

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..."

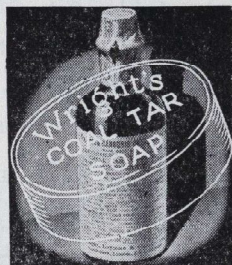
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HOSPITAL JOURNAL

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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

easy matter to examine and to seek to make more selective the distribution of the raw materials of the book trade.

However, let it not be thought that the picture of the publishing industry to-day is one of unmitigated gloom. One of the most pleasing developments recently has been the introduction of new and higher standards in medical book production. Though the badly designed book is, alas, too frequently seen, there are trends in some quarters towards great artistry in medical typography, so that even the cynic may be forced to admit that a book on so unlovely a subject as Forensic Medicine may be in some senses a joy to the beholder's eye. It is greatly to be regretted that many students, while often instinctively recognising a well printed book, are not generally aware of the criteria by which a book may be judged, for if they were, discrimination would be engendered, and a general rise in standards of production would result.

To generalize, when a textbook is examined for readability, four factors consciously or subconsciously are taken into account—and we exclude for the present purpose the actual literary composition. These factors are Lay-out, Print, Illustrations, and Binding, each of which play an important part in evaluation. It is a well known fact that books whose pages are dense with closely packed masses of type are unpopular with the student. He will prefer, and rightly so, a book in which attention has been paid to the ocular effort involved in reading, with the provision of adequate spacing, suitably broken text, and ample margination.

The proportion in the design of type makes a vast difference in legibility and attractiveness, a fact which is foremost in the minds of type designers, but not so often remembered by publishers. Although to the unlearned in lettering it is well-nigh impossible accurately to distinguish between types, there can be few who have not realised that even between newspapers there is a great difference in appearance, due mainly to the type employed. A more parochial instance of this may be found in the twenty-eighth edition of Gray, of which parts of the osteology section are set in different type to the "small print" in that section, and to the rest of the book.

Illustrations, particularly in textbooks, are of primary importance, and it is surprising how often one is influenced by the confidence of the artist. Such illustrations should be designed with two factors in view—perfect clarity, with no hint of ambiguity nor doubt, and the rela-

tion of the picture to the surrounding matter. A good illustration need not spread itself lavishly in colour, and a simple well-drawn diagram is often much more appreciated than a polychromatic tone picture. Harvey Cushing, who was liberally endowed with artistic gifts, and had received tuition from the great Max Brödel, knew this, and his illustrations to his papers and textbooks are models of precise and beautiful draughtsmanship applied to a difficult subject.

Perhaps the hardest user of books is the student, and to him a badly or weakly bound book is a nuisance. We may see in the difference between American and British bindings how much more durable is a stoutly covered book, how it preserves its shape better and how much less likely it is to shed leaves with approaching senility. All these considerations are important when buying books, for they are the tools of the student, and he should exercise as much care in buying his equipment as would a workman in choosing a chisel.

Finally, may we offer to the writers of textbooks a plea for a return to the humanities of literary composition. One is impressed, when reading papers written by medical men of past times, by the decline in the ability to write good English in technical books. Whereas their papers were often excellent prose compositions in their own right, betraying a care in writing which makes their works a joy to read, so many modern works have become mere chains of technical words, while the present day tendency to the ever-increasing use of jargon renders them difficult to comprehend and aesthetically unattractive. It is not suggested that a textbook is read for good prose or aesthetic pleasure but to describe a patient's symptoms well in unadulterated English gives both a more vivid picture of the condition and a more humane outlook on the being concerned than the stilted terminology to which we are now descended. To one learning a subject and reading material for the first time such considerations are by no means unimportant, and a writer will certainly fall short of his didactic aims if he fails to observe the niceties of composition.

It is pleasing to notice in the books sent to the JOURNAL for review an increasing sense of the importance of studying the reader's point of view in works designed for study, and it is to be hoped that in the not too far distant future, the student may be assured of obtaining any book he wants, in excellent condition and an attractive format, as and when he orders it from his bookseller.

THE LIFE AND WORKS OF SIR NORMAN MOORE

By MICHAEL J. LINNETT

Being Part Two of the *Wix* Prize Essay for 1947

The Walton Hall to which Waterton succeeded in 1806 was built on a more ancient foundation in the 18th century, and stood on an island set in the midst of a thirty acre lake, which was surrounded by a well-wooded park. The first thing Waterton did on his succession was to surround the park with a wall nine feet high, and to prohibit absolutely the firing or carrying of any firearms on his property. In this way, the park became a retreat for all the local birds, and in winter the wildfowl would congregate literally by their thousands on the lake. Waterton had a deep love for every kind of bird, and kept all those nesting on his estate under a fatherly eye. His keeper had orders to report the falling of any young birds from their nests, and Moore tells how the old man of eighty would scale a tree which his keeper would not venture, in order to replace a young heron in its nest.

The observations which he had made on his journeