition. Feminine insight is regarded with almost idolatrous awe. The unreasonable certainties of the supersensitive savage are put on a far higher plane of regard than the most cultivated syllogistic discourse. Yet intuition and prejudice have very nearly the same meaning. By intuition the mother may sense something wrong in the family relationships. She is not aware of the episodes which have led to this disquiet so she calls it "a feeling." By prejudice the farmer may reject some new device fresh from the brains of the technologists. He "feels" it to be unnatural and bad for the land. With surprising frequency the clumsy logic of the laboratory later proves him to be right. The feelings in both instances are illogical but true. Yet one is revered and the other reviled. Because we know of bad prejudices we cannot believe in good ones. We

might as well quote prussic acid to demonstrate the uselessness of drugs.

In part we are reasonable; in part emotional. In terms of reason we study things reasonable and call it General Science. In terms of reason we study things emotional and call it Psychology. But in terms of emotion we never study anything at all. If we would let them, prejudices would give us many of the results of this missing science. A reasoned conclusion embodies only the results of the grosser processes of thought. A prejudice, a certainty which we cannot explain, results from the movement of all those finer faculties which elsewhere we can glimpse only in a poet's purple patch or the salient stroke of an artist's brush.

I was not greatly disturbed therefore, when I found that I had one very strong prejudice which I could not justify by reason. I still believe it wrong that the Vicarage dartboard should be used by those who never buy a drink.

EVELYN TENT.

A CAMEO ON STATE MEDICINE

"Those who use the General Practitioner Service will be entitled to the supply, free of charge, of necessary drugs, medicines and appliances. A charge will be made if appliances have to be prematurely repaired, or replaced, as a result of carelessness."

National Health Service Bill. Section 58.

One day, to miss a 4.30 lecture, I wandered into the Old Bailey, and glanced round the court.

In the dock was a worthy labourer, and as I entered, the council for the defence was just starting his closing speech, which is well worthy of record.

"My Lord, worthy members of the jury, it is my intention to show you that it was no fault of his own that my much-maligned client lost his dentures.

"The prosecution have very ably shown how Mr. Patrick O'Rafferty came to part with the apples of his eye, or should I say the fangs of his maw? Allow me briefly to recall the facts of the case to your attention, my Lord. Mr. O'Rafferty had spent a very heavy day at the Smithfield Market, moving sides of beef, and as the sun began to dip in the sky his captivating Irish soul longed for a better method of expression, thus he downed tools and walked out. He was, I would like to point out, within his right in so doing, as he had already completed

six of the twelve hour week demanded by the Government, and he had another four days in which to complete the remaining six.

"Blithely humming a tune, and unaware that Nemesis was dogging his footsteps, he strolled past the Old Bailey, and on passing this monument of the Law, he expectorated. This, my Lord, was not his fault, it was the way he had been brought up—to show a deep respect for the Law, and all its representatives.

"At length my client reached the Embankment, and sent forth his poetic soul across the dark wastes of murky water.

"My Lord, we now come to the crux of the whole case. My unfortunate client happened to expectorate into the flowing stream. Who can say why? Who are we to judge rashly the acts of men? Unfortunately when he expectorated his dentures fell into the every-hungry Thames. The prosecution have made their case that as he lost his dentures by this act of expectoration it comes within the meaning of the Act:—'As a result of carelessness.' This I strenuously deny. As the act of expectoration was premeditated—the prisoner has already told us that the only reason for his action was to clear his throat—he must also have thought of the possible consequences of his act. Would he not have had to decide on the possibility of losing his teeth? And I believe that as this man

is capable of premeditation, he would not have acted in the way he did, if by so doing he had thought that he might relinquish his hold on his dentures.

"I believe a case in point is that of the State versus McTavish, who, while strolling along the Strand, noticed a beautiful damsel, and as his gaze followed her, his eyes gradually proposed, until his glass eye fell out, and was shattered. In this case judgment was given that as the act was secondary to the cause, he could not have lost his eye through an act of carelessness.

Again there is the case of the State versus Smythe, who while crossing the road, to rescue his head apparel, which had blown off, had his leg, right, lower, metal, crushed, as he was run

over by a car. In this case the judgment was the same as in the above case.

"My Lord, I maintain that my client's case is similar to those I have quoted, and I hope that I have been able to satisfy you that my client did not lose his dentures through carelessness, and that justice will take its course—the State financing the project—to provide a new pair of dentures for my client.

"My Lord, the defence rests . . ."

At this point I had to leave, as I judged the lecture should have finished, so that I would get in time to sign off, and thus I never discovered how the learned judge was able to settle these sticky points in the Health Bill to the Government's satisfaction.

MATRE O'RGAGIA.

FOLK MEDICINE

by L. S. CASTLEDEN.

It was a wedding eve. The bridegroom, a hero of the North African campaign, was smitten by a recurrence of rheumatic fever, which he had first acquired in the Army.

His future mother-in-law was not going to let rheumatism postpone the wedding now that the cake was made, the parson briefed, and her daughter's dress prepared.

This worthy mother was an expert on the "screws." Her husband had suffered with it "something terrible"; so she knew all about its treatment. Speedily diagnosing our hero as a martyr to the "screws," she resolved to get him to the altar on the morrow.

The patient described the proceedings thus: "As soon as I got down to me gal's I were took bad with the pains. They fixed in me shoulder and knee. The gal's mum took me in hand.

"That night she puts me to bed with a couple of 'ot water bottles, and covers me with blankets and crowns the lot with two eider-downs. She shuts the winder, lit the fire and shuts the owd door to stop me shouts from disturbing 'em in the kitchen. Then she got a-goin' on me.

"She give me some brandy—'alf a cupful—and follered that with two tablespoonfuls of oil of Jupiter—that burned me insides wunnerful 'ot.

"While I was a-simmering upstairs she makes a rare owd muster plaster which she puts on me knee and shoulder. Later she took them off awhile, she rubbed me all over with oils of wintergreen.

"But her real delight was in the massage and a'working me owd jintns. She were wunnerful strong and made me knee bend as it had never did bend afore—and din't I holler! She went all over me body and at the end of it I were as weak as a kitten.

"But next morning I got to the Church and the wedding went through. Ah! She's a wunnerful woman me mother-in-law. She got me up quicker than all the hospitals in England!"

On his return from a brief and painful honeymoon the groom sought medical treatment. He was found to have an acute rheumatism with no cardiac involvement. His E.S.R. was 85 mm./hr. Westergren. He was sent to hospital and spent ten weeks under more orthodox therapy.

REVIEWS

JONATHAN HUTCHINSON, LIFE AND LETTERS, by Herbert Hutchinson. With a foreword by J. Johnston Abraham. London: Wm. Heinemann. Pp. 267. Price 12s. 6d.

Sir Jonathan Hutchinson (1828-1913) was a good general surgeon, neurologist, dermatologist, syphilologist, ophthalmologist and pathologist, and Sir Wil-

liam Osler has described him as "the greatest generalized specialist of his generation." His name is represented in medical terminology in connection with "Hutchinson's teeth," "Hutchinson's triad," "Hutchinson's facies," and "Hutchinson's pupils." Of Quaker extract, he came to London from Yorkshire in 1850 and attended Bart's Hospital, where he

was deeply influenced by Sir James Paget, and became President of the Abernethian Society. Hutchinson became surgeon to the London Hospital, and was also connected with several other hospitals and medical societies. He is particularly remembered for his association with the New Sydenham Society, of which he acted as Secretary from 1859 to 1907.

Sir Jonathan was a great teacher and a popular lecturer, forming extensive museums of specimens, drawings and charts. He was keenly interested in popular educational work, and was beloved by his contemporaries for his kindly disposition and upright character.

The author of this book is not a medical man, and presents chiefly the family side of Sir Jonathan's life, the letters, for example, being mainly those addressed to his wife. We would have welcomed his professional correspondence with Hughlings Jackson, and the other giants of the profession of the latter part of the nineteenth century, for much valuable historical material can be gleaned from private letters containing comments on current affairs.

However, this volume is intended as "a very human record," "embodying a very definite message for our generation." As a series of portraits of Sir Jonathan Hutchinson as a son, a student, husband, father, teacher, research worker, popular lecturer, and a Quaker, as revealed by his diaries and letters, this well-illustrated book is a worthy record.

J. L. T.

THE HUNTERIAN MUSEUM, YESTERDAY AND TOMORROW; being the Hunterian Oration for 1945 delivered at the Royal College of Surgeons of England by G. Grey Turner. London, etc.: Cassell. Pp. 87. Price 15s.

Since its foundation in 1913 the Hunterian Oration has previously been delivered eighty-one times, each orator endeavouring to present some new aspect of the life and times of John Hunter. Fortunately the audience changes, the familiar faces giving place to the young surgeons, to whom the orator must attempt to bring the facts of the achievements of the founder of experimental surgery, and the collector of the Hunterian Museum.

Professor Grey Turner outlines the development of museums in general, and John Hunter's in particular, providing interesting details of the personalities connected with the latter. It is then his sad duty to record the frightful damage sustained by the Royal College of Surgeons during the war, not quite two-thirds of the total museum collection being destroyed. The loss to science is incalculable, but plans for the future, as outlined by Professor Grey Turner, may well result in the museum assuming even greater importance than before the disaster. He is even far-sighted enough to visualise the interchange of specimens between museums, and the setting up of a museum bureau. But reconstruction is today's task, which requires careful planning, and years of patient toil at a job which will never reach full completion. A final chapter on museum technique completes this fascinating sketch, which is suitably illustrated, and might well serve as an introduction to any further study of John Hunter.

J. L. T.

BACTERIA IN RELATION TO NURSING, by C. E. Dukes, O.B.E., M.Sc., M.D., D.P.H. H. K. Lewis and Co. Ltd., London. Pp. 186. 20 illustrations, 12 in colour. Price 12s. 6d.

Dr. Dukes has written this book primarily for candidates for the examination for Sister Tutor, and also with the hope that it will be of assistance to

candidates for other examinations in nursing and to those who teach bacteriology to nurses.

The result is a readable book which covers adequately the theoretical and practical side of medical bacteriology. Few recent developments in bacteriology, or of its application to clinical practice, escape mention, but this has not been done at the cost of clarity, and the interested reader should have little difficulty in following the arguments.

H. K. Lewis & Co. Ltd. are to be congratulated on the excellent way in which this book is bound and printed.

INTELLIGENCE AND FERTILITY. The effect of the Differential Birthrate on Inborn Mental Characteristics, by Sir Cyril Burt, M.A., D.Sc. (Oxon), Hon. LL.D. (Aberdeen), Professor of Psychology, University College, London. The Eugenics Society and Hamish Hamilton Medical Books, 1946. Pp. 43. Price 2s.

The Eugenics Society and Hamish Hamilton are publishing a series of occasional papers on Eugenics. The first, *Eugenics in prospect and retrospect*, by C. P. Blacker, appeared in 1945. This is the second to appear, while two more, *The Trend of National Intelligence* by Godfrey Thomson and *Psychological Approaches to the Biography of Genius* by Lewis Terman, are due to appear in 1947.

At the request of the Royal Commission on Population, Sir Cyril Burt has surveyed the evidence on the relation between fertility and intelligence, and an account of his inquiries and conclusions are here published. In different families and in different sections of the community the birthrate shows wide differences. Using data obtained from the results of surveys of school populations by means of intelligence tests, Sir Cyril Burt has considered whether or not these differences in birthrate are likely to alter the inherited mental qualities of the nation. Thus he shows that children from the poorer social classes not only have an intelligence nearly two years below that of the children from the better social classes, but are drawn from families nearly twice as large. More important he shows that, apparently, the average level of intelligence among the general population is declining, and he suggests that the decline during the past generation has amounted to about three or four "natal months" (attainments in the intelligence tests are to this extent behind what might be expected for the age of the subjects). The prolongation of such a decline would have grave effects on the mental status of the population. Thus, if the rate assumed continues, in a little over 50 years the number of pupils of "scholarship" ability would be approximately halved and the number of feeble-minded almost doubled.

Another consideration is that in the numerous working-class it is the most intelligent families who contribute fewest to the next generation. In general terms, the larger the family the lower is the level of innate intelligence, and the smaller the family the more intelligent the parents, although this does not mean, of course, that the member of a large family is necessarily stupid, or of a small family intelligent.

These conclusions are so important that the pamphlet ends by stressing the need for fresh surveys of intelligence and a further carefully planned investigation.

TEXTBOOK OF MEDICINE. Edited by Sir John Conybeare. Eighth edition. E. and S. Livingstone, Ltd. Pp. 1170. Price 30s.

It is only eighteen months since the last edition of this popular book appeared, but this new edition is

welcome, especially because a new section has been added on penicillin. The use of this form of chemotherapy in pneumonia, septicæmia, subacute bacterial endocarditis and syphilis is also mentioned for the first time in the relative paragraphs.

In this edition the usual minor alterations have been made. The larger alterations include a new article on the Menopause, and the articles on malaria, blackwater fever, bacillary dysentery, and typhus have been re-written. There is also a new appendix on Aviation Medicine, and three new E.C.G.'s have been added as illustrations.

Perhaps the most welcome innovation in this edition is a table of "physiological normals" on the inside of the front cover (a fact which is not welcome to librarians, as a generic class, owing to re-binding difficulties, and with such a book re-binding soon becomes needful!). There is no doubt, although these figures appear in the text, that it is of great value to have them in a readily accessible position and in tabulated form.

As before, this book is recommended to all students as a readable, concise and well set out book for general medical reading and of great use before turning to a more specialised book in some of the subjects.

AFTER-TREATMENT. A guide to General Practitioners, House-Officers, Ward-Sisters and Dressers in the care of patients after operations. H. J. B. Atkins, D.M., M.Ch.Oxon., F.R.C.S.Eng. Blackwell, Oxford, 1946. Pp. xx+328. 18s.

This admirable book, first published in 1942, has now reached its third edition in 1946. During much of the intervening period the author was "in a valley by the side of a rocky stream in the Atlas Mountains," but even in these surroundings, the Army News Service kept him fully informed about the latest developments in every field of medicine, so he contrived to keep his third edition abreast of developments, in the use especially of penicillin and gastric suction. Revision of a book on a progressive subject is difficult, and Mr. Atkins has not always succeeded in fully reconciling references to the same subject on different pages. Thus he confesses on page 168 that he has learnt the uselessness of prolonged recumbency after hernia operations and now gets his patients out of bed on the fifth day. Nevertheless, on page 293, where the after-treatment of hernia patients is tabulated, the period in bed is still given as three weeks. But everywhere the author gives indications that his mind is not closed or static, and doubtless in the next edition he will modify his account of "Fowler's position" in deference to the assaults that have recently been made on the validity of this time-honoured observance.

This book should be read by all surgical dressers, since it is concise, readable and clear, and will be found of the greatest service to house officers as a work of reference. It is well illustrated and indexed. **A MANUAL OF TOMOGRAPHY.** By M. Weinbren, B.Sc.(S.A.), M.R.C.S.(Eng.), L.R.C.P.(Lond.), F.F.R. (Lond.), D.M.R.E. (Camb.); Lt-Col. S.A.M.C., Adviser in Radiology, Union Defence Force, Radiologist Chamber of Mines Hospital, Johannesburg. H. K. Lewis & Co., Ltd. Pp. 270 with 397 illustrations. 1946. London. 45s. net.

This book consists of a series of cases collected by the author in which tomography has proved of value.

It is primarily a book for beginners in the subject and is designed to show how useful an aid tomography can be to routine radiography.

The first chapter deals with the chest. In this

country tomography of the chest is chiefly known for its use in the detection of tuberculous cavities and in new growth of the lung.

The author stresses its value in cardiac conditions especially in the oblique views and in angio-cardiography.

In the chapter on the spine which is the largest he points out its value in assessing degrees of consolidation in spinal fractures.

Discussing its wider application he mentions its use in excretory pyelograms. Intestinal gas obscuring the kidney shadows is one of the bugbears of the radiologist and in an illustration of a case in which tomography has been used both renal pelves are beautifully shown clear of the overlying gas.

The book is well-illustrated and the subject is dealt with in a very readable fashion.

PRACTICAL ANAESTHETICS. By H. Pauly-Price. Pp. iv. + 127. 50 illustrations. John Wright & Son, Ltd., Bristol. Price 12s. 6d.

As the author remarks in his preface, this is not a text-book but is the result of observations made during 25 years' experience of administering anaesthetics. The result is a very readable book with important details emphasised by actual case histories.

The title seems open to criticism as there are now four books entitled: "Practical Anaesthetics" and one called "Practical Anaesthesia." The nomenclature is not uniform; for example, anaesthesia and analgesia are not clearly distinguished, while "intra" and "endo-tracheal" are both used. In future editions errors in the text should be rectified, e.g., p. 55 is "never cocaine the throats of children," while fig. 31 B on the same page is a diagram of Cobb's endotracheal adapter but is described wrongly. The references should also be checked. For instance, on p. 69 is "Hewer states that the mortality in toxic goitre operated upon with auricular fibrillation is 30 per cent." The actual figure given by this author was 4.7 per cent.

In spite of those defects the book is well worth reading and has a most refreshing tang of naval humour in many parts.

The print, paper and production are excellent.

AIDS TO MEDICAL DIAGNOSIS, by G. E. F. Sutton. Sixth Edition. Published by Baillière, Tindall and Cox, 1946. Pp. 308. Price 6s.

This compact little book summarises the main points in the differential diagnosis of some common clinical conditions. It also sets forth the diagnostic significance of various symptoms and signs. Its scope is limited, but its subject matter accurate. It is too concise to be easily read by the junior student and insufficiently detailed to make a useful work of reference. It may appeal, however, to those who, about to take their finals, feel the need of a brief review to clarify their ideas.

GYNAECOLOGY: A HANDBOOK FOR NURSES. By Gladys H. Dodds, M.D.(Edin.), F.R.C.S.(Eng. & Edin.), F.R.C.O.G. Faber & Faber. Price 10s. 6d.

A new book on the important subject of Gynaecology is always an attraction, and this comprehensive one should prove exceedingly useful.

The arrangement of the material is very good, and the headings of important points stand out well and are prominent for reference.

The diagrams of the operations should be helpful, but would benefit the student nurse more if they had been labelled in greater detail.

The book will be appreciated, and well deserves a wide circulation.

AN OCTOBER DAY-DREAM

It was a nine o'clock lecture, on a cold, bright October morning, and I fear that it had not progressed far before my thoughts began to wander many miles from the lecture theatre. Before my eyes there rose a scene that I love—one of the most English of all scenes, and yet, it seems, one that is not so widely known to-day as it might be.

There is a nip in the air as you stand on the Suffolk stubble, dew-spangled in the morning sun; overhead, a skylark sings gaily, whilst in the distance, the calling of partridges mingles with the staccato crackle of a tractor. On the skyline to the left, a pair of horses at plough form a silhouette of strength and beauty as they turn at a headland, with the gulls and pee-wits circling above them.

And so you wait behind the hedge, glorious in the gold, russet, and brown shades of Autumn: beyond the hedge lies a large field of roots, half-hidden beneath that clinging mantle of ground mist so typical of an October morning, and on the far side of the roots you can make out the figures of the slowly-advancing line of beaters.

A splash of white on the dark-green background as a flanker's flag waves, and you wait tense—your left hand slides up the blue-steel barrels—your thumb finds the safety catch, and then, suddenly, hurtling low over the roots, coming with the speed of an express train, a dozen black cannon-balls streak out of the mist, straight at your head. At the last moment, when it seems that they must surely hit you, the covey zooms upwards, bursting and scat-

tering as they sight you behind the hedge; the Purdey leaps to your shoulder—a brief glimpse of the dark chestnut horse-shoe on the breast of an old cock . . . Bang!—and he crumples up, leaving a few feathers drifting on the breeze; then you are turning, with the tang of burnt smokeless in your nostrils . . . Bang! and another, hit fair and square, drops on to the stubble behind, casting up a little spray of dew-drops. Then you are re-loading, and waiting for the next covey, filled with that deep satisfaction given by a clean-killed right and left.

The next covey comes, but this time only your second barrel kills—no cause for shame, for the driven partridge has deservedly earned the greatest of respect—for that unpredictable swerve, just as the gun comes up, leaves even the finest game-shots ejecting useless cartridges. Now the drive is over, and lighting your pipe, you join the other guns in the walk across the stubble to take up your position for the next one.

Such is partridge-shooting in Suffolk on an October morning, and if this brief description of the sport I place above all others determines even one of the townsmen amongst us to taste the simple joys of the country and of field sports, and if it recalls to any of my fellow-countrymen some of the scenes, sounds, and scents, the memories of which help to keep us sane amidst the senseless rush and bustle of life in London, it will have been more than justified.

MARK OVER.

THE CHRISTMAS SHOWS

What budding actor does not long to see his name in print? Much disappointment may be caused by the omission of names from this notice and some anger by the omission of all but the tiniest modicum of praise. The names are left out so that those whom the cap fits need not wear it again in public; the cap, alas, is not a betasseled piece of honourable velvet: it is a dunce's cap.

I am not unaware of the noble efforts which were made to stage so many shows; I maintain that those efforts were not great enough and were ill-directed. All showed obvious signs of under-rehearsal; of that no more need be said. All but one suffered from bad production and it is on the unfortunate, long-suffering producers

that most blame must be laid—I have a little giggling suspicion that some shows had no producer at all.

Ruthless and dictatorial must be the good producer. Let him unscrupulously cut out the bad so that the good may flourish, let him dam back the tides of compassion which bid him give the best part in the best sketch to poor-old-so-and-so because he has not got much to do.

The producer, too, must see that the wonders of modern electricity provide more than the flat ward lighting; foots and floods are easily made even if one has to do without battens; spots are a nuisance and unnecessary.

On the producer really devolves the duty of

selecting and arranging the numbers, so in future years I hope he will remember that the first course sets the tone to the whole meal and the last leaves a taste in the mouth. It is at this point that I can add my tiny modicum of praise: the opening and closing numbers of the Residents' Show were excellent.

Words must be known and spoken so that all may hear—production again; item must follow item with the speed of lightning, so that even a dull show may seem to sparkle because of its "snap"—away with those long pauses, which turn even a bright show into a long period of boredom punctuated by moments of acute embarrassment; singing should only be done by those who can, occasionally, differentiate between semi-tones.

If this season's shows offended most of these canons and some others, it can mostly be blamed to lack of experience, which would, possibly, account for the fact that the Residents provided the only good show. Some good

XMAS AT HILL END

HOUSEPARTY AT WELL-KNOWN COUNTRY ESTATE.

It is so pleasant to slip away from sophisticated Smithfield to pass a delightfully informal Christmas at Rahere's country seat, in the exhilarating and obviously psychotherapeutic Hertfordshire air.

The surrounding parkland—so well known to members of the household—was lightly covered with a seasonable mantle of brittle snow. The cellar was excellently stocked, and the cuisine at its well-known standard. The bright, uncaring houseparty could frequently be seen amusing themselves in the shady galleries at night with simple country games, the weather proving unkind for field sports.

In the lofty old hall at night a series of nativity tableaux were prettily staged with sincerity and effectiveness. The light and touching voices of carol singers echoed down the dim, cloister-like corridors, where the slow-moving, tuneful procession in their quaint, traditional old costumes of dull red cloaks and starched white caps could be glimpsed sombrely gleaming like bright shadows in the yellow lamplight.

In accordance with an old custom the guests were entertained on Christmas Day by amateur theatricals performed by the younger people. A slick, witty, tuneful and well-dressed satire was staged by some twenty-odd young ladies connected with the theatre. They dealt firstly with the theatre of the 1860's, when many souls in heaven put their presence there down to

could be found in each of the others which were, I regret, poor shows (I except the band, which comes in a different class).

To those old men who sigh for the good old days, let me give this reminder: that at least fifty per cent. even then was bad, but Time has obliterated it from their memories. To those young men who will produce the good new shows, let me give this reminder: that no joke should take more than fifteen seconds to "put across" or Time will obliterate it from their audiences.

And, while the old men protect me from the fury of the Thesbian mob, let the young men turn back to the criticism of the Christmas Shows in, I think, 1936; then they will find that just as a gaffer, who in falling into a mumbling, cantankerous and inept old age, tends to repeat himself, so, too, does your Dramatic Critic.

G. HAVERFORDWEST
(pronounced, Harvest).

penicillin not yet having been invented, and a bluebelt called forth righteous sisterly despair by sleeping in pyjamas. On to 1946, with a perfect handful of satirical darts, from which Miss Scott must be singled out amongst some excellently restrained acting by everybody, for her caricature of a surgeon, in impatient and criticising trouble with his cases, his instruments, his gloves and his trousers. Next, naturally, the atomic age, including treatment for space shock to the man who "got half-way to Venus, but couldn't make it." Miss "Pansy" Lawson and her Pinks provided musical accompaniment with combs and paper otherwise destined for surgeon's masks. Although each produced the best from her roll of music, one is irresistibly tempted to single out Miss Hilary Andrew for her tinkling performance on what can only be described as a gynaphone. Congratulations, especially to Miss Lee Perle, who wrote, produced, and acted in one of the neatest amateur frolics this misogynistic old critic has sat through.

The young gentlemen tirelessly performed a topical revue "For Export Only," dealing with all the toothaches of present-day life from the 'phone system at Hill End to the difficulties of proposing in a prefab. They included the Third Programme, costers with ten-bob bags of nuts ("we're nice people with nice prices"), and the chaps queuing outside Austin Reed's for nylon socks ("you know, my dear chap, they say his wife *drinks*, and I'm *sure* he's expecting another baby"). There was also a

(probably accurate) forecast of Bart's under Bevan, and a wonderful and hirsute rendering of "Pretty Little Polly Perkins of Paddington Green," mainly by Mr. Tim Kelly. He and Mr. Geoff Bond, two natural comedians, squeezed the last ounce of fun out of the show, with the considerable assistance of Mr. John Rogers

(female lead), Mr. Phillip Paton Philip, Mr. Ian Jackson, Mr. Bill Williams, Mr. "Monty" Montagnon and incredible quantities of alcohol. The production and lyrics were mainly by Mr. Bob Ballantine, and the book mainly by Mr. Gordon Ostlere.

ALAN TOIS.

DOCTOUR CORSI, HYS FAREWEL

HERE bigenneth the Farewel to DOCTOUR CORSI.

WHAN that Novembre with its fogges darke,

The sonne of Sommer hath nat made hir marke,
And smale fowles mak no melodye,
That slepen al the whyl with open ye;
So priketh hem nature in hir corages,
Than longen folk to goon on pilgrimages
To ferne halwes couthe in London toun,
Of hostelries eek greet and wel renoun,
And specially from every shires ende,
Of Engelonde to Martinis hir wende
The roste, frye or broille for to seke,
That hem hat cheered whan that they were weke.

BIFIL that in a season on a day,
In Piccadilly at Martinis as I lay,
And as the sonne pass-ed to the weste
In merthe and joye so did I greet each gweste.
At night was come into that hostelrie,
Wel one and twenty in a compaigne
Of sondry folk by adventure y-falle,
In fellowshippe and joyeful weren hir alle;
And wel weren we esed atte beste,
And shortly whan the sonne was to reste
So hadde I spoken with hem everichon,
That I was of hir fellowshippe anon.

BUT natheles whyl I have tyme and space,
Ere that I ferther in this tale pace,
Me think it accordant to resoun
To telle yow al the condicioun
Of why we mette at meet that night,
To take our mortreux in such deepe delight.

AT Bartes hospice in olde London toun,
They cure the skinne with eek such greet renoun,
And Roxburgh and Corsi doth the worlde know,
For al the wysest povre to hem doth go.
Benigne hir were and wonder diligent,
And to a povre manne ful pacient.
But yette I wolde grief to saye,
Of Doctour Corsi how hadde come the daye,
What he did leave us to oure owne devyse
For truthe to saye he hadde a sovereyn prys.

I must eek telle of him who is oure gweste,
Whose honour are we now quite esed atte beste,
This Corsi was a Doctour of Phisyk,
In al this world was ther noon him lyk
To speke of phisyk and of surgerye;
For he was grounded in astronomye.
He kept his pacient a ful greet del
In houres, by his magik naturel;
Wel coude he fortunen the ascendent,
Of his images for his pacient.
Of wartes and of mormalis coude he cure,
Him boughte hem al for les than pennies fore.
He knew the cause of everich maladye,
Were it of hoot or cold, or moiste, or drye,
And where engendered, and of what humour;
He was a verrey parifit practisour.
The cause y-knowe, and of his harm the rote,
Anon he yaf the seke mamme his bote.
He eek confessed that bookes weren nat his delight,

For he wolde nat read hem deepe into the night,
Hadde they a picture he wolde sharply scorn,
I durst suspect that manie a boke was torne.

OF Roxburgh, in greet vertu was his speche
For gladly wolde he lerne and gladly teche,
He was oure chief, a seemely manne withal,
For to have been a kinge in a halle.
A large manne he was with even bright,
A fairer is ther noon by daye or night.
And after soper pleyen he bigan
To spak of Corsi, a moste worthie manne,
So mad us al his healthe for to drinke
As nobly and as wel as I colde thinke.
Then Corsi did us think in quite a merry note,
And told us al how we colde yaf the bote
To al oure patients, as we wolde we leste,
So do for hem as eek wolde cure hem beste.
Of more I cannot telle, my tale is spent,
But I must saye how in my judgement
We wish hem wel that he may yette live longe,
And with these wordes I now will ende my songe,

But we'll all meet agin in one year's tyme,
To eat, to drinke, and eek agin to rime.

Here endeth the Farewel to DOCTOUR CORSI.

A. O. J.

CORRESPONDENCE

VENEREOLOGY AND DERMATOLOGY

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

H. C. (the initials seem familiar to me) in his review of MacKenna's "Aids to Dermatology" states that "the divorce of dermatology and venereology has been proceeding steadily during the past 25 years, and its omission from a text-book seems to mark the break as final and absolute." Are we to infer that he himself approves of the drop out entirely of the subject of syphilis from the teaching of dermatology? Surely not. It may be agreed that having made the diagnosis of syphilis the specialist or the general practitioner may well hand on the treatment to a venereologist. But is it not of the utmost importance that the dermatologist and the practitioner should be able to distinguish between a secondary tertiary

syphilitic eruption and other skin eruptions? And how is that to be learnt better than in a dermatological clinic? Drug eruptions, pityriasis rosca, psoriasis, lichen planus, lupus vulgaris, rodent ulcer and others besides, are they not frequently mistaken for syphilitic eruptions? and inversely so? Do not many syphilitics first disclose their infection by presenting themselves in a skin clinic with secondary eruptions? Perhaps in the near future, owing to earlier diagnosis and early and more efficient modern treatment secondary or tertiary syphilides will become things of the past. But has that consummation yet been reached, so that the subject of syphilis may be allowed to drop out entirely from the text-books and teaching of dermatology? Or am I now out of date?

Yours faithfully,
H. G. A.

ALPINE CLUB

During the second week-end in November the Alpine Club held a most successful Meet in Wales at the Climbers' Club Hut which was kindly lent to us for the occasion.

Wales and November must surely be classified as incompatible in the Meteorological Pharmacopeia. The second week excelled all our forebodings for sheer raw dampness. It therefore speaks highly for the keenness of the Club that nine members eventually foregathered at Helyg for the week-end. The travelling was made easier for most of us by the generosity of Professor Garrod and Dr. Cullinan who made their cars available to the Club.

The culminating woes of burst tyres, broken springs and a pillaged hut were soon forgotten in the tangle of ropes on Heather Terrace the following morning.

Our perseverance was rewarded on the Sunday by a warm, fine day and we made the most of it by an unnaturally early walk over to Pen-y-Pass and Lliwedd. There we had a full day's climbing under excellent conditions.

The tyros of the party displayed great agility and

their technique improved rapidly throughout the week-end. The Club hopes that others will soon follow their enterprising lead.

During the three days' climbing the party managed to visit the East Face of Tryfan, the Milestone, Bochlwyd Buttress, the Gribin, Idwal slabs (including the east wall) and last, but by no means least, Lliwedd and Snowdon.

Drs. Cullinan and Wilson spent their nights in the flesh-pots of Capel Curig, but the Helyg party gained some solace in their absence from a memorable bottle of whisky: "by Lord Horder, out of Dr. Cullinan."

It is fitting that such a kaleidoscopic week-end should have ended with the spectacle of Dr. Wilson rescuing his electric convulsing machine from the Stony Stratford police-station in the early hours of Tuesday morning attired in the voluminous night-cap which he euphemistically termed a balaclava.

These meets must become a regular fixture on the Hospital calendar. It is to be hoped that they will be as enjoyable as this first post-war one proved to be.

J. W. P.

HOCKEY CLUB

1st XI v. Vauxhall Motors. Chislehurst, January 11th. Drawn 2-2.

This game with Vauxhall, which ended in a draw, never reached any great heights. The ground was slow and slippery from rain, but this did not excuse a certain sluggishness shown by St. Bart.'s during periods of the game. We must show a very great improvement in the cup matches if we are to win again this year. Some midfield play was good and occasionally a pretty movement evolved. Following-up secured both our goals; at least we were a little better in this respect than previously. Hirst scored first for St. Bart.'s in the first half after we were one goal down; and in the second half, with Vauxhall leading 2-1, Dixon equalised after a very good shot by Giles, which in itself deserved a goal, had hit the post. We want to see some more shooting of this kind in the circle. Griffiths, at centre-half, played

his usual stalwart game in attack and defence and showed us how much we had missed him the week before. St. Bart.'s could have won easily if they had shown two qualities, which their play sadly lacks at the moment: quickness in anticipation and interception on the part of the defence; and the ability of the forwards, when un molested, to hit the ball hard at the goal from the edge of the circle and to follow-up strongly. We should also do well as a team, to play all-out from beginning to end.

Team: Hill; Frankerd, Mehta; McDonald, Griffiths, Platt; Giles, Hirst, Dixon (capt.), Marsh, and Proctor.

Other games—

At Chislehurst, December 14th, v. Ex-Bart.'s XI, lost 1-2; January 4th v. Birmingham University, lost 2-9.

EXAMINATION RESULTS

UNIVERSITY OF CAMBRIDGE

FINAL M.B EXAMINATION, MICHAELMAS TERM, 1946

Part I. *Surgery, Midwifery and Gynaecology*
Cathcart, D. B. Marshall, R.
Cornford, H. W. Moore, W. T. S.
Edmond, M. C. Proctor, I. R. D.
Jenkins, J. S. Robins, R. H. C.
Kelly, W. P. Treharne, P. G.
Langdon, T. C.

Part II. *Principles and Practice of Physic, Pathology and Pharmacology*

Alcock, R. J. Marsh, F. D.
Bradford, D. C. Marshall, R.
Danby, A. J. Proctor, I. R. D.
Drake, G. H. P. Robins, R. H. C.
Irving, K. G. Stephens, J. P.
McDonald, J. A. Strangeways, W. M. B.
McMillan, J.

ROYAL COLLEGE OF SURGEONS

FINAL F.R.C.S., NOVEMBER, 1946

Baron, H. W. A.
Burdman, M.
Dowe, J. B.
Dransfield, C. M.

France, W. G.
Maneksha, R. J.
Khidjian, A.
Loewenthal, J.

Loxton, S. D.
Walker, A. J.
Watson, P. C.
Taylor, K. H.
Tyler, J. M.

CONJOINT BOARD

PREMEDICAL EXAMINATION, DECEMBER, 1946

Chemistry Ladell, R. C. H.
Biology Goode, J. H.

FIRST EXAMINATION

Anatomy
Hibbard, B. M.
Kinsman, F. M.
Physiology
Broadhurst, A. D.
Hibbard, B. M.
Jones, K.

McAdam, B. N.
Nielsen, J. S.
Nielsen, J. S.
Stephenson, J. W.

Pharmacology
Batten, K. L.
Bernard, E. J. T.
Boxer, E. I.
Campbell, F. G.
Chapman, P. J. C.
Chesover, I.
du Heaume, B. H.
Fisher, K. J.
McIntyre, J. W. R.
Matthias, J. Q.

Pine, R. S.
Popert, A. J.
Russdale, D.
Stanley, H. W.
St. John, J. M. S.
Sugden, G. P.
Wallis, F. P.
Weller, M. A.
Whittle, R. J. M.
Wiseman, D.

HAROLD WILSON RE-UNION DINNER

A dinner was held at the Mayfair Hotel on Tuesday, January 7th, in honour of Mr. Harold Wilson, recently retired as Senior Surgeon of the staff of St. Bartholomew's Hospital. Twenty-seven of his past House Surgeons and Chief Assistants over the years 1928 to 1945 were present. The dinner itself left nothing to be desired as Mr. Thompson had had some surgical success in his ministrations with the chef.

Harold had been lured from his retreat in Norfolk with the promise of "no speeches," but relenting, entertained the younger members of the gathering with stories concerning the older generation, who were hard put to hide their blushes.

After a pleasant evening the party broke up with the resolve to meet again on some future occasion.

SPORTS CALENDAR

Wednesday, February 5th—
Soc. St. Mary's Hospital A
Saturday, February 8th—
Rug. Wasps H
Soc. Bristol University A
Hoc. London Hospital H
Wednesday, February 11th—
Soc. St. Mary's College H
Saturday, February 15th—
Rug. Cross Keys A
Soc. Mayfield Ath. A
Hoc. N.P.L. H

Wednesday, February 19th—
Soc. Downing College
Saturday, February 22nd—
Rug. R.N. Air Station A
Soc. London Hospital H
Sunday, February 23rd—
Hoc. Lensbury A
Wednesday, February 26th—
Soc. R.M.A. (Sandhurst)
Saturday, March 1st—
Rug. Old Cooperians H
Soc. Mayfield Ath. H
Hoc. Portland U.S. A

BART'S CAMBRIDGE GRADUATES CLUB DINNER

The Annual Dinner of this Club will be held at the Mayfair Hotel on Wednesday, February 19th.

Mr. Reginald M. Vick will be in the Chair. Mr. H. Jackson Burrows and Dr. Kenneth Black are the secretaries of the Club.

All Cambridge Graduates on coming to Bart's become members of the Club automatically. There

is no subscription. It is hoped that members will turn up in full force to give the Club a good send-off into the post-war era. Everyone is encouraged to bring male guests.

If any member has not received an invitation card will he, please, notify one or other of the secretaries?

ANNOUNCEMENT OF MARRIAGE

GLANVILL—LEWIS.—On January 4th, 1947, at the Church of St. Michael and All Angels, Bishopwearmouth, Sunderland, by the Rev. J. S. Richardson, Captain A. Terry Heath Glanvill, R.A.M.C. (Airborne Division), elder son of Dr. A. E. Glanvill, M.C., and Mrs. Glanvill, of Chard, Somerset, to Catherine Joyce Lewis, M.B., B.S. (Licutenant, R.A.M.C.), only daughter of Major J. E. Lewis, O.B.E., and Mrs. Lewis, of Thornhill Park, Sunderland.

ANNOUNCEMENT OF DEATH

WEST.—John Hardstaff West, M.R.C.S., L.R.C.P., D.A., a former Resident Anaesthetist at Bart's and until recently lecturer in anaesthetics at the Welsh National School of Medicine, died at Hill End Hospital on Christmas morning, aged 40 years.

RUGBY CLUB DANCE

The annual dance of the Rugby Football Club will be held on Wednesday, March 5th at the Royal Hotel, Woburn Place.

Tickets, 10s. double and 6s. single, are obtainable from J. S. Cardwell, St. Bartholomew's Hospital, E.C.1. Evening dress is optional.

ANNOUNCEMENT OF BIRTH

HODGE.—On 16th December, 1946, at Malmesbury Maternity Home, Malmesbury, Wilts., to Peggy (née Waller), wife of Bernulf Hodge, M.R.C.S., L.R.C.P., of Gloucester House, Malmesbury, a daughter (Carolyn Anne).

TAIT.—On January 6th, 1947, at Windsor, to Roselle, wife of Charles Tait, D.O.M.S.—a daughter.



Fig. 1

Persistent Post-traumatic SKIN ULCERATION

A cross-leg flap graft and immobilisation with Gypsona

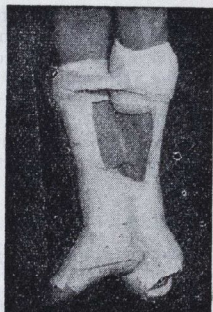


Fig. 2

CASE HISTORY

THE patient, aged 34 broke his leg while jumping between ships. A fracture involved the lower end of the left tibia and fibula. He was in plaster for about eight months and in Elastoplast for a further month or so. During these ten months he had numerous sequestra from the fracture site and when everything else had healed the ulcer remained at the inner side of the junction of the middle and lower thirds of the leg. On the 30th

October he was admitted to hospital. The skin around the ulcer for at least 2" was found to be of poor quality. Radical excision of ulcer and surrounding area of unstable skin was performed. A cross-leg flap from opposite calf was sutured into the defect. The raw donor area was covered with thin razor graft, dressed with tulle gras (Jelonet). Previously applied Gypsona plaster boots were then joined with additional Gypsona bandages. After three weeks the plaster was removed and three days later the flap was divided. In two months the flap was completely healed and the patient discharged. The details and illustrations above are of an actual case. T. J. Smith & Nephew Ltd., of Hull, manufacturers of Elastoplast, Jelonet and Gypsona publish this instance—typical of many in which their products have been used with success.

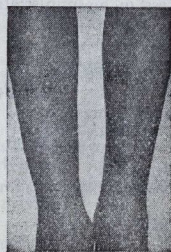


Fig. 3

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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No. 2



OR



THAT the familiar black and white Hospital arms are spurious is well known to older members of the Hospital. To younger members this may seem strange. The subject was brought up in a letter to us from Dr. Mervyn Gordon following the issue of the commemoration number in July, 1946. The coat of PARTY PER PALE ARGENT AND SABLE A CHEVRON COUNTERCHANGED has never really been the property of the Hospital.

In the early days of heraldry it was of obvious importance that two men should not use the same coat-of-arms because of possible confusion in battle and in the sealing of deeds. Before the foundation of the College of Arms in 1483 this was overcome by the King's Heralds acting independently and settling who was to be allowed to use a coat in strict priority of usage, or if this was impossible, to determine it by combat. They were especially strict in the reign of Henry V (1413-22) after Agincourt. From 1483 the College of Arms has carefully supervised the granting of arms to prevent any confusion.

Rahere established the Hospital and Priory of St. Bartholomew simultaneously, but the Hospital has outlived the Priory. However, the Hospital was for 400 years joined to the Priory and the Master of the Hospital on appointment had to swear fidelity and obedience to the Prior. It is therefore justifiable for the Hospital to use the Priory arms as its own. The Priory coat of GULES TWO LIONS PASSANT GARDANT AND IN CHIEF AS MANY CROWNS OR was the

Priory's by right of ancient usage and goes back before the all important reign of Henry V (no amount of usage of any device from that date onwards will ever again carry any such right). These arms are prominently displayed on Rahere's tomb, at his feet, in the church of St. Bartholomew-the-Great. Dr. Gordon would have liked to have seen them given at least equal prominence on the cover of the commemoration number as the argent and sable arms.

Why the Hospital uses a spurious coat-of-arms is obscure. John Wakeryng, otherwise Blackberd, was elected Master of the Hospital on 2nd March, 1423, and held office there until 1462. The earliest transaction after his election of which there is a record is an agreement, dated 14th June, 1423, with the Prioress of St. Helen's as to a drain and waterfall in Muggwell Street in the parish of St. Olave. The deed has attached to it the Master's seal on which appear for the first time the arms now so universally recognised as those of the Hospital. The inference is that from being used in the seal of Wakeryng's ring the arms ultimately passed into the common use of the Hospital.

However, the argent and sable coat was granted by Norroy King of Arms to Lawson of Usworth, County Durham, in 1558. It is therefore reasonable to assume that, unless the Heralds themselves erred, it had not been *officially* used by any family or institution before that date. In fact it looks as though the

Hospital missed an opportunity in not requesting the grant of that coat earlier. Nevertheless it was truly never the property of the Hospital.

There are certain penalties for bogus use of arms. The series of enactments against this go back to the reign of Henry V. Then from about 1530 to 1680 there were a series of official "visitations" of all counties, generally once in the life-time of each generation. The duties of the Heralds on these visitations was not merely to record arms and pedigrees but to pull down or deface all spurious arms displayed—whether in houses or on tombstones, etc. Individuals found using arms without right were placarded in the nearest market town as being of no gentle blood and mere imposters. Since the last visitation more and more have used arms to which they have no right, particularly in Victorian times, and it has been estimated that only one in every eighteen wearing signet rings with armorial insignia are entitled to them. In Scotland (which is governed by an independent heraldic hierarchy) Lyon King of Arms still shows authority in bridling the presumptuous—the latest example being the War Memorial at Edinburgh, where towns were forced to withdraw the bogus arms which they had hoped to use as decoration in the Memorial.

It does seem, however, to be inexcusable that the Hospital should continue to use a bogus coat—particularly since it is so lavish with its display in the most unsuitable places—when it has already a more ancient and quite correct coat, though one perhaps without the same attractive simplicity.

* * *

Another point was raised by Dr. Gordon. The bottom left-hand shield reproduced on the cover of the commemoration number was that of Canterbury. And an Archbishop of Canterbury once had the following relations with Bart.'s.

Boniface, the Italian uncle of Queen Eleanor, Henry III's wife, was consecrated Archbishop of Canterbury in 1245. In the years that followed Boniface exercised his rights with unbridled callousness and aggressiveness. On one occasion, having met such opposition when attempting to make a visitation to the Chapter of St. Paul's that he was forced to withdraw, he decided to visit the Priory of St. Bartholomew-by-Smithfield. He set out "bristling with rage and armed with a cuirass under his ecclesiastical vestments" and was received by the Sub-Prior and Canons, dressed in their best. Followed by some rowdy retainers he was then

conducted into the monastery.

One of the Canons, wishing to cut short this unnecessary and unsolicited visit of inspection, told the Archbishop that they had a perfectly good Bishop to visit them and that they were not free or anxious to receive visitations from anyone else. At this Boniface was furious and threw himself at the Sub-Prior in such a way that the old man was pushed backwards against the stalls, breaking some bones as he fell. The onlookers, retainers and Canons, then joined in a general fight in which Boniface was knocked down, revealing as he did so the cuirass under his robes and thereby giving the impression of his having come with the intention of causing a brawl.

The Canons, bruised and bleeding, went to their Bishop and asked for a redress. He said he could do nothing, and told them to show themselves to the King in their present state. The King refused to see the few that were strong enough to reach Westminster, but their journey across the city aroused the pity of the people who saw them. A mob formed to avenge the wrong. But the Archbishop appealed to the King who thereupon gave him his protection. Meanwhile the old Sub-Prior had died of his injuries.

Boniface next excommunicated the leading churches in London and all those whom he considered to be partisans of the Priory of St. Bartholomew.

Both sides contemplated referring the matter to the Pope, but this was not done. However, in the same year (1250) a papal bull decreed that Boniface's excommunications were invalid, so that on the whole the Archbishop was worsted. The effect was to make him less high-handed and show greater humility in his office. Later he soothed the feelings of the members of the Priory by making them presents.

Dr. Gordon's comment was that it showed a true forgiving spirit even now to have put the Canterbury shield on the cover of the Commemoration number. We agree. We are always pleased when someone extols our virtues.

References:—

A Short History of St. Bartholomew's Hospital, 1123-1923, by Sir d'Arcy Power.

The Romance of the House of Savoy, 1003-1519, by A. Wiel. Putnam, 1898.

The reproductions of the two shields were copied from those reproduced for Dr. Gordon in 1932 on the cover of the Rose report on Lymphadenoma. These had been obtained from records in the College of Arms.

THE GLEAM OR SOCIALISM FOR OTHERS

SOME Plays and Films stimulate the Higher Centres: others do not get above the Hypothalamus: and others again—the American "Musicals," for instance—have a specific action on the Cardiac organ and some of the Ductless glands. The British Stage and Screen has tended to become more highbrow in recent years and a contemporary playwright, having scored a success with Education,* has now turned his pen to our own profession. The National Health Service is dry stuff to write a play about. Yet the thing that impressed me most when I went to *The Gleam*† recently was the fact that the house was full, and I was assured that it nearly always is. Gallery and stalls alike find in it sufficient interest to occupy three acts and the customary two-and-a-half hours.

There is little story to be sure, but the medical jargon, which the public cannot have too much of these days, is studiously correct. Hardly had the daughter complained of feeling shivery and having a stiff neck before the boy with the Mary's scarf in the row behind whispered "Meningitis" to his girl friend. The time is mostly taken up in a discussion between the three principle characters on the merits and otherwise of State Medicine. "I should imagine," I heard an oldish man say to his wife during the second interval, "that we have heard all the arguments on both sides by now." But he was wrong. For during the last act the terrible possibility is rammed home that the Local Committee may insist on a patient being operated upon by a certain, and in this instance incompetent, surgeon when "the only man who can trepan a skull" belongs to another Region. Doctor Alan Boyd, F.R.C.S., who bears a striking resemblance to our own Dr. Geoffrey Bourne, both in appearance and, I would say, in philosophy too, confesses modestly that "he did a few in the war," but feels that for this particular case a neuro-surgeon from (let us face it) George's should be sent for. The Chairman of the Local Committee says that his orders, from the Regional Board, are that all

* *The Guinea Pig*, by Warren Chetham Strode: Criterion Theatre.

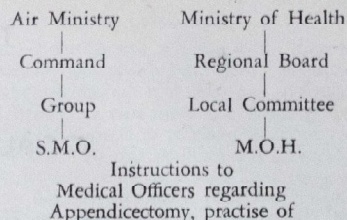
† *The Gleam*: Globe Theatre.

and any operations can be done by Dr. Thorneycroft at the local hospital and he, we learn, is not fit to operate upon a pithed frog. I think it unlikely that any Local Committee, however daft, would leave an F.R.C.S. at the Health Centre and put the other fellow down at the hospital. For sooner or later the Chairman of the Town Council may need an operation himself, and unless he is like Mr. Herbert Morrison and can arrange to fly to the Isle of Man to consult his own doctor, he will want to know that the best man is on the job. The same principle kept recalcitrant Commanding Officers in check during the war when they liked to think they knew better than their junior medical colleagues. I remember once that I stood before the Appointment Committee of a provincial hospital—and they were mostly laymen. And I suddenly thought: Some of these men, possibly all of them, for God knows they look old enough, have enlarged prostates, and what they are wondering is whether I could be trusted to remove their glands for them. But that has little to do with *The Gleam*.

Fred Holt once had a single lorry but now owns all the transport in this small town. He is Chairman of the Town Council and the Medical Committee. He is all for the State Medical Service and for the Town Planning Scheme and he does not hesitate to turn his old employer out of his house when he finds it stands in the way of the New Road. But he gets downright angry when he hears that Transport is to be nationalised. "I thought all that had fizzled out," he says, "and anyway it's quite different." And if anybody doubts that he means it let him recall the case of Alderman Luke Hogan, Lord Mayor of Liverpool in 1946. A good Socialist he, yet nevertheless when Sir Stafford Cripps announced his intention of closing the Cotton Futures Market he was amongst the first to protest that this would mean 3,000 unemployed in Liverpool. And so abusive did he become that he was asked to leave the Labour Party. The one thing that unites the Press is the thought of interference. "That's different": there is the Free-

dom of the Press to be considered: it is their Duty to the Public. It would be amusing to speculate about a State Legal Service. Possibly the fact that so many M.P.s of all parties are lawyers would have something to do with the suggestion being considered ludicrous.

Dr. Boyd isn't allowed the surgeon he wants, and those who have been in the Services view with some concern many of the minor annoyances that they know will come from Whitehall. In the Royal Air Force I recollect Policy Letters (*sic*) declaring that Hernie should be up seven days after operation and that the conservative treatment of Appendicitis was not to be practised, while in the U.S. Army, *terribile dictu*, it was ordered that all closed fractures of the shaft of the Humerus, many of which unite with no treatment at all and most with simple splinting, should be treated by means of steel scaffolding and huge great nails. "Ah!" they said, "it's all very well for you to have your own views. But we are responsible for these men and if your treatment is a flop we will have to pay them pensions." I forbear to point the moral. Let me design a simple diagram:



In this lunatic world in which we live to-day Toleration and Liberalism are dead and what the immortal Ukridge called "the good old spirit of give and take, laddie" is no longer found. In demanding our Rights from governments we forfeit liberty. "Come back to Kenya with me and farm—and be your own master" says Uncle Geoffrey to his recently qualified nephew who wants to specialise but is going to be "posted" to God-knows-where because they are short of G.P.s. And he nearly goes. But Geoffrey Bourne—I mean Alan Boyd—persuades him to stay and make the thing work. And the curtain falls on a note of high endeavour and with a gleam at the end of the dark tunnel.

HOGARTH.

DOCTORS YARNS (continued)

THE ALARM CLOCK

By MAURICE G. PEARSON

EARLY in the first World War the Union of South Africa was asked to undertake the conquest of what was then known as German South West Africa, and proceeded to do so by means of several converging columns by sea and by land. I was asked to follow on the track of General Berrange's Column which had crossed 700 miles of the Kalahari desert from the Kimberley direction into the German Territory, and to act as surgical specialist to that column when I caught up with it. I was to take with me three motor ambulances. The trip was extraordinarily interesting, both from the surgical and from the motoring point of view—but that is another story.

The incident to which I am about to refer occurred at the small village of Kuruman, the site of Moffat's and Livingstone's Mission Station, which still exists. Kuruman was the point where I was to "kick-off" into the desert and the night before doing so I was undressing in my tent when a man with a lantern and two horses came to ask my help. He was a lanky

thin Dutchman dripping with perspiration, not from his exertions, but from the sheer deadly fear that was written all over his ashen face. In the manner of his people he introduced himself by holding out his limp damp hand and saying the one word, his name, Engelbrecht. I took his hand and gave him my name.

He told the story one has so often heard—his wife was ill, dying he thought, at his cottage eight miles out in the veldt, and the local doctor was away—no one knew where, nor when he would be back, and please would I come with him? Well, though I was on military duty, there could be only one answer: I dressed and rode with him. It was very dark and as he wound his way in and out between sand hills and kopjies I could often only see him in front of me by bending low in the saddle so as to get his head silhouetted against the slightly less dark sky near the horizon. Eventually we reached his home, a small oblong block of a place with a nearly flat iron roof on which huge pumpkins rested—put there to ripen—

or perhaps to keep the roof on. It was built of sun-dried mud bricks and consisted only of two small rooms. On the mud floor of the first crouched a wrinkled old Hottentot woman boiling water over a fire. She was all but naked and in figure showed that enormous prominence of the buttocks with which nature has endowed this desert race, doubtless as a sort of emergency ration for times of drought and famine, during which I am told it dwindles rapidly. I have seen such a woman walking along, her arm swinging and a child standing on her rear "shelf." And another carrying a basket of oranges in her hands and a second large basket resting securely on top of her "behind." Many of you must have seen the two life-size models of just such Hottentots which used to stand in the lobby of the Royal College of Surgeons' Museum in Lincoln's Inn Fields. Probably they are bombed out of existence now. The inner room of the cottage was about 10 feet square without a stick of furniture except a rough wooden bedstead on which the patient lay groaning, a damaged chair, one iron basin on the floor, and on the little shelf of a mantelpiece the largest shiniest nickel-plated alarm clock I have ever seen, a terrible thing with pink roses painted on its face. The whole place was about as wretched a hovel as I have ever seen.

And the young woman was in labour—nothing more: an ordinary normal labour. After re-assuring the husband I sat tight to await events. At 11.15 there was a loud whirring sound, and the alarm clock went off with a clatter that could doubtless be heard miles away, playing the Westminster Chimes. At 11.30 again, but this time the Cambridge Chimes. At 11.45 once more, with chimes I could not identify, and I said to the woman, "What on earth does it do at the hour?" "Oh," she said, "at each hour it plays a beautiful tune"—and so it did. At midnight precisely, the woman gave a yell, her baby came into the world with a yell, but by far the loudest clamour came from the clock. It went off with a crash, played its tune right through—and the tune it played was, "When a merry maiden marries," from "Yeoman of the Guard." Could anything have been more appropriate or better timed? But how could anyone live with such a horrible thing, repeating its raucous notes hour after hour, day after day, for years?

However, they didn't. We rode back and as we dismounted at my tent, the man pulled out from his saddle-bag a parcel which contained the clock: he and his wife had noticed

how much I admired it: his wife valued it highly: it had been their (one and only) wedding present, but she was very grateful to me. In vain I tried to wriggle out of accepting it. No, his wife would be "baie jammer" (very sorry) if he took it back; he couldn't, dare not do so.

The gift was so kindly meant that I had at last, and very unwillingly, to accept it—wondering all the time how "jammer" my wife would be if I brought it back to her! So I didn't: I gave it to my batman and told him never to let me see or hear it again, to take it out into the desert and bury the horrible thing at dead of night. Perhaps he did, but I have a strong suspicion that it now adorns his own home. And I also have a suspicion that the sigh of relief from the husband as he rode away was not altogether due to the fact that his wife was safe.

ANGEL-FACE

In the early days to which I have referred Bart's had no special accommodation for children. Those that had to be admitted (and as few as possible) were distributed among the various women's wards: and much outcry there was among the other patients and the nursing staff if more than two or three were allotted to any one ward.

A small girl almost suffocating from diphtheria was one day brought to the hospital and was at once rushed up to "Radcliffe," the ward set aside for infectious cases, where an immediate tracheotomy was performed. The child recovered without the aid of anti-toxine, which was not then known, but for long after the silver tube was removed from its neck the aperture into its wind-pipe refused to close and the child remained healthy but voiceless, and was then removed to a women's surgical ward.

She was a lovely child with big grey wondering eyes and a mass of light curly hair and speedily became the show-child of the hospital and certainly deserved her nick-name of Angel-Face. When very distinguished people visited the hospital a point was always made to take them to Lucas Ward to see Angel-Face. And still the hole in her wind-pipe refused to close and she remained voiceless but bewitching.

We knew her real name because it was on her chart; we could only guess the kind of home she came from—and think how proud of her her parents must be: and yet they never came to see her.

Then one night I was doing my night rounds: as I entered the ward a nurse was standing beside Angel-Face's cot offering her a spoonful of what I am afraid was castor oil.

At that precise moment Angel-Face made the tremendous discovery that by putting her finger over the opening in her neck and thereby closing it the air in her wind-pipe was deflected into its proper channel, passed over her vocal chords and after months of silence she could speak once more!

And what she said to the nurse was: "You can take the bloody stuff yourself. I won't have it!"

CRIMEANS

The eye ward was over full and beds were nearer together than they should have been. In

adjoining beds were two veterans of the Crimean War—one 72 and the other 78, both of whom had undergone operations for cataract a few days previously and were lying with bandaged eyes and strict injunctions not to lift their heads from the pillow. Naturally they talked of old times and presently an argument arose as to who gave the order for the charge of the Light Brigade at Balaclava. Hotter and hotter grew the dispute until words led to blows: the two old fools sat up on the sides of their beds and let out at each other. Nett result: two spoilt and permanently blind eyes!

COMPLIMENT

SURELY everybody is satisfied with the Abernethian Society. It organises an admirable series of lectures which are quite different from the ordinary systematic lectures because they are always started by somebody saying, "Dr. So-and-So needs no introduction from me," and they always finish with an excessively long silence during which nobody asks any questions. Occasionally the Society runs a film-show and every five hundred years or so it holds a dinner at a considerable financial loss.

As it is a very old Society, with lots and lots of tradition behind it, these activities are quite sufficient to maintain its dignity and position. The lectures are good and the film-projector gives little trouble. Occasionally the Committee turns in its sleep and dreams of holding a debate or discussing the National Health Act or the management of a private practice; but on this side it is disturbed by the thumping of its heart and usually hastens to resume its former highly academic posture.

Last winter it really did decide to arrange a debate. This memorable evening was made tolerable by a delightful compromise. Instead of following the disturbing routine of allowing students to speak first, with senior members to follow, which arrangement might have provoked a heated and unseemly controversy, the Committee persuaded four senior members to deliver four admirable little speeches in which all there was to say was quickly said. The meeting then hastened to adjourn and the whole affair was accomplished with no extra trouble beyond the difficulty of collecting four sufficiently senior members on one evening.

Any minor flaws which the hypersensitive critic may detect in the Society's routine are clearly excused by the difficulties of persuading members to remain in the City on a cold winter's evening for one moment longer than

is absolutely necessary. One cannot, of course, infer from the present excellent attendances that gentlemen would be even more willing to support a more ambitious programme.

It is reported that the Abernethian Committee is at present in a state of considerable perturbation because of the disturbing excellence of the newly formed Third Year Discussion Group at Charterhouse Square. With great success this Group has discussed a wide variety of subjects in which its members or their friends are especially interested. This report is probably quite untrue, firstly because even the Committee realises that the members of this Discussion Group may become valuable members of the Abernethian Society in the future, and secondly, because it is extremely unlikely that the Committee is yet aware that the Discussion Group exists.

EVELYN TENT.

The Secretary of the Abernethian Society writes:—

I thank Mr. Tent for his (rather back-handed) compliment and reply on two points.

Mr. Tent writes, "one cannot infer from the present excellent attendances that gentlemen would be even more willing to support a more ambitious programme." This, of course, is obviously true—it is true of any programme (within limits). But I should like to point out that this session attendances at meetings have been greater than during the last eight years, that this may have some relation to the programme chosen by the Committee, and that the Committee have started giving film shows for the first time in the history of the Abernethian Society. Is it lack of ambition that we do not hold debates? Anyhow, one is planned in May, at which I hope Mr. Tent will speak. As I am sure his tongue is as facile as his pen. I thank Mr. Tent for his criticism of how to

hold a debate and the present Committee (which is different from the Committee last year) will, I am sure, take note. Incidentally, why does not Mr. Tent refound the Debating Society?

About the discussion group: the pre-clinical student who started this group is a member of our Committee. We discussed in the Committee more than once what should be

BART'S STARTS A DEPARTMENT OF STATISTICS

By J. A. HEADY

A DEPARTMENT of statistics has been opened recently in the Hospital. Since the idea of such a department is new in British hospitals (I believe the one at Bart's is the first of its kind in the country), it has been suggested that readers of the JOURNAL might be interested to know the ideas behind its inauguration and the services it offers.

Roughly speaking there are two sides to the work which such a department necessarily does. First it falls to its lot to collect and publish figures of medical interest. Secondly, it offers technical assistance of a statistical and mathematical kind to those who wish for it, while at the same time pursuing statistical investigations on its own initiative.

Bart's has for some time published annual statistical tables, but of recent years publication has been somewhat desultory. One job the department has to do is to bring the statistical tables up to date for recent years. Current clinical material is indexed in two ways. A card index for disease is being built up under the headings of the M.R.C. Morbidity Classification. (The available data for recent years will also be included in the card index.) In addition a Hollerith punch card system is being introduced which records for each patient a number of particulars—such as Registry number, age, admission and discharge dates, diagnoses, operations, doctor under whose care the patient is, occupation, civil state and number of children. The punch card system is envisaged primarily as an index. It will also produce figures in a general way, but no serious research can be contemplated without checking the figures from the notes themselves.

On the technical side the department was initiated so that advice on statistical subjects should be readily available in the hospital. It

our relationship to this group and came to the conclusion that without altering the rules of the Abernethian Society (which is fundamentally a clinical society) we could not take it under our wing. In fact the group never wanted that. We did agree to give the group any help they should ask us for but as yet none has been asked. In fact our perturbation is non-existent.

is being increasingly realised by all workers who produce scientific papers that the significance of their figures is difficult to assess except by rigorous methods. The choice of controls and the selection of random samples require careful thought. Technical advice at an early stage can increase the value of results, while a statistician's analysis can be rendered much more difficult, and often impossible, by faulty design of an experiment. Such matters as fitting theoretical curves to experimental data are often outside the equipment of the medical man and graphs and presentation generally are becoming increasingly specialised work. I hope that close contact will be maintained with research work in the Hospital, and to this end I would appreciate it if copies of papers published by Bart's men were sent to this department.

To clear up some ideas which seem to be prevalent I will take this opportunity of stating that the department is not created to produce figures of cost per head per patient, or annual expenditure on potatoes, or other such administrative statistics. Equally the department is not a herald of nationalisation and the general bureaucratic trend. In fact (though obviously if the Ministry require figures, the statistics department will be saddled with the job of supplying them) one idea behind the department is to combat the over-centralisation of statistics. It is our firm belief that the further one gets from the individual units themselves the more inaccurate become the statistics and nothing but the broadest generalisations are justified.

I hope that eventually people will come to the Statistics Department with a statistical problem in the same way in which, for instance, they go to the Pathological Department for an opinion on a pathological specimen.

THE JOURNAL

We regret that weather conditions have compelled the issue of the March and April numbers in this single number.

Contributions for the May number should reach this Office by April 7th.

BERNARD SHAW AND THE LATE DR. KINGSTON BARTON



G. B. S. in 1879

THE late Dr. James Kingston Barton died on November 4th, 1941, at the age of 87, having been a perpetual student of the Medical College since October 1st, 1870. He qualified in 1875, and became M.R.C.P. in 1894. Kingston Barton built up an extensive practice in Kensington, where he was Medical Officer to the Siamese Legation, but retired from practice many years before his death. His case-books were placed in the Medical College Library, and from time to time he brought cuttings relating to his friends and former patients which he pasted in the appropriate volumes. He was keenly interested in the College, of which he was a Governor, in addition to being a Governor of the Hospital.

Kingston Barton presented to the College Library material associated with Bernard Shaw, of whom he was a great friend in his early life, and we possess some early photographs of G.B.S., a portrait postcard addressed to Kingston Barton, and some rough sketches of the latter drawn by the famous playwright on the back of an envelope. We also have two sets of verses written by Bernard Shaw, one of which was written about March, 1882, on the

occasion of Kingston Barton's removal, and the other, dated March 21st, 1887, after G.B.S. had spent a fortnight with Kingston Barton while Bernard Shaw's mother was moving to Fitzroy Square.

Kingston Barton himself prepared typed copies of these verses, with annotations.

J. L. T.

ODE TO J.K.B.

Written by Bernard Shaw about March, 1882. The occasion being the removal of J.K.B. from his old lodgings in Gloster Road, South Kensington, to 2, Courtfield Road, close by.

Sing a song of Barton
Hear the solemn news
Kingston B for sartin
Of Bartholomew's.

Heavens! what imprudence
Changing his abode
Leaving Mrs. Mudon's
In the Gloster Road.

But, you see, the fact is
He is such a dab,
Doubling of his practice—
So gifted with the gab,
So knowing with his sphygmographs,
So perfect at a hop,
That he at all his rivals laughs
And brags of his new shop.

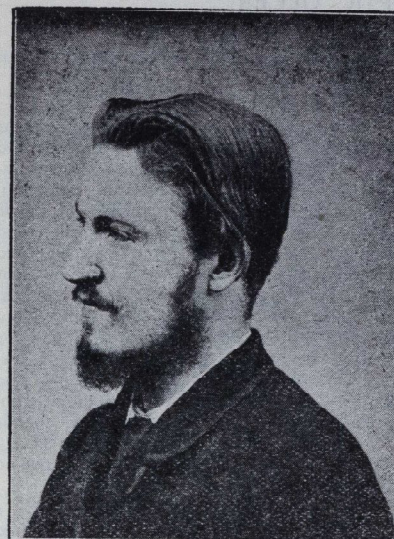
Celebrate the new house
Sing and play the harp.
"Fine thou art to view, House
Built by Mister Sharp!"

You can't get so fine a
Tenant every day.
He was born in China
Miles and miles away.

May his profits quicken
His skill find constant use.
May the neighbours sicken
Like the very deuce

Then hurrah for Barton
Sing the jolly news
Kingston B for sartin
Of Bartholomew's.

[Dudgeon's sphygmograph came out in 1881 and J.K.B. adopted this scientific method of revealing the many important details of the heart beats as exhibited in the pulse tracing. He used that little instrument for fifty years in practice at the bedside.]



G.B.S. in 1881

Verses written by Bernard Shaw dated March 21, 1887. The occasion for such being that Shaw had spent a fortnight as a guest in J.K.B.'s house, 2, Courtfield Road, South Kensington, whilst Shaw's mother changed over their lodgings to 29, Fitzroy Square.

Farewell, farewell to Courtfield Road!
Farewell to number two!
The haven twixt my old abode
And 29, my new.

No more the gentle Maidwell's tread
Shall break my morning's sleep:
Tomorrow I shall lie in bed
Till 12, perhaps, and weep.

Of Schneider's loud "Ta ta" bereft
My breakfast I must gorge;
Nor shall I have upon my left
The wasted student, George.

The rising sun o'er Fitzroy Square
A lonely man shall see,
Mourning the fleeting fortnight's fare
He sponged from Kingston B.

Disbanded is the gay quartet,
Broken the porridge plate,
Strewn is the bath with vain regret,
Heavy the hand of fate.

Get up! my bloody soul, arise!
The Sabbath half past ten
At breakfast council of the wise
Shall see thee sit again.

Dedicated respectfully to the company at breakfast by the distinguished author. Kindly send letters, if any, on. Cannot get at my envelopes—furniture blocked up.

Signed G.B.S. with his characteristic large flourish of the pen.

[Maidwell was the soft-footed butler. George was an elder brother of J.K.B. and was then a student at Charing Cross Hospital. Schneider was an old friend of J.K.B. Well known family in Westmoreland.]

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BOOK REVIEW.

DISEASES OF THE NERVOUS SYSTEM, by F. M. R. Walshe. Fifth edition. E. & S. Livingstone. Pp. 351. Price 16s.

THE new edition of this popular textbook will appeal even more to the student than did its predecessor.

The format of the book has been altered—it is now a little larger in size but slightly smaller in number of pages—and this change, together with the use of better paper and an improvement in some of the type, casts off the impression of austerity given by the previous edition.

Four illustrations have been withdrawn, but the deficit is amply made up by the addition of a dozen new illustrations, amongst which are several excellent photographs of Weigert-Pal-stained sections of the spinal cord in various diseases.

In connection with the illustrations, it is good to note that the incorrect references in the text, both to

illustrations and to subject-matter, which were an irritating feature of the previous edition, are not in evidence in this one.

In the text the chief changes are to be found in the chapter on vascular disorders of the brain which has been re-arranged and partly re-written. The section on the treatment of cerebrospinal fever has been extended to discuss the use of penicillin in this condition; and elsewhere a brief mention is made of the use of penicillin in the treatment of neurosyphilis. A short section has been added on acroparæsthesia, and minor alterations made in the chapter on intracranial tumours.

A criticism which might perhaps be levelled at this book is that one does at times feel lost without the familiar eponymous nomenclature (condemned by the author) for signs, syndromes, and diseases.

The student will find this a very interesting and readable textbook on the commoner nervous diseases, and one published at an extremely reasonable price.

A CASE OF A PEPTIC ULCER

By J. W. S. HARRIS

PERFORATED peptic ulcer is a common surgical emergency and the following case is recorded because it presents certain unusual features both in the signs and symptoms and in the size and position of the ulcer.

History.

Mr. T. D., a printer, aet. 59, was admitted to St. Bartholomew's Hospital at 5.45 p.m. on 11.9.46, complaining of acute abdominal pain.

Three years previously the patient had first noticed a little gastric discomfort after meals which gradually increased in severity until he began to get a dull aching pain in the epigastrium about one to three hours after eating his breakfast. This pain persisted throughout the day until he went to bed at night, but was sometimes relieved by opening his bowels and sometimes on eating his mid-day meal. The pain did not radiate and never kept him awake at night. Soon after the onset of the pain he obtained a bottle of cream of magnesia from a chemist and this afforded him some relief when taken after meals, but this practice did not become habitual. The pain was not continuous and periods of remission varied in duration from three months to over one year. His appetite had always been good and apart from some loss of weight and frequent constipation, there was nothing else of note in the history.

About one month before admission the pain returned and the patient had to take his medicine more frequently and felt less energetic, but he never thought of consulting a doctor until 11.9.46.

At 3.30 p.m. on 11.9.46, while at work, the patient was suddenly seized with acute abdominal pain which doubled him up; after resting, the pain eased a little and he was able to continue his work, but was eventually obliged to give up on account of the severity of the pain which began to come in spasms.

4.0 p.m. Reported sick to works doctor; bowels opened with small constipated result. T. 97. P. 72. Passed small quantity of urine, felt nauseated—retched continually but did not vomit.

5.45 p.m. Seen in surgery. Patient did not look acutely ill on arrival. T. 97. P. 80. Pain was severe and came in spasms every 20-30 secs.—worse on inspiration. Patient was restless and unable to pass urine.

6.0 p.m. Sudden onset of violent pain: patient cried out and writhed in agony for several minutes. Eventually he was able to lie

quieter but continued to retch violently without vomiting.

On Examination.

The patient was thin but not wasted, mucous membranes fair colour, tongue was moist and clean. Pupils reacted to light and accommodation. The abdomen moved little on respiration, there was no distension but marked epigastric rigidity—the whole abdomen becoming rigid during the pain spasms. There was generalised tenderness which was most severe on the right side and in the epigastrium—there was no renal tenderness. The abdomen was generally resonant with the exception of an area of dullness supra-pubically, with a distribution which was suggestive of a full bladder—this area was also painful on percussion. Liver dullness was not appreciably diminished but no bowel sounds were heard. A rectal examination revealed a firm and slightly asymmetrical prostate but no tenderness.

6.15 p.m. Patient was admitted with a diagnosis of perforation and soon commenced to show signs of prostration—sweating and pallor. Catheterization produced 4 oz. of concentrated urine.

8.0 p.m. Pain was worse and respirations were very shallow: $\frac{1}{4}$ gr. of morphia was given and a rectal drip commenced. T. 95. P. 82. R. 24.

Operation—9.30 p.m.

Laparotomy was performed under cyclopropane-oxygen anaesthesia. A supra-umbilical mid-line incision was made and on opening the peritoneum much yellow fluid welled up into the wound—this was aspirated. The duodenum and stomach were inspected but no lesion was seen on their anterior aspect. There was gross oedema of the serous layer of the bowel and generalised peritonitis. The stomach was delivered through the incision, turned upwards with the transverse colon, and the lesser sac incised through the transverse mesocolon. The posterior wall of the stomach was inspected and a large serrated perforation was found, surrounded by a whitish area. Closure of the perforation and drainage of the lesser sac was deemed impracticable owing to the size and situation of the lesion. It was therefore decided to perform a partial gastrectomy despite the general peritonitis, as the patient's condition was quite good (B.P. 120/74) and as this offered the only satisfactory method of complete repair. An intra-venous plasma transfusion

was commenced and later whole blood was transfused. A Moynihan II partial gastrectomy was performed, the abdomen being drained through a supra-pubic stab wound. Towards the close of the operation 100,000 units of penicillin were given by intra-muscular injection.

Post Operative Course.

The patient was nursed in the Fowler position on a sorbo mattress. Morphia gr. 1/6 4-hourly was given for the first six days and a high daily dose of penicillin (200,000 units) was maintained for eleven days.

On the fourth day the patient vomited 18 oz. of thick dark-green fluid which was found to contain blood, mucus, bile salts and pigments. A Ryle's tube was passed and 4-hourly aspirations commenced—the tube being removed on the evening of the sixth day. There was some post operative bronchitis which rapidly improved with the use of 4-hourly inhalations and the chest exhibited no physical signs after the 8th day.

Fluids were given by intravenous transfusion and rectal drip up to the sixth day while boiled water was given by mouth from the second day. Normal fluid intake was commenced on the eighth day and the ordinary post-Lenhartz diet was started on the tenth day. The patient's bowels opened naturally for the first time on the seventeenth day and apart from some gaping of the skin in the abdominal wound—which necessitated secondary suturing—the patient's recovery was uneventful until his discharge on 9.10.46 on a C.A.D. III diet.

Pathological Report.

The portion of stomach removed measured 15cm. along the greater curvature and 9cm. along the lesser curvature. On the posterior surface at a distance of 1.5cm. from the edge of the specimen there was a perforation measuring 1cm. in diameter which was surrounded by a white roughened patch. The remainder of the external surface appeared normal.

On opening the stomach the perforation was found to be in the floor of an irregular ulcer which was 2.5cm. in diameter and had rolled and hard edges. The remainder of the gastric mucosa showed no abnormality. One large lymph gland was found in the greater curvature and was removed for section.

Section showed the presence of a chronic gastric ulcer in which there was no evidence of healing—the surrounding white patch being an area of chronic gastritis. Section of the lymph gland showed sinus catarrh only.

There was no evidence of malignancy in either section.

Discussion.

The vast majority of chronic gastric ulcers are situated along the lesser curvature of the stomach. Stewart (1) in 210 autopsies at Leeds gives the following figures:—

| Situation | No. of cases |
|---|--------------|
| Chronic gastric ulcers on the lesser curvature—excluding the pyloric canal and cardia | 172 or 82% |
| Chronic gastric ulcers in the pyloric canal | 26 or 12% |
| Chronic gastric ulcers in the cardia | 2 or 1% |
| Chronic gastric ulcers on the anterior wall | 4 or 2% |
| Chronic gastric ulcers on the posterior wall | 6 or 3% |

He also makes the following observations with regard to the site of perforation, "The majority of acute perforations occur on the anterior surface both in the stomach and duodenal bulb—irrespective of whether the ulcer is situated primarily on the anterior or posterior wall."

In 68 cases of perforated ulcer which he examined, 59 (86.8%) perforated anteriorly, 5 (7.4%) perforated posteriorly, while 4 (5.8%) perforated in both directions—giving a ratio of anterior to posterior perforations of 63 to 9, the figures agreeing with those of other observers, e.g., Moynihan (1907) 7.5:1 and Paterson (1907) 6.5:1.

The size of the ulcer is the next fact worthy of note. Stewart states that only 5% of all chronic gastric ulcers exceed 2.5cm. in diameter.

When an ulcer perforates through the posterior wall, the stomach contents not infrequently become walled off in the lesser sac of peritoneum. In the case under discussion it seems possible that this did occur in the first instance as the patient was able to return to work for a short period after the onset of pain. At operation, however, the greater sac of peritoneum was found to be involved and it is thought that the sudden exacerbation of pain while the patient was in the surgery probably marked the discharge of stomach contents into the greater sac of peritoneum, as prostration quickly followed.

The first gastric resection for perforated gastroduodenal ulcer was performed by Haberer in 1929 and although several cases have been reported of successful operation and recovery of patients aet. 60 and over they are few in number compared with those in the younger age groups. Amos Graves (4), working at the Schmieden Clinic, gives the following reasons

as a justification for primary resection in "good-risk" Central European cases.

1. The ulcers are multiple in 30% of perforations.
2. Gastritis is usually present.
3. The pathological condition cannot be evaluated by inspection and palpation alone.
4. Resections are performed in 40-75 minutes.
5. Mortality is not over 5%.
6. Technically easier than in elective cases of peptic ulcer.
7. Simple methods do not always cure and are frequently followed by recurrences.
8. Resection later, in failures, carries a high mortality.

Factor (3) had a bearing in this case as the patient's brother was known to have died from Gastric carcinoma.

The high penicillin dosage maintained over a long period together with skilled post-operative care undoubtedly played an important part in the patient's recovery.

The long history of vague dull aching pain does not seem to correlate with the finding of a large active ulcer, although it may be that the further the ulcer is from the pylorus the less intense the symptoms. It is curious that the patient insisted that defaecation eased his pain and it may well be that the taking of food

actually relieved the pain: the defaecation being the manifestation of the gastro-colic reflex.

Summary.

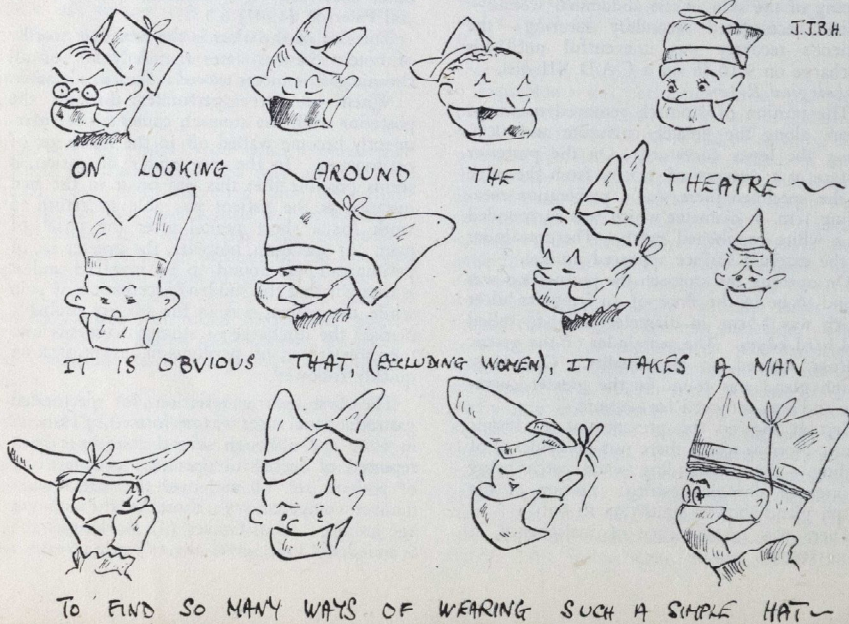
A case is described of perforated peptic ulcer, with the following points.—

1. A long history of vague gastric pain.
2. A sudden onset of acute abdominal pain.
3. The probable discharge of stomach contents from the lesser sac into the greater sac of peritoneum while the patient was under observation.
4. The performance of a partial gastrectomy in a male aet. 59 with subsequent recovery.
5. The size and position of the ulcer.

I should like to express my thanks to Mr. G. L. Keynes for permission to publish this case and for helpful criticism, and to Dr. G. J. Cunningham for permission to publish his pathological report and for much technical assistance.

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CORRESPONDENCE

VITAMIN C TESTS

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

If any volunteer who took part in our Vitamin C saturation tests and the hyperkeratosis tests during November 1943 and February and May 1944 wishes to have a reprint of the paper on this subject recently published by Mr. M. P. Durham, Dr. G. E. Francis, and myself (*The Lancet*, December 28th, 1946, page 936), I shall be pleased if he will write to me, giving his full address. In our paper we wanted to give the initials of each subject, but the editors of *The Lancet* preferred the use of numbers. Since we believe that most of the subjects will be specially interested in the results of the tests on themselves, we will indicate on the reprint the group and number of the subject concerned.

I am,

Yours faithfully,

A. WORMALL,

Department of Biochemistry
and Chemistry, The Medical
College of St. Bartholomew's
Hospital, E.C.1.

31st January, 1947.

ASCORBIC BESS

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

I was most intrigued by Dr. Shaw's hypothesis (in his interesting letter of January) that the originality of the Elizabethans sprang from the flood of Vitamin C released on Europe at that time. It is a smug thought for us, who look over our shoulders with awe and envy at these intellectual and moral giants, that their genius can be reduced to terms of chemistry. So Shakespeare's pen was driven by white crystals with a long formula, Raleigh was impelled by a chemical he never met in his experiments, and the Armada was driven off with a sack of potatoes. The Queen herself . . . perhaps the impact of so much ascorbic acid is the answer to the little puzzle she has set the historians. Her soubriquet expresses the most extreme originality, at any rate.

In support of the vitamin theory, let me point to Mr. Bernard Shaw, who, as you know, is a vegetarian, and must have ingested a vast amount of Vitamin C in his lifetime. Not only has his diet given rise to an alarming originality, but remarkable longevity into the bargain. It is my guess, though, that this last is the result of the Almighty's being so nervous of G.B.S.'s upsetting arrival in Heaven, that He has been putting off the day as long as possible. I hope He'll go on funking it.

Yours sincerely,

ALAN TOIS,

Newquay, Cornwall

January 17th, 1947.

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

With the exception of one lamentable lapse into personalities, the articles of Evelyn Tent have maintained a uniformly high standard. I found myself in complete agreement with him on the subject of theatre criticism, and his article on prejudice was very stimulating.

He failed, however, to distinguish between prejudice and intuition. Both usage and etymology justify us in using the word prejudice as "judging beforehand," that is to say, without being in possession of the facts. Intuition on the other hand

means "seeing into" or the ability to glean from the facts information that the intellect is unable to provide.

Intuition is defined as a direct apprehension of a reality which is non-intellectual; *i.e.*, that it is neither a perception, nor a conception, nor an object of reason.

According to the definition that prejudice is judgment without possession of the facts, it follows that where facts are available prejudice is inadmissible. In the realm of science prejudice is a pernicious and damnable influence which has no validity whatsoever.

Intuition is a necessary part of scientific procedure. The scientist who has gathered a number of facts which seemingly have no relationship may have an intuition which enables him to correlate them in a new theory. This intuition, far from being a prejudice, is based on facts, can be tested experimentally corroborated by more facts, and either substantiated or disproved. It was an intuition that led Galileo to the hypothesis that the world was round; it was the interference of prejudice in a matter of science which caused men to torture him on the rack.

Yours faithfully,

DAVID MENDEL.

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

May I claim a small amount of your space in your columns in order to inform your readers that yet another pre-war society has restarted its activities.

It is hoped to put on a production the last week in May, rehearsals for which will start in late March. Will anyone interested in this production in any capacity please communicate with me as soon as possible?

The committee trust that as many people as possible will give their support practically and by buying tickets themselves or selling them to their friends when the time comes.

Yours faithfully,

J. C. PITTMAN,

Hon. Secretary, Dramatic Club,
St. Bartholomew's Hospital, E.C.1.

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

Certain London teaching hospitals have for some time had schemes for chest X-ray examinations of their students. Such schemes are also being widely carried out among London boroughs and elsewhere. Is there any reason why this has not been done here also—it is said that students will not take full advantage of such a scheme, but even should this be so, it ought to be brought to the attention of students that the hospital authorities consider it advisable for them to have chest X-rays carried out at intervals.

In any case such a plan should surely be put into effect without delay.

Yours faithfully,

Abernethian Room,
February 6th.
M. G. S. VERCOE.

We should point out to Mr. Vercoe that the health of the students is technically not the concern of the hospital but of the Medical College authorities, and we are informed that the College has no apparatus with which to carry out such examinations. Mass Radiography of the students would therefore involve an expense to the College which it does not feel able to meet.—Editor.

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

The Charter Window.

In his interesting article in the January JOURNAL, Sir Alec Martin interprets the word "perfractured," occurring in the 1664 extract from the Hospital Journals, as meaning "portrayed." May I suggest that there has been a mis-reading and that word is "perfractured," i.e., "broken through"?

Evidently obscure medical jargon even then obtruded itself into everyday matters. Doubtless the septum pellucidum was perfractured by a puerile lithic jactation!

Yours faithfully,

F. W. SHEPHERD,
6, Ancliffe Road, Leeds.

February 14th, 1947.

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

The "last plea" of your editorial on Photography and Medical Education in ST. BARTHOLOMEW'S HOSPITAL JOURNAL of January, 1947, contains a slight misunderstanding. The College actually possesses a very large and comprehensive museum of X-ray films. The work of making this accessible to the students was postponed because of the war, but it is hoped to continue with it soon.

Before submitting a plan to the authorities for discussion, I would very much like to hear the views of the students themselves. Perhaps it might be possible to discuss the matter at a clinical meeting of the Abernethian Society.

There are two alternative methods of exhibiting the films, which are primarily required for the patients. One is to make a duplicate of the original skiagram especially for the students, so that loss or damage would not affect the patient. The other is to reproduce certain of the skiagrams at present in the museum. This could be done in the following ways: (1) as lantern slides; (2) on strips of 35 mm. cinematograph film; (3) as reduced, or full-size prints (or solarised X-ray film reproductions).

The first two methods of reproduction usually require apparatus for projection, and there is always some doubt as to whether this is suitable for demonstrating X-ray appearances. However, I should be interested to hear your views.

Yours faithfully,

GEORGE SIMON,
15, Upper Wimpole Street, W.1.

February 8th, 1947.

It was for this reason that the expression "teaching X-ray museum" was used.—Editor.

CROSS COUNTRY

HOSPITALS' CHAMPIONSHIP

There were 16 starters in the cross-country championship of the United Hospitals and race for the Kent-Hughes Cup, over a snow-covered five miles' course, at Chingford on Saturday, March 8th. St. Bartholomew's Hospital, the holders, were again successful with the lowest score of 23 points, Middlesex being second with 32.

The order of finishing was:—J. B. Millard (King's College Hospital), 38min. 41sec., 1; J. Dodson (Bart.'s), 38min. 48sec., 2; M. E. Glanvill (Bart.'s), 39min. 6sec., 3.

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

In your last issue Mr. Maurice Pearson, in a most interesting and entertaining article, indicated that he was House Surgeon at Bart.'s as long ago as 1895. It may interest some of your readers to know that Professor Henri Hartmann, who is still active and alert in Paris at the age of 86, first visited Bart.'s in 1883, and recollects many details of the Hospital at that time.

There is some possibility that Prof. Hartmann may re-visit Bart.'s this autumn, on the occasion of the International Congress of Surgery in London.

Yours faithfully,

E. GREY TURNER,
Huntercombe Manor,
Nr. Taplow, Bucks.

February 9th, 1947.

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

This is a recurrence of an appeal first made in this College a little over eighteen months ago. Books and periodicals are badly needed on the Continent in Universities whose libraries were looted, burnt or otherwise destroyed during the war. University life is proceeding again to a remarkable extent, but full activity and efficiency is hampered by the bareness of bookshelves and the emptiness of reading rooms; and the depletion of teachers, together with the lowered standard of teaching consequent upon six years' pre-occupation, have turned students more to books than to lectures. The English language is well understood in most places.

We are in a position to help. We could make presents of all medical (and pre-medical) periodicals and textbooks which we have ceased to use. The transfer and distribution of material is being carried out by the International Students' Service, an organisation which, during the war, in disrupted Continental universities and among allied prisoners-of-war, did work which has not yet been sufficiently recognised by schools and universities in Great Britain.

Will anyone who has books or journals to give please dump them in R.S.Q., Room No. 1A, or hand them over to Mr. Ginn in the cloakroom or send them to me. And it might not be ineffectual to add that the I.S.S. is restricted in its work by the smallness of its financial resources.

Yours sincerely,

J. N. COZENS-HARDY.

R.S.Q., St. Bartholomew's Hospital, E.C.1.
February 6th, 1947.

The Club is to be congratulated on this fine achievement.

On Saturday, November 30th, the Cross-Country Running Club paid a visit to Bristol for a meeting in which six teams competed: these teams were as follows: St. Bartholomew's Hospital, Bristol University, Southampton University, Westbury Harriers, Newport Harriers and Cheltenham and St. Paul's Colleges combined.

At this large match, the Bart.'s team managed to defeat all the teams present, by a very wide margin of points, except for the Westbury Harriers (who had

an excellent pack of runners, and incidentally managed to obtain 4th place in the South of the Thames race with over 30 teams competing). It can be seen from the above results that the Bart.'s team did very well. The course was 5½ miles in length and was completed in 29 minutes 36 seconds.

The individual winner of this excellent match was D. L. Lloyd (Newport Harriers); J. A. Menon (Bart.'s) was very close behind him, Menon being the outstanding runner of the Bart.'s team that day. The remainder of the Bart.'s team came in as follows: 12th, Burn; 15th, Glanvill; 21st, Mathews; 26th, Dodson.

The scoring and placing was as follows:—

- 1st.—Westbury Harriers, 26 points.
- 2nd.—Bart.'s, 78 points.
- 3rd.—Bristol University, 80 points.
- 4th.—Newport Harriers, 95 points.
- 5th.—Southampton University, 116 points.
- 6th.—St. Paul's and Cheltenham combined, 135 points.

On December 14th a match was going to be held with Southgate Harriers at Cray Hill, but as the fog prevented some of our team arriving in time, the match was not held. However, one of Southgate's veteran runners changed and took us around the 5½ mile course. The run was very pleasant, but as the light was failing on the return journey, many members of the team sustained minor injuries.

CRICKET CLUB

At a general meeting of the club held on Tuesday, November 12th, 1946, with Mr. J. E. A. O'Connell in the chair, the following Committee was elected for next season, 1947:—President, Mr. J. E. A. O'Connell; Vice-Presidents, Dr. Geoffrey Bourne, Professor Wormall, Mr. Rait-Smith, Mr. Donald Fraser, Dr. Neville Oswald, Dr. James North; Captain, R. Morgan; Vice-Captain, H. R. Odium; Secretary, J. S. Vazifdar; Extra Committee Members, C. G. Elliott, P. D. Moyes.

It was resolved that honours be awarded by vote by the Committee at the end of the season, and that these awards be announced at the Annual General Meeting which follows.

That honours be awarded according to general merit and as a recognition of service to the club. The chief criteria shall therefore be the number of matches in which a member has played, and his performances in those matches.

That the Captain, Vice-Captain and Secretary be awarded honours on their work during the past season.

It was resolved that the Annual General Meeting be held in October, and that officers for the following season be elected at this meeting.

These resolutions are part of a thorough revision of the Constitution and Rules of the Club, which was carried out at this General Meeting.

A meeting of the Retiring Committee was held on Tuesday, February 25th, 1947, for the awarding of honours on last season.

After it had been stressed that the awarding of honours was a retrospective process, the following Awards were made:—Ex-officio: N. G. O. Gourlay, J. E. R. Dixon, R. Morgan, J. N. Cozens-Hardy. By election: J. S. Vazifdar, H. R. Odium, P. D. Moyes, C. G. Elliott, P. Haigh, T. Ewart Davies, R. A. Struthers.

J. N. C.-H.

Many of the Southgate club members were trying to find us, and guide us back to their headquarters with hurricane lamps and torches, fearing that we were lost.

On January 11th the United Hospitals Hare and Hounds held their first post-war handicap race at Chislehurst over a 6½ mile course at 3.30. Mr. H. B. Stallard kindly acted as judge and starter. The Hospital was well represented, not only in numbers but also in the final positions at the end of the run; the winner being P. D. Mathews, followed by J. I. Burn. It was good to feel that the United Hospitals Hare and Hounds club was once again starting to hold its pre-war fixtures (being one of the oldest clubs in London; founded 1886).

On January 25th a paper chase was to have taken place, but as two members of the team were chosen to run for University of London cross-country team at Oxford, and five other members ran for U.H. H. and H. at Richmond against Ranalegh Harriers (incidentally the Hospitals managed to gain the first six places), the "chase" was cancelled.

The club would like to express their regret that J. A. Menon fractured his fibula and wish him a rapid recovery.

For the information of past and present students, it is now possible to obtain United Hospitals Hare and Hounds Badges (i.e., skull and crossbones) at Messrs. Jack Hobbs, Fleet Street, at 6s. per badge.
M. E. G.

ALPINE CLUB

The club proposes to hold a Climbing Meet in the Lake District over the week-end of Friday, March 29th. Moreover, a party will be going to Skye from May 10th to 24th. Will all those who wish to attend either of these Meets please inform the Secretary.

Notices of lectures to be given by Messrs. P. Bicknell and J. Longland during the next two months will be posted in the Hospital A.R. and over at Charterhouse Square. Members requiring personal notification of these activities should write to one of the Secretaries, J. W. Platt or D. Garrod. Meetings are held at 8 p.m. in Dr. Cullinan's house, usually on a Monday.

11th DECENNIAL CLUB DINNER

The next Annual Dinner of the 11th Decennial Club will be held at the May Fair Hotel on Friday, the 25th April, at 7 p.m. The Secretaries are Wilfred Shaw, 109, Harley Street, W.1, and F. C. W. Capps, 16, Park Square East, Regents Park, N.W.1.

CRICKET CLUB BALL

The Annual Ball of the Cricket Club will be held on Saturday, May 3rd, 1947, at Grovenor House. Music by the Blue Rockets Dance Orchestra. Tickets, 2½ guineas, doubles, available from the Hon. Secretary, Cricket Club, St. Bartholomew's Hospital. All ex-St. Bart.'s men are invited. Edrich, Compton and other Test Cricketers will be present.

ANNOUNCEMENTS OF DEATH

Dr. T. W. Shore, O.B.E., late Dean of the Medical College, 1906-1930, died on February 19th, aged 85.

Dr. P. G. Sclly, O.B.E., M.O.H. of the Faversham Rural District, 1905-35, died on January 26th, aged 81.

Fuller obituary notices will appear later.

EXAMINATION RESULTS

UNIVERSITY OF LONDON

M.D. EXAMINATION
DECEMBER, 1946*Branch I (Medicine)*Cochrane, J. W. C.
Dalton, I. S.*Branch III (Psychological Medicine)*

Gilsenan, B. M. C.

Branch V (Hygiene)

Pleydell, M. J.

EXAMINATION FOR THE ACADEMIC
POSTGRADUATE CERTIFICATE IN
PUBLIC HEALTH
DECEMBER, 1946Elliott, H. M.
Gregory, J. C.

Gretton-Watson, B. G.

EXAMINATION FOR THE ACADEMIC
POSTGRADUATE DIPLOMA IN
MEDICAL RADIOLOGY
DECEMBER, 1946

Pimblett, G. W.

FIRST EXAMINATION FOR MEDICAL DEGREES
DECEMBER, 1946Anderson, R. J. D.
Bartley, R. H.
Birch, G.
Blake, A. S.
Chapman, I.
Charles, H. P.
Chitty, W. A.Courtenay, P. H. E.
Dorner, A. E.
Evans, E. W.
Finch, C. P.
Fuller, A. P.
Gobert-Jones, J. A.
Goode, J. H.Hill, F. A.
John, A. H.
Lumley, P. W.
O'Brien, M. J. C.
Picthall, G.
Scott, H. G.
Singer, G. E.Thomas, H. A. J.
Todd, J. N.
Waterhouse, J. P.
Williams, D. K.
Wyatt, H. J.

CONJOINT BOARD

FINAL EXAMINATION
JANUARY, 1947*Medicine*Boxer, E. I.
Bracewell, G. A.
Bradford, D. C.
Cheshire, D. J. E.
Colley, R. O. N. G.
Jones, E.Marsh, E. D.
Noon, C. F.
Pine, R. S.
Proctor, I. R. D.
Weston, P. A. M.
Winstone, N. E.*Surgery*Boxer, E. I.
Bradfield, G. P.
Cathcart, D. B.
Galbraith, H. J. B.
Glenister, T. W. A.
Harrison, J. A. B.
Hopwood, G. M.Jenkins, J. S.
Jones, E.
Matthias, J. Q.
Merory, P. H.
Pranker, T. A. J.
Treharne, P. G.
Watson, J. R.*Pathology*Bendas, J.
Blackman, J. H.
Bomonji, T. R.
Boxer, E. I.
Bradfield, G. P.
Dickinson, A. M.*Midwifery*Atteridge, J. H.
Cathcart, D. B.
Cornford, H. W.
Dixon, J. E. R.
Jenkins, J. S.
Juby, H. B.
Lonsdale, D.
Matthias, J. Q.
Odlum, H. R.Glenister, T. W. A.
Highway, J. D.
Juby, H. B.
Matthias, J. Q.
Pine, R. S.
Watson, J. R.Osborn, T. W.
Pearson, F. A.
Pine, R. S.
Powell, F. J.
Rogers, D. J. H.
Treharne, P. G.
Whittall, J. D.
Winstone, N. E.*The following students have completed the examinations for the Diplomas M.R.C.S., L.R.C.P.*Atteridge, J. H.
Bracewell, G. A.
Bradford, D. C.
Cheshire, D. J. E.
Harrison, J. A. B.
Hopwood, G. M.
Marsh, E. D.
Noon, C. F.
Proctor, I. R. D.
Weston, P. A. M.

SOCIETY OF APOTHECARIES

PRIMARY
JANUARY, 1947*Physiology*
Rossdale, R. A.

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

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MAY 1st, 1947.

No. 3

CHEST RADIOGRAPHY OF MEDICAL STUDENTS

THERE are now over seven hundred and fifty students at Bart's. Once again the question of their health has been brought up in a letter published in the last number of this JOURNAL. The plea was for routine chest X-ray examinations and the example of certain London teaching hospitals was raised. The health of the students is the concern of the Medical College and not of the Hospital, and, as was pointed out, the College has no apparatus with which to carry out such examinations. If the College were to pay for routine full scale radiographs of students the cost would be considerable, both in time and money, and the examination of each student would have to be repeated at least once a year. However, the advent of mass miniature radiography should overcome these deterrents.

The concern of the writer of the letter was only one aspect of student health—presumably that of pulmonary tuberculosis, to which, it is stated, students are no more liable than others of the same age. Other aspects are also under consideration in other places—notably the British Medical Students' Association has inquired into student health facilities in various medical schools and is hoping to remove some of the existing anomalies. The B.M.S.A. has indeed recently produced a report on this subject. But our concern here is that of pulmonary tuberculosis and the use of chest radiography in its detection.

Since radiology is the most effective means of detecting the focus of early pulmonary tuberculosis it follows that routine X-ray examination would reveal cases of early non-infectious disease and in addition would lead to the discovery of those infectious cases who

unknowingly are steadily disseminating tubercle bacilli. The introduction of miniature radiography has made such a scheme possible. By this method the shadow of the chest cast on the fluorescent screen is photographed on 35 mm. film. After processing the permanent record thus formed is viewed by means of projection, which at the same time enlarges the image to a size of 6 in. by 6 in. This projected image, although lacking the complete detail afforded by first class full scale films, is sufficient to allow the differentiation of an abnormal from a normal chest. No further deductions should be drawn. Persons with abnormal chests are then admitted to full X-ray, clinical and laboratory examinations with a view to finding whether tuberculous disease is present and if so whether in an active or inactive state. The method has the advantages of speed and a moderate cost. But due regard must be paid to its limitations. Interpretation of the miniature films calls for considerable skill and experience. Further, it is important that the examination of each individual should be repeated at least once a year, and even then rapidly forming cavities might be overlooked for several months.

The occupation of individuals influences their liability to develop pulmonary disease. Thus pulmonary tuberculosis is particularly liable to occur in workers in certain dust laden atmospheres, in waiters and in seamen, and the incidence is lowest in the professions. Nurses are often particularly closely in contact with cases of open pulmonary tuberculosis. For this reason, but depending, however, on their working conditions, the incidence of pulmonary tuberculosis in nurses may be raised. At Bart's they are now regularly X-rayed and use is also

made of the Mantoux test. But the argument that medical students should be similarly treated because of the similar contacts is not strictly valid. The students do not live with patients to nearly the same extent as nurses.

As the letter mentioned the example of certain London teaching hospitals, it may be useful to take one such example in greater detail. The medical examination of medical students at University College Hospital consists of an X-ray of the chest repeated at least once yearly, a Mantoux examination (repeated regularly if negative), together with a history in the form of a detailed questionnaire, a weight record and an interview with a physician. Students found to have trouble requiring care and treatment are given free choice of medical advisor.

There are, however, other questions to be decided besides that of having radiography carried out. There is the important question of who shall do the treating—the Hospital naturally would not be very keen to give up many beds to students with tuberculosis. The cost of the treatment would presumably be borne by the relatives or, when it had been decided which local authority was responsible for dealing with the case, by the local authority. Whether chest radiography of students and the treatment of any chest conditions found should be made compulsory are further questions. It is particularly important in such a disease as pulmonary tuberculosis that the interviewing of the affected individual should be carried out by an expert, particularly at the interview when the patient is first told of the presence of the disease. Whether all who had early signs of the disease would be grateful for being told of its presence is another matter. The student a few weeks from his finals would often rather not know, though whether pre-examination work would be the best therapeutic measure is scarcely debatable.

Three years ago the College authorities discussed this question of chest radiography of students. For reasons of cost and lack of apparatus the issue was shelved for the time being. It is good to learn from the authorities that it is once more to be raised and that the probable result will be that routine yearly chest radiography will become available to students at Bart.'s. This will be one further advance in student welfare and one that it is hoped will soon exist for all sections of the general public. Their need in this instance is no less pressing.

* * * *

Many months have passed since the first

rumours of the Great Change spread insidiously from group to group. The tale was told without conviction and was received with gentle incredulity. As time passed the story persisted. Slowly it gained ground. Images were drawn of the College cowering before a Grants Committee armed terribly with the threat of this last ignominy. The tale was told of clandestine tuition received by members of the College Selection Committee from their counterparts at the Royal Free. Mysterious extensions were planned for the Chislehurst pavilion. The hospital was ransacked for available rooms . . .

To most of us the whole affair offered no more than an exercise in argument. We discussed its rights and wrongs without feeling, much as we might discuss the ritual murders of Accra. That the Change was to Happen to Us we grasped fully at the March Meeting of the Union. We heard our treasured constitution altered for their convenience. We felt for the first time the imminence of disaster.

We stamped our feet. We groaned in spirit. We mourned the traditions that would fall before this onslaught. We girded our loins and rehearsed an Abernethian misogyny.

The event was quite different from our expectations. On the morning of Tuesday, April 8th, the first five ladies to be elected students of this hospital signed the College Register. They went quietly about their business. They crossed the road for coffee with admirable sang-froid. They lunched in the refectory with just the right air of distaste.

For a time we goggled. Gradually we lost the power of surprise. Mentally we bowed to the Selection Committee. The Change was accomplished.

We welcome our new colleagues. We welcome them sincerely for we believe that the change of which they are the harbingers will benefit the reputation of the Hospital and the activity of the College.

These sentiments are none the less sincere because we couple them with one small word of advice. We hope that the ladies themselves will tread delicately upon the hallowed paths of our tradition. They will observe that we attempt to acquire knowledge by stealth and show it only on compulsion. They will notice that no hungry lecture-audience enjoys being kept from its meal by supplementary questions. They will come across many other unwritten laws which, despite their apparent triviality, lie very close to our hearts. We hope that they too will adopt these foibles for their own.

THE HUMANITIES AND MEDICAL EDUCATION

By V. C. MEDVEI

THE development of the human mind is a strange process. Ever since I read a book on Greek Mythology as a boy of 8, I made up my mind to study Greek and Latin. Even before that event, at the age of 4, when I had scarlet fever and had to go to hospital, I knew I was to be a Doctor.

Both resolutions were fulfilled. I was taught Latin and Greek, and have now been a doctor for sixteen years. Nor have I ever regretted it.

In the last five or six years I have felt, however, that there is something missing in my general knowledge. It was not rounded, not balanced enough. There were loose ends in my medical problems that could not be picked up. I thought perhaps knowledge of languages would help to bridge the gap. Perhaps ideas expressed in French or Italian would help to clarify some views. It proved to be wrong. Then, by mere chance, I came across a little book on Elementary History of Philosophy. It was quite a good little book, and after reading it I found what was missing. Of course, how could any thinking being, and particularly a medical man, get on without philosophy. In order to understand it I had to go back, however. One cannot enjoy Russell and Whitehead, or even Joad, without reading Berkeley, Locke and Hobbes. There is Descartes' "Discourse on Method" and Pascal's "Pensées"; and Spinoza, Thomas Moore and St. Augustine. A very mixed bunch, granted; but they all have one thing in common; they lead straight back to the Greek Philosophers. There at least is found a resting point while one reads and re-reads Plato and Aristotle, the greatest of them.

Now I had forgotten my Greek so much that I had to read them in English (after all, even Harvey read them in Latin translations). This was not too much of a handicap, but I felt I should like to know more of the background of all these great philosophers, of the world they influenced, and of the world that had produced them (Russell's "History of Western Philosophy" was not published then). Before I knew where my fancy was leading to, I found myself eagerly reading History. Social History at first, then General History, History of Philosophy and, also, History of Medicine.

At the same time medical duties kept me busy. My reading was, therefore, haphazard, my knowledge irregular and confused; but how

much more I began to enjoy life and, in particular, my work! I was not able to solve more problems of a medical or scientific nature, but I began to understand things better and to see their connections. Once studying a little history it led back to the study and brushing up of Latin. I read the letters of Cicero last summer in the original with passionate satisfaction. My satisfaction deepened when I read Professor Guthrie's introductory lecture at Edinburgh in the *Lancet* (1946, I, page 405) on "The Search For A Philosophy of Medicine." This is a lecture every medical student should be given in pamphlet form at the beginning of his career and after qualification. (Just as every medical man should possess a copy of a good History of Medicine, e.g., that by Professor Charles Singer or by Professor Guthrie.)

To quote only two passages from Guthrie's lecture. "The leading exponent of British medicine of the 18th Century, William Cullen, was wont to preface his lectures with the statement: 'It shall be my endeavour to make you philosophers as well as physicians.' And in our day, when medicine has become mechanised and specialised almost beyond recognition, the need for a philosophic basis is greater than ever. The edifice has grown almost too massive for the foundations, and it seems desirable that the builders should pause to ascertain whether those foundations can support any further addition to the superstructure."

And:

"Personality, that elusive factor, counts for much. Perhaps the best of a man like Sydenham dies with him, as his friend John Locke pointed out. There is a knowledge which cannot be written down, though it may be passed down by example. Personal insight and human kindness cannot be transmitted by book learning. This explains why the old-fashioned system of apprenticeship was a most valuable part of medical education, unfortunately lacking today."

I have now just arrived at Professor Gilbert Murray's "Greek Studies" and another volume of his former essays on more specified subjects. I feel that whole chapters ought to be quoted, but a few lines will have to do: "History, like art and poetry and philosophy, is after all a thing of the spirit, though doubtless, from some innate timidity and laziness we are always trying to do without the spirit, and to obtain the

same result by some mechanical substitute. Which in the last resort cannot be done." (Page 63, Prolegomena to the Study of Greek History.)

Think of the ordinary school text-book of history of the abbreviated sort, which, without going quite so far as "1066 And All That," has left out all that is superfluous. . . . Are all these things really the essentials? Is this the knowledge that Lord Acton meant when he said of the study of history: "It is a continuous development, not a burden on the memory but an illumination of the soul." (Page 222, Humane Letters and Civilisation.)

Finally, the most important passage: "Now if we want to think, we want to think freely and get, for the time being, outside our shell, the shell largely made by our inherited religion, by the Industrial Revolution, by the popular newspaper, by the mechanism of life, and by the enormous development of scientific discovery and material invention on which our social life depends. . . . How are we to get beyond them? What we want is to be able, for a time, to look at the world through the eyes of some people who are, first, intellectually great, secondly, as free as possible from our own prejudices and conventions, and thirdly, if possible, not very much hampered by their own. The Greeks satisfy these three conditions." (Page 67, Prolegomena to the Study of Ancient Philosophy.)

The day after reading this I came across the following passage in the leading article ("Photography and Medical Education") of the present number of the JOURNAL (page 172, January, 1947): "Or are these views opposing the value of films in medical education really held because they (the dissentient teachers) consider that the pampering of the student by films is one further step towards the uniformity of the doctor away from the humanities and

individual teaching of a few generations ago?"

On reading these lines I felt profoundly shaken. I am all in favour of progress in scientific methods and this includes, of course, photography and films. But is this the voice of the same Bart. where William Harvey worked, the most progressive medical scientist of his time and yet a scholar and a linguist? Very recently there were men like Sir Norman Moore, Sir d'Arcy Power, Sir Walter Langdon-Brown. Nobody can deny that Sir W. L. B. had the most progressive scientific mind and interests. He was a pioneer of endocrinology when others still disbelieved its importance. Yet no doubt he was a scholar and historian too, and the last book published before his death is ample proof of it.

I remember a little experiment made some time ago. I asked a number of Bart.'s students if they had been taught Greek or had any personal interest in it. One in about fifteen said Yes. To the question, which of Dickens' characters was a perfect description of Froehlich's adipo-genital type, one in five gave the correct answer that it was the fat boy in Pickwick Papers. Professor Ross and the Surgical Unit offer very thorough lectures on the sympathetic nervous system. I asked, therefore, the students if they remembered another famous Dickens' character who is an excellent description of sympathetic palmar hyperhidrosis. About one in eight replied correctly that it was Uriah Heep.

I have to apologise for this article, which is much too long, disjointed, emotional and "unscientific." It is, however, the outburst of a long suppressed and conglomerated collection of anxieties, fears, and of deepening depression that the decline of the humanities in medical education will destroy the spirit of which Bart.'s has every reason to be so very proud.

HENRY, THE SPIROCHÆTE, AND THE LADIES

By ALAN TOIS

As "1066" would put it, Henry VIII remains the only memorable monarch in English history. And that owing to his unique distinction among both kings and Englishmen in getting through six wives in the course of a not over-long lifetime. He is seldom credited by the descendants of his faithful subjects with achieving anything else, possibly on the subconscious assumption that he hadn't left himself the time. It is worth inspecting, a little more

closely than Shakespeare or Alexandra Korda, the lurid matrimonial tapestry he wove for himself.

It is sometimes quietly hinted in the history books that Henry suffered from a touch of the syphilis, in common with most men of distinction at the time, including His Holiness. There is no doubt from his recorded symptoms that in his later years he was, like the Philosopher in *Candide* poxed to the bone. The disease,

you will remember, had just been imported by Columbus' sailors, so setting a persistent maritime tradition. It is a pity that more consideration has not been given by historians to Henry's G.P.I. as he turned from a learned and athletic youth to a gross, ruthless, dirty old man. It is doubtful if his disease was fully appreciated by his contemporaries. After all, he was in the unique position of being able to exhibit delusions of grandeur without comment. He became a tyrant, exemplifying for all ages the safety of democratic government, where one or two members of the cabinet can suffer a quiet general paralysis without making much difference to the country's fate as a whole.

During his lifetime the King scattered pretty liberally his seed and his spirochætes among his closest female subjects. In his wives, this eventually resulted in a succession of miscarriages, stillbirths and weakly infants, quite in accordance with the text-books. Henry, champing for male heirs, regarded these breakdowns of the mechanism with an ire that was, on consideration, highly unjustified.

This sort of syphilitic boomcrang became the main instigator of his marital changes. But there were other factors at work. That there were six successors in the royal bedchamber was due partly to the influence of political and ecclesiastical opportunists, partly to the scheming, climbing sort of women who got hold of the King, partly to his inability to pick the right ones, and partly to his wholesale susceptibility to anything in a stomacher. It has been nicely put that a glance at the portraits of Henry's wives affords the explanation, if not the entire justification, of his treatment of them.

Catherine of Aragon performed her duties as a wife with a perseverance that produced six full-term pregnancies in eight years and several miscarriages, until at last a merciful menopause intervened. Only one daughter survived to roast her countrymen thirty years later. The infant mortality rate was naively put down to exhaustion of the children through over-long christenings.

Henry thus became ripe for another woman. The hands of Anne Boleyn promptly shook the branch, and he fell into her lap.

When Shakespeare made Anne say

By my troth and maidenhead,

I would not be a queen.

she was expressing one untruth and inferring another. Anne Boleyn got to know the King through her sister, who was his mistress. It has alternatively been suggested that as her mother had previously occupied the same posi-

tion Anne was in reality Henry's daughter, but this does nothing but confuse the story.

Over Catherine's divorce the Pope put up a stubborn procrastination, creditable to the modern Soviet. But Henry's hand was forced, like the hands of so many lovers before and after him. Divorce or no, Archbishop Cranmer in the name of the Church blessed the union that was quite obviously already fully blessed in the name of Venus. The wedding day was made all the happier for the King by the magicians, astrologers and soothsayers who presumed more than the skill of modern doctors by diagnosing a boy. Like modern doctors, they could be wrong. Queen Elizabeth entered the world and Henry was furious.

It shortly becomes apparent that Anne was not at all a nice girl. In fact, Dr. Maclaurin four centuries later very justifiably diagnoses her as a nymphomaniac. Within three weeks of parturition she solicited (successfully) the King's friend, Sir Henry Norreys, on October 17th, 1533 to be exact. During the succeeding two years the young woman invited with equal success the attentions of most of the noblemen of the court and one Smeaton, a musician. The name of Lord Rocheford is of particular significance in her *carnet d'amour*, the title obscuring the identity of her brother. It created only mild sensation when her uncle, the noble Duke of Norfolk, called her a strumpet in public. However, it seems the old Duke remembered he was a gentleman and only called her that in French.

Tongues wagged, at last in Henry's ear. The sordid tale was revealed by a maid of honour, who incidentally was a magnificent walking misnomer. The Privy Councillors gathered like thunderclouds. The storm burst suddenly, directly over Anne.

She witnessed the heads she had turned roll off the block on Tower Hill before she was decapitated herself. Her body was hastily shoved in a box of arrows and she was buried deep in both the Tower and Henry's memory. The sun had only to set once more and he was married to Jane Seymour.

The history of Henry's subsequent spouses is an anticlimax after the colourful reign of Anne.

Jane Seymour had claimed Henry's heart before he had yet claimed Anne's head. After a quite proper interval she distinguished herself by presenting him with a little congenital syphilitic who was a boy. This time the child survived, but the mother was carried off by puerperal septicaemia. Her demise, like the deaths of Catherine's children, was solemnly

put down to a surfeit of christening.

Anne of Cleves we all know about. After rapturous contemplation of Holbein's portrait, Henry joyously leapt into marriage with her. He became aware in the space of a few hours that firstly, she was in reality uncomfortably ugly, and secondly she was not the innocent she ought to be. Anne was repudiated and fobbed off with the title of the King's Sister, while the story stands, in its entirety, a sharp lesson against men marrying their pin-up girls.

Cath Howard exemplified a common and ageless feminine fault by thinking herself cleverer than other women. Like all females where affairs of the heart are concerned, she

not only refused to learn from her own mistakes but quite unpardonably refused to benefit from other people's. Before her marriage she had been mistress to two men, and after it took advantage of Henry's absence in the North to admit her cousin to her bedchamber. The Privy Council saw to her indiscretions proving fatal. Finally Catherine Parr was shackled to the hypertensive and demented ruin, and attained the most fortunate widowhood in history.

These episodes breathe the atmosphere of battle, murder and sudden death of Tudor times, savage days peopled with savage inhabitants. They also indicate that the passing of the softening ages has little altered the fundamental faithlessness of men, woman, or the spirochaete.

TOKIO DIARY

By D. V. BATES

3rd Nov., 1946:

As usual, the journey to Tokyo was far from comfortable. We left Tokushima at 0200 hours in third class carriages (occupation troops!), and crossed the Takamatsu-Uno ferry at dawn. Then on to Okayama where we had a sketchy breakfast on the platform. From Okayama to Tokyo was a twenty hour journey, passing through Osaka, Kobe and Kyoto on the way up. Our main impression of the journey was of the enormous concentration of industry in the Osaka and Kobe districts; and of the extreme accuracy of American bombing on these areas. We were passing through ruined industrial areas for a distance of ten miles or more in one area. An undamaged factory was subject for comment, but most of the residential areas seemed to have escaped serious damage. If an American had described accurately to me the intensity of the destruction or the accuracy of the bombing, I would have smiled kindly and believed neither.

The suburbs of Tokyo—which are very extensive—are extremely squalid and ill built areas with much small industry interspersed amongst the houses; with efficient but crowded and noisy electric train services; and with obvious overcrowding and poverty.

14th Nov., 1946:

The Imperial Palace in Tokyo is in the centre of the town, and is surrounded by a wall and moat so that little of it is visible. The area that surrounds it to the south is the principal business and shopping area of the city, and is little damaged by bombs. By contrast, the important buildings on the east and west sides, such as the Admiralty and War Office, are entirely

destroyed. The structure of these buildings in the centre of Tokyo is Western, since all of it was rebuilt after the 1923 earthquake. The Ginza is the most famous shopping street, and most of the shops are attractive but so expensive at the moment that I did very little shopping in them.

We spent one most interesting afternoon at the War Trials here, and were most impressed with the set up. The courtroom is similar to the one at Nuremberg with the Bench along one side with the flags of the Allied Nations behind the judges. Sitting facing them in the long dock are the thirty defendants. The various counsels make up the well of the court, and there is a large spectators' gallery. Every seat is provided with earphones. The procedure is roughly as follows. All dialogue is translated sentence by sentence into Japanese and Russian and English, and all conversation stopped by means of red lights while this is going on. Paper and documents presented by prosecution or defence are read out in English, and a translation into Japanese or Russian comes across simultaneously in the earphones. There are large arc lamps, and a battery of press cameras in the space reserved for them. When we were there, the prosecution were presenting the details of events leading up to the attack on Pearl Harbour. Most of the documents were records of Cabinet meetings in Japan, and extracts from personal diaries. The majority of the defendants sit quite motionless or sleep during the hearing, but Tojo—on whom the principal responsibility for the war must rest—was busily scribbling notes all the time we were there. The court is full of formidable looking

American military police, and photography, being forbidden, was impossible. It was altogether a most interesting afternoon.
26th Nov., 1946:

Yesterday I went round the Imperial University Medical School and Hospital in Tokyo, and this visit will make a useful occasion for a few general comments on Japanese Medicine.

Previous to this visit, I had only seen three Jap provincial hospitals, and those at Kochi and Tokushima were the largest. I felt that it would not be worth drawing any conclusions from these in case they did not represent Jap medicine. But having now seen one of their most important Hospitals and Universities, I can now draw a few conclusions about Japanese medicine that may be of interest.

In general, it is true to say that Japanese medicine is a mixture of American and German practice. Almost all doctors learn to read German, and German textbooks are found more or less universally amongst the books on a Jap doctor's shelves. American methods and practice are also well known, and many of the senior Jap doctors have spent periods in America for training purposes. I cannot pretend to any detailed comments on their practice, and what follows are random observations.

General anaesthesia is very little used—in fact I have yet to see an anaesthetic apparatus. Local block and infiltration together with basal narcosis are most commonly used, with sometimes the addition of a spinal anaesthetic. One Jap doctor said that a general anaesthetic was so unusual that it usually attracted a crowd to see it.

In some respects the Public Health and Pathology side of medicine more nearly approaches our methods than any other. Epidemiological research and infectious disease notification are all satisfactory and thorough. Even in Kochi—on the southern edge of Shikoku—there was a mobile investigation team for the diagnosis of epidemic disease in outlying areas. Their pathology is also good, and it may be remembered that the casual organism of Well's disease was first identified in Japan. General medical practice appears to be fairly well advanced. Surgical technique, I think, is on the whole good; and this is to be expected since the Japanese excel at delicate work with their hands.

Pulmonary tuberculosis is the commonest cause of death in Japan, and this is largely due to gross overcrowding resulting from the density of the population. Control of it would present an almost hopeless task. Enteric dis-

ease of all types is the next commonest cause of death, and from the prominence of these two infections as killing diseases, it might be guessed that the expectation of life is poor. It is in the region of 30 years—about half that of England—and Japan has the lowest expectation of life of any country in the world with the exception of India. Infant mortality is high, but I do not know the figure. So much for general remarks about Jap medicine; but the most significant things have yet to be noted. Firstly, it is obvious that the Japs have copied much of western practice without understanding the basic principles that underlie it. The most striking instance of this is seen in the hospitals. At Tokyo University Hospital, the path. lab. and library are first class buildings comparable with anything in the West; the operating theatres are of modern design; the X-ray plant is excellent; and the hospital possesses and uses an electroencephalograph. And yet the wards are filthy dirty. They commonly contain five or six beds of wooden construction and antique design. Windows are closed and coated with dirt; bedding consists of an untidy mass of dirty blankets; nowhere did I see a washbasin with soap and a towel. In one of the wards—and the hospital is untouched by bombs—food was being cooked on an open stove in one corner of the room, and the whole place smelt of raw fish. In general I would say that accommodation probably could be compared to that in a poor law infirmary in England about sixty years ago.

Such conditions are the rule. The Americans took over a Jap naval hospital in Tokyo when they arrived, and I spoke to one of the ward sisters who was there when the Americans moved in. She said it took six months to get the place clean, it was so filthy when they arrived. The building itself was excellent and made a magnificent hospital—comparable to the George Vth block at Bart's. There can be no doubt that plain dirt is the greatest defect of Japanese medicine, and to use penicillin under filthy conditions is putting the cart before the horse.

And secondly, there is little consideration for the individual patient. Emphasis on diagnostic technique, operative ability, and pathological research indicates an academic approach to the subject; and I do not think that the average Jap doctor is the least concerned about the fate of any one patient. The humanitarian basis of medical practice is entirely missing. Such an attitude is understandable in a country where human life is cheap, and the attitude of the

doctor in Japan is paralleled in India.

This is, of course, a country of surprises. The library of the neuro-surgeon who showed us round contained German and American textbooks and about six English books, of which "Aids to Medical Diagnosis" was one, and a novel by Agatha Christie a second.

The Path. Lab. at the Medical School was of especial interest to us. There were beautiful wax models of skin diseases—better than any demonstration I have seen elsewhere—and many good preserved specimens. There were also about twenty bottles of specimens from the victims of the atomic bomb attacks, which were of unique interest. In particular, the intestinal organs affected by radiation burns

were most impressive. The gastric mucosa appeared gangrenous and black—a severe mucosal burn that had left the fibrous and muscle layers untouched. The general appearance was like that of volcanic lava. Similar burns were demonstrated lower down the gut. In this connection, it is interesting to note that vomiting and bloody diarrhoea were two early symptoms of radiation effect, and appeared a few days before the agranulocytosis. Specimens of brain tissue showed petechial hæmorrhages probably due to blast, and internal hæmorrhage secondary to the agranulocytosis were also seen. One specimen of bone showed complete marrow destruction.

I hope that such specimens never find their way into our museum except via Japan.

THE LADIES

By E. TENT

in collaboration with

R. KIPLING

I've taken my fun where I've found it.
I've rogued and I've ranged in my time.
I had my picking of sweethearts
And four of the lot were sublime.
One was a skiv, at my prep-school,
One was a Reader in Arts,
And one was a Pink and the last will, I think,
Be a new lady student at Bart.'s.

Chorus

*At times they will make you imprudent;
At times they will drag on your purse,
But you'll find you'll be helped with the student
By all that you learnt from the nurse.*

I was an infant of twelve, sir,
Shy as a girl to begin.
The dormitory-cleaner she made me,
For Aggy was clever as sin.
Older than me but my first one;
More like a mother she were,
And we never got caught with the housemaster's
port,
So I learnt about women from her.

Then I was started at Queens', sir,
But I didn't get very far,
Though I got me a pretty don's daughter
By quoting my Greek at her pa.
She slept at the convent of Newnham
And treated me just like a cur,
And I fluffed my first kiss with that classical
Miss
But I learnt about women from her.

At last I had passed the M.B., sir,
And rose to the heights of Hill End.
I took with a Pink from the theatre,
In line with the general trend.
She was swift in the Wednesday Scotch-Hop-
ping,
At the bonfire she didn't demur,
Till she caught me a swipe 'cos I looked at a
stripe
And I learnt about women from her.

Then just as I got myself settled
And hidden away among men,
Along came our feminine colleagues
And started the trouble again.
I watched myself straighten my tie, sir,
My safety was only *pro tem*.
So I cursed their good looks, bought obstretical
books,
And learnt about women from *them*.

I've taken my fun where I've found it
And now I must pay for my fun,
For late in my time as a student
I must stop what has lately begun.
For the end of it's full of exams, sir,
With masses of reading to do,
So I'll quit the A.R. and the Vicarage bar
Or they'll get me before I get through.

Chorus, etc. (nostalgically but with resolution).

BOOK REVIEWS

THE HUMAN APPROACH, by Henry Yellowlees, O.B.E., M.D., D.P.M., Physician for Mental Diseases, St. Thomas's Hospital. J. and A. Churchill Ltd., London, 1946. Pp. 189. Price 10s. 6d.

This is a book which has long been needed. The author attempts to fill a difficult gap in medical education. No one disagrees that the practical, everyday aspect and application of medical psychology—the human approach—is neglected in the present medical curriculum and that the doctor only learns it by his own experience after qualifying, if at all. Dr. Yellowlees considers that a part of it, at least, can be pointed out to the student, and the present endeavour is very successful.

One theme is that "psychiatry is inadequate and largely meaningless unless it adds to its scientific background a human approach to each individual patient." Another is that "the trend of the practice and teaching of modern medicine is such that the student is inevitably led to regard his patients—in the pleasantest possible way—as essentially machines rather than personalities."

In the preface—and no reviewer can ever afford to neglect a preface—the author states that he has purposely oscillated "between a conversational, colloquial style and a formal, semi-scientific one," and that he realises that there is a great deal of repetition in the book. This is certainly true but it does not matter. Much of what the book is about is difficult to express and the result justifies the means.

However the first three chapters—"The Clinical Period," "Case-Taking," and "The Language of Symptoms," do perhaps suffer from the style. They are unfortunately written down to the junior medical student, they are written in a rather too "breezy" a manner, and the end of each paragraph has a habit of ending in a short quotation of a few words, which, although usually apt, begins to irritate after a time. But as soon as the author gets on to the subject of the "Unconscious Mind," "Mental Mechanisms," and "Projection and Phantasy" he becomes admirable. By use of a colloquial style he explains repression, rationalisation and other basic psychological terms in a way both clearer and more easily remembered than in the average psychology textbook. He uses amusing anecdotes and is never so technical as to hide his meaning. This humanity is also evident in the next chapters on "Symbols and Conversion," "The Herd and Guilt," "Suggestion," "Inferiority" and "Anxiety." Particularly pleasing is the story of the patient who when asked if he was not, perhaps, over-rating his value to his employers replied: "On the contrary, doctor, I do not think myself half so important as I really am."

The last chapters give useful advice on how to help a patient to readjust himself to normality after being ill; on how to behave in medico-legal work; and the book ends by giving advice in general on "human approach" and by stressing its importance.

The broadmindedness of this book makes it enjoyable to read, and, although it is written for students beginning clinical work in particular and for medical students in general, it can be recommended to doctors and laymen alike. The author obviously believes in what he is writing about and has given all his energy and learning to this excellent book.

A SYNOPSIS OF ORTHOPAEDIC SURGERY. A. David Le Vay, M.S., F.R.C.S. Lewis, London. 1947. Pp. 242. Illus. Price 15s.

This is a much needed synopsis; for the undergraduate and for the post-graduate student existing orthopaedic texts are too cumbersome. The layout is excellent here; there is no padding, and as there are only 242 pages it requires reading carefully and slowly. Many sentences are truly synoptic without verbs. Operative details are sufficient for the student or the operator as so many blunt technical hints are incorporated. Such easy description is refreshing, as it can only have come from honest hard-work experience and is not theoretical commentary on an imaginary surgical set piece. Some of the drawings are too simple but most are good. It would help if illustrators of the text books labelled their sketches 'right', 'left', 'anterior', or 'posterior.'

Another edition would be greatly increased in value by the addition of short chapter bibliographies, so that a reader might be helped in his pursuit of any particular subject.

This book, with one of the fracture text books would save many a student from examination disaster, and it should undoubtedly have a big circulation. The author is to be congratulated.

D.F.F.N.

CLINICAL PRACTICE IN INFECTIOUS DISEASES. By E. H. R. HARRIES, M.D., F.R.C.P., Medical Superintendent, North-Eastern Hospital, and M. MITMAN, M.D., F.R.C.P., Medical Superintendent, River Hospitals. Third Edition. Edinburgh: E. and S. Livingstone, Ltd., 1947. Pp. 679. 22s. 6d.

Soon after the publication of the second edition of this book in 1943 a fire at the printers destroyed the blocks and made a reprint impossible. Although it has meant the book being out of print for more than a year the decision was taken to revise the whole text and to introduce new matter. This is the satisfactory result.

This new edition is larger than the last edition by more than a hundred pages, mainly because a new chapter on the pneumonias—lobar, primary atypical and broncho-pneumonia—has been added as well as short descriptions of the common cold, febrile herpes, epidemic nausea and vomiting, epidemic myalgia, and infective polyneuritis. The account of penicillin has been expanded and a note on streptomycin added. Social conditions are discussed in relation to epidemiology and more space has been allowed to "influenza" meningitis, food poisoning, homologous serum jaundice, typhus, mass chemoprophylaxis and virus diseases of the nervous system. In this latter section a new critical review of the Kenny method of treatment of poliomyelitis is made. Recent advances in the phage typing of organisms, in the biochemistry of dehydration and its influence on the treatment of gastro-enteritis, in the treatment of agranulocytosis, and in the knowledge of congenital defects in infants following rubella in the mother during early pregnancy are also mentioned.

Although the book has been "completely revised" some misprints still exist from the last edition. Thus on page 380 the vagus is described as the twelfth cranial nerve, and on pages 336 and 378 the cell content of C.S.F. is measured in cells per c.c. instead of cells per c.mm., which, judging by the figures given, is obviously meant. Notwithstanding, this is

an excellent book. It contains much well presented information and many helpful diagrams, and it is authoritative without being dogmatic.

RECENT ADVANCES IN CLINICAL PATHOLOGY, by Various Authors (European Association of Clinical Pathologists). London, J. & A. Churchill, Ltd., 1947. pp. 468, with 34 plates and 19 text figures. 25s.

This interesting symposium by no less than 40 authors is under the general editorship of S. C. Dyke, who is to be congratulated on the skilful blending and commendable brevity of the articles. The book is divided into the usual four sections edited by R. Cruickshank, E. N. Allott, B. L. Della Vida and A. H. T. Robb-Smith. Most of the authors are working in London, but Exeter, Glasgow, Preston, Sheffield, Wolverhampton, Oxford, Cambridge, Australia, South Africa, Italy and Czechoslovakia (seven authors) are represented. If the seats of learning are also considered, the influences are seen to be yet wider, for degrees were won at Breslau, Edinburgh, Heidelberg, Manchester, N.U.I., Toronto, Vienna and Aberdeen. The reader, therefore, will anticipate a tasty dish and will not be disappointed. The ingredients are so numerous that it is impossible to list them all in a brief note, but morsels which are likely to catch the eye include Primary Atypical Pneumonia, Control of Chemotherapy, Leptospirosis Infections, Prothrombin Time, Aids in Nutritional Deficiencies, Rh Factor, Semen, and Biopsies of Tumours, Lymph Nodes, Testis, Endometrium, Skin, and Nerve.

As is to be expected from practical workers, technique looms large and is set out lucidly. Undergraduates and candidates for higher degrees will be able to fill many gaps in their knowledge, but clinical pathologists will naturally be most interested. Interpretation is not neglected, and, though some of it must necessarily be an expression of personal opinion, physicians and surgeons will find food for thought. We commend this mixed grill of many flavours, and congratulate authors and publishers on its attractive presentation.

THE PHYSIOLOGICAL BASIS OF MEDICAL PRACTICE, by C. H. Best, C.B.E., M.D., F.R.S., F.R.C.P. and N. B. Naylor, M.D., F.R.S., F.R.C.S., F.R.C.P. Fourth edition. Bailliere, Tindall & Cox. Pp. 1,169. 497 illus. Price 35s.

The fourth edition of this classic work is very different in appearance to its predecessors. It is printed with two columns on each page with most of the diagrams and photographs reduced to the width of one column. This makes the book more compact and pleasing to handle than the earlier editions, which were fat and unwieldy.

It is a complete and exhaustive work, very clearly written and well illustrated, well indexed and containing a long and useful list of references at the end. It has been specially written for use in medical schools and gives prominence to those aspects of physiology which throw light upon disorders of function. It is very much more than adequate for the second M.B. examinations and has indeed been the "Bible" of many students reading for honours degrees in physiology. It can be recommended with the utmost confidence.

A TEXTBOOK OF BACTERIOLOGY, by R. W. Fairbrother, M.D., D.Sc., F.R.C.P. Fifth edition. Heinemann. Price 17s. 6d.

The latest edition brings this excellent standard textbook up to date.

Of the many qualities of this author perhaps the most remarkable is his ability to set out the neces-

sarily dull parts of systematic bacteriology in a clear and fluent style. Although nobody could make entertaining reading out of the details of fermentative reactions, Dr. Fairbrother contrives to make them less tedious than usual.

The general chapters are good. If controversial terms such as "allergy" are used with particular meanings to which other authors would not agree, trouble is at least taken to define them.

The value of the book for reference might be increased by an appendix of comprehensive tables covering, in relation to all common pathogens, such attributes as chemotherapeutic sensitivity.

A SYNOPSIS OF SURGICAL ANATOMY by A. Lee McGregor, M.Ch., F.R.C.S. Sixth edition. John Wright & Sons Ltd., Bristol. Pp. 714 and 699 illustrations. Price 25s.

The popularity of this book is shown by the fact that this new sixth edition appears only fourteen years after the first, and that in a subject which alters little.

The object of the book is to present "anatomical facts of practical value to the senior student and the practitioner." In this it succeeds. It is written by a surgeon who served an apprenticeship as an anatomist and who has studied which of the galaxy of anatomical and embryological details may be ignored and which should be emphasized from a surgical viewpoint. No attempt has been made to deal exhaustively with the anatomy of the whole body, but so wide is the field of modern operative surgery that such a book on surgical anatomy does in fact include practically the whole field of dissecting-room anatomy.

This new edition differs little from the last, but some changes and additions have been made, including the re-drawing of some of the figures. The sections on Volkmann's contracture and the innervation of the bladder have been brought up-to-date.

The only criticism is that the print is so small and that some of the figures are too small for real clarity of meaning (see figs 488 and 489).

THE RHESUS FACTOR. By G. Fulton Roberts. Heinemann Medical Books, Ltd., 1947. Pp. 47. 3s. 6d.

This is a short, readable book describing the basic facts about the rhesus factor and the importance it plays in clinical medicine. It presents what has now become a complex subject in such a manner that anyone who has the patience to read these forty-six short pages will be easily able to grasp the essentials of the subject.

The incomplete antibody, the "Coomb's test," the treatment of "rhesus disease" of the newly born, and the way to make best use of a laboratory service (in a useful last chapter) are dealt with. Professor R. A. Fisher's nomenclature is not mentioned in the first two chapters on "The Antigen" and "The Antibody," but is reserved for a later chapter. This is a pity because the Fisher nomenclature (as explained here) does make the understanding and thus the remembering of the subject much easier, besides which this separation entails some unnecessary repetition. Typical case histories appear at the end of most of the seven chapters.

PSYCHIATRY: THEORY AND PRACTICE FOR NURSES. By H. C. Beccle, M.B., M.R.C.P., D.P.M. Faber & Faber, Ltd. Pp. 250. Price 10s. 6d.

This admirable little book, written in an easy style, owes a great deal of its clarity to numerous case-histories. The introductory chapter on anatomy and physiology is adequate. There is a section on organic nervous diseases, in which, for the sake of simplicity, only the commoner types are considered

and a large section, opening with rather nebulous remarks but soon developing into an excellent account, is devoted to aetiology. The classification of mental disorders is more complete than in many other books, and there is a concise description of each disorder.

The emphasis on treatment, particularly from the nurse's point of view, is admirable.

It contains rather more than a basic knowledge required by an average nurse, and the book would be read to advantage by medical students.

AIDS TO TROPICAL HYGIENE. By Lucius Nicholls, M.D. Bailliere Tindall & Cox. Third Edition. Pp. VIII + 217 with 6 figures. Price 6s.

Dr. Lucius Nicholls and his collaborators, Dr. V. Sivalingham, Dr. D. B. Gunasekara and Dr. O. E. R. Abhayaratne, have set themselves a difficult task in this edition of the Students' Aids Series. The preface states that the general principles for the practice of Public Health are the same throughout the world and a book on Tropical Hygiene is for the purpose of recording the modifications of practice necessary in warm climates with special reference to the diseases prevalent in those climates.

It is not easy to see for whom this book is written as there is little here which is not in standard textbooks on Tropical Medicine, and the omissions will make reference to these books necessary for anyone interested in this subject.

THE M.B., B.S. FINALS, by Francis Mitchell-Heggs, M.B., B.S. (Lond.), F.R.C.S. (Ed.). Third edition. J. and A. Churchill. Pp. 99. Price 8s. 6d.

In this excellent and useful book the questions set at the London M.B., B.S. final examinations for the years 1932-1945 have been collected together and classified under suitable headings to assist the student revising for his finals, and to give him a rather

terrifying yet stimulating preview of what lies ahead of him.

The task of classifying broadly, but suitably for easy reference, many hundreds of questions, cannot be an easy one, and the author is to be congratulated on the result he has achieved.

The questions are also arranged chronologically; this is a great help to those students who like to forecast what is "coming up" according to the laws of probability! The book includes relevant extracts from the London University regulations.

AIDS TO BACTERIOLOGY. H. W. Scott-Wilson, B.Sc., M.B., B.Ch. Bailliere, Tindall & Cox. Seventh edition. Pp. VIII+300. Price 6s.

This book does not reflect the advances in Bacteriology which have occurred in the seven years since the last edition, as one might wish. There is no mention of Griffith's Streptococcal types, and the sections on Dysentery and Salmonella infections do not refer to Desoxycholate citrate media or any other recent highly selective media. Material which might well be discarded or altered includes descriptions of bacterial growth on potato and gelatin, now of little more than historical interest, and the use of the name *Anopheles costalis*, presumably as a synonym for the species now universally known as *A. gambiae*.

In its present form this book cannot be recommended as an up-to-date survey of Bacteriology.

MATERIA MEDICA FOR NURSES. By W. Gordon Sears. Edward Arnold & Co. Pp. 246. 5s.

It is not surprising that there is already a second edition of this much appreciated book, written particularly for nurses.

The drugs are described in a very informative manner and the definite outstanding headings makes reference work clear and interesting.

The book will most certainly continue to have a wide circulation.

RECENT PAPERS BY ST. BARTHOLOMEW'S MEN

ANDREWES, C. H. (and H. King). "Chemotherapy of rickettsial and virus diseases." *Brit. Med. Bull.*, 4, iv, 1946, pp. 277-4.

— (and others). "Influenza B in 1945-1946." *Lancet*, November 2nd, 1946, pp. 627-631.

ATKINSON, M. "Evidence for a vascular mechanism in Mènière's syndrome." *Proc. R.S.M.*, 39, October, 1946, pp. 807-809.

BETT, W. R. "William Thomas Green Morton (1819-1868)." *Post. Grad. Med. J.*, 22, October, 1946, pp. 321-2.

BOURNE, G. "Cardiac signs in young adults; with special reference to functional murmurs." *Lancet*, November 30th, 1946, pp. 779-781.

*CHRISTIE, R. V. "Die klinische Anwendung des Penicillins und die Grundlagen der Laboratoriumstechnik." *Wiener Klin. Woch.*, 58, Jahrg. 5, Juli, 1946, pp. 365-8.

*COHEN, E. L. "Myxoedema circumscriptum thyrotoxicum." *Brit. J. Derm. and Syph.*, 58, August-September, 1946, pp. 173-182.

GARROD, L. P. "Principles and practice of local chemotherapy." *Brit. Med. Bull.*, 4, iv, 1946, pp. 275-279.

GRAHAM, G. "Diabetic coma." *Practitioner*, 157, December, 1946, pp. 426-429.

HAMILTON, W. J. (and G. A. Laing). "Development of the egg of the cow up to the stage of blastocyst formation." *J. Anat.*, 80, October, 1946, pp. 194-204.

HEWER, C. LANGTON. "Recent advances in anaesthesia." *Brit. Med. J.*, October 12th, 1946, pp. 531-2.

KEYNES, G. L. "The early recognition of disease." *Practitioner*, 157, November, 1946, pp. 394-8.

MORGAN, C. NAUNTON. "A brief surgical review of 201 malignant growths of the ano-rectal region." *Proc. R.S.M.*, 39, October, 1946, pp. 765-6.

*O'CONNELL, J. E. A. "The subarachnoid dissemination of spinal tumours." *J. Neurol. Neurosurg. and Psychiat.*, N.S. 9, April, 1946, pp. 55-62.

*SCOTT, R. BODLEY. "Observations of the headache accompanying fever." *Clin. Sci.*, 6, October, 1946, pp. 51-61.

*SPARKS, J. V. "The essential features of a modern X-ray department." *Radiography*, 12, August, 1946, pp. 89-91.

VERNEY, E. B. "Absorption and excretion of water: the antidiuretic hormone." *Lancet*, November 23rd-30th, 1946, pp. 739-744, 781-783.

WEBER, F. PARKES. "The question of acute and chronic allergic or allergic-like conditions and the bearing of the question on classification and therapy." *Med. Press and Circ.*, November 13th, 1946, pp. 361-2.

— "Scleroderma and the symptomatic sclerodermas." *Med. Press and Circ.*, November 6th, 1946, pp. 341-2.

* Reprint received and available in the Library. Please address all reprints to the Librarian.

TO THE FOUNTAIN CLUB

At Kettner's Restaurant, 29, Romilly St., W.1
February 20th, 1947

O what can ail the Fountain Club
Alone, and dimly banqueting?
The Fountain's frozen at the source,
And no bards sing.

O what can ail the Fountain Club
So haggard, and so woe-begone?
The Shinwell ban is lifted now,
And the lights turned on.

Behold an exile pale and wan,
With anguish racked, and features blue,
And on his brow a laureate wreath
Fast withereth too.

I made a journey to the North
Full confident a week ago;
The way was long, the wind was cold,
And the train was slow.

There came a blizzard from the East,
And built an embolus of snow
Between your bard in Manchester
And far Soho.

It choked my Muse, it slowly froze
The genial current of my soul;
And incidentally it stopped
Supplies of coal.

Long time I watched the drifting flakes
In clouds about the city blown;

I lived in lands that I did loathe,
And made loud moan.

I hid me to an hostelry—
My Muse revived, and wept full sore;
And there I drowned her wild, wild cries
With whiskeys four.

I gat me to my lonely grot,
And there I gleaned—ah! woe-betide!
The latest news I ever gleaned
By my cold fireside.

I heard announcers on the air
Reiterating one and all,
"The Ministry of Fuel and Power
Hath thee in thrall!"

Loud speakers blaring in the gloam
With horrid warning gap'd wide;
They told of trains benighted there
On the cold hillside.

And this is why I sojourn here,
And rest disconsolately parked
Till circulation be restored
In this White Infarct.

And this is why the Fountain Club
Forlorn, and dimly Kettnering,
Mourns silently a vacant chair,
And no bard sings.

R. B. P.

STUDENTS UNION

SUMMARY OF ANNUAL GENERAL MEETING

THE Annual General Meeting of the Students' Union was held on March 12th. The Senior and Financial Secretaries presented reports, the predominant feature of which was renewed activity with, however, a poor financial position. This latter was to be remedied by austerity and a raising of the Students' Union subscription. A good, but long, debate was held on a motion that "a definite percentage (perhaps 25 per cent.) of the funds remaining after the Chislehurst commitments had been met be devoted to recreational purposes other than outdoors sports," in particular that a piano be acquired if feasible. This motion was carried.

OFFICERS AND REPRESENTATIVES.

President—Mr. R. S. Corbett.
Treasurers—Mr. F. C. W. Capps, Mr. J. B. Hume,
Dr. E. F. Scowen.

SUMMARY OF STUDENTS' UNION COUNCIL MEETING

A Council Meeting of the Students' Union was held on March 19th. The following is a summary of what was discussed:

1. Microscope fees just cover depreciation. There is no interest charged on the capital invested.
2. M. G. Vercoe was elected Junior Secretary and J. W. Platt Financial Secretary.

Vice-Presidents—Mr. M. M. Whiteley, Mr. W. G. H. Leslie.

Senior Secretary—Mr. B. B. Reiss.

1st year representatives—J. Manual, G. S. Dormand.

2nd year representatives—N. A. Green, S. F. Hazelton.

3rd year representatives—C. C. Molloy, P. Lawther.

4th year representatives—M. Vercoe, W. J. A. Turner.

5th year representatives—H. W. Stanley, B. H. du Heaume.

6th year representatives—G. Stanley-Smith, I. S. Longmuir.

3. The Hospital Cups are to be on view again in the Library.

4. The next General Meeting of the Union will be held in the first week in May.

5. The Financial position of the Union was considered in detail.

THE FINANCES OF THE STUDENTS' UNION

THE following extracts from the Income and Expenditure Account of the Students' Union for the year ending September 30th, 1946, may be of general interest. The full balance sheet has been on show in the Abernethian Room and may be inspected at any time on application to the Financial Secretary.

£1,640 were spent on the Athletic Ground. This figure is greater than that of the previous year by £640 because of increases in wages, rent and running expenses.

£260 were spent at the Hospitals as against £224 in the previous year. This figure includes administrative and accountancy charges and the cost of newspapers, periodicals and sundries.

£960 were spent by the Affiliated Clubs. The figure for the previous year had been £700. The increase was due to the increasing demands of existing clubs and the revival of four which had previously been dormant.

£240 were spent at Cambridge. In the previous year the total had been £360.

£100 were granted to the Abernethian Society for its centenary celebration.

The Journal and Vicarage Bar Accounts for the year showed losses amounting to £56.

The income for the year was greater than that of

the previous year by some £80.

Altogether the accounts of the Students' Union showed a loss during the year of £670.

In the current year it is hoped to avoid a similar loss. Grants to clubs were made according to a detailed estimate of the resources available and were substantially lower than those of the previous year. The expenses at Cambridge have ceased and certain other items will not recur. The Vicarage Bar is now showing a profit and the Journal is taking steps to increase its income.

The Students' Union Annual Ball at Grosvenor House showed a profit of £89. Various clubs have supplemented their income by organising similar functions.

In order that the income of the Students' Union may be increased to meet its growing expenses the College has agreed that the subscription to the Union be raised to 30 guineas from October, 1948, with a corresponding increase in the subscription for those attending the clinical course only.

The College has also agreed that no rent shall be paid by the Union for the athletic ground during the next five years. This concession, for which the Union is very grateful, will ease the financial burden until the increase in subscription is fully effective.

HOCKEY CLUB

It has happened again! For the third successive season we have won the Inter-Hospitals Cup. After an uneven beginning and a barren New Year the season has ended with a flourish.

Thanks to the weather the Cup has had to be played off hurriedly at awkward times. The sudden frenzy of activity after so long an idleness gave us no time to shake down together again before we found ourselves in the Semi-Finals, Mary's having given us a walk-over.

However, this game against U.C.H., with its 9-0 victory, gave us some much needed confidence and practice. On the following day we had a Battle Royal with Guy's at Motspur Park. When the final whistle went we were level at 4-4 and as 20 minutes extra-time provided no solution, a replay became necessary. This was played at Chislehurst and again ran on to extra time, but on this occasion we managed to take the lead and win the Cup with a 4-3 victory.

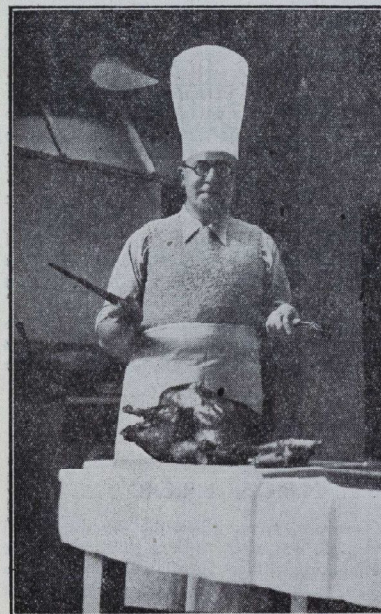
A full account of the two Final matches will be published in the next number of this JOURNAL, together with a review of the season's activities.

J. W. P.

THE JOURNAL

Contributions for the June number should reach this office by May 7th.

Contributors are reminded that articles cannot be accepted for publication unless the authorship is disclosed to the Editor.



"The Conductor of the Endocrine Orchestra."

OBITUARY

THOMAS WILLIAM SHORE, O.B.E., M.D.
DEAN OF THE MEDICAL COLLEGE 1908 TO 1930

THE death of Dr. Shore on February 19th, at the age of eighty-five, will be regretted by all who knew him. He was one of the remaining links with our famous past, and the present generation might pause awhile to consider the period of transition during which he did so much to lay the foundations of our Medical School as we now know it.

Dr. Shore entered Bart.'s in 1879 at the end of the reign of Sir James Paget, but with the Staff still including such giants as Butlin, Luther Holden, Gee and Savory. He gained many scholarships and, after holding the post of H.P. to Dr. Gee, he became lecturer in Comparative Anatomy, then Warden of the College, and in 1892 lecturer in Biology. It is both as Dean and lecturer in Biology that so many Bart.'s men remember him. What an introduction to medicine those lectures were! The words were perfect, the delivery masterly and the subject matter brilliantly illustrated on the blackboard. The art of blackboard drawing has been lost owing to the lantern slide and the projector, but in Dr. Shore's hands it was seen to perfection.

When he became Dean in 1906, in succession to Sir Holburt Waring, he built up the complex system of lectures and clinical appointments on which our present course is based.

As a younger man, his beard was red and his remarks to indolent students were fiery and stimulating. "You deserve to be kicked M—," he once said. "I wish you would, sir," said the culprit, assuming an appropriate posture. This was too much for T. W. S., who roared heartily.

At one time he was opposed to the development of the University of London, though before he retired he used to assert that the future of Bart.'s was linked with that of the University and that our association should be as close

as possible. He likened the University in those earlier days to "a mass of undifferentiated protoplasm, putting out its horrible pseudopodia, and parasitic on the schools and colleges of London."

Dr. Josiah Oldfield, then a practising barrister, writes of his interview with the Dean when he was a prospective student:

"I went to Dr. Shore and explained my wishes, telling him that I wanted to qualify and to gather treasures from the experience of the greatest hospital in the land, but that my many engagements would prevent me keeping set hours and rigid rules as to attendance. Dr. Shore listened carefully and then told me that the laws of Bart.'s were like 'the laws of the Medes and Persians which alter not.' He explained that times must be kept, that lectures must be attended, that the routine life of a student was definite and fixed. When I pointed out to him that, therefore, I was unable to come as a student, he turned round smilingly and said, 'the laws of the Medes and Persians apply only to the Medes and Persians themselves but not to outside races. Our laws were drawn up to keep the laggard in touch with the battalion march and to prevent the idle man from bringing dishonour upon this great Hospital. You come from an outside world; you are not wishful to shirk but to seek knowledge. Your object is to come to the Temple of Aesculapius and to solve the mysteries of the Oracle. How far you will succeed I cannot say, but at any rate it is for us to help you.'"

Though the material buildings, like Shore's lecture theatre and laboratory, are no more, his tradition is carried on. Let us honour great men.

B. H.

OBITUARY

PRIDEAUX GEORGE SELBY, O.B.E., M.R.C.S., L.R.C.P.

PRIDEAUX GEORGE SELBY was born in 1865 at Dunedin, New Zealand, where his father was Bank Manager for the Bank of Australasia. He came to England in 1869 and was educated at Bedford Grammar School. He entered St. Bartholomew's Hospital in 1883 and qualified in 1887. After being a House Surgeon at Croydon Infirmary in 1888 he bought a practice

in Teynham, Kent, where he practised until 1943. He was often to be seen attending the neighbouring villages in all weathers, using a dogcart, or sleigh for the winter, until he bought a car in 1903.

He was Medical Officer of Beacon Hill Hospital and Medical Officer of Health of the Faversham Rural District from 1905 until 1935.

In 1936 he was appointed Acting M.O.H. of the combined Swale Rural district and held this office until his death, aged 81.

In the 1914-18 war he was gazetted Major in the R.A.M.C. (V.), and was Commanding Officer of the First Field Ambulance (Kent). He received the O.B.E. for his services.

ALPINE CLUB

"Had we but world enough, and time,
This coyness Lady were no crime;
We would sit down, and think which way
To walk, and pass one long love's day."

Driving through the long rain-swept night we found strength in the expectation of our Love. But, bursting in upon her at dawn we surprised her at her toilet, repairing Winter's ravages. Swiftly, she veiled her modesty in mists and throughout our brief visit she remained wrapped from human gaze.

Deprived of our vision we were content to wander over her familiar ways and to climb her well-remembered crags.

Repulsed by her coyness we found solace in the sybaritic arms of Glan Dena, who refreshed us with her untold charms of hot showers, rabbit stews and

CORRESPONDENCE

TOO FAINT A GLEAM

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

I should like to thank you for the March/April copy of your Journal, but should like to bring to your notice a slight error in the article "The Gleam or Socialism for Others."

Here, the recalcitrant gentleman who whispered meningitis to his girl friend was wrongly identified as belonging to St. Mary's; since we have no Mary's scarf we must conclude that the worthy in question hailed from a different and, perhaps, equally renowned medical school to the one to which I have the honour to belong.

Yours faithfully,

E. C. LIVINGSTON.

Co-Editor, St. Mary's Hospital Gazette.

The Medical School,
Norfolk Place, W.2.
March 28th, 1947.

ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD

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

The Executive Committee of the St. Bartholomew's Hospital Women's Guild would be grateful if this letter could be included in the JOURNAL.

We are very anxious to get in touch with mothers, wives or sisters of all connected with the Hospital, hoping for new members, and help with the Guild's various much-needed activities, such as—

1. War Trolley Service.
2. Hospital Work Party (2.30 to 5 p.m.; 5 p.m. to 8 p.m.).
3. Children's Library Service.
4. Emergency Calls from Hospital Almothers.

As Acting M.O.H. in 1939 a great deal of work devolved on him in organising A.R.P. work and in inspecting and distributing stores and in attending bomb incidents. In December last he slipped and broke a bone in his skull and bruised his face. After three weeks in Canterbury Hospital he returned home but died shortly afterwards on January 26th.

patchwork quilts.

But, we will return to the spartan joys of Helyg when our mistress puts aside her mysteries of modesty and welcomes us once more with smiling eyes and sunny countenance.

J.W.P.

SOCCER

HOSPITAL CUP

2nd Round v. K.C.H. Won 7—3

The 1st XI is to be congratulated on this excellent result. Goals were scored by Duffy (3), Goodrich, Kurshid and Amos.

Team: A. C. Cox; R. S. Pine, J. A. S. Amos; A. N. H. Wright, I. S. Batey, R. L. Osmont; M. N. Kurshid, T. B. Duffy, P. M. Goodrich, M. K. Mangan, M. M. Whiteley.

HALF COST—DOUBLE VALUE

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

Medical men can be of great service at this particular juncture, when fuel is so scarce, by teaching in every house they visit that in order to obtain a hot bath in perfection, the ordinary bath should be covered in so as to turn it into a miniature turkish bath.

All that is needed is either to put a small clothes horse across the bath, or even a frame of boards or battens, and to lay over this frame either an old blanket or rug, or even a few sheets of brown paper.

Space should be left at the head end to slip into the bath, and the half quantity of water will give a more perfect bath by using the hot steam which lies above the water in place of filling the bath up to the usual full capacity.

JOSIAH OLDFIELD.

8, Harley Street, London, W.1.
March 7th, 1947.

5. Forming local Branch Work Parties (materials supplied).

Full information may be obtained from the Hon. Assistant Secretary, Mrs. Habart, 6, Eastside Road, London, NW.11.

The need for personal service within this Hospital is very great, and we are anxious for the Guild to be widely known and supported.

Yours truly,

KATHLEEN ISMAY, *Chairman of Council.*
ERMINE EVANS, *Chairman of Executive.*
MARGARET KEYNES, *Hon. Treasurer.*
EDA LAYTON, *Hon. Secretary.*
St. Bartholomew's Hospital Women's Guild.

VERSES WRITTEN BY A PATIENT

As on my lonely cot I lie,
Tormenting female eyes all pry.
And evil minds concoct anew
Some further deed that they can do.

You'll wake up at the crack of dawn
To find your blinking bottle gawn,
But wet the bed. Then oh, my gosh,
They'll soon bring in the mackintosh.

They'll come and ask you how you are,
Then together whisper from afar.
It's plain to see just from his look
That he's done nothing for the book.

And as the weary day progresses,
For fleas they'll come and comb your tresses,

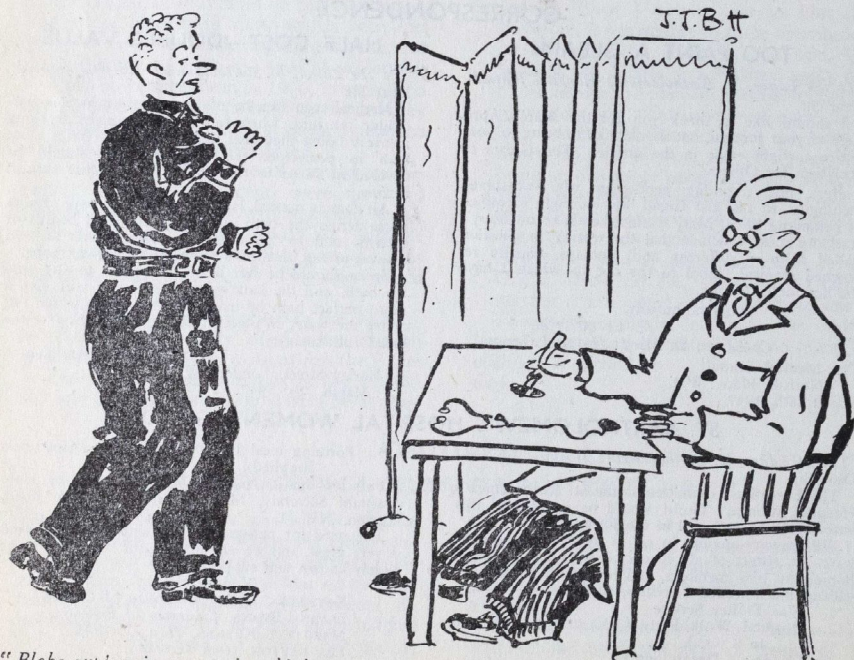
[These verses were sent to us by the patient's doctor.]

And then, with malice in their laugh,
They'll murmur—"Twenty-one—a bath."

It's with relief you'll see the tray
That signifies the close of day.
But, then your heart falls down a wallop,
You'll find them dishing out the jollop.

And as the evening lights grow dim,
We offer up our plaintive hymn—
Lord, give us strength that we may fight
Injections given throughout the night.

From this you'll see man has no chance
When woman calls and plays the dance.
So with fearful dread await the day
When her rewards are equal pay.



"Bloke out 'ere in agony, sir—thinks 'es got so me of them atomic piles 'es been reading ababi."

EXAMINATION RESULTS

UNIVERSITY OF CAMBRIDGE

EXAMINATION IN PHARMACOLOGY FOR MEDICAL AND SURGICAL DEGREES,
MARCH, 1947

Bennett, J. F.
Cooper, M. B. S.
Milligan, J. L.

Struthers, R. A.
Thompson, B. E. L.
Yerburgh, J. G. O. W.

UNIVERSITY OF LONDON

EXAMINATION FOR THE ACADEMIC POST-GRADUATE DIPLOMA IN MEDICAL
RADIOLOGY, MARCH, 1947

Gillwald, F. N.
Henderson, H. J. R.
Marris, C. W. S.

Morris, D. R.
Townsend, E. J. S.

ROYAL COLLEGE OF SURGEONS

PRIMARY F.R.C.S., JANUARY, 1947

Davies, J. A. L.
Faulkner, T.
Jamison, H. M.

Phillips, J. H. C.
Shaw, R. E.

FINAL F.R.C.S., MARCH, 1947

Cronin, J. D.
Grabame, E. W.

Mansuri, A. T.
Rose, I. F.

CONJOINT BOARD

FIRST EXAMINATION, MARCH, 1947

Anatomy
Chandler, G. C. H.
Goff, E. G.

Hindley-Smith, R. F.

Physiology
Chandler, G. C. H.
Goff, E. G.
Hindley-Smith, R. F.

Kinsman, F. M.
Wallace, J. R. C.

Pharmacology
Amos, J. A. S.
Benett, G. R.
Charles, D.
Coombs, G. A.
Dower, G. E.

Holtby, M. C.
Lloyd, E. A. C.
Mendel, David
Read, P. A.
Reckless, M.

Rees, E. G.
Rees, J. D.
Shattock, F. M.
Taylor, D. G.

Thomas, O. G.
Whitely, M. M.
Yauner, H. D.

PREMEDICAL EXAMINATION, MARCH, 1947

Physics
Hennessy, D. B. E.
Pearsons, D. E.
Penty, P. R.

Rowley, H. E.
Whitting, H. W.

Biology
Davies, J. R. E.
Pearsons, D. E.
Penty, P. R.

Rowley, H. E.
Whitting, H. W.

ABERNETHIAN SOCIETY

The following meetings will be held in May and June:

Thursday, May 8th: Dr. G. W. Hayward on "Pulmonary Oedema."

Thursday, May 15th: Dr. Henry Wilson, Psychiatrist at the London Hospital, on "Lunatics in Literature."

Thursday, May 29th: Debate.

Wednesday, June 4th: Annual General Meeting. Election of officers for 1947-1948.

[It will be noted that only those who have attended at least three meetings before the Annual General Meeting are eligible either to vote or to stand for election.]

The meetings will be held at 5.30 p.m. in the Medical and Surgical Lecture Theatre in Bart.'s or in the Anatomy Lecture Theatre, Charterhouse Square. The Annual General Meeting will take place at 1.15 in the Abernethian Room at Bart.'s.

CRICKET CLUB FIXTURES
FOR MAY, 1947

1ST XI.

| | |
|---------|-----------------------------------|
| 3 Sat. | St. Thomas' Hospital. H. (11.30). |
| 4 Sun. | |
| 10 Sat. | Old Mill Hillians. H. |
| 11 Sun. | R.N.V.R. Club. H. (11.30). |
| 17 Sat. | Broxbourne. H. |
| 18 Sun. | Romany. II. (11.30). |
| 24 Sat. | Crofton Park. H. |
| 25 Sun. | Buccaneers. H. (11.30). |
| 26 Mon. | Gerrards Cross. A. |
| 31 Sat. | Old Rutlishians. H. |

2ND XI.

| | |
|---------|-----------------------|
| 10 Sat. | Old Mill Hillians. A. |
| 17 Sat. | Old Meadonians. A. |
| 24 Sat. | Crofton Park. A. |
| 31 Sat. | Old Rutlishians. A. |

ANNOUNCEMENTS

WANTED—A PIANO

The Students' Union is very anxious to acquire a piano for the general use of its members and in particular for the use of the Musical Society, whose activities are at the moment severely hampered by the lack of such an instrument.

Any old Bart.'s man or friend of the Hospital who has an unwanted piano would, by presenting it to the Union, earn our very sincere gratitude and remedy a defect in our equipment which we are unable to fill from our own resources at the present difficult time.

ENGAGEMENT

WARREN—BUCK. The engagement is announced between Hugh de B. Warren, M.B., B.S., and Miss Audrey Buck, S.R.N., of St. Giles' Hospital, youngest daughter of Mr. and Mrs. K. Buck, of St. Bedes Avenue, Blackpool.

BIRTH

DUNLOP—On April 9th, at Queen Charlotte's, to Monica, wife of Dr. Eric Dunlop, a daughter, Jane Elizabeth.

WANTED—A CRICKET UMPIRE

The Cricket Club would welcome the services of any gentleman who is willing to stand umpire during the coming season. Free journeys, teas and a little beer.

ANNUAL SPORTS

The 64th Annual Sports are to be held at Chislehurst on Saturday, June 14th. These will be followed by a dance in the evening.

APPOINTMENT

SHEPHERD, F. W., M.D., F.R.C.S., Hon. Assistant Surgeon to the Huddersfield Royal Infirmary.

CHANGES OF ADDRESS

BREWER, H. F., to 28, Welbeck Street, London, W.1. Telephone: Welbeck 5788.

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MEDICAL EDUCATION

It is ten years since the General Medical Council last revised its recommendations as to the medical curriculum. Now it has produced a new version* with a lengthy introduction. The Goodenough Committee's famous report on the medical schools was published in 1944 and undoubtedly accelerated the impending revision of the recommendations. The Goodenough Committee was an inter-departmental body appointed by several Government departments to review medical education as a preliminary to a large increase in Government expenditure on medical schools. It made many criticisms of the organisation, subject matter and methods of teaching in the medical schools, besides making many suggestions for improvement. And it recommended that the G.M.C. should drastically overhaul the medical curriculum.

The introduction to the new recommendations gives the Council's views on the report, countering some criticisms and accepting others. It also emphasizes the Council's limitations in power and function. These limitations are in part on principle, for theoretically the G.M.C. could impose on the medical schools a prescribed curriculum, specified in detail, and uniform throughout the country. The Council has tried to avoid this and has published these recommendations to maintain minimum standards while leaving the medical schools free to develop their teaching in their own way.

In the recommendations themselves the Council has taken note of the proposals of the Committee and has incorporated some of these proposals. It believes that it has only included those subjects which it is essential for the safety of the public that the student should learn. It does not agree with the Committee that the

minimum period for the acquirement of the necessary knowledge and skill should not exceed four and a half years and has fixed it at five years. The Goodenough Committee wanted the teaching of physics, chemistry and biology to form part of the preclinical period, but the Council includes this in the premedical period, when (so called) general education is being acquired.

Of the five years, the first five academic terms are to be spent at preclinical work, which should include the dissection of the whole body. The recommendations do not, of course, touch on where the bodies are to come from, but this is becoming an urgent question as the present source dries up under the machinations of this socialistic age. The Inspector of Anatomy, it is rumoured, is already forecasting a new outcrop of "Burke and Hare" murders if further sources are not opened to the anatomy schools. And even now we hear of as many as four students dissecting one arm, which implies forty students dissecting each cadaver. If the position worsens it seems likely that the dissections will be performed by demonstrators at lecture-demonstrations—a return to the age of Vesalius.

The Goodenough report strongly recommended a three month transitional period between preclinical and clinical studies. This the G.M.C. has adopted. This period is to contain an introductory course in the methods of clinical examination, and may also include the elements of pathology, bacteriology and pharmacology—these latter subjects may be given during the preclinical period as an alternative. The introductory course at Bart.'s has been in existence for several years and has now evolved into a much better course than it was,

* Constable & Co. Pp. 68. 2s. 6d.

for instance, at Hill End two years ago. However, the experience of students who have done the Part I Tripos course at Cambridge would suggest the advantage of more extensive teaching in pathology and bacteriology before the clinical stage proper is reached than there is now.

The clinical period is to last for at least 33 months: the Goodenough Committee wished to shorten the clinical part of the curriculum to 30 months with a year's resident hospital appointment after qualification, but before registration. The G.M.C. approves of the compulsory year in hospital but refuses to let an untried system of resident appointments compensate for a shortened course. One change has been made in the requirements in midwifery. This is to allow the required number of attendances at confinements to fall from 20 to 12. The care of the newborn infant remains under the heading of midwifery. The period of midwifery is to be later than the medical and surgical appointments and earlier, if possible, than a clinical clerkship in paediatrics. In Bart.'s at present the teaching in paediatrics, which includes care of the new born infant, occurs before that in midwifery but this is only a minor disadvantage.

The Goodenough Committee considered present teaching in paediatrics, psychiatry and social medicine were inadequate. The G.M.C. agrees with the importance of paediatrics in the curriculum and that it should be recognised as a major subject. It recommends a period of clinical clerkship in paediatrics for three months, a step which has recently been taken at Bart.'s. With regard to psychiatry it recommends that instruction should include work in a psychiatric out-patients' department.

Stating that social medicine is a subject that eludes the curriculum-makers, the Council makes suggestions which teachers should be responsible for the various aspects of it and recommends that its importance should be brought to the notice of the student throughout his clinical course. Thus maternal mortality should be dealt with by the obstetrician, and infant mortality by the paediatrician. Use should be made where possible of local services, health centres and almoners in teaching social medicine. It is pleasant in this context to see the list of lectures at Bart.'s dealing with different aspects of social medicine gradually growing and a recent advertisement by the Medical College promises much: this asked for applications for a man or woman "to give practical instruction to medical students in the

proper use of the social services available for children."

Finally the recommendations deal with examinations. The G.M.C. is concerned chiefly that qualifying exams. should be a test of competence. Examinations should include adequate practical tests. The student may not sit any part of the final examination earlier than his thirtieth month of clinical study. This and other recommendations have been made to stop students making premature attempts to pass parts of the finals and to obviate some examinations being tests "of physical endurance rather than proficiency." Other changes appear to give the examiner more discretion. Thus a former provision that candidates who obtain less than 30 per cent. of marks in any subject should be remitted for a longer period than three months has been dropped and likewise that candidates must complete the three portions of the final examination within 19 months. But to most students more important is the recommendation that examiners should be empowered to take into account duly attested records of the candidate's work during his course of study. This is a great step forward to meet the Goodenough's Committee statement that the qualifying exams. should be subordinate to the system of teaching. The next step is to require that every student should be examined by one of his own teachers as well as by an external examiner, much as happens in many anatomy and physiology qualifying exams. Discretion is left with the licensing bodies whether to institute separate examinations in paediatrics and psychiatry. Most students will probably think this a bad idea.

The Goodenough Committee's report focused attention on the medical curriculum and obviously has had much effect on the new recommendations. The two great problems of social medicine and psychiatry are left virtually unsolved, however. It is difficult to see how they will be satisfactorily solved at any time without lengthening the curriculum. There is one branch of psychiatry in which the teaching seems to have worsened through the ages. "The Human Approach," so admirably treated in Dr. Yellowlees' recent book, is neglected in the curriculum, but as this book shows, instruction in this subject is far from impossible. Perhaps it is more the concern of the individual teachers than the G.M.C. Notwithstanding, efforts should be made to teach some part of this difficult subject to the student and not to leave him to acquire it by trial and error and, for the most part, after qualifying.

DOCTORS DON'T MAKE MISTAKES

By WILLIAM EDWARDS

I WAS once talking to some students about the responsibility which a single-handed doctor has to accept, compared with life in Hospital, where he always has someone else at his back: and one student, perhaps disingenuously, asked me: "But don't single-handed G.P.s ever make mistakes?"

Of course they do, but they seldom boast about them. If they seem to make less as they grow older and more experienced, it may be that they grow more adept at covering them up. For myself, I find it a great help to have a partner, with whom one can discuss a sticky problem before it gets too sticky; but I didn't always have a partner, and I certainly made some mistakes. I would like to emphasise that these mistakes all happened a very long time ago! I would hate to think that my present patients regarded me as other than infallible.

Lunatics are the bane of a G.P.'s life. I do remember one very charming homicidal maniac, with whom I had many pleasant chats, but for the most part they mean nothing but trouble. The books tell of various complicated ways of getting them off one's hands, but in practice there are two methods. The first is to persuade the lunatic to go into a Mental Hospital as a voluntary patient. If he agrees, there is no more trouble; but if he doesn't, then one rings up the Public Assistance Officer, and he gets the lunatic admitted for three days observation, during which some other poor wight does the certifying. All that is needed is a note to the effect that so-and-so appears to be of unsound mind and should be admitted for observation.

That sounds easy, but there is a snag. I attended a woman for some months who was obviously "nuts." She had a pleasant habit of removing electric light bulbs and throwing them at her husband—and she was quite a good shot. She also suffered from hallucinations and maniacal outbursts. Many times I told the husband she ought to be certified, but he went on putting up with it. Finally, I saw her in one particularly bad outburst. He was still against it, but came to me the next day and said he'd made up his mind. I happened to be very busy, so I gave him his note, and rang up the Public Assistance Officer.

She went in for her three days, behaved like an angel, and was discharged uncertifiable. Then I heard from her solicitors, who were bringing an action for damages against me. The

curse of it was that I hadn't a leg to stand on—because the certificate *must* be given on the day the patient is seen, and mine had been given the following day. Things looked very nasty; but fortunately she assaulted a policeman and the case was dropped. Moral, avoid lunatics, and join the Defence Society.

My next story is not exactly a mistake, more of a query: "What would you do, chums?" An epileptic patient, under treatment, had not had a fit for two years, and asked me if he could ride a motor bike. I told him, very definitely, no. The next week I saw him riding one. What is a doctor's duty? Suppose he ran over a child and killed it? I felt very unhappy about it, and took the advice of a colleague, who suggested minding my own business. I put it as a hypothetical case to a friendly police sergeant, and he suggested minding my own *damn* business. So I minded it. My epileptic had a fit on the bike, ran into a lorry, and fractured his skull. I heaved a sigh of relief that no one but himself was hurt. But I'm still a little uncertain. Should a doctor tell?

Now for a tragedy. When I was a resident, we anaesthetised most people, children and grown-ups, with chloroform-ether mixtures. We never seemed to have any trouble. But some years later, I so anaesthetised a child for T's and A's, and she died on the table before the anaesthetic began. The Greatest of Pathologists did a P.M. and certified status lymphaticus. Now some people say this is a phoney disease; but I have had one other case of a girl who died in a hot bath from no other cause. All the same, I have never used chloroform since, except in midwifery in small doses, and I've never had any more trouble.

Any doctor gets very tired of the patient who keeps on crying wolf; but even neurotics can die. I once saw a woman with a very early carcinoma of the breast. She saw a surgeon and an amputation was arranged. But she was completely terrified. Almost every day, she would pass out, and her sister would ring me up hysterically, and tell me she was dying. Re-assure her as I would, there was no stopping it, and I got browned-off.

The sister rang me up in the small hours of a wintry night: "Doctor, come at once, my sister's dying!" Callously, I said I would come in the morning. An hour later she rang again: "Perhaps the doctor would come now, for my

sister is dead?" I went, and she was.

The pathologist did a P.M. and found nothing but the early, quite curable, carcinoma. No one had ever taught me that people can die of fright. I suppose I gave her some placebo—I can't remember. Today, I should fill her up with luminal.

To turn from the grim to the gay, here are two stories against myself. The first was a difficult confinement—a breech and a P.P.H., and a very tiring night, culminating fortunately in a live baby and a fit mother. But the next morning the proud father led me into the room below his wife's bedroom and pointed at the ceiling. There was a great round red stain, a yard across. They had to have the ceiling down. Remember that you can't make the same sort of messes in a private house that you can in a theatre, and get away with it. Builders leave gaps between floor boards. Take a look at what is covering them before you start work!

The other was a woman who had had a severe prolapse for years, and had worn ring

after ring. I had persuaded her to have an operation, but she kept postponing it. At last, she came in the middle of a very busy surgery and asked me to fix it up. I made an appointment for her to see a gynaecologist and gave her a note to him. A few days later, he wrote back, very charmingly: "I'd love to do this when she has had her baby, but at the moment she is three months pregnant." I hadn't examined her, and she hadn't mentioned a word about missing her periods—but one does feel rather idiotic.

One last thing. When I was younger, I took very seriously the patient who rang up and said "Can the doctor come as soon as possible!" I used to put aside work and leisure and go at once. I did it too much, and I made myself very ill, before I realised that "as soon as possible" is an automatic form of words, and seldom means more than that the caller wants to get out and do her shopping. Nowadays, "as soon as possible" means at my convenience, not at theirs. *Verb. ssp.*

THE WARRIORS' RETURN

Haverfordwest* and Hogarth, having crush'd
the hordes
Of Teuton wickedness, discard their swords
And with that mightier instrument, the pen,
Illuminate the JOURNAL once agen.

* * * * *

Alas! This 'verse is awful rot, I know.
But now, you see, a third chump's free—
GOBBO.

* Pronounced Harvest.

THE JOURNAL

We have to announce with regret the resignations of the Manager, Dr. F. G. Campbell, and the Sports Editor, Mr. W. G. H. Leslie. The office of Manager has been taken by Mr. P. G. Jackson.

Owing to the recent action of the printing industry, the cost of printing the JOURNAL has taken a steep rise. The price of copies of the JOURNAL has therefore been raised. No more five-yearly subscriptions will be accepted, and the rates of the one and three-yearly subscriptions will be raised to fifteen shilling and two guineas respectively.

Some space in this issue has been sacrificed in order to publish tables of Out-patients and Ward Round times. It is hoped that their usefulness will outweigh the exclusion of other matter.

Contributions for the next JOURNAL should be received by June 4th.

A VOYAGE FROM NEW ZEALAND IN 1872

By PROFESSOR E. L. KENNAWAY, F.R.S.

THE following passage occurs among the more or less pious entries made, as was the custom in those days, in the Family Bible, by my grandfather:—

1864. My youngest son, Charles Robert, sailed from Plymouth for Canterbury N.Z. by Ivanhoe, February 24th—arrived there June 12/64, (the voyage having been one of much discomfort and privation, and sickness from bad management, and scarcity of provisions). 26 deaths on the voyage—he was blessed, and arrived in perfect health.

The son, who was the subject of this record, remained in New Zealand for eight years, engaged, with three elder brothers who had gone out in 1851, in sheep-farming in the South Island, and then set out for a visit to his home in Exeter. The following account of the voyage is put together from the descriptions given in newspapers by one of the ship's officers and two of the passengers.

"In latitude 53 degs. S., long. 104 deg. W.* on April 13th, winds S.W., barometer 28.40, at 8 a.m., commencing strong gales and heavy squalls, high sea running, ship under top-sails, fore-course and staysail, labouring heavily, and shipping large quantities of water; pumps sounded regularly and carefully attended to. Noon: increasing gales and squalls, increasing at times to almost a hurricane; took in the mizzen-top-sail and staysail, sounded pumps. Tuesday, April 14: Fierce gale, squalls blowing with unabated violence. At 1 p.m. a heavy sea broke on the port beam, knocking the boat-swain down, he having to be carried to the captain's room senseless; H. Lawrens, able seaman, also knocked down and severely bruised."

"We lost our captain overboard, one of the saloon passengers, Mr. C. Kennaway, brother of the Provincial Secretary in Christchurch, and one steward; the saloon was completely smashed up, the whole front of it being carried away, and all the cabins on the port side, together with table, swing-trays, piano, sideboard, and all furniture. Twelve people might have walked abreast out of the saloon on to the main deck; the interior was smashed up just as if it had been made of

* This position is about 1,500 miles west of Cape Horn.

gingerbread. Those who were in the saloon at the time of the grand smash very narrowly escaped drowning, or severe injury from the debris which knocked about from side to side with the rolling of the ship. Fancy our piano and a heavy sideboard with marble slab being washed away from their fixings, and floating about in the saloon, mixed up with broken tables, chairs, settees, swing trays, and passengers' luggage of all kinds. I was on deck when poor Captain White and Mr. Kennaway were washed away—in fact, I was within three yards of them, but was behind the mizzen rigging and had a firm hold of the ratlines, and so managed to hold on. The sea we shipped was a horrible one; it swept our decks fore and aft, and carried away, beside the poor men, hencoops full of poultry, a life boat, pinnace, and cutter, cow house and cow, nearly all our sheep and pigs, forward compass and binnacle on the poop, and smashed in saloon skylights. As soon as I saw White go, I got aft and threw a life buoy, but of course it was of no use to the poor fellow as the sea was simply raging, and the ship being on her beam ends, with the foreyard in the sea, it was utterly impossible to lower a boat. For about fifteen minutes every man in the ship thought she must go down, and all we could do was to hang on to the rigging for our very lives, and try to think about what was going to come next."

"You can imagine the force of the wind when I say that the ship lay over so that her foreyard was in the water, and was broken by the weight of the water in the sail. She now came to in the trough of the sea; this eased her, so we all got into the stern cabin, where we stopped all night, taking spirits about every hour to keep a little warmth in us, all looking like so many drowned rats. When day appeared we had no pleasant sight to look upon, the saloon being one mass of debris, and there were now many days' work before us to clear this away, bale out the water, put up bunks for the ladies in the remaining cabins, dry our remaining clothes, and make a field bed for about a dozen of us. The bed was composed of a little hay, some dry sails, and about half-a-dozen blankets. Most of us never changed our clothes for about a fortnight, not being

able to get any dry, and not having sufficient blankets of a night to keep us warm without our clothes.

"To get our meals, some had to sit on boxes, others on the floor, with our plates on our knees. I was lucky with my clothes, losing only a few in comparison with some of the other passengers, some of whom lost all except what was on their backs.

"We got into Valparaiso† about 2 p.m. on Sunday, April 28, and got ashore at half-past

† This diversion north to Valparaiso, no doubt for repairs, and the subsequent return to the Horn, must have added about 3,700 miles to this unlucky voyage.

CLINOPOISIS

"If there be regal solitude, it is a sick bed," said Elia. He could never have known a hospital ward. Alone in his own room, with a solicitous family and servants at the end of his bellrope, he could survey his domain with benign equanimity, sure that, until sympathy was modified by convalescence, his will was law. If he had lain on a hospital bed, his eulogies would have been qualified, for of all places of repose, this is the most unyielding, not to be moulded by the hand of mere man, and waging constant war on the flesh of them that lie therein. Here is no kingdom to be ruled and directed by its monarch, but rather a servant, jealous and resentful of him who desecrates the work of its mistress, and determined in no way to follow his whim.

And should the law of its configuration be transgressed and the pillows adjusted to shape, or the sheets drawn up that merest extra to allow the toes to reach the bedrail without cramps and spasms, then, as if by signal, down swoop the white figures ruthlessly to restore order. With small regard for his misery, the sheets are tucked so far in that an hour's wriggling is necessary to relax the bonds, the pillows are again piled high in toppling support, and for the gentle caress of the feather mattress, the crowning ignominy, a rubber ring, is substituted.

But the art of bedmaking, it must be confessed, reaches its highest form in hospital. To those accustomed to the diverse and individual ways of the "gyp," the method of the nurse comes as a revelation. How those neat and unobtrusive corners contrast with the hurried and exceedingly stimulating humps of

three, but came off again at half-past five. All the saloon passengers came ashore to stay at the English Hotel. . . . It is expected that we shall get away by the middle of the month, but I am afraid it will be well on to September before we get to England, the Zealandia being a very slow ship."

This was not the first loss at sea of this family; two sisters returned from a visit to New Zealand in 1869 in a ship which reached no port and met some unknown fate.

the bedder. How the fixed and undeviating position of the sheets and blankets compare with the aberrant coverings of the collegiate couch. Many were the nights that one has leapt shivering into bed and prepared gently to drop into oblivion, only to find toes herniating through the bottom, sheets wrapping themselves round one's legs in creditable imitation of the boa constrictor, and the blankets and coverlet sneaking with coarse and jeering laughter to the floor. What misery is this, to be compelled in a frigid room to construct anew one's bed, and to commence again the protracted labour of warming the interior.

The way a man makes his bed is a signal index of his character, and varies as much as handwriting. To one, after the preliminary airing, it seems sufficient to hurl back the coverings complete to their former position, and to symbolise the tuck by a desultory poke or two along the side. For him, tribulation is in store. To another, the thought occurs that some attention to the mattress might repay large dividends later, and he accordingly wrestles with it in an endeavour to simulate the mysterious ceremonies of the ladies who are seen to hurl themselves into a frenzied fury of punching and jabbing in order to obtain a smooth and homogeneous layer. But it is the philosophic person who gains most pleasure from bed-making. For while he meticulously adjusts the layers to lie precisely central, and nicely arranges the underfolds so that no amount of nightmare shall decapsulate the sleeper, and yet that he shall not feel bound down, his mind may play freely over momentous issues, and he will sink into misty contemplation of the time

when with due ceremony he insinuates himself between the sheets, and relaxes in a perfectly made bed, with no bumps, no maddening creases, no wandering coverlets, in fact a bed with its aggressiveness completely subdued. Sweet are the fruits of victory.

'Tis curious how that the most pleasing hour in bed is the time between waking and rising. To extract the last second of leisure from a busy morning, even though a hurried shave and post-breakfast dyspepsia are thereby made certain, gives immense enjoyment. One rises with a sense of triumph, and can survey with urbanity one's fellow polygons in the tube. One listens pityingly to the woes of the unfortunates who, unprepared by matutinal meditation, rush precipitately upon their day's tasks

with no preparation, no sense of achievement to balance the overwhelming efforts of travelling. Those who have lain detachedly surveying the ceiling or listening to the distant dulcet tolling of the milkcans have a spur to their strivings of which a faint echo may be caught standing in contemplation of those who hurl past down the escalator—for both processes are delightfully prevaricating. But the man who is to be envied above all others is he who sets out in the morning secure in the knowledge that a masterpiece of clinopoesis awaits his return, and that when at last he submits his weary body to "the cool kindness of sheets, that smooth away trouble," it will be met with unobtrusive symmetry and unaggressive stability, and indeed, as *claverit artem*.

PETER QUINCE.

BART'S IN 1894

By SIR WALTER LANGDON-BROWN

Some random reminiscences, contributed by request. Notes dictated by him in the last days of his illness, in September, 1946.

WHEN I arrived at Bart's towards the end of 1894 to compete for a scholarship I was surprised to find the Square filled with a crowd of shouting, cheering students. Apparently there was a contested election for the Staff going on. Mr. Henry Power (Sir D'Arcy Power's father) had resigned the office of Ophthalmic surgeon to the Hospital and Mr. Jessop, who had been Senior Demonstrator of Anatomy for thirteen long years, was, not unnaturally, the students' favourite candidate. He was triumphantly elected and underwent the ordeal of being hoisted shoulder high and carried precariously round the Square! In those days the unfortunate candidates had to canvass every Governor, perhaps a hundred or more in number, and every Governor had the right of voting. So far as I remember, Mr. McAdam Eccles was the last man to be elected to the Staff by this antiquated method; after that a proper election committee was constituted.

Amenities for the students were few in those days. In the basement beneath the library there were two dingy rooms, one for the Abernethian Society, the other a smoking room. The embargo on smoking was just being relaxed a little, but up to a few years earlier it was very strictly enforced. Dr. Klein when appointed lecturer in physiology refused to accept the appointment unless it was made clear that he was allowed to smoke in his private laboratory. This protest

was the thin edge of the wedge. But in 1894 we were still forbidden to smoke in the Square between 1.30 and 4 o'clock, in order to spare the susceptibilities of the Staff. Yet, considering that the Senior Physician was well-known to be a tobacco addict and bore visibly in his breast pocket a briar which to our eyes looked richly aromatic, we felt the shock to his susceptibilities would have been slight.

The lay-out of the Hospital beyond the Square was very different from that of to-day. Opposite the Hospital church was the Inquest Room, where, for a time, all the inquests on patients dying in hospital were held. It was subsequently taken over by the Electrical Department, and the first X-ray photographs were taken there. On the street side, where the Pathological Department now stands, there were a number of houses and shops. One shop was Pentland's book shop, most conveniently situated for us students. At the corner of Little Britain and Smithfield was the old Casualty Department; a grossly over-crowded place in which to work. Some of the special departments were only separated by American cloth screens, and the confusion can be well imagined. At the opposite angle, where there is now the entrance to the new Surgical Block, there was then the Out-patient Department, another highly unsuitable building. There was no separate dressing room for the men patients,

who sat among the students, hearing the cases of each of their number discussed. Behind this Block was the post-mortem room, approached through an avenue of up-ended coffins. And yet what good work was done under these unfavourable conditions. The reason for so slow an improvement in these conditions was due to the prolonged negotiations before Bart.'s was able to obtain part of the site of Christ's Hospital; the G.P.O. taking the larger share.

My first clinical appointment was clerking for Dr. Samuel Gee. He is, perhaps, best remembered to-day as the inventor of Gee's linctus! Dr. Gee was a man of great character and a most admirable clinical physician. He was famous for his aphorisms, many of which were collected and published by Lord Horder, and I should like to feel that they are still read. An unfortunate piece of advice he was wont to give was to tell students to "forget their physiology" on entering the wards. This was the more curious since he always built up his own diagnosis upon physiological principles. What he really disliked was having the latest laboratory results thrown at his head by a raw student. To become his House Physician was a highly coveted prize. It is interesting to note that four

consecutive elections to the Medical Staff were his former House Physicians: Sir Percival Hartley, Lord Horder, myself and Dr. Thursfield, in that order. Dr. Gee was a wonderful "Chief" to work for; his House Physicians knew exactly what would be required of them and the punctuality and regularity of his rounds could always be calculated to a nicety. A striking example of this occurred on a day when his brougham drove into the Square minus one door. On the way the door had flown open, and colliding with a lamp standard it was wrenched off. But quite undeterred Gee drove on, determined to arrive in time, thereby quite shocking some of his more conventionally minded colleagues who thought dignity would have been better served by awaiting the arrival of another conveyance. Only the senior members of the Staff drove into the Square in those days, and it was one of the sights to witness the dashing entry of Sir Henry Butlin. He was a fine whip and drove his phaeton and pair himself, dexterously sweeping round to draw up with a final flourish at the entrance to the Great Hall. Then one day we were astonished by the arrival of Mr. Lockwood in the Square in a motor car. The new era of the Hospital had begun.

STOCKS AND SHARES

By EVELYN TENT

ONE day I may have a small income and even some accumulated savings to hold in my own right. The prospect frightens me. For when at last I am denounced before the Red Tribunal I shall be obliged to confess that I have only the remotest idea of the methods by which I should have ground the upturned faces of the poor. Before the scarlet uniforms of the inquisitors my golden hoard will be wrenched from the treacherous files of the Post Office Savings Bank and the timid recesses of my deposit account. They will sentence me in scorn rather than anger as a coward who dared not dispose his ill-gotten gains either for his own advantage or for the benefit of his country's industry. It will be but small consolation for me to glance at those of my contemporaries who, from the same crowded dock, will share the humiliation of that indictment; who, like myself, were brought up to possess money with only the vaguest notion of the mechanisms by which it is diverted from the knotted stocking beneath

the mattress into the magic channels of the Limited Companies Act.

I am painfully aware that I know considerably less about industrial economics than I ought by virtue of my prospects and responsibilities. To this extent we have all succumbed to the efforts of Left-Wing propaganda. Respectable young gentlemen are brought up to talk as little about such matters as they would about domestic plumbing. A reincarnated Forsyte, dining by misadventure in the Refectory, would be amazed by the complete failure of his conversational gambit about the drop in Consols or the demand for good industrial. He would enquire with bewilderment how we expected the country to prosper or the standard of business-morality to rise when so many honourable people no longer taught their sons the use of capital and the rewards of risk.

It is a pity that some such man has not appeared. Who else will teach us the full use of our advantages?

IN OUR LIBRARY—IX.

THE WRITINGS OF WILLIAM HARVEY

By JOHN L. THORNTON, *Librarian*

THE life of William Harvey (1578-1657) has been covered by numerous authorities, and various aspects of his career and period are dealt with in the annual Harveian Oration, so that it is necessary only briefly to mention the outstanding events. Born at Folkestone on April 1st, 1578, William Harvey was educated at King's School, Canterbury, where he spent five years before proceeding to Caius College, Cambridge. Here he graduated Bachelor of Arts in 1597, and the following year travelled through France and Germany to Italy, where he commenced the study of medicine at Padua under Fabricius. The latter had rediscovered the valves of the veins in 1574, his observations being published in 1603 as *De venarum ostioliis*, and it is probable that Harvey owed much to the initiative of his teacher.

In 1602 William Harvey became Doctor of Medicine at Padua, and the diploma, dated April 25th, has been reproduced in facsimile, with accompanying notes and a translation by J. F. Payne (1908). A copy of this facsimile is housed in the Library. In 1602 Harvey also obtained the degree of Doctor of Medicine from Cambridge, and to complete his academic qualifications, he was incorporated Doctor of Physic at Oxford in 1642.

William Harvey became a Candidate of the College of Physicians in 1604, and in that year married Elizabeth Browne, but left no issue. On June 5th, 1607, Harvey was elected Fellow of the College of Physicians, and shortly afterwards became attached to Bart.'s, where he succeeded Dr. Wilkinson as Physician in 1609. Harvey held that appointment until his retirement in 1643, despite the fact that he was frequently absent for long periods. In 1615, Harvey became Harveian Lecturer to the College of Physicians, holding the position until 1656, and he was a prominent benefactor of the College. The manuscript notes of his first course of lectures, written in his own hand, and bearing the date 1616, are preserved in the Sloane Collection at the British Museum. The manuscript was reproduced in facsimile in 1886 as *Predlectiones anatomiae universalis*. . . . Edited with an autotype reproduction of the original by a Committee of the Royal College of Physicians of London, of which the Library possesses three copies.

Harvey was appointed Physician Extraordinary to James I in 1618, and in 1631 Physician to Charles I. The story of his travels abroad with the Duke of Lennox, his journeyings with Charles I, his unhappy experiences during the Civil War (when his property and invaluable manuscripts were destroyed by a mob), and details of his professional career, are too long for repetition here, but are available in Sir D'Arcy Power's *William Harvey*, 1897, and other biographical studies housed in the Library.

The writings of William Harvey were few in number but of vital interest. They have been studied bibliographically by Mr. Geoffrey L. Keynes in *A bibliography of the writings of William Harvey*, [etc.], Cambridge, 1928, which records every edition of Harvey's writings known at that time, with interesting details regarding the works, and including complete bibliographical descriptions. Comparison with this *Bibliography* reveals that the Library contains a very small proportion of the numerous translations and editions of Harvey's books, several of which have become very rare.

Harvey's first and greatest work, *Exercitatio anatomica de motu cordis*, [etc.], Frankfurt-on-Main, 1628 (Keynes 17), we possess in the collotype facsimile edition published in 1928 by R. Lier & Co., of Florence, and there are several other facsimiles, some of which are noted below. The Library contains *Exercitatio anatomica de motu cordis et sanguinis circulatione*, Rotterdam, 1654 (Keynes 8); *An anatomical dissertation upon the movement of the heart and blood in animals*. . . . Privately reproduced in facsimile from the original edition printed at Frankfurt-on-the-Main in the year 1628, with a translation and memoir, for G. Moreton, 42, Burgate Street, Cambridge, 1894, (Keynes 23). This copy is No. 47 of 100 numbered copies printed on large paper, and is inscribed "To the Earl of Carnarvon on the occasion of his marriage and 29th anniversary 26 June 1895. With every good wish from W. T. Parker Douglas." We possess the Everyman's Library edition, from the translation by Robert Willis (1907; reprinted 1923) (Keynes 24); *The anatomical exercises of Dr. William Harvey. De motu cordis 1628: De circulatione sanguinis 1649: The first English text of 1653 now newly edited by Geoffrey*

Keynes. Issued on the occasion of the tercentenary celebration of the first publication of the text of *De motu cordis*. The Nonesuch Press, (1928) (Keynes 25). This very attractive book was printed and made in Holland with the types of Joan Michael Fleischman and Christopher van Dyck, and is bound in niger morocco. Another tercentennial edition, also in the Library, is the translation by Chauncey D. Leake, containing a facsimile of the original, followed by the translation.

The Library contains no separate edition of *De circulatione sanguinis*, Harvey's reply to Jean Riolaui the Younger, first published in 1649, but it was included in later editions of *De motu cordis*.

Towards the end of Harvey's life Sir George Ent persuaded him to publish the results of his experiments on embryology, Ent promising to see the book through the press. The resultant *Exercitationes de generatione animalium*, [etc.], London, 1651 (Keynes 34), has been overshadowed by the epoch-making *De motu cordis*, and was probably the poorer for the loss of Harvey's manuscripts on the development of insects. Our copy of the first edition is preserved in the original vellum binding, and we have the Padua, 1666 edition (Keynes 40) of this book in the same state.

Harvey's works have been collected together as *Opera omnia: a Collegio Medicorum*

Londinensi edita: MDCCLXVI (Keynes 47), edited by Mark Akenside, with a memoir by Thomas Lawrence, and containing a very carefully prepared text. The Sydenham Society published Harvey's *Works*. . . . *Translated from the Latin, with a life of the author, by Robert Willis*, 1847 (Keynes 48), and we possess copies of both these collected editions.

Certain of Harvey's letters have appeared in print, the Library possessing S. Weir Mitchell's *Some recently discovered letters of William Harvey, with other miscellanea*. . . . *With a bibliography of Harvey's works*. By Charles Perry Fisher, Philadelphia, 1912 (Trans. Coll. Phys., Philad.) (Keynes 53); and *Eleven letters of William Harvey to Lord Feilding, June 9 to Nov. 15, 1636*. Purchased from the Earl of Denbigh and presented to the Royal College of Physicians by Sir Thomas Barlow, Bt., President, October 18, 1912.

William Harvey lived during the upheaval of the Civil War, and his attachment to Charles I resulted in the frequent interruption of his scientific studies. He is revealed as a careful research worker, handicapped of course by the prevailing circumstances of the seventeenth century, but taking full advantage of the facilities available. Had Harvey pursued his career without political interference he might have accomplished much more in the cause of science, but his life would have been far less exciting.

INTER-HOSPITALS HOCKEY CUP—THE FINALS

This year our path to the Finals was simplified. Our first opponents, Mary's, were unable to get a team out in time after the thaw and so gave us a walk-over. Because of this we arrived in the semi-finals with a team that had not played together for two months, apart from the successful sortie which was made on Portland United Services.

However, our opponents, U.C.H., were in the same situation, and so, playing on our own ground, we soon settled down together and took the advantage. Thereafter we had little trouble in maintaining the offensive, and by the end of the match we had won 9-0. This game was played on a Thursday and gave us the necessary confidence and practice to meet Guy's the following day in the finals.

Guy's had acquired a formidable reputation in their majestic passage through the other half of the draw. To emphasise their prowess they had beaten Middlesex 5-0 in the semi-finals and Middlesex had for two years been our rivals in the Cup. Moreover, Vans Agnew, one of Guy's forwards, had recently been capped for Scotland. We were relieved to hear that he was to be up North at the crucial moment, particularly as we were deprived of the services of E. Griffiths and J. B. Dossetor.

The final was played down at Motspur Park. Some heavy rain in the morning made the surface very slippery and the going was slow and heavy.

We were not left long in doubt as to Guy's ability, for they crashed right through our defences from the bully-off. After 15 minutes they had scored two goals and their attack was proving all too agile and powerful for our defence, which continually found itself left on the wrong foot.

Shortly afterwards a desperate struggle right in our goalmouth ended with a free-kick for us just as the ball was being pushed into the net for the third time. This gave us the break we were looking for, and a good clearance by McDonald started the ball up the right wing in a rush which ended in the opposing goalmouth. A mêlée ensued which to all intents appeared like the one which had just occurred in our own goal. However, this ended in a penalty-bully being awarded to us. The unfortunate Guy's goalkeeper had to unbuckle his pads in preparation for the masterly slaughter which Dixon then meted out to him while the remaining 20 players watched the duel from behind the 25 line. The ball ended in the net with the duellists spread-eagled in the mud.

Our ascension was pitifully short-lived, however, for Guy's replied almost immediately with another of their fast goal getting dashes from the bully-off.

Half-time saw the score still standing at 3-1. The respite added energy to our desperation, and with the slight slope now in our favour we swept

right through from the bully to score a goal. Guy's answered all too soon with their fourth, and thereafter the battle raged furiously for an intolerable time at 4-2. But now our defence was combining more effectively and Bart's began to take the offensive with telling effect.

Ten minutes before the end, one of our sorties resulted in a goal and the team returned to the attack with redoubled vigour. Everyone felt that we could score again if only given the time. This was vouchsafed us, and two minutes before the final whistle we drew level with the score 4-4.

This deadlock entailed a further twenty minutes' play, but the struggle swayed to and fro without solution. The match had proved much too gruelling for either of the teams to feel anything but relieved when a truce was decided upon. Our fate remained in the balance for a further fortnight until the replay was possible.

The XI played so well as a unit that it would be invidious to single out any of the individual contributions. But mention must be made of the "irregulars" who brought such credit to the right wing, P. H. DAVY at outside right and H. B. JUBY at right half played an inspired game and without their brilliance and tenacity the team would have collapsed.

The team was as follows: J. F. HINDLE; M. MEHTA, A. J. McDONALD; J. W. PLATT, A. F. DOSSETOR, H. B. JUBY; J. W. MELLOWS, E. D. MARSH, J. E. R. DIXON (Captain), E. HIRST, P. H. DAVY.

REPLAY

The replay of the Inter-Hospital Cup hockey final was held at Chislehurst on Thursday, April 11th.

The weather was fine, everyone arrived on time, and we were very glad to see a number of colourfully dressed supporters; an admirable setting for so notable a match.

Bart's won the toss and chose to play into the sun. The game started with a flourish, for within two minutes of play, after some neat passing between the forwards, Davy had a shot at goal which was stopped, but Dixon following up managed to score. The Bart's morale was raised five minutes later when Marsh had a shot at goal, and again Dixon scored after following up. At this stage confidence must have given way to complacency, for before half-time Guy's had scored three goals, for which much of the credit goes to the Guy's inside left (a Scottish International).

In the second half, after minute pieces of lemon, the battle was joined with greater fury. Everyone was on form and would deserve special mention if time and space allowed; however, no one could avoid commenting on John Dossetor at centre half and Geoffrey Hirst at inside right, who were invaluable both in defence and attack with their quick accurate passing and unflinching energy. This happily is not an adequate description of the second half, for Dixon, who had played very well till now, excelled himself by scoring his third goal three minutes from the end of play to equalise 3-3.

As may be well imagined, the excitement at this stage was terrific, and extra time between two apparently invincible forces showed much promise; indeed, no one could have frowned at the display. After an indecisive first half, it was not till the middle of the second half of extra time that, before clicking cameras and cheering spectators, Mellows on the left

wing put in a shot at the Guy's goal and the ball, surrounded by goalie, ended up in the net to give Bart's a hard-earned victory of 4-3 and entitled us to keep the cup for the third successive season.

The team was: J. F. HINDLE; A. E. DOSSETOR, M. D. MEHTA; A. J. McDONALD, J. B. DOSSETOR, J. PLATT; P. H. DAVY, G. HIRST, G. DIXON, E. D. MARSH, J. W. MELLOWS.

The hockey season has indeed been a memorable one, for the 1st XI have won the inter-hospitals cup for the third time in three years, and we can only hope that this sort of thing will become a habit. But apart from inter-hospital matches Bart's has won the majority of the inter-club matches and has shown a reasonably high standard throughout the year.

Furthermore, J. B. Dossetor took part in an England trial and played for Middlesex County several times, while both he, G. Dixon and A. F. Dossetor represented the Bart's contingent to the London University and United Hospital sides.

The 2nd XI merits special mention, for in eleven games they have won seven, drawn four and lost none. They have scored thirty-five goals as opposed to eighteen against.

Not, happily, has the weather affected us as badly as might be thought, for, apart from the cancellation of matches early this year, we could not have got through the season on our grant!

But perhaps the most notable hockey event for many years was the "Celebration Dinner," given by our President, Professor Paterson Ross, in honour of our winning the Cup. The dinner was held in a private room of the White Horse, Nubergh Street, and we were certainly treated as victors. We were all very pleased to see Professor Christie, who was the only vice-president able to attend our regal feast, and we were also glad to see a past captain, "Sandy" Fyfe, who is enjoying life in the R. A. F.

The Club also had occasion to hold a dance last December at Hill End Hospital, and with the money made at that, together with the "raffle" of a bottle of whisky presented to the club by our President, we have just managed to meet our expenses.

From the above it will be obvious how much the Club owes to Professor Ross. We of the Hockey Club should like to take this opportunity of thanking him for his example and generosity.

SOCCER

CUP—SEMI-FINAL

v. St. Mary's. Won 2-1.

Despite a wind of gale force, and an exceptionally strong Mary's XI, Bart's just managed to scramble home before a small crowd on Barnet F.C. ground. An opportunist's goal by R. Abraham and an individual run by Dr. K. A. McClusky gave us the lead, but it was to the fine work of the defence, who held attack after attack for what seemed hour after hour, that the main credit was due.

After the match, the "Bart's songs" could be heard ringing through Barnet rather fluidly.

Team:—A. C. Cox; R. S. Pine, J. A. S. Amos; A. N. H. Wright, I. S. Batey, M. K. Mangan (capt.); M. N. Khurshid, T. B. Duffy, P. M. Goodrich, Dr. K. A. McClusky, R. Abraham.

P. M. G.

THE UNITED HOSPITALS' SAILING CLUB

THIS summer the United Hospitals' Sailing Club is returning to its old haunt at Burnham-on-Crouch, and has acquired the lease of premises behind the Royal Burnham Yacht Club. These are now being fitted out with accommodation for sleeping, drinking, etc. For week-end sailing, it is hoped to provide bunks for about thirty members.

The club has eight new Y.R.A. 15-foot "Swordfish" dinghies on order, and delivery is expected in May or June. As well as these, there remains one sole survivor of the old hospital 15-foot dinghies and a 20-foot half-decked sailing boat, the "Oyster Catcher." Both of these boats are now in commission.

In view of the value and relative fragility of the new boats, a test is being imposed on all members before they are allowed to be in charge of a boat. Lack of special knowledge or skill by no means debars members from acting as crews, but because certain

untoward incidents are not unknown, they should be able to swim. The waters at Burnham are wider, and, at times, less congenial than those at Hammer-smith.

To ensure a fair distribution of sailing time among members, and to avoid the possibility of a boatless week-end at Burnham, a system of booking is being instituted. Boats will be bookable for any single occasion in advance at St. Mary's Hospital Lodge (telephone PAD 8688). Bookings for any particular week-end have to be made by the previous Thursday evening. Boats not booked, or not claimed within an hour of the time booked for, will be available for any one on the spot.

When the new boats arrive, the club will certainly be the centre of much activity. Matches are being fixed with other sailing clubs, and it is hoped to get the inter-hospital racing restarted soon.

M. W. GLOSSOP.

CORRESPONDENCE

BARTS IN THE EAST

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

It has been suggested to me by a number of Bart's men out here, that I take up my pen and write a letter to you about the various Bart's graduates whom I have met in my wanderings in India, and further afield. It is with the greatest diffidence that I do so, as I do not believe it would interest your readers; but nevertheless here it is; you have certainly not asked for it, but you are going to get it. Many of the "hard cases" mentioned may already have put in an appearance at "The Vicarage," but even so, this note may give you some news which has not reached you via the famous Bart's Bush Telegraph.

Up in Quetta, in 1945, my "opposite number" was Matthew Westwood, who was in charge of the Medical Division there, and was in excellent form—both medically and socially—over Christmas and the New Year, when his talents as an L. & S. of a party came into full flower. Peebles was also a member of the Hospital Mess, and was one of those who received the distinction of being posted across the whole of India (from Quetta to Chittagong) to an entirely non-existent unit, returning to Quetta much refreshed after a month of continuous travelling and sight-seeing at the Government's expense. He paid for it in the end, however, by being posted to Razmuk, two days before Christmas, where he sat in a camp encircled by a barbed wire perimeter, the monotony of life being occasionally varied by a Pathan rifle bullet ping-ponging its way through the Mess windows if one was indiscreet enough to stand against the light.

In Delhi—in the Spring of 1946—I ran into George Ellis. He was then giving his well-known impersonation of George Ellis, and combining a penchant for sun bathing every afternoon with a desk and a carpet (and those of you who are in services—Civil or Army—will recognise that tribute to him)

at G.H.Q. as temporary consultant Adviser in Anaesthetics to the whole of India Command. I believe this post was abolished after he left, but I can only assume that its demise was because he had raised it to such a high standard that they could find no one of a like character to fill the vacancy. James Smith was also there, recovering from a severe touch of the Typhoid. I doubt if any of you would have recognised him, as he really was so thin that he was all but invisible seen sideways.

In Calcutta I had the great good fortune to meet Andreassen, who is Professor of Surgery to the Bengal Medical School, and I spent several most enjoyable days with him on his ward rounds and in his theatre. He tells me that four out of five past Professors in Surgery in Bengal have been Bart's nourished, and that in the 1930's a Bart's dinner was held in Bengal at which no fewer than 36 were present. I had not realised before that Bart's had such a close connection with that part of India.

I was waiting for a plane at the time—but air priorities for V.I.P.'s being at a premium, I eventually proceeded more comfortably (if less adventurously) by sea, meeting George Brentnall on the boat. He was *en route* to Singapore, fittingly disguised as gynaecologist, and I believe has since gained the Surgical Division there.

Changing ships at Singapore, whom should I meet but Morton Macdonald, who had been an anaesthetist to an F.S.U. in Sumatra during the Indonesian trouble, and was then pushing on to Hong Kong to take up similar duties there. I envied him his posting, as Hong Kong is a delightful winter station, and one of the most civilised places I had seen in the East.

Arriving in Japan in December (and being shaken both literally and metaphorically by the earthquake, though unfortunately not sufficiently to qualify as a psychiatric case for immediate evacuation to U.K.),

I found that the British Commonwealth Occupation Force was being supported, medically speaking, by Bart's.

Jimmy Harold had just left 80 B.G.H. at Okayama for England on leave, and has probably just finished taking a quiet ale with you, and Derek Duff was running the British Surgical side as G.D.O. with his usual efficiency.

I just missed meeting Michael Smith, who was O.C. of an Indian Light Field Ambulance and held well nigh feudal sway over a small and isolated portion of Japan on the north coast, a portion seemingly forgotten by the Americans. His conduct of the chair at the local Town Council meetings was apparently in the very best traditions of the Bart's Board of Governors.

On arriving at 92 I.G.H.(C) I found John Vere Nicholl resplendent in red tabs and hat band as O.C. Hospital, while the R.A.F. Hospital further down the coast is in charge of Wing Commander Johnny Jenkins whom I met, with Donald McGavin (surgical specialist to the New Zealand Hospital) when we all foregathered for a clinical meeting held there. The meeting was held in the morning, and we all watched an excellent Rugby Match in the afternoon, the final for the New Zealand Army Cup; Jenkins, with his usual skill in separating the grain from the chaff, arrived after lunch just in time to see the match.

Finally—Eddie Shephard, now surgeon to 80 B.G.H. is shortly to proceed to Tokyo to become what appears to be private surgeon to the Embassy there. He has developed a peculiar trait while out here, and whenever he is visiting a Mess, all screw-drivers are carefully locked away. For he has shown an extraordinary skill at a late stage of a convivial evening, of disappearing without warning, and of passing with lightning rapidity through the building unscrewing all fittings such as doors, windows, beds and so on, so that the unfortunate inhabitants have great difficulty in recognising their rooms on eventually retiring to rest.

Most of us hope to return sometime this summer; but in the meantime, for myself, I find it extremely pleasant to have so many Bart's colleagues scattered judiciously throughout the Force in Japan. We all join in wishing you, sir, and the JOURNAL a long life and all success.

Yours faithfully,

ALEXANDER INNES,

Lt.-Col., R.A.M.C.

92 Indian General Hospital,
British Commonwealth Occupation Force,
Kure, Japan.
February 10th, 1947.

THE HOSPITAL ARMS

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,
On opening this month's JOURNAL at the title page, I was horrified to see that the usual dignified black-and-white shield had been replaced by an ostentatious novelty. Last month you pointed out that the latter shield belongs to the Hospital; but the reasons for excluding it from the JOURNAL are of the strongest.

Firstly, with regard to custom. Certainly within the last few years, and probably during its whole lifetime, the JOURNAL has used the more popular arms; and it must be remembered that the right to use the "correct" arms is only one of usage and tradition.

Secondly, and far more important, is the question of taste. The presentation of two gaudy red lions, with golden crowns dangling over their heads, has neither the pleasing symmetry nor the quiet dignity of the familiar interchanged chevrons.

I trust, therefore, that on both æsthetic and traditional grounds you will revert to using the accustomed black-and-white type of arms.

Yours sincerely,

H. E. LEWIS.

The Abernethian Room,
May 6th, 1947.

We enjoyed Mr. Lewis's letter, for we had expected criticism, though not in quite so humourously incisive a strain. By no stretch of imagination can our design be considered ostentatious, on the contrary, it breathes a suggestion of regal dignity, consonant with the honourable and ancient past of our Hospital. Even had we been in a position to afford colour printing, the emblem would not have assumed the rabid hues envisaged by Mr. Lewis, for if he will carefully refer to the Editorial of the March-April Journal, he will realise that the lions passant gardant are "or" (gold) and the field "gules" (red). He will also discover that the Editorial points out the right of the Hospital to use the ancient Priory arms, and the complete lack of right to use those first used in the Hospital by John Wakering and which officially belong to some other family unconnected with the Hospital.—Editor.

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

I am not usually given to writing to Editors (the usual cliché of those who usually do, but in this case it is true, unless two previous letters in some eleven years constitutes a constant flow of letters to Editors), but I feel that I have to congratulate you on once again airing the matter of the Hospital Arms.

What surprises me is that the Committee of the JOURNAL permitted the publication of an article which will doubtlessly inspire a flow of letters to your office.

In either 1937 or 1938, feeling strongly on the subject, I wrote a long letter to the then Editor, expressing certain opinions about our Arms, and hoping that some way might be found whereby we could obtain the use of the Priory arms for our own. It seemed to me that they are more colourful than our own drab Argent and Sable, and at the same time equally as ancient and correct heraldically, and possibly that we might have a better claim to them, than to the currently used Arms, which you say belong to Lawson of Usworth, County Durham, granted in 1558. Doubtless your information is correct, but the only reference I can find pertains to a Lawson of Cumberland (Bart. 1688). However, if I had hoped to get anything done by writing that letter, my hopes were rudely shattered when the Editor wrote me a personal letter, explaining that the committee felt that no good could come of re-opening a controversy which raged in the JOURNAL some years previous to 1937, and that he would merely draw my attention to the articles which had been written by authorities, at that time, giving me the necessary references in the Hospitals JOURNALS, which unfortunately I have not kept.

I sincerely hope, however, that your Editorial will re-awaken an interest in the question of the Hospital Arms, and perhaps eventually succeed in promoting a legitimately granted Coat of Arms, whether they be those of the Priory, or the Lawson Arms marshalled

with the Prior's, or a completely modern blazoning done by the present holder of the Garter King of Arms office, or his second in command, Clarenceux, whose province is all England south of the Trent.

May I also take this opportunity of placing on record a fact which is of no great moment at present, but which in the distant future may cause someone a headache. I refer to the "Bart's" tie bearing Cambridge Blue stripes between the multiple shields of the more conventional black tie, without stripes. It is obvious that this tie has no official standing, but I noticed, before I left England, that many young men, recently arrived at the Hospital, and having done their pre-clinical studies at "Bart's in Cambridge," wore the tie, assuming that it was a tie of the Hospital. (This fact I discovered in the course of conversation.)

The origin of the tie is simple. For no good reason at all, Dr. A. M. Dawson and myself decided to design a "brighter" Bart's tie. We asked for permission of the authorities, who said that they couldn't give us permission to create a new official tie, but didn't object to our having a tie with the Bart's "Arms" thereon emblazoned. Mr. Arthur Shepherd of Cambridge was very co-operative, and produced for us a sample piece of material woven in the design we had decided upon, and from which pattern the ties were subsequently woven. We had tried to have the tie made in a Cambridge Blue, with the Bart's shields on, but this was apparently too intricate a piece of work for the price we were prepared to guarantee if they would produce a gross of ties, which we undertook to see were disposed of, thus indemnifying Shepherds against loss. Under the circumstances, the "Bart's in Cambridge" tie "as is" came into being.

With best wishes for the continued success of the JOURNAL,

Yours sincerely,
LESLIE LEVY.

Johannesburg, South Africa.
April 26th, 1947.

HENRY VIII.

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

May I congratulate Alan Tois on his article "Henry, the Spirochate and the Ladies." It is really so brilliantly written that I feel quite green with envy and I admit to being an old admirer of his contributions. I hope it will, therefore, not be regarded as an expression of my envious biliousness, but accepted as an interest in historical truth if I remind Alan Tois and his enchanted readers that the question of Henry and Spirochate has been carefully investigated by Chamberlin in his fundamental study "The Private Character of Henry the Eighth" (Frederick Chamberlin; John Lane, The Bodley Head, London, 1932). The complete evidence of the medical history of Henry the Seventh, Henry the Eighth, his mistresses and wives and his children can be found in this book. The records were submitted to a number of outstanding English and American physicians, surgeons and obstetricians for study and opinion. Their opinions are given in full in Chamberlin's book and I quote only two passages from the opinions of Sir D'Arcy Power and of Mr. Eardley L. Holland.

Sir D'Arcy Power (page 271): "There is, therefore, no evidence at all that King Henry the Eighth had syphilis or that such a cause was in the minds

of the competent medical men by whom he was attended. The ulceration of his leg, or legs, was of a simple nature. It started as a varicose ulceration and becoming chronic ended as a callous ulcer.

Mr. Eardley L. Holland (page 275): "To sum up then, the evidence that Henry infected Katherine with syphilis is flimsy. A combined consideration of the evidence gained by studying the medical history of Henry himself and of the reproductive history of his wives leads me to the conclusion that it is improbable that Henry suffered from syphilis."

The other opinions are in a similar vein. Incidentally, it is worth while reading these opinions in full, as they are a classical example how medical evidence of the past should be studied, sifted and interpreted.

I am, sir,
Yours sincerely,
V. C. MEDVEL.

47, Godfrey Street,
London, S.W.3.
May 5th, 1947.

THIRTEENTH DECENNIAL CLUB

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

The formation of a thirteenth decennial club is now nearly two years overdue. We have, therefore, decided that an attempt should be made to get in touch with all those men who are eligible for membership. This will be a lengthy task as it will involve writing to more than a thousand past and present students. We hope, however, to arrange the first club meeting for the end of the summer, when permanent club officers can be elected. A date will be announced later.

The club exists to bring together once a year those men who entered the hospital between 1935 and 1945. It is possible, however, that some of them would prefer to be included in the fourteenth decennial club (1945-1955) when it is ultimately formed, so that they may keep in touch with their contemporaries.

We hope that the club, when it is ultimately inaugurated, will follow the high standard of, and be as successful as, its predecessors.

We are,
Yours faithfully,
KINGSLEY LAURANCE,
D. ELLIS PUGH.

St. Bartholomew's Hospital,
London, E.C.1.
April 15th, 1947.

DRAMATIC SOCIETY

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

Due to the exigencies of war, the Scrap Book, belonging to the Dramatic Society has been lost. As this book was a valuable record of the productions of the Society for many years past, we are very anxious to regain it.

If any of your readers know of its whereabouts I should be very pleased to hear from them. If not, I wonder if past members of the Society, who have copies of programmes and photos of past plays, could bear to part with them, in order that a new Scrap Book may be compiled.

Yours faithfully,
J. C. PITTMAN,
Hon. Sec. St. Bartholomew's
Hospital Dramatic Society

April 28th, 1947.

EXAMINATION RESULTS

UNIVERSITY OF OXFORD

SECOND B.M. EXAMINATIONS, HILARY TERM, 1947

| | |
|--|---------------------------------------|
| <i>Forensic Medicine and Public Health</i> | <i>Special and Clinical Pathology</i> |
| Elliott, C. G. | Hale, J. F. |
| Hale, J. F. | Lloyd, H. M. |
| Leslie, W. G. H. | Lloyd, H. M. |

UNIVERSITY OF LONDON

SPECIAL SECOND EXAMINATION FOR MEDICAL DEGREES, MARCH, 1947

PASS LIST

| | | | |
|-------------------|-----------------|---------------------|----------------------|
| Bennett, W. R. C. | Gould, G. T. | Kaye, M. | Phillips, G. D. |
| Bexon, W. H. | Green, N. A. | Lawther, P. J. | Raines, R. J. H. |
| Bouton, M. J. | Hibbard, B. M. | Liu, S. | Rothnie, N. G. |
| Brown, H. S. | Horton, I. A. | Molloy, C. | Simmons, P. H. |
| Chorley, G. E. | Hovenden, B. J. | Nielsen, J. S. | Smith, R. V. |
| Coldrey, J. B. | Hurter, D. G. | Norman, M. H. | Wendell Smith, C. P. |
| Eve, J. R. | James, D. C. | Pelosi, M. A. A. M. | Zakon, R. |

CONJOINT BOARD

FINAL EXAMINATION, APRIL, 1947

Pathology

| | | |
|---------------------|------------------|------------------|
| Butcher, P. J. A. | Glanvill, M. E. | Odlum, H. R. |
| Cathart, D. B. | Griffiths, E. R. | Sacks, D. |
| du Heaume, B. H. | Lindon, R. L. | Shaerf, M. D. |
| Felix-Davies, D. D. | McDonald, J. A. | Ussher, C. W. J. |
| Friedman, D. E. I. | Maude, A. R. S. | |

Medicine

| | | |
|--------------------|---------------------|-------------------|
| Bradfield, G. P. | Forster, A. L. | Matthias, J. Q. |
| Buchanan, J. H. S. | Galbraith, H.-J. B. | Pearson, F. A. |
| Chopra, A. | Glenister, T. W. A. | Peters, W. |
| Cooke, H. G. W. | Gourlay, N. G. O. | Pranker, T. A. J. |
| Davy, P. H. | Griffiths, E. R. | Richards, D. H. |
| Deane, K. R. H. | Juby, H. B. | Watson, J. R. |
| Dixon, J. E. R. | King, R. C. | Whittle, R. J. M. |

Surgery

| | | |
|-----------------|-----------------|-------------------|
| Bendes, J. | Forster, A. L. | Mehta, M. D. |
| Blackman, J. H. | Juby, H. B. | Pilling, A. |
| Bomonji, T. R. | Lonsdale, D. | Rogers, D. J. H. |
| Daniel, W. R. | McDonald, J. A. | Whittle, R. J. M. |
| Dossetor, A. E. | Maitland, R. I. | Winstone, N. E. |

Midwifery

| | | |
|---------------------|------------------|---------------|
| Colley, R. O. N. G. | Moser, J. B. | Watson, J. R. |
| Johnston, M. E. | Pilling, A. | Yauner, H. D. |
| Jones, E. | Ussher, C. W. J. | |

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

| | |
|---------------------|-------------------|
| Buchanan, J. H. S. | Jones, E. |
| Chopra, A. | Juby, H. B. |
| Cooke, H. G. W. | King, R. C. |
| Deane, K. R. H. | Matthias, J. Q. |
| Dixon, J. E. R. | Pearson, F. A. |
| Forster, A. L. | Pranker, T. A. J. |
| Galbraith, H.-J. B. | Richards, D. H. |
| Glenister, T. W. A. | Watson, J. R. |
| Gourlay, N. G. O. | Winstone, N. E. |

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

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|--|---|--|--|---|---|---|
| * MEDICAL OUT-PATIENTS New Cases : 9 a.m. | Dr. K. O. Black 9 a.m. Dr. R. Bodley Scott 10 a.m. | Dr. E. F. Scowen 9 a.m. Dr. G. Hayward 10 a.m. (Med. Prof. Unit) | Dr. Neville Oswald 9 a.m. Dr. W. E. Gibb 10 a.m. | Dr. R. Bodley Scott 9 a.m. Dr. K. O. Black 10 a.m. | Dr. G. Hayward 9 a.m. 1 p.m. (Med. Prof. Unit) Dr. E. F. Scowen 10 a.m. | Dr. W. E. Gibb 9 a.m. Dr. Neville Oswald 10 a.m. |
| * SURGICAL OUT-PATIENTS New Cases : 9 a.m. | Mr. Alec Badenoch 9 a.m. | Mr. E. C. Tudlowell (Surg. Prof. Unit) 9 a.m. | Mr. Harold Rogers 9 a.m. | Mr. Naunton Morgan 9 a.m. | Mr. Alan Hunt 9 a.m. | Prof. Paterson Ross (Surg. Prof. Unit) 9 a.m. |
| * DISEASES OF WOMEN ANTE-NATAL | Mr. John Beattie 9 a.m. (Gynaec & Ante-Natal) | Mr. John Hawkins 9 a.m. (Ante-Natal) | Dr. Wilfred Shaw (Gynaec) Mr. John Hawkins 12.30 p.m. | Mr. Donald Fraser (Ante-Natal) 12.30 p.m. | | Mr. Donald Fraser (Gynaec) 9 a.m. |
| ** ORTHOPAEDIC DEPARTMENT | Mr. H. J. Barrows 9.30 a.m. (Fracture Clinic) Mr. J. C. Hogg Mr. N. A. Jory Mr. F. C. W. Capps 9 a.m. in rotation | Mr. N. A. Jory 1 p.m. | | Mr. S. L. Higgs Mr. W. D. Colliart 1 p.m. | Mr. W. D. Colliart 9 a.m. (Fracture Clinic) | |
| * EAR, NOSE & THROAT DEPARTMENT | Mr. H. B. Stallard 9 a.m. | Mr. Rupert Scott 1 p.m. Dr. Brian Russell 9 a.m. | | Mr. J. C. Hogg 9 a.m. | Mr. F. C. W. Capps 1 p.m. | |
| * OPHTHALMIC DEPARTMENT | | | Dr. R. M. B. MacKenna 9 a.m. | Mr. Rupert Scott 9 a.m. | Mr. H. B. Stallard 1 p.m. Dr. R. M. B. MacKenna 9 a.m. | |
| * SKIN DEPARTMENT | | | | | | |
| * DISEASES OF CHILDREN | Dr. Charles Harris 9 a.m. (Babies under 1 year feeding & management problems only) | Dr. Charles Harris 1 p.m. (Children up to 12 years) | | | Dr. A. W. Franklin 1.30 p.m. (Children from 1 to 12 years) | |
| DENTAL DEPARTMENT | Mr. G. A. Cowan 9.30 a.m. | Mr. G. T. Hankey 9.30 a.m. | Mr. J. D. Cambrook 9.30 a.m. | Mr. G. A. Cowan 9.30 a.m. | Mr. G. T. Hankey 9.30 a.m. | Mr. J. D. Cambrook 9.30 a.m. |
| TUBERCULOSIS DISPENSARY | | 12.30 - 1.30 p.m. New 5.5 - 6.5 p.m. Clinic Ant. Pneumothorax Clinic 3 p.m. | | | 9 p.m. (By appointment only) | |
| MATERNITY & CHILD WELFARE (City Residents only) | 2.0 - 4.0 p.m. | | 2.0 - 4.0 p.m. | | | |
| VENEREAL DEPARTMENT | Men 9 a.m. - 6 p.m. Clinic 11 a.m. - 1.45 p.m. | Men 9 a.m. - 6 p.m. Women 9.30 a.m. - 12.30 p.m. | Men 9 a.m. - 6 p.m. | Men 9 a.m. - 6 p.m. Clinic 11 a.m. - 1.45 p.m. | Men 9 a.m. - 6 p.m. Clinic (Women) 11 a.m. - 1.45 p.m. | Men 9 a.m. - Women 12 noon |
| * PLASTIC SURGERY | | | Dr. A. H. McIndoe 2 p.m. (1st & 3rd Wednesdays) | | | |
| * PSYCHOLOGICAL DEPT. | | | | Dr. E. B. Straus 2.0 p.m. (New cases only) | Dr. E. B. Straus 2.0 p.m. (Old cases only by appointment with Psychiatric Social Worker) | |
| * NEUROLOGICAL DEPT. | | Dr. J. Aldren Turner 1.30 p.m. | | | Dr. J. Aldren Turner 1.30 p.m. | |
| * NEUROLOGICAL SURGICAL DEPT. | | Mr. John O'Connell 1.30 p.m. | | | | |
| * SPECIAL & FOLLOW-UP CLINICS | | Speech Therapist 1.0 p.m. Mr. Basil Hume 3.30 p.m. | Mr. Reginald Vick 12 noon Mr. John F. Hestford 1 p.m. | Dr. Geoffrey Bourne 10 a.m. (Cardiological) Dr. A. W. Spence 5.15 p.m. (Endocrine) | Dr. E. F. Scowen 10.30 a.m. Mr. Rupert Corbett 10.30 a.m. Dr. K. O. Black (Fracture) Dr. G. Evans & Surg. Prof. Unit 1.30 p.m. (Vascular Diseases) | Dr. E. R. Cullinan 10.0 a.m. (Gastroenterological) Mr. O. S. Tubbs Prof. Unit 1.30 p.m. 10.30 a.m. |

* By appointment only with appointments department.

† These hours are intended only for patients who cannot attend at mid-day

* There is a daily Fracture Clinic at 9.30 a.m. attended by the Chief Assistant to the Orthopaedic Department

April, 1947.

WARD ROUNDS

| | Monday | Tuesday | Wednesday | Thursday | Friday | Saturday |
|---|--------------------|--------------------|--|---------------------|--------------------|----------|
| Dr. G. BOURNE | | 9.0 a.m. Bart.'s | | | 2.0 p.m. Bart.'s | |
| Dr. E. R. CULLINAN | 10.0 a.m. Hill End | | | 10.0 a.m. Hill End | | |
| Dr. A. W. SPENCE | | 10.0 a.m. Hill End | | | 2.0 p.m. Hill End | |
| Professor CHRISTIE | | 2.0 p.m. Bart.'s | | | 2.0 p.m. Bart.'s | |
| Dr. E. F. SCOWEN | | 2.0 p.m. Bart.'s | | 2.0 p.m. Bart.'s | | |
| J. B. HUME, Esq. | | 1.45 p.m. Bart.'s | | 1.45 p.m. Bart.'s | | |
| R. S. CORBETT, Esq. | | 1.30 p.m. Bart.'s | 1.30 p.m. Bart.'s | | | |
| J. P. HOSFORD, Esq. | | 1.45 p.m. Hill End | | | | |
| C. NAUNTON MORGAN, Esq. | | 2.0 p.m. Hill End | | | | |
| Professor ROSS | 1.30 p.m. Bart.'s | | | | 1.30 p.m. Bart.'s | |
| Dr. C. F. HARRIS | 10.30 a.m. Bart.'s | | | 10.30 a.m. Bart.'s | | |
| Dr. A. W. FRANKLIN | | 10.30 a.m. Bart.'s | | | | |
| Dr. J. W. A. TURNER | | | | 10.15 a.m. Hill End | | |
| Dr. W. SHAW | 2.0 p.m. Bart.'s | | | | 2.0 p.m. Hill End | |
| J. BEATTIE, Esq. | 2.0 p.m. Bart.'s | 11.0 a.m. Hill End | | | | |
| D. B. FRASER, Esq. | | | 10.0 a.m. City of London (for Bart's) | | | |
| S. L. HIGGS, Esq. | | | | | 10.0 a.m. Hill End | |
| O. S. TUBBS, Esq. | | | | | | |
| Dr. R. BODLEY SCOTT | 2.0 p.m. Bart.'s | | | 10.0 a.m. Hill End | | |
| Dr. K. O. BLACK | | 2.0 p.m. Hill End | | | | |
| Dr. N. C. OSWALD | | | | 2.0 p.m. Hill End | | |
| Dr. W. E. GIBB | | | | | 2.0 p.m. Bart.'s | |
| Dr. G. W. HAYWARD | | | | 2.0 p.m. Bart.'s | | |
| H. W. RODGERS, Esq. | 1.45 p.m. Hill End | | | | | |
| A. H. HUNT, Esq. | | | | | | |
| A. W. BADENOCH, Esq. | | | | | 1.30 p.m. Bart.'s | |
| Assistant Director of Surgical Professorial Unit | | | | | 1.45 p.m. Bart.'s | |
| | | | | 1.30 p.m. Bart.'s | | |

* Alternate months.

ANNOUNCEMENTS

ABERNETHIAN SOCIETY

There will be a meeting of the Abernethian Society on Thursday, July 10th, when Professor John Fulton, Sterling Professor of Physiology, Yale University, will address the Society on "Harvey Cushing and his books."

ENGAGEMENT

GRAY—GOODCHILD.—The engagement is announced between Peter Spencer Gray and Maria Louisa, third daughter of Mr. and Mrs. W. B. Goodchild, of East Horndon Hall, Sussex.

DRAMATIC SOCIETY'S PLAY

In June the Dramatic Society are producing a play by A. N. Menzies called "The Astonished Ostrich." The performances will be on Monday, June 16th, and Tuesday, June 17th, at 8.30 p.m., and will take place at King George's Hall, Adeline Place, Great Russell Street, Tottenham Court Road.

Tickets are priced 5s., 3s. 6d. and 2s. (including tax), and may be obtained from Colin Molloy in the Hospital, and Teddy Vickers at Chatterhouse Square.

MARRIAGE

CHAPMAN—DRAY.—The marriage of Leslie Chapman to Dorothy Dray took place on April 4th, 1947, in London.

CRICKET

The PAST v. PRESENT match will be held on SUNDAY, JULY 20th, at Chislehurst. It is hoped that as many old Bart.'s men as possible will turn up, as the Cricket Club hopes to hold a dance after the match.

FIRST XI

- | | | | |
|----|------|------------------------|---------|
| 1 | Sun. | Stanmore. A. | (11.30) |
| 7 | Sat. | Hampstead C.C. H. | |
| 8 | Sun. | Old Meadonians. H. | (11.30) |
| 15 | Sun. | Middlesex Hospital. A. | |

- | | | | |
|----|------|-------------------------|--|
| 21 | Sat. | Chelsea C.C. H. | |
| 22 | Sun. | Eastern Command H.Q. A. | |
| 28 | Sat. | Nomads. H. | |

SECOND XI

- | | | | |
|----|------|------------------------------------|--|
| 8 | Sun. | West Middlesex County Hospital. A. | |
| 15 | Sun. | Old Aloysians. H. | |
| 28 | Sat. | Guy's Hospital. A. | |

All matches start at 2.30 p.m. except where otherwise shown.

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Hon. Secretary :
Henry Robinson, M.D., D.
Manager for Scotland :
R. C. Fergusson.

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

Vol. LI

JULY 1st, 1947.

No. 5

EUGENICS

TWO years ago a Royal Commission, with Lord Justice Asquith as chairman, was appointed to examine the question of equal pay for men and women. This produced much valuable information, but failed to reach unanimous conclusions. A serious practical objection to ensuring "exact justice" throughout industry is that women as a rule have fewer dependents than men. To give them the same pay would raise their standard of living relatively to that of the married man and his wife and children. Already, despite income-tax reliefs and family allowances, the pecuniary penalties on marriage and parenthood are so severe as to be socially harmful. From this point of view it might do more harm than good to equalise wages generally between men and women, unless adequate dependents' allowances for all workers were also introduced.

Recently a paper has been published by Sir Cyril Burt on "Intelligence and Fertility."¹ From this it appears, as was mentioned in a review published in this Journal, that the average level of intelligence among the general population is declining. The prolongation of such a decline might have grave effects. Assuming that the same rate of decline continues, in a little over fifty years the number of pupils of "scholarship ability" will be approximately halved and the number of feeble-minded almost doubled. Further it is confirmed that in the numerous working class it is the most intelligent families who contribute fewest to the next generation. This is important when the conclusion of Barbara Burks is realised. This conclusion, written after an impartial analysis of all the available evidence, is quoted in the paper and states that "Home environment contributes about 17 per cent. of the variance in I.Q. (as

actually tested); parental intelligence accounts for about 33 per cent.; and the total contribution of innate and heritable factors is probably not far from 75 or 80 per cent."² Sir Cyril Burt, as a summary of this, further quotes Sandiford who wrote: "With intelligence as measured by intelligence tests, the contribution of heredity is about four times as potent as that of environment."³

The two subjects mentioned above mutually overlap. Both raise questions of economic and social interest. Eugenics, originally thought of as an academic subject, includes the study of such questions and can, indeed, play a practical part in their solution. Its aim is to improve the inherited qualities of mankind. Its basis is both moral and scientific.

Sir Francis Galton was the first to use the word eugenics in 1883. Galton thought of eugenics as containing at one and the same time scientific, religious and social elements. "There are," he wrote, "three stages to be passed through. Firstly it (eugenics) must be familiar as an academic question until its exact importance has been understood and accepted as a fact; secondly it must be recognised as a subject whose practical development deserves serious consideration; and thirdly it must be introduced into the national consciousness as a new religion." This was written two years after the foundation of the Eugenics Society in 1907. This Society, with its publication, the Eugenics Review, has been the centre for work in eugenics in this country ever since.

Eugenics used to be defined as "the study of agencies under social control that improve or impair the racial qualities of future generations, either physically or mentally." Now it has a wider sense. It is both a study and a practice.

"The practice of eugenics consists partly in creating a desire for a more richly endowed posterity and partly in establishing the means by which this desire can be fulfilled."

The study of eugenics includes work on human qualities and defects, fertility and sub-fertility, race mixture, migration, economic and social policies and artificial insemination. With regard to human qualities and defects little is known of the distribution, in the different social groups that make up our society, of good health, physique and abilities on the one hand and hereditary ailments on the other. It would be useful to know more about how these qualities are passed on and how much they are modified by environment. This would help, for instance, doctors to give the best advice to couples who ask them whether or not they are fit to have children. In population problems it would be interesting to know what would be the influence of greater social security on birth rates of the different groups; whether it is true that well endowed parents are more likely to produce large families in some kinds of social backgrounds than in others; and whether the social problem group does in fact exist—this group is said to combine high birth rate with many bad qualities such as insanity, drunkenness, low mentality, prostitution and criminal tendencies.

Research is needed in birth control to find out how far existing methods are used and can be depended upon, whether these methods have a bad effect on the health of the parents or offspring and whether they impair fertility as some people think. Again, because it is a subject in which prejudices and passions run high, and because, with better transport, opportunities for it are becoming greater, more scientific knowledge is needed on cross-breeding between races. What are the eugenic results of cross-breeding? Some say they are always bad, but at the same time, it should be remembered that there are very few "pure" races in the world to-day. Others say that the bad results are due to the hostile attitude of society to persons of mixed parentage. With regard to migration we need to know more about the types who leave a country and those who come in as settlers from abroad. The regulations governing such movements should be carefully studied.

These questions which have been touched on, however, are to most people not so important as the practice of eugenics. This has raised many to indignation and religious opprobrium. The practice of eugenics has been split into two parts—negative and positive. Negative eugenics is concerned with restricting the fertility of people

who are unfit for parenthood; positive eugenics with encouraging fertility among those deemed fit for it. Which side should be emphasised seems to depend very often on the temperament and outlook of the person concerned and is reflected very often in opposite attitudes to birth control. To some the practice of birth control appears to be very bad—birth control is used and abused by the very people who should have large families and has become the main cause of racial decay; to others it is intrinsically sinful. Others contend that checks on human fertility have been in operation since time immemorial, and that birth control is a better check than abortion, infanticide, epidemics, famines and wars. Admittedly it can be abused, but it can also be constructively used. Its advantages should be made available to everyone irrespective of class and income, but its dissemination should be coupled with propaganda and education as to its proper use. Birth control does not mean the suppression of births.⁽²⁾

Negative eugenics is not easy. It gives results only gradually and never with complete success. This is partly because apparently healthy persons are "carriers" of hereditary defects which are difficult to detect, partly because new hereditary defects, mutants, are liable to appear, and partly because the practice of negative eugenics can only be effective if the parents have a responsible attitude towards parenthood—this is usually in people with bodily defects and not in those with mental defects. Even so it is better to weed out defects, however gradually, than to let them flourish unhindered.

Measures suggested for reducing the fertility of subnormal persons include regulation of births, sterilisation, better "socialisation" of mental defectives in the community, legal prohibition of marriage, sexual abstinence and health examinations before marriage. Some of these are probably not feasible—thus abstinence and prohibition of marriage. But regulation of births can help by helping those unsuited to have large families how to avoid them. Facilities for voluntary sterilisation, under proper safeguards, should be provided for those who suffer from transmissible defects in body or mind. Termination of pregnancy should be permitted where the child will suffer from any defect for which sterilisation is appropriate. This permission should be extended to include cases of rape and incest.

At first there was difficulty in defining the eugenically desirable from the undesirable person. Now standards of eugenic value have

been defined. These are that the individual should have sound physical health and good physique, intelligence, and social usefulness; he should be free from genetic taints and it is desirable that he should be a member of a big, united and well adjusted family and fond of children.

Positive eugenics is not just a matter of removing economic obstacles to parenthood or providing economic inducements—nevertheless these are important and must take a prominent part in any policy. Positive eugenics must aim at securing the largest family from the best endowed couples in every class. Sound eugenic policy must be both economic and moral. It must encourage early marriages, provide marriage guidance clinics, reduce the cost of maternity services, give adequate family allowances and income tax reliefs and give better education and housing facilities at a reduced rate.

Thus "the eugenists aim at replacing the present generation by children who are deliberately conceived in the full light of all known

medical, social and genetic factors. They favour the planned as against the unplanned family; and they want to see the community so organised that its best citizens will feel impelled to give full expression to the instincts of parenthood." Improvements in social conditions have some results which are definitely eugenic. Although they save the lives of many defective persons and thus often enable them to hand on their handicaps to posterity, they encourage normal healthy couples to have more children than they would if conditions were less favourable.

Eugenics embraces a very wide field involving many subjects. Will it be able to achieve its aims before world suicide is effected by the atom bomb? We can only hope so and meantime further its aims whenever possible. For many a bright and assured future is one in which there is no constant threat of war. Because of this and because casualties are highest in those above the average in physique and courage, one of the aims of eugenics is the prevention of war by the removal of its causes. In this, at least, no one will disagree.

REFERENCES

- 1 Burt, Cyril. (1946). *Intelligence and Fertility*, London.
 - 2 Burks, B. (1928). *27th Yearbook*, p. 309.
 - 3 Sandiford. (1938). *Foundations of Educational Psychology*, p. 95.
 - 4 Galton, Francis. (1909). *Essays in Eugenics*, p. 42.
 - 5 Blacker, C. P. (1945). *Eugenics in Prospect and Retrospect*, London.
- (1947). Galton on Eugenics as Science and Practice, *Eugenics Review*, 38, 169-181.
- Aims and Objects of the Eugenics Society*. (1944).

PATIENT'S PROTEST

"My God, I've had—" the patient said;
The doctor, smiling, shook his head,
And turning to his heedful boys
Said, "thus the spirochaete destroys."

His voice droned on, and weary eyes
Blinked at him with polite surmise
As, trotting out his clichés fast,
He talked, and tea-time came at last.

But e'er they'd put the screens around the bed,
Or covered up his old, grey, wizened head,
They found a note clutched in his still warm
hand,
"I've had a hundred aspirins. Understand?"

The patient's mouth still open wide—
To say his piece he'd vainly tried—
But every time he said "I've had—"
They tapped his notes, said "O.K. Dad!"

He could not speak against the tide
Of rhetoric, and when he died
They said "An aneurism burst?
Wish we'd auscultated first."

J. McO.

DO STUDENTS LEARN ANYTHING FROM THEIR TEACHERS?

By PROFESSOR E. L. KENNAWAY, F.R.S.

THE exhausted teacher, when at the end of term he takes leave of his examination-ridden students, sometimes wonders if anything remains of his teaching more valuable and more durable than the many-coloured chalk on the floor which he has rubbed off the blackboard. Perhaps one who has been both student and teacher may recall two items of what he was taught which he has remembered, but not always practised.

(1) At University College, London, in 1898, a member of the class in practical zoology had difficulty, as do beginners in the use of the microscope, in seeing some detail in the structure of *Paramoecium* and applied to the teacher, Dr. Herbert Fowler, for help. "There's nothing like a good stare," said Fowler cheerfully, and sat down to look through the microscope himself. He was an admirable teacher and knew well that the beginner does not see through the microscope things that are perfectly obvious to him later on. Fowler was in many ways an impressive personality; a wonderful blackboard draughtsman, a great hand at the design and use of nets and trawls in biological work at sea, and an expert figure-skater, who would pirouette at odd moments in the laboratory to keep his legs supple. He was always ready to help students in difficulty and in this was a great contrast to his chief—Professor W. F. R. Weldon, who did not attempt to conceal his dislike of such matters. Fowler in later life devoted himself to the study of Court Rolls and other documents relating to Bedfordshire, a very excellent subject no doubt, but I always regretted the diversion from zoology of one who was a born teacher of it.

"There's nothing like a good stare"—surely a large part of the practice of inductive science is expressed in those words! The history of science records many stares, good and bad. Galileo, when he directed his telescope to Jupiter and its satellites, and to the Milky Way, must have felt that he was staring with his whole body. The people who saw the goose in the barnacle no doubt stared, but it was not a good stare. How differently Darwin stared at barnacles when he wrote "A Monograph on the Sub-Class Cirripedia." One hears of a teacher of biology who would persuade an unwary student that he could see the homunculus in the head of a spermatozoon and would then cover him with confusion by further questioning.

And quite apart from any question of scientific method it is wonderful what difficulties of microscopic detail can be resolved by a good stare, not carried, of course, to the point of fatigue.

Fowler's chief, Walter Frank Raphael Weldon, was immortalised by Karl Pearson in an obituary notice in Weldon's own journal, "Biometrika." This, to my mind, is one of the best achievements in biographical literature and is to be classed with de Quincey's "Last days of Immanuel Kant." Far too many obituary notices read like an account of a dead person.

Fowler was assisted by a demonstrator, Dr. Ernest Warren, who for some reason chose to grow very long black whiskers of the Dundreary type, which even in those days were about forty years out of date. He went later to the Natal Museum at Durban and has been the subject of no obituary notice that I have seen, except the concise description which we all receive in the "Deaths" column of "The Times," so one is glad to pay even this small tribute to an excellent teacher.

I wonder what kind of zoology is taught nowadays? We had to be able to identify the three maxillipedes of the crayfish with their sub divisions protopodite, ednopodite and exopodite. These wonderful, dainty, and highly specialized structures are the products of millions of years of evolution, but when we students, in the latest moment of this time, looked at them, no one encouraged us to ask what they were for, whether the creature ate, felt, or cleaned itself with them. It would be possible to put a crayfish in a glass-bottomed tank, to lie underneath it, and see with field-glasses how these appendages were used, but no one ever proposed to do this, and moreover it was not in the Syllabus. When a student began his course in zoology, he was given a printed paper of instructions containing the order "Huxley's 'Physiology' to be read at once," and with that recommendation, very excellent in itself, any obligation to associate function with structure was absolved.

Most of the students used an early work of H. G. Wells, with A. M. Davies, "A Textbook of Zoology," of which the authorities disapproved as a cram book. What is a cram book? A civil servant, of our neighbour the Post Office,

who had profited by the coaching at Wren's in his youth and had reached the C.B. stage, once said to me—"If a teacher teaches you anything he is immediately stigmatized as a crammer. Perhaps the same idea applies to cram books.

Every student of "Chemical Physiology," as it used to be called, knew that the higher proteins give a violet biuret reaction, and proteoses and peptones, a pink one, and every demonstrator of the subject knew that egg-white gave a distinctly pink colour, and we used somehow to explain to students that the colour was really violet because egg-albumin is a higher protein—an appalling example of the substitution of deduction for induction. I remember well the feeling of relief when Cole actually said, in print, in the first edition of his "Practical Physiological Chemistry," that "usually egg albumin gives a distinct rose tint." This courageous act is a greater monument to Cole than all the subsequent eight editions of his book.

The greatest representation in Art of the "Good Stare" of scientific observation is surely Rembrandt's "Lesson in Anatomy," though one must admit that some of the students are looking at the text-book and not at the dissection. How subtly the supreme genius of Rembrandt makes the corpse, with his unseeing eye, take his place in the group, as he contributes to the knowledge of those who can still see. In the galleries of Holland one sees various pictures of such anatomical demonstrations, but these only show that Rembrandt's vision of the scene stands alone.

(2) Dr. Arthur Church was lecturer in the School of Botany at Oxford fifty years ago. He

worked his way without any social or financial advantages to an F.R.S. and a high position in the botanical world. He was writing a monograph on the structure of the flower and was an extremely careful observer. The writer once incurred his disgust by proposing to describe as "indefinite" the number of stamens in a flower in which they were very numerous. His chief principle, which he emphasized over and over again, was "If you make drawings, let them be drawings; if you make diagrams, let them be diagrams." Surely this rule, which expresses so well the demarcation between observation and generalisation, should be inscribed around the walls of every Biological Laboratory. The premature transition from the drawing to the diagram is a scientific catastrophe. With this outlook, Church was an inspiring teacher, in contrast to his chief, whose lugubrious instruction perhaps served the purpose of diverting from the School of Botany any student without a real love of the subject. Teaching in botany was also given privately by a laboratory attendant, whose course of instruction was said to conclude with a careful study of the plants which appeared next day in the practical examination.

Church was a botanical artist of the first rank. Professor A. G. Tansley has described his pictures as "exquisitely beautiful and accurate" and "among the best botanical drawings of the structures of flowers that have ever been published." But much of Church's work of this kind remains unpublished owing to the cost of reproduction (in a University which supports seven Professors of Theology).

ETHICS, THE BLACK MARKET AND OURSELVES

By G. HAVERFORDWEST

(pronounced HARVEST)

THIS age, like every other age as a whole, is not really interested in the mysteries of existence that move in orbits other than the round of daily life. Art, ethics, romance and logic, even now with most of us, remain the x's and y's of a purely academic equation and, as unknown quantities, are as dubiously regarded in Smithfield as elsewhere.

Now "goodness" everywhere takes the form of refraining from certain deeds. Every system of ethics has expressed its requirements in the form of: "Thou shalt not . . ."; thus the "wicked" have always retained a monopoly of

terrestrial dealings since the "good" have largely confined themselves to abstention therefrom.

Both the staid majority of us, who sociably contract our tenets from our neighbours like a sort of ethical measles, and our more earnest-minded juniors who, discovering anew that every ethical system thus far put to the test of nominal practise, whatever its paradisaical intake, has always resulted in a deplorable earthly mess, believe shrilly only that nobody should be permitted to believe anything, both find it difficult to subscribe to the more urbane ration-

alism that a sound intelligence rejects everything that is contrary to reason except in matters of faith where it is necessary to believe blindly.

None-the-less, in Smithfield, where our lives are governed by intelligence and faith, this dictum is worthy of some consideration. For in a philosophy such as this, which ranks affairs of the mind immeasurably above the gross accidents of matter, your opinions are thus all important and your physical conduct is largely a matter of taste.

Now to some of us the Black Market quite clearly represents an endeavour, by perfectly well accredited agents of the Devil himself, to lure the unwary earth-bound mortal to get, on his passeporte to the afterworld, a Hellish visa rather than a Heavenly one. For to many of us, guided by an imperfectly suppressed and quite ludicrously misinformed conscience, a parochial and, we hope, transitory human law may loom as awefully as a divine "Thou shalt not." To such, obviously, transgression must constitute a "wickedness" which will find a just retribution, if not here then later in some overheated hell, while to refrain from transgression should, being a "goodness," receive its reward, certainly not here but later in some delightful, though probably underpopulated, paradise.

For it is by this means that every ethical system that ever was has sought to persuade its adherents to refrain from wickedness and so become good: that is to say, by a promise of citizenship in some postmortem country either nice or nasty.

I know that there are foolish and unreflecting persons who have the odd notion that, beyond the black door at the end of the grey corridor, they will find nothing whatever. But even if one would, upon the whole, prefer to find nothing there, here it remains, in every sense, a rather wasteful parade of agnosticism to admit the existence of nothing. It is wasteful because no good is to be had of thinking of nothing, but any amount of good can be gained from meditation upon the strange realms beyond the tomb for which we may, quite conceivably, all be en route.

It is true, to be sure, that all the promised

paradises of past systems of ethics have disappeared: one by one the old heavens have passed away, unnoticed save in the staid commentaries of the ethnologists, just as the claim of Olympus, the last remembered of them, to oversee and rule the doings of gods and men from a rather modest official altitude of 9754 feet, seems to us a trifle excessive. It is true also that all the hells which were once the fine thriving homes of torture and anguish, fire and brimstone, have been by time's dilapidation bereft of every little discomfort.

But it is most gratifying to reflect that, while they lasted, the glories and the terrors of all this celestial and nefarious architecture filled many lives with spiritual consolation or salutary dread. Thereby the devout were heartened to give alms, to burn infidels, to eat their parents or to do whatever, at the time, was virtue; and thereby the wicked have been checked in their extravagances in the way of bloodletting, of chastity or of whatever else at the time was vice.

In all heathen theologies, it can be shown, heaven is the home of every depravity in the way of lust and greed, of deceit and cruelty and plain childishness; it looms like a mysteriously splendid court of rogues presided over by a supreme tyrant who is also the master-rogue.

It would seem necessary, therefore, always to bear in mind that a sound intelligence rejects everything that is contrary to reason, except in matters of faith, where it is necessary to believe blindly: to believe blindly, perhaps, that, for those who abstain from dabbling in the Black Market, something very pleasant such as eggs and bacon, a pair of silk stockings or a bottle of whisky may yet be waiting for them on the other side of the black door.

But it is necessary, too, to remember that, in reason, man can win to heaven only through repentance and the initial step toward repentance is to do something to repent of. The logic is flawless and in its clear light such transgressions of parochial and, we hope, transitory human laws as may be suggested by reason—and the consciousness that nobody is looking—take on the aspect of divinely appointed duties.

REFERENCE (if required):

The Disputations of l'Abbé Jérôme Coignard annotated by J. B. Cabell.

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Contributions for the August issue should reach the JOURNAL office not later than July 3rd.

MEDICAL AND SCIENTIFIC RESEARCH

By JOHN I. THORNTON, Librarian

"He had been eight years upon a project for extracting sunbeams out of cucumbers."

—Swift, in *Gulliver's Travels*.

AT regular intervals one notes in the press an estimation of the number of periodicals devoted to a specific subject, of the numbers of monographs, articles, pages and words written about it, and a concluding note that the specialist cannot hope to peruse more than a minute fraction of this material. One might also estimate how many hours are spent in research, at the cost of how much money—and then wonder what are the fruits of these labours. Are we any nearer the solution of the problems of cancer and tuberculosis, for instance, and if not, is there a reason understandable by the layman? The latter is often keenly interested in the development of medical research, although unfortunately he is rarely given the opportunity to show it, and has given support to various campaigns destined to raise funds for research. He is rarely advised of any progress, save through the sensational and misleading press, but occasionally must ponder on the time taken before results are achieved. He must wonder how research is organised. Does the scientist as an individual decide upon his line of research without guidance, and without considering the work of others in the field? Are the results tabulated for all to profit by? Is research work unnecessarily duplicated? Do all the papers contributed to journals indicate an advance in knowledge, or do they frequently record negative results—often at great length? Is the information obtained organised by a central bureau, or must each individual delve into the pool to sort the wheat from the chaff? Is money for research purposes spent to the best advantage? Are not many experiments needlessly duplicated numerous times, and is not much of the research carried on of doubtful value? These are but a few of the questions that occur to a layman, and after almost twenty years' intimate contact with medical literature, perhaps a layman may be permitted not only to ask questions, but to offer suggestions.

For well over three hundred years medical men have been conducting experiments, and investigating the mysteries of nature. First anatomy, then physiology received attention, followed by bacteriology, pathology and the other special subjects. The foundation of medical societies and periodical publications served to disseminate knowledge more freely among scientists, so that international co-

operation was less difficult. But the increase in knowledge revealed how much more there was to discover, and to-day we have an army of research workers in every civilized country. Yet many of the major problems of medicine remain unsolved; in fact, no nearer solution than three hundred years ago.

The main problems of medicine may be compared to a series of gigantic jig-saw puzzles. Some of the pieces are interchangeable, and when all the fragments are arranged in order the solution is arrived at. But in the medical sciences there appears to be no person responsible for the arrangement of the sections. Research workers complete their contributions, toss them into the common pool, represented by the periodical press, and strike out on an entirely different problem. Perhaps twenty years later the article is rediscovered, the findings confirmed, and a further article contributed to a journal, with or without reference to the original contribution.

It is suggested that any research on one of the major problems baffling medical men should be carefully planned as an elaborate campaign. Firstly a chief should be appointed to supervise the scheme, and to co-ordinate results. A bureau should be set up, and all the previous writings on the subject sifted carefully by experts. This would entail the preparation by librarians of an extensive bibliography, every item of which would be made available to the experts either in original form, or as a photostat, microfilm or similar reproduction. The chief would discuss with the experts in particular fields the plan of action, and if considered necessary, the services of every available scientist would be called in to deal with the problem. Is it possible to imagine anatomists, physiologists, pathologists, surgeons, bacteriologists, biochemists and pharmacologists combining to solve the cancer problem? Each would have the latest information on the development of the subject, and each would submit his findings to the chief, for lines of research would be controlled from the central bureau, which would naturally welcome suggestions. If it achieved results, it would have been well worth the trial, and there are many other subjects for investigation. By this method overlapping would be avoided, previous research work would be summarized and con-

densed into a workable unit, and the best brains of each special department would be brought to bear on the specific problem. Findings would be co-ordinated, and circulated to all participants in the scheme, without the delay necessitated by publication in journals.

At the present time the research worker chooses his own particular line of research, possibly with the assistance of the head of his department, and frequently plods along as if he never thought of previous workers in that field. He might come across a stray paper on *his* subject, and is surprised to discover that it contains numerous references. He now becomes very serious about the matter, and decides to follow these up, probably to find that he is duplicating the work of others. If he has received a grant in aid of research, of course there are papers to be written as a justification of expenditure, and the confusion is

SIDELIGHTS ON GENERAL PRACTICE

By WILLIAM EDWARDS

By using forethought, many of the more harassing aspects of general practice can be circumvented. For example, always advise your patients to cook by gas rather than by electricity; for a test tube can be boiled on a gas ring, but on an electric hot plate, you only burn your fingers. I carry a tiny box, containing a midget test tube and a small bottle each of acetic and Benedict. This prevents my surgery being cluttered with jam jars and bottles, ill-stoppered with wads of newspaper, and mostly anonymous. But the gas ring is fundamental!

Which brings one to the big question: what equipment should a G.P. carry on his rounds? Personal variations are legion, and a rural doctor, who cannot pop back thirty miles for something he has forgotten, must be more elaborately equipped than one who is never more than a mile from home. But, for myself, I carry primarily one very small bag containing the barest necessities: stethoscope, ophthalmoscope, finger cots, a wallet with prescription, certificate and other forms, and a pocket case of tablets. I find this sufficient for the diagnosis and treatment of sixty per cent. of cases—from measles to colic, from herpes to iritis. If I have a bigger bag, I just keep putting things in it, so that it becomes a burden to the flesh.

I carry a few drugs in tablet form, because my local chemists do not give a twenty-four

added to by the publication of more unnecessary articles in one of the numberless periodicals that have grown up to satisfy this demand. The papers are abstracted, indexed and digested in still more journals, and are then forgotten until the vicious circle is resumed. It is suggested that at least ninety per cent. of the papers published in the medical periodical press every year contribute nothing to the advancement of medical science, and will not be consulted after the number in which they appear ceases to be current.

The research worker frequently fails to look beyond his own restricted field, and fails to see the problem in its entirety. Disease recognises no artificial boundaries, and it is only by the combination of the forces available in specialists working together as a team that we can hope to probe some of the secrets that have baffled scientists for centuries.

hour service, and it may, in any case, take some hours to get a prescription made up. My selection is entirely a personal one, but if anyone is interested, it consists of aspirin, bicarbonate, belladonna, bismuth, digitalis, luminal, nambutal, sulphathiazole, trinitrin and a cough lozenge. A few "seed packet" envelopes take up little space, and directions can be written on them.

With these few drugs, I am armed against pain and sleeplessness, "jitters," fibrillation, dyspepsia, colic, asthma and angina—and these do constitute most of the things for which people are likely to want quick relief.

As well as this small bag, of the things I am pretty sure to want, I carry in the car a much bigger bag of the thing I *may* want. This is a terrible hotch-potch: sphygmomanometer, pocket case of instruments, sutures, tin of cotton wool—the screw-top aluminium cans in which one firm packs their drugs are admirable—tin with gauze and bandages, vaginal speculum—double duckbill is best, but if you have a rich maiden aunt, get her to give you an illuminated vaginal speculum for a birthday present. It will clear up many worries about leucorrhœas, carcinoma of the cervix and erosions. Then there is a hypodermic case, with a 2 cc. syringe (much more useful than the 1 cc.) This contains morphia, atropine, adrenaline, niketha-

mide, strophanthin, femergen, pituitrin, and proctocaine. I am armed against severe pain, migraine, uterine hæmorrhage, asthma, heart attacks—and can get enormous kudos from promptly relieving pruritus ani. I have two 10 cc. syringes, one with a serum needle for pushing things in, and one with a long exploring needle, for getting things out; so that my injections of pentothal are not contaminated by pus from the last empyema. There is a bottle of flavine, a roll of two inch sticking plaster, novocaine, anæthaine, my little urine testing outfit, quinsy openers, a tracheotomy tube (I have carried this for over twenty years without using it, but one never knows!) a cellon six inch bandage—more for sprains than for fractures; nothing is nicer for a sprained ankle or wrist than complete rest and firm support—pentothal, anti-tet, penicillin (this labels one as up-to-date, and is useful for carbuncles) and a rubber catheter, which makes quite the best tourniquet for intravenous injections.

My instruments are scalpel, eyespud, scissors, mouse tooth forceps, splinter forceps, myringo-tome, needles, and a long pair of sinus forceps fitted with a ratchet, which can be used indifferently for swabbing the cervix or avulsing a nasal polyp.

These are the things I carry on a normal round, and with them I can tackle most conditions. I can treat wounds and infections, sprains and minor fractures, aspirate a pleural effusion or give an emergency anaesthetic. I can remove a foreign body from the eye or take blood for a blood count, diagnose diabetes, or investigate menorrhagia. In my pockets, I carry a magnifier, which helps with scabies and splinters, a thermometer, and the invaluable penlight torch.

That is all; but I have also a bag kept empty, and into this I can throw anything which may be needed for some special job. Anyone can easily add to this list; but the real problem is to keep one's list as short as possible, for lugging heavy bags round does not add to the joys of life, unless one is in training as a weight lifter. As far as possible make one tool serve several purposes—blessed was Spencer Wells and little did he ken of the manifold uses of his artery clips—they will even screw up the nuts on the distributor of one's car. It is far, far better to have a few things one really knows how to use than a host of things with which one is an amateur.

For suitable occasions, there is also, of course, the midder bag. As advertised, it should contain everything from a pelvimeter to a cranio-

tome. The best pelvimeter is the baby's head; and the mother has to tote it around, instead of the doctor. Any case which needs a craniotome needs a hospital. So my bag has a long steriliser, holding forceps, three spencer wells, a catheter, scissors and a perincum needle. In the tray above, I carry a 2 cc. syringe, sutures, eye drops, pituitary, femergen, pethidine and some ergot tablets. There is a rubber apron and a mask in a tin. Awful confession—I don't use gloves, they ruin my sense of touch. But better brought up people should take them, too. I don't carry an enema or a rectal saline tube, because the nurse always has them. I don't carry dettol or a new nail brush, because the patient provides them. And I don't carry chloroform because I am eccentric and use either pethidine or trilene. This last is used in a portable Marrett machine, which can give me analgesia or anaesthesia at will, practically automatically, leaving me free at the other end of the bed.

I find this outfit enough for any case which doesn't need a Caesar, so why carry more?

Some doctors use less bags, some more; but it boils down to bags, to having some scheme about them, to not burdening yourself unnecessarily, to knowing just what is in them, so that you pick up the right one when it is wanted. A man who gives a lot of anaesthetics, may have his special bag for that; one who does major surgery will have his surgical bag, and so on; but these will only be carried when wanted.

Unless he is surgically inclined, a G.P. does not need to own many more instruments than I have described. Plaster shears are a necessity, a hydrocele trocar, ear syringe and forceps, a good selection of good syringes, a steriliser, a rectal speculum, a laryngoscope, a razor, tongue forceps and a gag, several scissors, and a "universal" pair of tooth forceps, which will not only extract the loose fang from the bedridden old gentleman, but will unscrew tight stoppers on bottles!

To this minimum, add what you like, from a microscope to an electrocardiograph, but these are the essentials, and plenty of good work can be done with nothing more than this. A tall-boy or a nest of drawers is a more convenient thing for storing them—and much cheaper—than a glass fronted "sterile and aseptic" cabinet.

Besides organising your bags, you must organise your consulting room. If you have a large number of patients, you can waste a lot of time and strength by simply wandering

round the room, getting a record card or a dressing or your stethoscope, or marching from your desk to the patient and tripping over his legs. By taking much thought, organise everything round one swivel chair, so that you seldom have to rise from it. Get a swivel chair at all costs. In the twinkling of an eye, it faces your patient, your desk, your records, your dressings and even your drugs. Put your desk in the middle of the room, with the light behind your chair. The patient sits between desk and door, facing the light. On the other side of your desk, have a table or cabinet with your records, and with drawers holding anything you may constantly need. Behind you, below the window, is the examination couch—three steps for

the patient, a turn about for yourself. Then, at the end of a busy surgery, you have hardly done any walking about at all, and you still retain your temper!

Your desk should have pigeon holes. If National Health Service is no better than the panel for red tape, you will have lots of forms to fill up, and it saves trouble if each kind has its own hole. Have plenty of telephones. The G.P.O. charge very little for extensions, and four or five in different parts of the house save time and temper. One in the lavatory may sound funny, but it has its points! But don't let them fit too many bells, or the place will be Bedlam. And have a switch, so that all but the one in the bedroom go out of action at night.

STUDENTS' UNION COUNCIL

STUDENTS' Union Council meeting held on April 23rd.

A sub-committee on catering was formed to enquire into catering arrangements.

Grants were made to the Abernethian Society for two extra meetings.

A request by the University of London Senate for occasional use of the sports ground at Chislehurst, by colleges not having facilities for athletic activities, was considered. It was decided that we could offer it for such use on special occasions only.

A request by the Secretary of the Dramatic Society for a loan of seventy-five pounds was granted.

Students' Union Council meeting held on May 27th.

A GENEROUS GIFT

THANKS to the great generosity of Sir Alec Martin, one of the Governors of the Hospital, the Students' Union appeal for a piano has been met. Sir Alec has presented the Union with a Weber grand piano, to be available for the use of all students. It is with deep gratitude that we record our thanks and indebtedness

to him for providing a long-needed cultural amenity. The Musical Society hopes to arrange an Inaugural Concert at an early date.

The piano is kept in the Abernethian Room at Charterhouse Square. Those who wish to play it may obtain the key from the cloakroom attendant over there.

ABERNETHIAN SOCIETY

THERE will be a meeting of the Abernethian Society on Thursday, July 10th, at 5.15 p.m., when Professor John Fulton, Professor of Physiology at Yale University, will address the

Society on "Harvey Cushing and his books." A large attendance would be particularly welcome.

BIRTHDAY HONOURS

WE should like to congratulate Professor E. I. Kennaway, F.R.S., and Mr. A. H. McIndoe on being awarded Knighthoods in this year's birthday honours. We feel that these awards are a pleasing recognition of their services to medicine.

Professor Kennaway was Director of the Chester Beattie Research Institute of the Royal Cancer Hospital and is a leading expert in cancer research. He was made Professor Emeritus in Experimental Pathology in the University of London, and is now a perpetual student at Bart.'s, where he works in the top floor of the

Pathology Department.

Mr. McIndoe followed his medical training in New Zealand with a course at the Mayo Foundation, University of Minnesota, where, taking an M.Sc. (Path.), he became an Assistant Surgeon. He was recently appointed Plastic Surgeon to the hospital in succession to Sir Harold Gillies. He was civilian consultant in Plastic Surgery to the R.A.F. during the war, and his award is in some measure recognition of his work for wounded R.A.F. pilots. This work has been described in "The Last Enemy," by the late Richard Hillary.

CORRESPONDENCE

SOUTH AFRICAN EXPERIENCES

Dear Sir,

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

My old and esteemed friend, Mr. Maurice Pearson of Durban, Natal, has contributed some interesting reminiscences of his many years of practice in South Africa to the *JOURNAL*. I, too, have fallen into the veteran group of Bart.'s men who have kept up the tradition of Bart.'s in Southern Africa. Long may our Alma Mater prevail and not be swallowed up or down in the National Health Service. We here have to deal with all sorts and conditions of mankind and to solve the many social conditions and problems now existing and which call for urgent reform and study.

Our gracious Royal Family is just completing its tour of South Africa, the Protectorates and the Rhodesias. Their Majesties and the Royal Princesses came into personal contact with the inhabitants of the vast Southern Hemisphere and what a triumph their visit has been. Nothing but good will eventuate from the visit, which will long live in the memories of the African peoples. There is a strong link between the Royal Family and Bart.'s and may the link become stronger and stronger in years to come. "United we stand, and divided we fall."

Now to add to the series of doctor's yarns. I received a letter from a patient some little time back:

Dearest Doctor,

We are in receipt of your account and thank you for same.

You have waited long for a settlement and you are a thorough gentleman, and we are quite sure that you will wait a little longer.

Yours, ———

A second letter requires some explanation. I had made up a mixture and a liniment for a patient suffering from rheumatism—mist. soda sal. and lin. A.B.C. The bottle containing the liniment had a label attached marked "poison." Some two weeks later I received a letter from the patient worded as follows:

Dear Doctor,

I am now quite fit, but please send me another bottle of poison.

Yours, ———

On another occasion I received a telegram from a farmer residing some sixty miles from the town at which I was residing. The telegram was worded as follows: "Coming immediately." The telegram had been sent from a place which was not in telephonic communication with the town, so what was I to do? Either the telegram read that the person was on his way to town or else that I was wanted at the farm.

Well, I took the chance and proceeded to the farm, a two hours hard run by motor and over sixty miles of ruts and bumps. On my arrival, I found the farmer's wife had been three days in labour—a primipara with contracted pelvis and retention of urine—and was utterly exhausted. I had to recourse to perforation and craniotomy under the most difficult conditions, with no qualified nurse in the neighbourhood and no colleague handy for the anaesthetic.

Now for a description of a terrible case of puerperal septicæmia. The patient was the wife of a European farmer, confined a week previously with an unregistered midwife. Examination disclosed a dreadful state of affairs.

I had asked the midwife to clean up the patient, and I watched her actions closely. Firstly she produced a chamber (much used), containing a little water and a filthy stinking dishrag. I asked the midwife whether it was her custom to use dirty utensils and filthy rags at confinements, and she replied: "I have never yet had a complaint from a patient or a doctor about my work." I then asked her to exhibit her hands, when lo and behold I saw that she had a suppurating thumb. The midwife was promptly debarred from attending any further confinements under threat of criminal proceedings.

The next incident tells how a nurse's presence of mind saved a patient's life. A hospital sister was

spending a holiday at a seaside resort forty miles from the nearest doctor. A farmer's wife three days in labour with retention of urine and other congestions was urgently in need of medical assistance, and there was no doctor or midwife available. So the farmer asked the Sister to come to the rescue.

The Sister had no midwifery equipment handy, and she saw that catheterization of the bladder was imperative. Now what could be used as a catheter? She managed to get hold of a metal thermometer container, and made an opening in the closed end of the container. Using the improvised catheter, the bladder was gradually emptied, and half an hour later a healthy living child was delivered.

South Africa too is contemplating a State Medical Service, and I believe that the generation of doctors who put their patients first and thought very little about money may disappear when Legislation has turned them all into Civil Servants.

Yours sincerely,

ALFRED HANAU.

Pietersburg, Transvaal,
South Africa.
April 24th, 1947.

HENRY VIII.

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

I must thank Dr. Medvei for his far too pleasantly administered tap on the knuckles about Henry VIII. I agree with him perfectly. The source of most of my information I suspected to be as inaccurate as the book of Genesis—but, like Genesis, it was full of surprises and made a good story.

Yours sincerely,

ALAN TOIS.

Hill End Hospital,
St. Albans.
June 3rd, 1947.

MEDICAL PHILOSOPHY

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

A balanced outlook on life—intellectually sound and emotionally adequate—seems a most important faculty in a doctor. As clinical students many of us are confronted for the first time with problems of pain, mutilation, death and bereavement with which as doctors we will continually be faced.

In sickness many people pass through the most difficult emotional situation of their lives, and it may be to their doctor that they will turn for wisdom and help in facing death, or a hopeless future. It seems important that we as students should be giving serious thought—not to obtaining easy answers—these problems are too personal and serious for that; but to attaining a fuller understanding of life and a wiser and more balanced outlook upon it.

Why cure sick people? Why keep invalids alive? Euthanasia, pain, death, bereavement, the significance of mental diseases, the purpose of Medicine, these are some of the questions which arise, and overlie the fundamental problem "what is the Meaning of Life?" A study group has been started to study these problems and to obtain a deeper understanding of the issues involved. Study is based on a study outline and collateral reading, and the Christian

attitude to the problem is considered as a basis for discussion, not as a dogmatic truth.

The group contains Christians and non-Christians; it meets on Wednesdays at 1.30 for 45 minutes in the Vestry of St. Bartholomew the Great; and it would welcome anyone who is interested.

Yours sincerely,

DAVID SMYLY.

The Abernethian Room,
St. Bartholomew's Hospital.
June 5th, 1947.

CULTURE OR VULGARITY

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

I think that all Bart.'s men should use their influence to restore the *old culture* and poetry and health-giving virtues connected with smoking.

They should, on the other hand, do everything possible to terminate the vulgar habit which the two wars have introduced into our land—namely, the *vulgar habit* of chain smoking and cigarette smoking. Beau Nash rightly forbade smoking in the public rooms under his control.

As a regular smoker myself, I appeal on behalf of the restoration of the cultured habit of enjoying a delightful evening in its proper setting.

Once a month or so, I take a quiet evening off. An old coat and a pair of slippers; a log fire in my study; a long churchwarden or a hookah; a glass of wine; and either a thriller or the comradeship of an old friend.

This was the sort of pleasure which Sir Walter Raleigh offered to English people, and we of the medical profession would agree that such a practice not only adds to life's pleasures but to life's health and happiness.

JOSHUA OLDFIELD.

In connection with the charming article you published in May about Henry VIII and his wanton vagaries, I would recall to your readers the unintentional truth of a schoolboy's reply to the question "What did Henry VIII die from?" His reply was: "from an Abbess on the knee."

I. O.

8, Harley Street, London, W.1.

A MOST LAMENTABLE COMEDY

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

I feel it is only fair—to two people at least—to make the following disclaimer. The author of "Clinopoesis" in last month's JOURNAL is not the author of previous contributions (e.g., various articles, crossword puzzles, etc., in the *Listener*, *Lancet*, *St. Bartholomew's Hospital Journal*, etc.) which have been appearing during the past seven or eight years under the pseudonym of

Yours faithfully,

"PETER QUINCE."

June 4th, 1947.

Peter Quince the Second presents his apologies to his more illustrious predecessor for having filched his pseudonym, and announces his immediate intention of ordering a deed-bull.—Editor.

BOOK REVIEWS

BROMPTON HOSPITAL REPORTS. Volume XIV., 1945. Obtainable from the Secretary, The Hospital for Consumption, Brompton, S.W.3. Price 10s. post free.

This is a collection of nine papers published by members of the medical staff of the Brompton Hospital in various journals, mostly during 1945.

The papers are: *Pleural and Pulmonary Suppuration treated with Penicillin*, by J. E. H. Roberts, O. S. Tubbs and M. Bates; *Prognosis after successful pneumonectomy*, by J. M. Cheale and F. H. Young; *The effect of ligation on infection of the Patent Ductus Arteriosus*, by O. S. Tubbs; *Right Retroperitoneal Diaphragmatic Hernia*, by N. R. Barrett; *Pulmonary Hydatid Disease*, by N. R. Barrett and W. G. Barnard; *The surgical treatment of Carcinoma of the Oesophagus*, by R. C. Brock; *Pulmonary Tuberculosis: A Review*, by Maurice Davidson; *Fractured Ribs and other Chest Injuries*, by R. C. Brock.

It will be noted that three of the authors are at present on the staff at Bart.'s and that much of the work reported in the first and third papers was done at Bart.'s. The papers are followed by statistical tables on medical in- and out-patients at the Brompton Hospital.

THE ETERNAL CHILD. Evelyn White, A.I.A. Foreword by Sir Arthur Macnalty, K.C.B., M.D., F.R.C.P. Chapman and Hall, London, 1946. pp. 80. illus. Price 6s.

The author is Almoner to Victoria Hospital for Children, Tite Street, and this admirable little book is written primarily for the Student Almoners. Paediatric medicine and paediatric surgery cover a much wider field than do other special departments.

Child sickness involves the whole mechanism of state and local authority provision, and this book deals simply with this mechanism, and how its utilities can be brought to the aid of the child's physician or surgeon.

Day nurseries, toddlers' clinics, the school medical service, adoption, provision of spectacles and instruments are among the many topics. Adequate references are given with addresses of various organisations concerned.

There are some printing errors, and it is sad to find "Trelor's" still classed as a Cripples' Home, when it has been second to none in enjoying an international reputation as a children's orthopaedic hospital and college, for at least twenty years.

This book is quickly and easily read, and would help students up for final examinations to fill gaps in their knowledge of the extensive legislation which is perhaps the greatest gain of our "social age" a gain for the one whom the author calls the Eternal Child.

Many things now are "not what they were in our day"—but the child in most of his aspects remains the child—hence the title of this original book.

It is the window through which the general practitioner, or the general specialist, may peep at the many-sided activities of paediatric practice.

THE DENTAL ASSISTANT'S HANDBOOK. By Gertrude I. West. Heinemann Medical Books, Ltd. Pp. 108. Illustrated. 6s.

This book sets out the duties and knowledge required of a dental assistant.

MINOR SURGERY (Heath; Pollard; Davies; Williams), by Cecil Flemming, O.B.E., M.Ch., F.R.C.S. 23rd edition. J & A. Churchill Ltd., London, 1946. Pp. 406. 209 illustrations. Price

This edition, produced in an era of shortages, is further evidence that the continued publication, however re-hashed, of medical books devised decades ago is wasteful. The editor would undoubtedly have produced a far better book himself if he had discarded the skeleton, now completely outmoded.

Minor surgery is a vital field and one of great economic import. There is much new material, but more radical pruning would have left room for such useful information as the hypodermic needle method of skin suture, real data on post-operative fluid balance, reference to the common meatal ulcer in the notes on the less common phimosis. In describing pyelography, reference is made to uroselectan alone. By now the houseman—for whom this book was written as well as for dressers—should be told about the B.P. names—diodone and iodoxyl as well as the British preparations which he will find in common use. There must be very few hospitals now still using their old stocks. A penny, a pad or a piece of cork is still recommended—against all accepted principles of cure by muscle approximation—for the strapping treatment of infantile umbilical hernia.

There is much good in this book, but it is new wine in an old bottle.

D. F. E. N.

INFECTIOUS DISEASES, WITH CHAPTERS ON VENEREAL DISEASES, by Dr. A. B. Christie, M.A., M.D., D.P.H. Faber and Faber. 324 pages. 4 plates. 12s. 6d.

Dr. A. B. Christie, who is Medical Superintendent of the City Hospital, Liverpool, has written this book partly as a textbook for nurses in General Hospitals and in Fever Hospitals, and partly for those members of the profession who visit patients in their own homes. The book is divided into two parts—Clinical and Social and Applied—and the whole provides a readable, practical and up-to-date description of Infectious Diseases. While not written as a textbook for medical students, the descriptions of the routes of spread of the various diseases and the methods of prevention might well be read with advantage.

The publishers are to be congratulated on this book's appearance, although in the next edition the four coloured plates, all of which are concerned with Venereal Disease, could easily be replaced by more satisfactory illustrations.

YOUR GUIDE TO THE NATIONAL HEALTH SERVICE.

A manual for patients, doctors, civil servants, hospital officers, and other health workers—by A. David Le Vay, M.S., F.R.C.S., Hamish Hamilton. Pp. 78. Price 5s. 6d.

This book is written to answer the questions: what are our rights, to what benefits shall we be entitled and what range of hospital and home treatment can be expected under the new arrangements to begin when the National Health Service bill comes into effect in 1948? It also contains a survey of the past and present of our health services; an outline of the new plans, and a detailed account of the impact they will have on the different sections of the community mentioned above as having this book written for them.

BOOKS RECEIVED

(Inclusion of a book in this list does not preclude a later review.)

ELEMENTARY PHYSICS, by G. Stead. Seventh edition. Pp. 574. Churchill, London, 1947. Price 15s. A considerably revised edition of a textbook which has been in popular use for 20 years.

DISEASES OF CHILDREN, by Bruce Williamson. Fifth edition. Livingstone, Edinburgh, 1947. Pp. 408. Price 15s.

An edition of this well-known handbook made in

order to incorporate the most recent methods in treatment.

The Catechism Series—ANATOMY, Parts V. and VII, 6th edition, by Charles R. Whittaker. PATTIOLOGY, Part II. Livingstone, Edinburgh. Price 2s. each.

CLINICAL EXAMINATION OF THE NERVOUS SYSTEM, by G. H. Monrad-Krohn. Eighth edition. Lewis, London, 1947. Pp. +380. Price 16s.

RECENT PAPERS BY BART'S MEN

*ANDREWES, C. H. "Discussion on virus diseases of the eye." *Trans. Ophthal. Soc.*, 64, 1944, pp. 61-66.

*ATKINSON, MILES. "Tinnitus aurium: Observations on the effects of curare on loudness level." *Ann. Otol. Rhinol. and Laryngol.*, 55, 1946, pp. 398-405.

— "Ménière's syndrome: the basic fault?" *Arch. Otolaryngol.*, 44, 1946, pp. 385-391.

*BANKS, T. E. "The preparation of radiosphulphur S^{32} and its determination in biological tracer experiments." *Brit. J. Radiol.*, 19, 1946, pp. 333-338.

— and others. "Studies on mustard gas (beta-dichlorodiethyl sulphide) and some related compounds." [A series of eight papers by T. E. Banks, J. C. Bourns, J. A. Cohen, M. Dixon, G. E. Francis, G. D. Greville, F. I. Hopwood, D. M. Needham and A. Wormald.] *Biochem. J.*, 40, 1946, pp. 734-778.

*BINTCLIFFE, E. W. "Mesenteric vascular occlusion." *Brit. Med. J.*, Jan. 11, 1947, pp. 50-53.

BOURNSELL, J. C. See Banks, T. E., and others.

*BOYD, A. M. "Observations on vascular injuries." *Brit. Med. J.*, Dec. 14, 1946, pp. 895-91.

COHEN, J. A. See Banks, T. E., and others.

DISCOMBE, G., and WATKINSON, G. "Atypical anemia with spherocytes and target cells coexisting in the blood." *Amer. J. Med. Sci.*, 213, Feb., 1947, pp. 153-159.

DIXON, M. See Banks, T. E., and others.

*DURHAM, M. P., and others. "Further observations on a vitamin-C survey of medical students." *Lancet*, Dec. 28, 1946, pp. 936-940.

EDRIDGE-GREEN, F. W. "Retinal mechanism of vision." *Lancet*, Dec. 21, 1946, p. 906.

FISHER, A. G. TIMBRELL. "Manipulation in general practice." *Practitioner*, 158, March, 1947, pp. 209-217.

FRANCIS, G. E. See Banks, T. E., and others; and Durham, M. P., and others.

GREVILLE, G. D. See Banks, T. E., and others.

HOPWOOD, F. L., and others. "Physics in medicine." *Brit. Med. J.*, Feb. 15, 1947, pp. 261-2.

— See also Banks, T. E., and others.

KLABER, R. "Psychological factors in the aetiology of certain skin diseases." *Brit. J. Dermatol. and Syph.*, 59, Jan., 1947, pp. 1-20.

LOVELOCK, J. E. "Physiotherapy and the athlete." *Practitioner*, 158, March, 1947, pp. 226-232.

*MARTIN JONES, J. D. "Uical sarcinata." *Brit. J. Ophthal.*, *Monograph Supp.* XI, 1946.

*MOORE, R. FOSTER. "Subjective lightning streaks." *Brit. J. Ophthal.*, 31, Jan., 1947, pp. 46-50.

MURLEY, R. S. "Fractures of the nose and zygomatic recognition and management." *Med. Press and Circ.*, March 5, 1947, pp. 165-171.

NEEDHAM, D. M. See Banks, T. E., and others.

*NICOL, W. D. "Treatment of neurosyphilis: a comparison between malarial plus trypanamide and malaria therapy." *Brit. J. Ven. Dis.*, 22, 1946, p. 112.

PAYNE, REGINALD T. "The National Health Service Act." *Brit. Med. J.*, Jan. 18, 1947, pp. 107-106.

*PHILPS, A. SEYMOUR. "Treatment and post-operative care of cataract in children." *Med. Press and Circ.*, Nov. 20, 1946, pp. 3-12.

RAVEN, RONALD W. "Cancer of the rectum." *Post-Grad. Med. J.*, 22, Jan., 1947, pp. 17-38.

SPENCE, A. W. "Pituitary infantilism with toxic goitre." *Proc. Roy. Soc. Med.*, 40, Feb., 1947, pp. 151-2.

*STALLARD, H. B. "The intra-ocular foreign body." A series of 72 cases in the B.L.A. *Brit. J. Ophthal.*, 31, Jan., 1947, pp. 12-40.

*STRAUSS, F. B. "Steep-wave electroplexy." *Lancet*, Dec. 21, 1946, pp. 896-899.

TURNER, G. GREY. "Tooth plate impacted in gutter for fifteen years." *Brit. J. Surg.*, 34, Jan., 1947, pp. 290-295.

WALKER, KENNETH M. "The management of carcinoma of the prostate." *Med. World*, Feb. 14, 1947, pp. 7-8.

WATKINSON, G. See Discombe, G., and Watkinson, G.

*WEBER, F. PARKES. "A new type of congenital life-long jaundice." *Med. Press and Circ.*, Dec. 11, 1946, pp. 440-441.

— "Palindromic rheumatism." *Lancet*, Dec. 28, 1946, pp. 931-934.

*WITTS, L. J. "A review of the dietetic factors in liver disease." *Brit. Med. J.*, Jan. 4-11, 1947, pp. 1-4, 45-49.

WORMALL, A. See Banks, T. E., and others; and Durham, M. P., and others.

* Reprints received and available in the Library.

SPORT

SOCCER

BART'S WIN THE CUP AFTER 13 YEARS

Bart's successfully wrested the cup from Guy's, the holders, by beating them in the final by three goals to two, after extra time.

The match was played on the Hendon F.C. ground at Golders Green before an extremely vociferous, if not over large, crowd, amongst whom were Mr. Rupert Scott, the president and Professor Wormald, vice-president. The cup was presented by the president of the Guy's Hospital football club.

It was indeed unfortunate that Osmont, who has twice before been in the final, both occasions on the losing side, should have been prevented from playing by severe furunculosis.

Sharp on six o'clock the teams ran out on to a pitch, not unlike concrete, and Guy's, winning the toss, elected to play with the sun, which made the going very warm, behind them.

As a football match it is very difficult to describe, for it was typical cup-tie stuff, with very little constructive play, mostly a case of overcoming nerves sufficiently not to make bad mistakes, and using just a little bit more weight a little bit more often than usual. However, Bart's definitely took the initiative at the start making very strong attacks, and it was quite against the run of the play when Guy's scored after fifteen minutes with a ground shot from their centre-forward. This goal seemed to have a balancing effect, for both teams tried desperately hard, and the ball went from end to end with distressing regularity.

At this stage Khurshid found his boots rather an encumbrance, after he had split one, and dispensed with them altogether, playing the rest of the game in bare feet. This seemed to give him added control, and did not in any way lessen the force of his centring and shooting. He rapidly became the hero of the innumerable, excited small boys.

After half-time, Bart's threw everything they had into attack, but, alas, after a few minutes Guy's were two up, due entirely to a simple yet poignant defensive mistake. The Guy's left-winger completed a feeble shot at goal, which Pine had covered, but Cox, quite rightly, called for the ball; Pine left it,

and as Cox was about to collect, it suddenly changed direction, or so it seemed, and shot into the net.

This so disheartened Bart's that Guy's now had nearly all the play, and it is doubtful if there was one person then who could see why this state of affairs should not have continued to the end. And play did continue in this vein for twenty minutes or so, until Khurshid was fouled in the penalty area, and the referee pointed immediately to the spot. McCluskey made no mistake with the kick.

Thus infused with new spirit, Bart's gradually came back into the picture, and with strong and relentless work by Wright and Duffy, we gradually got on top and ten minutes before the end, McCluskey equalised after alone beating two men. He had previously had a goal disallowed for offside.

And so we went on to extra time, which neither team relished, least of all the half-backs, who in both teams tended to dominate the play.

The excitement rose to fever heat, the game became more scrumbly, and golden chances were missed by both sides; particularly did this apply to Bart's at this stage. Amos and Duffy played like trojans, and Morgan was always trying something new to break the spell. The teams changed over with the score at 2-2 and ten minutes to go. One minute after the restart McCluskey scored again, so getting his hat-trick, the game, and the cup.

The rest of the time was just a test of stamina, with Bart's gradually outplaying a rapidly tiring Guy's eleven.

Three impressions:—

- (1) Small boys clamouring for the autograph of the big man who played "in his feet."
- (2) The cup full of beer.
- (3) This, added to the Hockey Club's fine cup record, and the considerable increased interest shown in all the clubs, shows, I think, that Bart's sport is "looking up."

Team: A. C. Cox; R. S. Pine, J. A. S. Amos; A. N. H. Wright, I. S. Batey, T. A. Duffy, M. N. Khurshid, M. I. Morgan (capt.), P. M. Goodrich, Dr. K. A. McCluskey, R. Abraham.

P. M. GOODRICH.

CRICKET

St. Bart's C.C. v. St. Thomas' Hospital.

At Chislehurst. Result: Lost by 5 wickets.

We entertained St. Thomas' Hospital for our first match of the season. The weather was glorious, and having lost the toss we were sent in to bat on a fast-drying wicket.

Against a very ordinary attack our batsmen never got on top of the bowling till T. Ewart-Davies and P. Haigh showed us how to bat aggressively in a stand of 70 for the 7th wicket.

We were all out for 143.

When St. Thomas' Hospital opened, Bishop soon started to show us his powerful off strokes. T. Ewart-Davies drew first blood by making J. Garson play on.

Tea arrived with St. Thomas' score at 100 for 1. After tea our bowlers suddenly showed their true form, and W. J. Tomlinson and T. Ewart-Davies kept the runs down, so that the scoreboard read 120 for 5.

But it was a hopeless task, and five minutes before stumps were to be drawn St. Thomas' passed our total with five wickets in hand.

We had a depleted team as one or two of its members felt they could not cope with a cricket match and dance on the same day.

An account of the Cricket Club Ball at the Grosvenor House will appear in the next number of the JOURNAL.

J. S. V.

RUGGER

FIRST XV.

Since the last report the club has been largely inactive, playing only nine 1st XV matches from the end of November.

DEC. 7TH v. CROSS KEYS at Chislehurst was played on a rather wet ground. An even game was vigorously and at times violently contested. The heavier Cross Keys pack, however, turned the scales so that Cross Keys were able to touch down in the second half. C. I. Morgan played a notable game at full back and we were glad to have C. S. M. Stephen at scrum-half, in which position he stood us in good stead this season. Score: Cross Keys 3, St. Bart.'s 0.

DEC. 14TH v. CHELTENHAM at Chislehurst. Once again conditions were rather damp, and after getting the better of the play in the first half, the Hospital were unlucky to have two converted tries scored against them. R. A. Rosedale replied for the Hospital by kicking a penalty goal. Score: Cheltenham 10, St. Bart.'s 3.

JAN. 4TH v. CATFORD BRIDGE at Chislehurst. This game, after starting late—four of the opposition being wedding guests—was played in a post-Christmas spirit. As a result play was both slow and scrappy. At half-time Catford Bridge were leading by 5-3 points. In the second half C. I. Morgan kicked a penalty goal. This was followed by a try from P. H. Davy who broke through to touch down in the corner. Then (the feat of the day) Mr. P. H. Davy (now Dr.) dropped a goal! Score: St. Bart.'s 13, Catford Bridge 5 points.

JAN. 11TH, 1947 v. EXMOUTH at Exmouth. This involved travelling from Waterloo and back in a day which led the team to be very disappointed to lose by a try which Exmouth scored in the last few minutes of a game played on a waterlogged pitch. Score: Exmouth 3, St. Bart.'s 0.

JAN. 18TH, 1947 v. ALDERSHOT SERVICES at Aldershot. The Services gave us a very exciting game. They were the first to score a try by breaking through on the right wing. Corbett then equalised for the Hospital after a fine series of passing movements to make the score at half-time 3-3. In the second half the Services again went over on the right wing. Bart.'s then equalised when P. Moyes touched down after fine following-up. Soon after H. Evans nearly went over again but was beautifully brought down just before the line. After this the Hospital seemed to lose its hold of the game and the Services were able to score further goals. Score: Aldershot Services 16, St. Bart.'s 6.

JAN. 22ND, 1947 v. PUBLIC SCHOOL WANDERERS at Chislehurst. This was a scrappy game in which both sides were rather unco-ordinated. For the Hospital, R. I. Maitland, J. P. Stephens, E. A. C. Lloyd, W. H. Wilkinson scored, and C. I. Morgan kicked a notable penalty goal from near the touchline. Score: P. S. W. 15, St. Bart.'s 15.

Then followed the great freeze-up, during which time an old function was revived—the Annual Rugby Dance. This was held at the Royal Hotel, Russell Square, and was very poorly supported, in spite of the valiant efforts of Mr. Johnson and Mr. Cardwell.

MAR. 22ND, 1947 v. OLD COOPERIANS at Chislehurst. The score here tells its own story. St. Bart.'s 41, Old Cooperians 0.

MAR. 29TH, 1947 v. MOSELEY at Moseley. Two rather unfit sides battled hard under rather muddy conditions, and the home side won by a try scored

in the second half. C. S. M. Stephen was the star of the day (*Sunday Times*). Score: Moseley 3, St. Bart.'s 0.

APR. 12TH, 1947 v. BEDFORD at Bedford. A large crowd turned out on a beautiful Spring day to watch a fast game which the home side won by a comfortable margin. For the Hospital, P. H. Davy scored the most spectacular try of the day when, after following up a run by Wilkinson, he cut past two opponents to score between the posts. Later Wilkinson scored again, and C. I. Morgan converted both tries. Throughout the game Bedford maintained their lead, and a try in the last few minutes brought the score to 20-10. Score: Bedford 20, St. Bart.'s 10 points.

This brought the season to an end, except for seven-a-side competitions. The first of these in which the Club competed was held at the R.E.M.E. Depot at Arborfield. Unfortunately there was a gale blowing and rain pouring down nearly all the afternoon. A scratch side took the field against the hosts—R.E.M.E., Arborfield—and were unlucky to lose G. Meare in the first few minutes. They lost by 15 points to nil.

In the Middlesex seven-a-side competition, the Hospital, after beating the Old Gaytonians and R.M.A. Sandhurst, were eliminated in the third round by London Scottish II, who won by 9-0 points.

On April 30th a seven-a-side competition was played at the St. Mary's ground for the Hospitals Cup—the weather having made the normal fifteen-a-side matches impossible. St. Bart.'s beat both U.C.H. and Westminster Hospital by 19-0 points and so qualified for the semi-final. There they were beaten by Middlesex 3-0. St. Mary's subsequently beat Middlesex to win the competition.

For statistically minded the following figures will be of interest.

Matches played, 22; Won, 7, Drawn, 2; Lost, 13. Points for: 115; points against: 176.

The season has been moderately successful, and although we have not won a great number of matches, never have we been beaten by any considerable margin. Throughout our defence has been decidedly sounder than our attack which has often been characterised by unnecessary errors at critical moments which has cost us matches—often due to players getting over-excited. Next year, it is to be hoped that the team will continue its steady trend of improved performance, and that the Club will receive better support, both from playing and non-playing members of the Hospital.

E. A. C. L.

"A" XV.

During the season '46-'47 the "A" XV played twelve matches, of which nine were lost and three won. These results were not good but it may be some consolation that none of the defeats were heavy and that one of our successes was by a margin of sixty-two points.

Though these results have not brought glory to the Hospital they have at least made one fault apparent. It is generally accepted that only by a XV playing regularly together can there be reasonable hope of consistently good results. It seems a pity that a junior hospital side should suffer by having to provide players to fill gaps in a senior fifteen.

J. McI.

EXTRA "A" XV.—THE GENTLEMEN

Sept. 21. Arborfield. Lost 0—20.
Oct. 5. Hendon "A." Won 16—nil.
Oct. 12. Welwyn. Won 5—3.
Oct. 19. Old Tottenhamians. Won 11—6.
Oct. 26. Siemess Sports. Lost 6—11.
No. 2. Middlesex Hospital. Lost 5—14.
Nov. 9. Guy's Hospital. Won 16—nil.
Nov. 16. St. Mary's Hospital. Lost 3—15.
Nov. 30. Old Dunstonians. Lost 5—8.
Dec. 7. London Irish. Lost nil—16.
Jan. 4. Catford Bridge. Won 11—nil.
Jan. 11. Welwyn. Lost 4—11.
Jan. 18. Dorking "A." Won 19—nil.
Mar. 29. Old Whitgiftians. Won 16—6.

The above results are of all the matches played. We frequently had to provide Gentlemen to fill the vacancies caused by the absence of Players in the higher graded teams, but of the nine occasions on which we were able to field a regular team we won seven and lost two matches. The conclusion to be drawn from this is obvious enough. It indicates that a scheme whereby a team may remain roughly the same throughout the season must be found. One is led, therefore, to suggest that all teams except the first XV should have at least twenty and probably more members and each form a sort of club of its own. It would, of course, mean that five people would be without a game for a first Saturday or two of the season. After that, as holidays and injuries regularly incapacitate at least five members of each side and so the primary disadvantages would not only be offset but would be far outweighed by the advantages this scheme has to offer. Other points in favour are, of course, that the number of Rugger players in a club are never an exact multiple of fifteen, and so under this plan gentlemen not playing on the first Saturday need not immediately proceed to join another club or arrange the popular alternative of riding to hounds.

It is usual at the end of the season to praise outstanding players. Messrs. Tucker and Heighway deserve especial mention for their great virtuosity

in their interpretation and execution of the Extra A XV's choral repertoire and their leadership of the Team Choir. Mr. W. Johnson, who was lost to us in the last four months of the season due to the clinical thoroughness of the team surgeon, Mr. Henderson, has set up a record and also a fine example by consuming a record quantity of ginger-beer. Just before Christmas Kia-ora Ordinaries were noted to have gone up 2 points on 'Change, and this success for the Shareholders was attributed by some to be due solely to him. Lastly, our condolences to Mr. Hearn, known so familiarly to all of us as "Tiger" on account of the grossest pair of canines seen at Bart.'s for some years, who emerged from a particularly ferocious scrum and grinned, albeit toothlessly.

W. T. N.

THE CHARTER XV

The Charters XV was first formed at the beginning of the season with a view to giving pre-clinical students from Charterhouse Square, a chance to play rugger for the Hospital, and also to provide a pool of players from which to replenish the other Hospital teams.

During the season some very enjoyable matches have been played. A number of them have been hard struggles against the opposing teams, but a striking success was obtained at the beginning of last term, against the Wasps Extra B, with a win of 20-0.

As was the case with other teams, a very large number of fixtures had to be cancelled owing to bad weather, and a few, as must be expected during examination periods, to an insufficient number of players.

The keenness and enthusiasm of the Charters team increased rapidly as the season advanced, until the cold weather put an end to all rugger.

It is felt that the formation of the Charters team does not only provide some very enjoyable matches, but has also brought to the fore some very promising players.

C. W. C.

ATHLETICS

LONDON UNIVERSITY CHAMPIONSHIPS

Held at Mootspur Park on Wednesday, May 28th and Saturday, May 31st.

Ten members of the Athletic Club entered for the University Championships, and five reached the finals which were held before a large crowd on Saturday, May 31st.

HIGH JUMP.—1, Guy's; 2, Rosser (Bart.'s); 3, Q.M.C. Height 5ft. 3ins.

DISCUS.—1, Khurshid (Bart.'s); 2, Guy's; 3, Q.M.C. Distance 91ft. 9ins.

JAVELIN.—1, Guy's; 2, Guy's; 3, Du Heaume (Bart.'s) Distance 137ft.

RELAY (half-mile medley).—1, Q.M.C.: 2, Bart.'s (Clulow, Rosser, Batey, Khurshid); 3, Guy's.

E. M. Rosser was the most successful of the Bart.'s entrants, obtaining third place in the 120 yards

hurdles and sixth place in the high jump. His time of 16.9 seconds for the hurdles was only 0.2 seconds behind that of the winner. Other places obtained by Bart.'s were J. L. M. Corbett, who was fourth in the hurdles; J. I. Burn, sixth in the mile and B. H. du Heaume sixth in the weight.

Imperial College won the Roseberry Cup with a total of 70 points, followed by University College with 47 points and Guy's Hospital with 42 points.

Twenty four colleges took part, Bart.'s obtaining ninth place with a total of 11 points.

J. I. B.

(pp. D. C. Morgan, Hon. Sec.)

HONOURS COLOURS.—1, I. Burn and P. D. Mathews have been awarded their honours.

D. C. M.

SQUASH CLUB

The past season has been successful in many ways, for the majority of the matches have been won, the courts in Charterhouse Square have been repaired, and the weather, which spoiled all other sports, helped rather than hindered.

The season started with a new President, Mr. Rodgers, who succeeded Dr. Donaldson, the latter retiring after many years of kind and active interest in the club.

Before Christmas there was only one team: this won seven matches and lost four, while after Christmas a second team was started, and this team won two matches and lost six, the first team winning seven and losing three.

During the latter part of the season a "knock-out" tournament was played for the Donaldson Cup, and the winner, C. S. M. Stephen, presented with a tankard.

The Secretary would like to take this opportunity of thanking the manageress of the catering company for her kindness in providing dinners when there were matches at home.

The following gentlemen have played for the first team during the past season:—G. Hirst, C. S. M. Stephen, P. A. M. Weston, H. A. Evans, T. A. J. Pranker, B. H. du Heaume, R. A. Struthers, J. A. McDonald.

H. A. E.

EXAMINATION RESULTS

UNIVERSITY OF LONDON

ACADEMIC POSTGRADUATE DIPLOMA OF PUBLIC HEALTH—MARCH, 1947

Barasi, F.

THIRD (M.B., B.S.) EXAMINATION FOR MEDICAL DEGREES, APRIL, 1947

HONOURS

Peters, W. (*Distinguished in Applied Pharmacology and Therapeutics, and Obstetrics and Gynecology*)

PASS

| | | | |
|-----------------|---------------------|-----------------|--------------------|
| Allcock, J. M. | Davy, P. H. | King, R. C. | Pranker, T. A. J. |
| Anderson, A. W. | Dixon, J. E. R. | Kreeger, I. S. | Skoblo, M. |
| Bennett, J. W. | Galbraith, H. J. B. | Matthias, J. Q. | Story, P. |
| Bryan, W. E. | Gourlay, N. G. O. | Morgenstein, A. | Thomas, D. C. |
| Campbell, F. G. | Haigh, A. B. | Newcombe, J. | Thomson, W. Mc. L. |
| Chambers, R. M. | Jones, E. | Osborn, T. W. | Whittle, R. J. M. |
| Cook, J. B. | Juby, H. B. | Perkins, E. S. | Winstone, N. E. |

SUPPLEMENTARY PASS LIST

Part I

| | | | |
|------------------|-------------------|-----------------|---------------------|
| Adams, K. J. | Colebourne, K. W. | Maitland, R. I. | Rogers, D. J. H. |
| Bendas, J. | Evans, E. H. | Mangan, M. K. | Smallwood, R. I. L. |
| Bradfield, G. P. | Goodbody, R. A. | Morgan, R. | |
| Brown, D. | Jenkins, B. A. G. | Powell, F. J. | |

Part II

| | | | |
|--------------|--------------|------------------|-------------------|
| Corsi, E. L. | Evans, E. H. | Griffiths, E. R. | O'Neill, B. C. H. |
| Edwards, D. | Glasman, P. | Nicholson, R. D. | Pine, R. S. |

Part III

| | | | |
|-------------------|-----------------|------------------|------------------|
| Bradfield, G. P. | Evans, J. W. G. | Jones-Morgan, C. | Morgan, R. |
| Colebourne, K. W. | Holby, G. R. | Maitland, R. I. | Rogers, D. J. H. |
| Curtin, A. P. | Hopper, P. K. | Mehta, M. D. | Tudor, C. E. |
| | | | Watson, J. R. |

ROYAL COLLEGE OF PHYSICIANS

APRIL, 1947

The following Candidates having satisfied the Censor's Board are proposed for election as Members:

Cooper, C. F. Knott, J. M. S. MacDougall, I. P. M.

Nominations by the Council for election by the College to the Fellowship

Bourne, W. A. Fletcher, C. M. Ransome, G. A.
Dicks, H. Y. Oswald, N. C.

SOCIETY OF APOTHECARIES OF LONDON

FINAL EXAMINATION, APRIL, 1947

Surgery

Daniel, W. R.

ANNOUNCEMENTS

MARRIAGE

STANLEY-GENDLE.—On May 15th, 1947, quietly at St. Sitwell's, Exeter, E. Gerald Stanley, M.S., F.R.C.S., M.D., of Thorn, Wembury, Nr. Plymouth to Dorothy Gendle.

CHANGE OF ADDRESS

DR. NEVILLE OSWALD has removed to 70, Harley Street, London, W.1. Tel. No.: LANGham 3383.



MEDICAL MISCONCEPTIONS

I

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ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

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BEYOND MEDICINE

It is fashionable in these enlightened days to dub as a truism or a platitude such a statement as that when a man lies ill, there is often an exacerbation or prominence of "spiritual" disease. While this is often realised, it is rarely acted upon, and though the doctor may leave a patient restored to physical health, a valuable opportunity of setting to right some deep seated worries may have been lost.

In a long and painstaking training in habits of detached, precise scientific observation, the medical student, while noticing pale conjunctivæ, faint cyanosis or even cycloid or schizoid characteristics in his patient, may easily neglect those less tangible or definable signs of disease which may be noted only on acquaintance with a human being, and not on examining a case. As a correspondent has recently pointed out, it is at a time of illness that opportunity occurs, indeed often thrusts itself upon a man, to meditate deeply upon his place in daily life, in the world, in the universe, for consideration of his relations with his fellows, and for puzzling out problems of pain and suffering, life and death. These observations, while accorded the dignity of axioms, are, like so many similar truths, forgotten after the first perfunctory recognition.

Fifty years ago, it fell to the parson to act as the guide, counsellor and friend of all those needing help—and in most cases excellently did he respond to the trust reposed in him. But since the advent of this Nihilistic age, this is no longer so, and the people have been turning to the new god, Science, and are becoming increasingly liable to consult their family doctor not only concerning their bodily infirmities but also about family worries, marital relations, economic problems, and those troubles

which spring from psychological maladjustments, or more deeply, repression or non-fulfilment of the innate religious instinct. Clearly at present, the medical student receives no guidance in this most important aspect of his future life, and with the grossly overburdened state of the medical curriculum, it is hard to see where room could be found for extra subjects.

And indeed, this sort of knowledge cannot be acquired by a course of lectures, or by perusing what few books give notice of this tendency. Until very recently, it was not considered necessary for a doctor to take into account more than purely material science. The advent of the psychologist opened up a vast field, of which he himself has only explored a small corner, and the years between the wars, and the last war showed with increasing force the major importance of economic, eugenic and other less classifiable factors which we may dub philosophical, in the treatment of the patient as a whole. Whether the present increase in functional maladies is merely apparent and due to our increased knowledge of, and sensitivity to, such diseases, or whether it is real, we cannot neglect them, or dismiss them after mechanical psychotherapy without endeavouring to seek a cause. Many a man undergoes deep depression and loses interest in life because he cannot "see what it is all for." The probability is that he has never been trained, in these days of mass education, to think properly for himself, and he must be shown how to control his mind, and how to balance the innate philosophical integer which is contained in every human being. The responsibility for such training is becoming increasingly laid upon the doctor.

The first and essential requisite for an

adequate response to this trust is a firm, reasoned philosophy of one's own. Whether or not one feels able to embrace in this one of the great religions, every man has his code of ethics, and a doctor may at once broaden his outlook and stimulate reflection by reading the thoughts of wise men, among the ranks of whom are numbered many of his own profession, and by pondering upon the truths enshrined in their works.

Though it is possible to regard man mechanically as a mass of chemical and electrical reactions, inevitable and soul-less, time has shown that he succeeds best who recognises, with Sir Thomas Browne, that "We are only that amphibious piece between a corporal and spiritual Essence, that middle form that links those two together." For even though we find intellectual objection to the conception of spirit—and we do not propose to embark upon theological discussion here—the problems of the common man may often be solved by accepting the words of the learned physician. It has been said that he who would be the best general practitioner must have in him something of the parson, and in that statement there is considerable truth.

A balanced outlook is acquired by experience alone, and the best guide and mentor to the newly qualified man is, of course, the older general practitioner. It is curious that while

THOUGHTS OF THE OPEN COUNTRY

SOFT reminiscences of rustic glade
Unleash'd, impound upon my fetter'd heart,
And drive the stagnant horse-dung of the street
Into the golden furlongs of a field
Wherein the horse, his fertile purpose serves,
'Midst stubble pile and stalk specked, rutted
mire,
Performing work that knotted hands conceive,
And ploughing human needs into the soil.

Existence is a cage with bony bars,
And souls that yearn for liberty conceive
Of beauty in the world beyond the pale
Of man's captivity. Therein the wise
Expend their thoughts of freedom on the winds
Of immortality. Swift wing the birds
That sing into the breeze. But aimless man
In flight pursues a fate that augurs death.

J. C. WOOLF.

criticism is vigorously levelled at him by the younger generation, the older G.P., with what sometimes appear to be archaic medical methods, calmly and effectively deals with cases which in hospital would run the gamut of special investigations to find at the end an indefinite diagnosis and possible hypochondriasis awaiting them. This invaluable type of man is the best possible tutor in the Philosophy of Medical Practice, for as Osler was fond of repeating, "Common-sense fibres are seldom medullated before forty." It is to be hoped that he will not die out in the future through lack of opportunity for instructing the younger men in his art.

In the meantime, however, much may be done to prepare for this aspect of professional life, and it is pleasing to note the inauguration of a group in the hospital which contains all shades of opinion, whose object it is to study and discuss these problems, taking as a point of reference the Christian philosophy and ethic. Pain and suffering are too often discussed within our walls from the scientific and economic standpoints only. It is to be hoped that these and other questions may here be debated, and that those who had not previously had opportunity to consider such matters may be stimulated to fresh lines of thought which will help them when confronted with the more tenuous but none-the-less real dis-eases of the human race.

The city street in summer: dust and dung:
The heat provokes an odour of despair;
And men that love their countryside recall
The whispering compassion of the trees;
You rooted, sprawling, upright branching trunks
Of virile sap and twisted wood, that carve
Brave figures in the racing wind and play
A verdant tune upon the summer breeze!

THE LIFE AND WORKS OF SIR NORMAN MOORE

By MICHAEL J. LINNETT

Being Part One of the Wix Prize Essay for 1947

The wise in heart shall be called prudent, and the sweetness of the lips increaseth learning.

Understanding is a wellspring of life to him that bath it . . .

I

SINCE earliest times, the physician has been an honoured and privileged member of society, and when he has been also a man of great learning, he has taken a prominent part in the affairs of his time. Such men were Linacre, Harvey, Sydenham, and in our own century, Osler. Norman Moore was a follower in this long and distinguished line, an example of Linacre's "learned physician," a scholar of many parts who rose to the very peak of his profession. His interests were as wide as his knowledge deep, but especially dear to him were studies literary and historical, and all things Irish. He left behind many writings, expressed in clear and lucid English, but his crowning literary achievement was his history of St. Bartholomew's Hospital, which shews forth most eloquently the depth and variety of his learning.

Norman Moore was born on January 8th, 1847, at Higher Broughton, near Manchester. His father, Robert Ross Rowan Moore, came of an Ulster family and had graduated in Law at Trinity College, Dublin. He had a taste for literature, and had besides a love of every kind of learning an excellent memory. In speaking he excelled in lucid exposition and in illustrations which came home to his hearers. He was called to the Bar in England, but soon afterwards became interested in politics and economics, and was engaged by Cobden and Bright in their free trade campaign, where his eloquence was of great value. He assisted in the formation of the Anti-Corn Law Association in Manchester in 1838, which later became the Anti-Corn Law League. In 1844, he contested the borough of Hastings for Free Trade, and it was in connexion with this campaign that he met Benjamin Smith, M.P. for Norwich, whose daughter, afterwards Mme. Bodichon, a founder of Girton, became a great friend. Norman Moore was to feel the repercussions of this friendship thirty-eight years later.

Robert Moore's travels often led him back to Ireland, and it was on one of these journeys that he met Benjamin Clarke Fisher, a cultivated

Quaker landowner and shopkeeper, who, because of his religion, had been barred from the Universities, and therefore from the professions. Robert Moore fell in love with Fisher's daughter, Rebecca, and they were eventually married at the church of St. Martin's-in-the-Fields, in 1842. The marriage was not a happy one, and Moore later separated from his wife, who continued to live at Manchester. He died in 1864, never having known the pleasure which the distinguished career of his son would have brought him.

Rebecca Moore kept a little school at Higher Broughton, and it was here that Norman received his first education. He has recorded in his unpublished memoirs that his mother took great pains with him, so that at the age of five, he was attempting to read fairy stories, and at six read well enough to be able to learn poetry. He was very fond of verse, and learnt such pieces as that part of *Paradise Lost* beginning "Now came still evening on," *Portia's* mercy speech, and "The spacious firmament on high."

Some of his earliest memories were of Keeper Hill, County Tipperary, where he often stayed with Benjamin Fisher. He remembers "feeling a distinct apprehension that an eagle might fly down from the hill and carry me off." It was Fisher who initiated his life-long interest in the Irish language by teaching him the numerals up to ten, and odd phrases and sentences. His interest was further fostered by his making the acquaintance when about seven years old of an old Irish cobbler, Michael Healey, who had emigrated from County Clare and settled in Manchester. Throughout his life, Moore had the invaluable faculty of being able to befriend all manner of people from the humble to the great, and his friendship with the old Irish shoemaker is perhaps one of the earliest instances of this happy trait. He spent a lot of time with Healey, and from him learnt the rudiments of the involved Irish grammar, and also how to write a good Irish hand; later he developed his script further by copying old Irish manuscripts.

A few years later, he became acquainted with John Molloy, who remained a valued friend until his death. Molloy was a bizarre character. Dress and toilet were of no concern to him—the state of his fingers was enough to revolt any respectable woman—but he was a kindly man and of immense learning in Irish matters. He taught Moore many old legends and no doubt helped further to develop that love of learning with which he was liberally endowed. Molloy was such an enthusiast in his line of study that when asked, at dinner, a question related to Irish folklore or language, he would suspend all other operations and expatiate volubly and earnestly on the subject, while the other diners listened with a mixture of mirth and respect. In later years, although his time was fully occupied by hospital duties, Moore still read Irish and French with him, and they corresponded in Irish. There is in the possession of Sir Alan Moore a document most beautifully written in Irish by Molloy, and it is obvious even to a person unversed in the language that it was the work of a student who cared deeply for his subject.

Moore also came to know Standish Hayes O'Grady, whom he described as the most learned and understanding scholar of the Irish language that he knew. They remained friends until O'Grady's death, and from him, Moore increased further his store of learning. O'Grady was later made an honorary LL.D. by Cambridge University for his Irish studies, which are in some degree embodied in his "Silva Gadelica" and in the unfinished Catalogue of Irish MSS. at the British Museum.

A preparatory month or two at a school at Clifton preceded his entering the Castle Howell school at Lancaster under the Rev. W. H. Herford, at Michaelmas, 1856. Mr. Herford had studied in Germany, and had given much thought to education; many of his staff were Germans. The school had long terms and no prizes, but each of the score or so of boys had a bedroom of his own, and there were several family and school celebrations throughout the year. Moore recalls the large iced cake with which the Head's birthday was celebrated, decorated with as many almonds as he had years, and containing a small silver coin. The school was often taken on expeditions to the many beautiful districts within easy reach of Lancaster, or to see civil ceremonies, such as, for instance, the entry of the Judge and Sheriffs into the town for the assizes.

It is plain from his memoirs that Moore's early days at Castle Howell were not easy, for

he was no usual type of schoolboy. He relates how, on an outing to Ingleborough soon after arrival at the school, he collected fungi for preservation; and later on, how he received unimaginative scorn at the hands of a master who was attracted by a furious argument over the killing of three hundred kings at the battle of Derry—surely an incredible subject to arouse the wrath of a young schoolboy. At first Moore never ate meat at school, having learnt that this food was produced by the slaying of animals. But after a slight illness in the holidays of 1857, he was made to eat a mutton chop, which was extremely distasteful, though later he became accustomed to meat.

He rose to be senior boy at the school, and it is a curious coincidence that one of his contemporaries was W. J. Russell, who afterwards became a Fellow of the Royal Society and lecturer in Chemistry at St. Bartholomew's Hospital. Moore never cared much for sport, either at school or in after life, but used to find recreation and enjoyment in long country walks, talking with the people he met about their local history and architecture. Or he would go for hawking expeditions with his pet falcon, studying the plant and animal life of the countryside with an avid interest. He tells how he first saw the caterpillar of the Privet Hawk moth in the hedge surrounding the school playground.

But like any normal boy, Moore had his childish fancies. One day, while wandering through Lancaster Bazaar, he came across a stall where Bottle Imps were for sale, little effigies which, on varying the pressure on the cap of the bottle in which they floated, moved up and down in the liquid. He was on the point of satisfying a long-felt desire when he recollected that he should buy his mother a present. After much reflection, filial duty won—but forty years later, seeing a Bottle Imp in a London shop window, he went in and gratified the wish of his boyhood.

One of his closest friends at Lancaster was John Patrick, who often invited him to spend part of his holidays at the Patrick home—Dunminning, near Ballymena, County Antrim—where he was made extremely welcome. Mrs. Patrick was a charming and cultivated lady, and had read widely, but she was particularly fond of Pope and Goldsmith, from whom she could find a suitable quotation for any occasion. She was a graceful equivalent of the English Lady of the Manor to the people of Dunminning, and through her, Moore came to know many of the villagers and dependents of the house. He tells with delight of the many interesting

characters who lived there, and particularly of discussing Virgil and Homer with a local ploughman. Literature, he found, was a study of all manner of Irish people, and the "illiterate," poor were, to an Englishman, surprisingly well versed in Irish, English and Classical learning.

Moore also paid many visits to his Aunt Deborah, who lived in Dublin. She was a Mrs. Gough, his mother's eldest sister, who had, unlike Mrs. Moore, carried on in the Fisher Quaker tradition. In his memoirs, Moore relates at considerable length the details of the first of his many long walks through the Irish counties, of which he visited every one except County Kerry. He expressed his intention of walking to Limerick, over one hundred miles from Dublin, and the plan meeting with neither discouragement nor encouragement, he set off one morning with a comb, a toothbrush, a spare shirt, a telescope, and ten shillings in money. During the journey, which took four days, he saw many interesting places: Jigginstown, left roofless by Stafford on his return to England; the Round Tower at Roscrea; and at Mount Rath, he stayed with interesting people, Mick Dunn and his sister. They invited the footsore boy to spend the night with them as there was no Inn nearby, and despite his arguments to the contrary, persisted in the belief that he was a runaway from one of the monk's schools. After a meal of porridge and milk the talk turned to Irish history and folklore, and such was Dunn's knowledge of his ancestors that Moore mentions him as an authority in his article on Gillananeamh O'Duinn in the Dictionary of National Biography.

On another of these long walks, he called upon some old friends of his father's, the Mortimers of Lake View, County Cavan, to whose home he was subsequently invited many times. When visiting nearby Quilca, where Dean Swift used to visit Dr. Sheridan, he and Mr. Mortimer met an old farmer who, asked the name of his mare, replied "M.D." "Why," asked Moore, "do you call her Doctor of Medicine?" "Because M.D. was a name the Dean had for Stella," said the farmer. Another friend at Lake View was Pat Connell, a carpenter and scholar, who brought forth much learning for Moore's eager ears. Connell's grandmother remembered people who had seen pilgrims come to the birthplace of St. Cilian of Wurtzburg in the forties of the seventeenth century, and Moore was shown the ruins of the church built on the spot. As with Mick Dunn,

Connell was cited as an authority in Moore's D.N.B. article on St. Cilian.

Many were the friends made during these walks through Ireland, and from them he collected hundreds of interesting stories and a great deal of information about Irish folklore and language which were to be of the greatest use to him in later life. Much of his vast store of knowledge he incorporated in his writings, and he became an acknowledged authority on Ireland.

At Christmas, 1860, he left Castle Howell school, undecided as to his future career. His desire was to study natural history and to travel extensively, for in his schoolboy daydreams he had always envisaged himself as a great Irish naturalist and traveller. With this end in view, he wanted first to study Natural Science at a University, but to his mother, whose resources were slender, financial conditions were perforce paramount. For himself, he had always felt that knowledge was far more important than money, but after discussion, it was decided that he should accept the offer of a friend of the family, Sir Archibald Winterbottom, who proposed an office job in his cotton warehouse. With his first week's wages of sixteen shillings, Moore bought a copy of Chaucer, which he did not enjoy as much as he had expected, although later he often re-read it with much pleasure.

He would start work at the office at half-past seven in the morning, and his first duty was to sweep the floor. The head of the department was a Mr. Buckley, a man of literary and naturalistic inclinations who took great interest in young Moore. He joined a Working Man's Natural History Society, where he heard papers read and joined in the society's expeditions. On one of them he found a dead woodgrouse, which he placed in a disused safe in the office until he should have time to dissect it. But unfortunately the safe was opened, and the somewhat decomposed bird brought to light; it was indeed fortunate for the office boy that his chief had similar interests.

In the evenings, Moore attended Owen's College, and after a year in the cotton warehouse he became a full-time student. His objective was to pass the London Matriculation examination, that he might qualify for admission to one of the Universities, and thereby be enabled to study his beloved Natural History.

Throughout his childhood and youth, Moore had been steeped in an atmosphere of learning; his inborn disposition to acquire knowledge had led him to seek out the most learned men in

the subjects specially attractive to him, while his great intelligence and depth of intellect had enabled him to retain their friendship. In this way he had already acquired a knowledge of the Irish language sufficient to enable him later to converse and correspond in Irish with his friend "the O'Molloy." He had been saturated in the lore of old Ireland by the many Irish natives with whom he was on such good terms. And in addition to all this, he had ceaselessly pursued his study of Natural History, collecting specimens of plants for drying and preserving, making dissections of animals and birds, and in all these activities keeping copious, detailed and accurate notes of what he saw and did. His Bird books, the several large volumes of which are now in the possession of his son, Sir Alan Moore, contain an absorbing account of the appearances and habits of all the birds he saw and studied, and of his travels, set forth with the utmost neatness and clarity.

In all these activities the foundations of his character were laid: the perpetual questionings of an enquiring mind, the habit of sifting and recording the learning he absorbed, the love of historical and literary study, and the kindly manner which made it so easy for him to draw from his many friends and acquaintances their special interests and enthusiasms.

II

SHORTLY after commencing his studies at Owen's College, an event of far-reaching importance occurred in Moore's life. Hearing that the collection of stuffed creatures belonging to Charles Waterton, the great naturalist, could be examined by the public, he determined to visit Walton Hall, the ancient family home of the Watertons, and one September day in 1863, he set off to walk there from Manchester, a distance of about twelve miles.

On his arrival, he was admitted by an old butler, and taken to a gallery surrounding the hall, where the specimens were kept. The sight delighted him. Waterton had collected the skins of animals and birds from all over the world, and had preserved and mounted them by his own method, which retained the natural textures and colours more perfectly than any other process then in use. Young Moore took out his note-book and pencil and went round them one by one, missing nothing. He was no doubt puzzled by some of the products of Charles Waterton's bizarre sense of humour—the "Noctifer," a hideous but skilful hybrid made from the breast and legs of a bittern joined to the head and wings of an eagle owl,

or "Old Mother Damnable," an animal caricature of the Church of England, or "Queen Elizabeth," a repulsive lizard—but a full account of this first visit to Walton Hall is preserved in one of the Bird Books.

Having examined all there was to be seen, he was preparing to leave, when the old butler appeared, carrying a tray set out with cold lunch "with Mr. Waterton's compliments." After eating, Moore asked to see Waterton in order to thank him for his kindness. Waterton took a great liking to him at once, and said that he must visit the Hall often. Thus began his friendship with the first man destined to fill the gap left by Robert Moore.

The Watertons were a very ancient family, traceable before the Norman Conquest. One member of the line had fought at Agincourt, and a Sir Robert Waterton is mentioned in Act II, Scene I of Shakespeare's Richard II, a folio first edition of which has been in the possession of the family since an ancestor bought it at the time of publication. They had lived at Walton Hall for several centuries, although several successive buildings were built on the site of the original. A Mrs. Waterton held the Hall for the King against the Parliamentary forces during the Civil War, and as the Watertons had remained Roman Catholic after the Reformation, it is hardly surprising that Charles Waterton's grandfather should have made an attempt, although unsuccessful, to join Prince Charles in his rebellion.

Charles Waterton was born at Walton Hall in 1782, and was educated at the Jesuit college of Stoneyhurst. He regularly made it his practice, even when quite advanced in age, to return there at Christmas, and to join in the theatrical festivities with a zest and vigour which belied his years. He travelled extensively in South America, spending nine years in British Guiana, and penetrating to the Savannahs of Brazil in a successful attempt to obtain some of the "wourali" with which the South American Indians used to tip their poisoned arrows. This discovery led to most important developments in the medicinal use of curare. In a second expedition, he visited Pernambuco, Cayenne, and again, Demerara, collecting specimens and observing birds and beasts in their natural habitat. A third expedition was spent in exploring the upper reaches of the Essequibo, and a fourth in 1824 included the United States, the West Indian Islands, and again his beloved British Guiana.

(To be continued)

MR. J. E. H. ROBERTS

SATURDAY, June 7th—Derby Day—but more important for us as there is dinner at Kettner's. The occasion—farewell dinner to Mr. J. E. H. ROBERTS. Twenty-seven out of a possible forty-eight old House Surgeons are present to do him honour. J. E. H. R. at the head of the table looks the same as ever. The menu—Salmon, Pigeon, Strawberries and Ice Cream—definitely good.

We can't help looking round at J.E.H.R. He seems just the same after all these years. Each time we look we realise over again how much each of us owes to him. Or do we?

Dinner over. "The King." "You may smoke, gentlemen." Ah! There it is—alight now—dangling from the Roberts' upper lip as of yore. What a nice feeling it gives us of bygone days.

Chat. "What are you doing, old chap?" "You've got an H.S. of your own now, I suppose?" "Me? Oh. I'm just a humble G.P. One of the humble clerks in the local Bevan Agency next year, I dare say." But listen. Ah, yes! Frankis Evans, senior H.S., present. He is proposing the health. Many stories. Tributes to J. E. H. R. He asks J. E. H. R. to accept a small token of our love for him. Small? Yes infinitesimally so com-

pared with the love of which it is a token. Futile to attempt anything more than a token—unattainable.

Now Os Tubbs, reading letters from all the absentees (like the Best Man, he says). Then he adds his tribute. How thankful we are to J. E. H. R. for patience under stress, for clarity of thought.

A pause. Then up stands our chief. Quietly he speaks. We arc soon back in the wards, listening attentively to every well chosen word, to each apposite story. His main themes arc to attribute the success of the Green Firm to Mr. Rawling, the success of his teaching to his own teacher, Lockwood, and to thank his House Surgeons more than generously for their part. It doesn't seem to occur to him that any of the credit belongs to him. He doesn't seem to have an inkling of it. But we know. He is a great man all right. During his term he has taken tradition by the hand and improved it. He has shown us how to be Doctors, by his teaching and by his example. A silent toast he proposes. We drink to "The Memory of Mr. Rawling." We will meet each year and do this. The Rawling Club will go on.

And so Good Luck and Good Health to Mr. Roberts as he retires from Bart.'s. Good night and "Au revoir."

IN OUR LIBRARY—X.

OLIVER WENDELL HOLMES' BOYLSTON PRIZE DISSERTATIONS

By JOHN L. THORNTON, Librarian

SEVERAL medical men have turned to literature as a profession, and, making a success with their pens, have forsaken medicine entirely, so that their name is rarely associated with the subject. Some have continued in practice, probably to excell in neither profession, and very few have achieved fame in both spheres of activity. One career has overshadowed the other in most instances, but occasionally one encounters the prominent medical man who has achieved fame in literature as distinct from the brilliant novelist who happens to possess a medical degree. Oliver Wendell Holmes was hailed throughout the world as an essayist, poet and novelist, and few people recognised in him the professor of anatomy at Harvard Medical School. Yet, despite the fame of the "Break-

fast-Table" series and his other writings, it is not improbable that Oliver Wendell Holmes will be remembered for his contributions to medicine when his other writings have become mere landmarks in American literary history, rather than material for current popular consumption.

Oliver Wendell Holmes was born on August 29th, 1809, at Cambridge, a suburb of Boston, the son of a Congregationalist minister. He was educated at Harvard, where he graduated in 1829, and at first chose law as his profession, but soon deserted this for medicine. After two years of medical study at Boston, Holmes continued his work on the Continent, where he studied in Paris under Pierre-Charles-Alexandre Louis (1787-1872), and also at Edinburgh.

Upon his return to America, Holmes graduated M.D. at Harvard in 1836, and three years later became professor of anatomy and physiology in Dartmouth College. He was appointed professor of anatomy at Harvard Medical College in 1847, and held this position until his resignation in 1882.

On February 13th, 1843, Oliver Wendell Holmes read before the Boston Society for Medical Improvement his paper "On the contagiousness of puerperal fever," which was published in the *New England Quarterly Journal of Medicine*, 1842-3, I, pp. 303-30. In this Holmes stated that women in childbed should not be attended by physicians conducting post-mortems, or who had recently contacted cases of puerperal fever. He was strongly opposed by his fellow physicians, but returned to the attack with a paper in which he stated that "Senderein" had minimized mortality by treating his hands with chloride of lime, and by scrubbing them. This "Senderein" was Ignaz Philipp Semmelweis (1818-1865), who had paid much attention to the cause of puerperal fever, as had many other medical men, including Charles White (1728-1813) of Manchester. There have been many claims for priority in the field, but there is honour enough for all, and little can be gained by exaggerating the contributions of an individual, while minimizing those of his fellow claimants.

Holmes was also concerned in the birth of the words "anæsthesia," and "anæsthetic," which he suggested in a letter to W. T. G. Morton¹ dated November 21st, 1846.

The book in the Library by Oliver Wendell

Holmes is entitled *Boylston Prize Dissertations for the years 1836 and 1837*, Boston, 1838, and contains essays on intermittent fever, neuralgia and on direct exploration. The volume is dedicated to P. Cha. A. Louis, his former teacher in Paris, "in the recollection of his invaluable instructions and unvarying kindness." Our copy is of special value owing to its direct association with the author, for it is inscribed "Mr. Stanley from his obliged and grateful servant, O. W. Holmes."

In 1886 Holmes revisited England after fifty years, and was suitably honoured by Oxford (D.C.L.), Cambridge (D.Litt.), and Edinburgh (L.D.) Universities. To mark the occasion Samuel Wilks wrote an appreciation of Holmes, which appeared in *The Lancet*.² Oliver Wendell Holmes went into retirement on his return to America, and died on October 7th, 1894, in his eighty-sixth year.³

The medical writings of Oliver Wendell Holmes are not numerous, and his *Medical essays*, 1883, are still of great interest, dealing chiefly with medical history; his Presidential Address delivered at the Boston Medical Library on August 20th, 1875, is outstanding. Perhaps it was the poetical vein that endeared him to readers and to students, for he was very popular as a lecturer, and his success in literature was not permitted to interfere with his duties as professor of anatomy. Perhaps eventually his more serious works will be fully appreciated, for the public is fickle. Many discoveries await the medical historian, for whom time must mellow the evidence before judgment can be passed upon it.

1. Reproduced on p. 562 of Barbara M. Duncan's *The development of inhalation anaesthesia, [etc.]*, 1947, and on p. 30 of Thomas E. Key's *The history of surgical anaesthesia*, 1945. Both are available in the Library.

2. Wilks, Samuel. Oliver Wendell Holmes. *Lancet*, 1886 I, pp. 6-9.

3. Obituaries in *Brit. Med. J.*, 1894 II, pp. 839-41; *Lancet*, 1894 II, pp. 882-3.

STUDENTS' UNION

STUDENTS' Union Council meeting, held on Wednesday, June 25th.

- The Council was prepared to entertain 30 Danish and Provincial clinical students to lunch and tea and take them to teaching functions on a day in July.
- The official Students' Union insignia was discussed. A list of what is at present official is posted in the Hospital and at

Charterhouse. A sub-committee was formed to discuss charges and additions.

- It was decided to ask the authorities for a telephone extension from the cloak room to the Abernethian Room at the Hospital or that the cloakroom be put on the internal Hospital system, thus connecting it to the Abernethian Room. It was decided *not* to ask for a telephone box in the Abernethian Room.

THE ASTONISHED OSTRICH

A Comedy in Three Acts

By A. N. MENZIES

LET it be said at the outset that this was a most praiseworthy post-war effort on the part of the Dramatic Society and augurs well for the shape of things to come.

The play, largely concerned with the skilful manœuvres of a Crichton-like valet (Charles) in the somewhat eccentric habitat of a successful author and playwright (Arthur Waring), although slight in texture, has some amusing situations, and the front door bell plays a star role.

In the part of Waring's fiancée (Louise Dexter), Margaret Hull scored a distinct triumph and was at once alluring and managing. As Charles' wife (Mrs. Anne Hunter) Marjorie Franklin conveyed just those quiet motherly attributes indicated in the character.

Martin Bloom was as to the manner born an efficient valet, except that his gait was swaggering rather than dignified and unflurried. From the playing of the difficult role of the playwright, Peter Moyes emerged with much credit, even if, at times, his gestures, particularly arm movements, were a trifle wooden. Geoffrey Singer as Mrs. Hunter's youthful son (Peter) gave a capable portrayal.

Bob Bennett's setting of Waring's flat in Mayfair was effectively pleasant, but a wider vestibule back stage would have facilitated easier entrances and exits. A special word of praise is due to producer Hindley-Smith who contrived to invest the play with an air of freshness and also saw to it that his characters got across the footlights.

H. G. R.

CORRESPONDENCE

RESEARCH

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

Under the heading "Medical and Scientific Research" the Librarian has given an admirable statement of some of the pathological conditions which affect scientific investigation. He has in fact made a sketch of the morbid anatomy of research. Perhaps other readers of the JOURNAL have noticed the resemblance between the highly bureaucratic system which he advocates, and that outlined by Bacon in the "New Atlantis." This comparison is a tribute to both writers—to the encyclopædic outlook of our Librarian, and to the foresight of Bacon. Perhaps the new scheme of research on Rheumatism will be conducted on the Bacon-Thornton system.

One of the evils to which the article draws attention is the scattering of the published results of research over an immense number of journals. Anyone who is interested in this subject would do well to read an extremely interesting statement by Miriam Rothschild (*Nature* 147: 676, 1941) of this problem as it affects zoologists. She showed that in a single year papers dealing with the single group Mollusca were distributed over no less than 376 journals, of which only seven were devoted wholly to this subject. During this period, the descriptions of 1,437 new species of Mollusca appeared in 139 journals, while 112 journals were required for the record of 776 new Helminths. A part of this evil is due to the institutional journals, such as the Proceedings of the Royal Society, which publish papers concerned with a very wide range of subjects and hence increase the dispersion of the literature of any one subject. Some of these journals have historical traditions and would not welcome alteration. Any complete solution of these difficulties must be international, and would encounter linguistic and political difficulties.

To return for a moment to Bacon, does anyone read him now-a-days? It is customary for those who

have not done so to dismiss him with Harvey's gibe, that he wrote on science like a Lord Chancellor. Possibly he did so write; he was a Lord Chancellor. The "New Atlantis" is a most interesting sketch of what we should now call a Research Institute, and moreover contains an admirable description of the treatment of scurvy by ascorbic acid, not under that name, of course. Every student of science might make, at any rate, an attempt to read the "Novum Organum," while he keeps the tedious "Advancement of Learning" in reserve to induce sleep if necessary. Bacon had a noble conception of the part that science should play in human life, and it is unfitting to dismiss him contemptuously when, 300 years later, we are still so far behind him in this matter.

Yours, etc.,

F. I. KENNAWAY.

GENERAL PRACTICE

July 6th, 1947.

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

Dr. William Edward's article on "Sidelights in General Practice" is exactly the practical advice needed by anyone starting in Practice. Patients in outlying districts frequently have no gas to cook by and in the summer have no fire burning. I recommend carrying in the bag a packet of Metaldehyde (commonly used as slug bait), which gives a good flame for urine testing. I always carry a teaspoon in which a small quantity of water may be boiled for such purposes as dissolving Hypodermic Tablets and rinsing out syringes before use.

Yours faithfully,

S. J. HADFIELD.

Clanbaniffe,
Beer, Devon.
July 3rd, 1947.

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

Dr. Edwards raises an interesting point in his article on "Sidelights on General Practice" when he describes his *lay out* of the Surgery. He writes: "Put your desk in the middle of the room with the light behind your chair. The patient sits between desk and door, facing the light." I believe a good case can be made out for the exact opposite. To many, a visit to the doctor, especially if he is a stranger, can be something of an ordeal. And this is intensified if the lighting puts him in an unfavourable position. Ideally, the illumination of the room should be uniform, but this is rarely possible, and my own custom is to put myself in the brighter light and the patient in the shadow. If I want to see something with especial clearness and a torch is not suitable—say an inspection of mucus membranes for pallor or the presence of a slight icteric tinge, I take the patient to the window, have no "sidelights," which oddly enough is part of the title of Dr. Edwards' paper, and let the full light of day illu-

minate what is to be looked at. In my experience this impersonal scrutiny never offends. It is quite different from the familiar and much disliked searing "doctor's look." But even the journey to the window is not often necessary, and generally one should try to see without appearing to look. Our lady colleagues, when they retain some of their femininity, are better at this than we are. My wife will chatter irresponsibly on a short visit and come away knowing the colour of the carpet, the kind of curtains and even perhaps whether the windows need cleaning, while after a much longer stay my score in a *quizz* on kindred matters would be *O*.

I asked three old patients of mine what they thought about the matter yesterday. They all understood the point at once, and at once they all said the same thing that their agreement with my view was complete.

Yours faithfully,

E. GALLOP.

10, Vincent Square, S.W.1.

July 5th, 1947.

BOOK REVIEWS

AN APPROACH TO SOCIAL MEDICINE, by John D. Kershaw, M.D., D.P.H. Publishers: Baillière, Tindall and Cox. Pp. 320. Price 15s.

At a time when our profession is facing a crisis of unparalleled significance, this book strikes a most useful note. Its title alone will lead even to this review being overlooked by many in the more materialistic branches of medicine and surgery. It is a good thing even for the most mechanised specialist to lay down his tools and take a look at his work in the light of the overall need of the community which he has been qualified to serve. The author, after a sound preliminary survey of the history of our social life, its errors and its needs, with a refreshing sincerity deals sharp criticism successively to surgery, gynaecology, psychology, and industrial medicine, and public health. Of surgery he recalls: "the jealousies of the physicians and surgeons of the middle ages in so far as they continue to emphasise the distinction between the conception of a physician as a man of learning, and that of the surgeon as a superior artisan, to which the natural defensive response of the surgeon was to emphasise the fact that he was a man of action and to implement that emphasis by acting, far too often, without thought." Modern resuscitation has enabled the surgeon to extend his technique to eviscerations of colossal magnitude. Let him consider the implications of his art and ability in relation to the social picture. Of the gynaecologist, the author says: "it is perhaps a natural fault in so strictly regionalised a branch of surgery that its practitioners should have difficulty in seeing their patient not only as a physical whole but as a social entity. . . . Our knowledge in both gynaecology and obstetrics is still limited and too mechanistic in its outlook and application."

Of psychological medicine, he conceives its real curative function in an extension of child guidance, adding, shrewdly, that such an extension will be both "qualitative and quantitative."

It is a good thing for us all, especially for the consultants who are denied the daily discipline of intimate contact with social conditions of the day, to pause from our "mushroom" clinics, from the in-

halation of our academic atmosphere, and take a breath of air to see the larger task of our profession in checking the race away from reason.

This is a good book for all, well written, and easy to read, topical and by no means merely for the post-graduate student of sociology.

TEXTBOOK OF MIDWIFERY, by Wilfred Shaw, M.D., F.R.C.S., F.R.C.O.G., Surgeon-in-Charge, Gynaecological and Obstetrical Department, St. Bartholomew's Hospital. J. & A. Churchill Ltd., London, 1947. Pp. 649. Price 21s.

This book, already familiar to Bart's men, now appears in its second edition considerably expanded. The form remains the same; the text is deliberately written for the serious student in a series of short factual and authoritative essays. The theme of conservatism pervades the whole book and is its greatest strength. On controversial points all alternative lines of treatment are mentioned for teaching purposes, but the book would perhaps gain in practical usefulness if the student were given a more definite lead from the personal experience of the author, as one finds in his discussion on the use of oxytocics in labour.

In minor detail: Mr. Shaw might have allowed himself more enthusiasm in the analgesic use of petulidine and trilene in labour.

There is no mention of congenital defects in relation to acute exanthemata in early pregnancy or of reposition of inverted uterus by hydrostatic pressure. Chemotherapy is obsolete for staphylococcal sepsis and no mention is made of closed drainage with penicillin for breast abscess.

In discussion of Rhesus factor the danger of sensitizing a young woman—pregnant or not—by blood transfusion incompatible by Rh factor is worth mentioning.

His unusual introduction is the exposition of his creed and, coming as it does from a leader in thought and practice of conservative midwifery, it must command respect and will repay careful re-reading. He exhorts the student to a consideration of meiosis in the confidence that it will not aggravate his natural meiosis.

EYE SURGERY, by H. B. Stallard, M.B.E., M.D. (Cantab), F.R.C.S. (Eng.), Assistant Eye Surgeon, St. Bartholomew's Hospital; Eye Surgeon, Radium Institute and Mount Vernon Hospital. Bristol: John Wright & Sons Ltd. Pp. 444. Price 50s.

This volume, written while the author was on war service, is the first new book on eye surgery for many years.

It is not so much a compilation of current thought as the personal record of an eye surgeon of outstanding merit, and thus several of the operations described and not a few instruments are new to the majority of ophthalmic surgeons. The keynote of the book is careful surgery, and Mr. Stallard has a lesson to teach all who practice his art on the careful handling of delicate tissues and the minute attention to detail which brings the good results.

The author does not hesitate to go far afield for the materials he requires and uses costal cartilage and fascia lata when necessary. Reconstructive surgery of the eyelids occupies one-third of the volume, and is described at a length out of proportion to the rest of the book. Perhaps this is because reconstructive surgery occupied all our thoughts at the time the book was written.

Some statements are made which are challenging and would not be accepted by most eye surgeons, thus (p. 304) "The results of iridectomy for acute congestive glaucoma are unsatisfactory." This runs quite counter to the experience of most of us, who have thought it an eye saving operation in a condition of acute emergency. What else would the author

suggest? Nevertheless, the opinions are mostly orthodox, and the techniques described are often ably illustrated by the author himself, though one is led through the intricacies of Blaskowicz operation by verbal description alone.

The young eye surgeon should digest the contents of this book until they become part of himself. By following the standard set by the author, he will be assured that he has left nothing to chance in order to obtain the finest surgical results.

THE CONQUEST OF TUBERCULOSIS. By George Bankoff, M.D., F.R.C.S. Macdonald & Co. Pp. 187. Price 6s.

Most of us resent the layman's curiosity in medical matters; and we condemn as unethical the doctor who stoops to sensational journalism about the profession. Yet education of the layman may prevent his disease, or may goad him to seek treatment early.

George Bankoff writes for the layman; there are six books in his conquest series. His style is mixed: the stories of Koch's and Roentgen's discoveries are told with dramatic feeling; some technical aspects are presented with specious simplicity; there are platitudes on religion and war, and a weird prophecy about a cosmic womb. However, the author teaches prevention and the early symptoms clearly, and in detail, so there may be a lofty purpose behind the book.

The publishers mention the author as a "prominent surgeon"—the epithet, though ambiguous, seems to tweak the nose of the G.M.C.

BOOKS RECEIVED

(Inclusion of a book in this list does not preclude later review.)

HANDBOOK OF DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES, by A. E. W. McLachlan. 3rd Edition, 1947. E. & S. Livingston, Edinburgh.

AN INTRODUCTION TO DERMATOLOGY, by Norman Walker & G. H. Percival. 11th Edition, 1947. E. & S. Livingston, Edinburgh.

ATLAS OF BACTERIOLOGY, by R. Cranston Low and T. C. Dodds. E. & S. Livingston, Edinburgh.

MEDICINE, by A. E. Clark-Kennedy. Vol. 1, The Patient and his disease. E. & S. Livingston, Edinburgh.

HARVEY CUSHING, a biography by John F. Fulton. Blackwell Scientific Publications, Ltd., Oxford. 1947.

THE NATIONAL HEALTH SERVICE ACT, 1946. Complete text with an explanation by J. A. Scott, with an index to the Act by H. A. C. Sturgess. Eyre & Spottiswoode, London. 1947.

MODERN METHODS OF FEEDING IN INFANCY AND CHILDHOOD, by Donald Paterson and J. Forest Smith. 9th Edition, 1947. Modern Medical Monograph Series. Constable, London.

AIDS TO QUALITATIVE INORGANIC ANALYSIS, by R. G. Austin. 2nd Edition, 1947. Aids Series. Baillière, Tindall and Cox, London.

AIDS TO PRACTICAL NURSING, by Marjorie Houghton. 3rd Edition, 1947. Nurses' Aids Series. Baillière, Tindall and Cox, London.

RECENT PAPERS BY BART'S MEN

BOURNE, GEOFFREY. "The criteria of hypertension." *Practitioner*, 158, June, 1947, pp. 470-75.

*BURROWS, H. (with E. S. Horning). "Oestrogens and neoplasia." *Brit. Med. Bull.*, 4, v-vi, pp. 367-77.

CLARKE, S. H. C. "Penicillin in postoperative progressive bacterial synergistic gangrene." *Lancet*, May 31, 1947, pp. 748-50.

DONALD, KENNETH W. "Oxygen poisoning in man." *Brit. Med. J.*, May 17-24, 1947, pp. 667-72, 712-7.

EVANS, GEOFFREY. See Watkinson, Geoffrey and Geoffrey Evans; and Watkinson, Geoffrey, and others.

FLAVELL, GEOFFREY. "Post-traumatic fistula of pancreas successfully treated by surgery." *Lancet*, June 21, 1947, pp. 869-71.

HAMBLY, E. H. T. "Surgery of the hand and fingers: injuries and infections." *Med. Press*, April 9, 1947, pp. 283-9.

- HARTRIDGE, HAMILTON. "Recent advances in the physiology of vision." Part II. *Brit. Med. J.*, June 28, 1947, pp. 913-6.
- * "The visual perception of fine detail." *Phil. Trans. Roy. Soc., B.*, May 15, 1947, pp. 519-671.
- HURT, R. LAMBERT. "Penetrating chest wound with lodgement of the foreign body in the common bile duct." *Brit. J. Surg.*, 34, April, 1947, pp. 429-30.
- KERSLEY, G. D. "Pain and its problems, VII. Pain in the rheumatic diseases." *Practitioner*, 159, July, 1947, pp. 60-65.
- MACKENNA, R. M. B. (with B. Russell). "Cutaneous papillomatosis." *Proc. Roy. Soc. Med.*, 40, March, 1947, p. 254.
- MCMENOMEY, W. H. See Watkinson, Geoffrey, and others.
- *MURRAY, P. D. F. "The physiology of supporting tissue." *Ann. Rev. Physiol.*, 9, 1947, pp. 103-118.
- *MYERS, BERNARD. "The history of a case of diverticulosis, with observations on treatment." *J.R.A.M.C.*, 88, Feb., 1947, pp. 89-93.
- *OSTLERE, GORDON. "Curare in 'poor-risk' patients." *Brit. Med. J.*, April 5, 1947, pp. 448-51.
- *ROCHE, ALEX. E. "The investigation and treatment of hæmaturia." *Med. Press*, July 2, 1947, pp. 8-11.
- *ROXBURGH, A. C. "Nodules in abdominal wall for diagnosis?" *Proc. Roy. Soc. Med.*, 40, May, 1947, pp. 259-61.
- SHAW, WILFRED. "Surgical anatomy of the vagina." *Brit. Med. J.*, April 12, 1947, pp. 477-82.
- STALLARD, H. B. "Cataract." *Practitioner*, 158, May, 1947, pp. 383-93.
- WALKER, KENNETH. "Causation and treatment of impotence." *Practitioner*, 158, April, 1947, pp. 289-94.
- *WATKINSON, GEOFFREY, and Geoffrey Evans. "Potassium thiocyanate for hypertension." *Brit. Med. J.*, May 3, 1947, pp. 595-8.
- and others. "Hypopituitarism, hypogonadism and anaemia treated with testosterone." *Lancet*, May 10, 1947, pp. 631-4.
- *WEBER, F. PARKES. "A note on camptodactylia (Landouzy) and Dupuytren's contraction." *Med. Press*, May 28, 1947, pp. 433-4.
- WINNICOTT, D. W. "The child and sex." *Practitioner*, 158, April, 1947, pp. 324-34.
- "Physical therapy and mental disorder." *Brit. Med. J.*, May 17, 1947, pp. 688-9.
- * Reprint available in the Library.



MEDICAL MISCONCEPTIONS
THE CHOLECYSTITIC

RECENT ADDITIONS TO THE LIBRARY

- *BALDWIN. "Dynamic aspects of biochemistry," 1947.
- BODANSKY & BODANSKY. "Biochemistry of disease," 1940.
- BRITISH PHARMACEUTICAL CODEX, Supplements I-VII, 1946.
- CAMERON. "Recent advances in endocrinology." 6th ed., 1947.
- *CUSHNY. "Pharmacology and therapeutics," 13th ed., 1947. (2 copies.)
- ELLIS, Ed. "Child health and development," 1947.
- *FIELD & HARRISON. "Anatomical terms," 1947.
- *FORD. "Genetics for medical students," 2nd ed., 1946.
- FULTON. "Harvey Cushing: a biography," 1946.
- GIBBERD. "Short textbook of midwifery," 4th ed., 1947. (2 copies.)
- *GODDARD & JAMES. "Elements of physical chemistry," 1946.
- *GUTHRIE. "History of medicine," 1945.
- JOE. "Acute infectious fevers," 1947.
- JORPES. "Heparin," 2nd ed., 1946.
- LE VAY. "Synopsis of orthopaedic surgery," 1947.
- Low & DODDS. "Atlas of bacteriology," 1947.
- McMURRAY. "Orthopaedic surgery," 2nd ed., 1943.
- MONRAD-KROHN. "Clinical examination of the nervous system," 6th ed., 1947.
- NOVAK. "Gynaecological and obstetrical pathology," 2nd ed., 1947.
- PATERSON. "Sick children," 6th ed., 1947.
- PEEL. "Textbook of gynaecology," 2nd ed., 1946.
- PICKLES. "Epidemiology in country practice," 1939.
- ROGERS & MIHR. "Leprosy," 1947.
- SEQUEIRA, and others. "Diseases of the skin," 5th ed., 1947.
- SIMPSON. "Forensic medicine," 1947.
- SPILLANE. "Nutritional disorders of the nervous system," 1947.
- * Charterhouse Branch Library.

EXAMINATION RESULTS

UNIVERSITY OF CAMBRIDGE

FINAL M.B. EXAMINATION

Easter Term, 1947

Part II Principles and Practice of Physics, Pathology and Pharmacology

| | | | |
|--------------------|-----------------|-----------------|--------------------|
| Bracewell, G. A. | Daly, M. de B. | Longmuir, I. S. | Stallybrass, F. C. |
| Brown, R. W. | Edmond, M. C. | McGee, L. E. | Stoddart, I. W. |
| Buchanan, J. H. S. | Freeman, A. G. | Moffat, J. L. | Treharne, P. G. |
| Cornford, H. W. | Grandage, C. L. | Richards, D. H. | Tutton, J. A. |
| | | | Wand, L. G. R. |

CONJOINT BOARD

PRE-MEDICAL EXAMINATION

June, 1947

| | | | |
|-----------------|-----------------|--------------|--|
| Chemistry | | | |
| Ryan, H. S. S. | Stathers, D. N. | | |
| Physics | | | |
| Allan, R. | Ryan, H. S. S. | White, H. C. | |
| Reynolds, A. B. | Stathers, D. N. | | |
| Biology | | | |
| Allan, R. | Ryan, H. S. S. | White, H. C. | |
| Reynolds, A. B. | Stathers, D. N. | | |

ROYAL COLLEGE OF SURGEONS

At a Primary Examination held in April, 1947, the following were successful:—

| | |
|------------------|-----------------|
| Cane, M. | Jones, P. F. |
| Campbell, D. H. | Lunn, G. M. |
| Connolly, R. C. | McGuire, N. G. |
| Craig, C. M. | Mariani, G. |
| Dobree, J. H. | Pearce, H. A. |
| Evans, D. T. R. | Ramsay, R. |
| Fisk, G. R. | Rogers, N. C. |
| Henderson, R. S. | Stephens, J. P. |
| Hurt, R. W. L. | |

Subject to the approval of the Council at a meeting held on June 12th, 1947, the following are entitled to the Diploma of Fellow—

| | |
|-------------------|------------------|
| Dowling, J. L. | Pheils, M. T. |
| Ghosh, S. M. | Robertson, D. J. |
| Gillingham, F. J. | Rotter, K. G. |
| Lewis, B. | Shaw, R. E. |
| McIville, R. P. | |

THE JOURNAL

We announce with regret the resignation of the Editor, Mr. W. M. Keynes. His successor will be Mr. M. J. Linnett.

The office of Assistant Editor has been filled by Mr. J. M. Hodson.

Contributions for the September JOURNAL should reach the Editor by Thursday, August 8th.

FENCING CLUB

On June 22nd the Hospital fencing team met a team of Harrodians, and enjoyed their first match since the war. The match was fought on the Harrods Sports Ground near Hammersmith. Prof. R. H. Behmber, who has coached both teams, presided.

The fencing was not up to the standard of this Hospital's pre-war team, but this was due to the fact that the club has only recently been resuscitated after being in abeyance for some time, and that this was their first match for several years.

Responsibility should be shared equally between philologists and the fencing teams for any confusion that may still exist in the minds of the spectators on the distinction between a foil and a flail.

Sixteen bouts were fought, each member fighting each man in the opposing team. Bart.'s won 9, Harrods won 7.

Team: A. R. Moynihan, H. Horwitz, B. McAdam, J. M. Hodson.

A. R. M.

MUSICAL SOCIETY

On Thursday, June 19th, an inaugural recital was given on the new piano in the A.R. at Charterhouse Square by Peter Fildes.

There was a large audience, and the performance was a great success.

It is hoped to hold regular lunch-time concerts in future.

W. H. D.F.

OBITUARY

TABOIS.—We announce with regret the death, on May 20th, of Dr. A. C. Tabois.

CHANGE OF ADDRESS

Dr. E. R. REES has moved to 224, East Lanc, North Wembley, Tel. No.: Arnold 4260, and to 13, Harley Street, Tel. No.: Langham 2664.



"and some fell upon stony ground..."

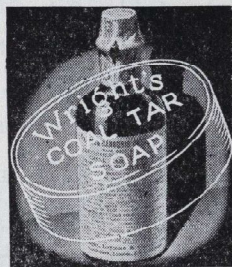
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ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

Vol. LI

SEPTEMBER 1st, 1947.

No. 7

BOOKS

"To study the phenomena of disease without books is to sail an uncharted sea," said one of the greatest physicians, adding with characteristic caution, "while to study books without patients is not to go to sea at all." And at the present time, it is the first part of his aphorism which is prominent in the minds not only of the medical profession, but, in a more general sense, of all those whose aim and occupation it is to assimilate knowledge. The difficulty of obtaining text books in anything like adequate numbers at the appropriate times, and of frequent bad designing, combine to make the task of the student increasingly more onerous.

In the correspondence columns of *The Times*, attention has recently been drawn to the vital importance of book production both in our national economy and in relation to the export trade. It has been difficult to persuade our recent Administrations that if a post-war revival in learning is to take place fully, books are an absolute necessity, and the industry should be classed as essential, with paper given high priority in importations. The recent influx of ex-service men into the universities has served to render the position still more acute. It is not possible for everyone to study exclusively inside a library, and secondhand books are usually out of date and in urgent need of revision.

As has recently been pointed out, the valuable part which books could play in the export drive is denied us from lack of raw materials. There has been on foreign markets substitution of English books by American, and naturally so, for as we have recently been learning over here, their books set a standard in quality of paper and binding to which it is well nigh impossible for us to attain. Not only this, but

British economic difficulties have facilitated American absorption of much of the Canadian paper stocks, and the recent cut in newsprint has further aided the process. It is rather exasperating to watch all this unfolding and to realise opportunities, and yet to be unable to act upon them.

Students in all stages of their medical careers have had perforce to accustom themselves to the booksellers' constant prevarications, which indeed must be as great a source of annoyance to them as to their customers. Reprints and new editions are held up pending binding, and all too frequently fail to arrive in the shops in time for commencement of the year's studies, at which period there is the greatest demand. New editions are so long in the hands of the printers and binders, because of labour difficulties, that they are out of date by the time they are finally issued to the public. Indeed, when they arrive in the bookshops, the number printed is often found to be too small to satisfy the demand, and a reprint is necessitated, with a further wait for the unfortunates who failed to swoop quickly enough the first time. And to add fresh insult, the disappointed hunter on his way home may pass shops stacked high with hack novels, westerns, and the flamboyant paraphernalia of the yellow press, with which the discerning reader would be ashamed to be seen.

The question is inevitable—how is it that third-rate books abound while it is impossible to get published even the necessary minimum of those good and great books which nourish the intellectual life of the country? Surely a careful and exhaustive investigation into all branches of paper distribution is indicated. If it is found possible to hold an enquiry into the activities of the daily press, it should be an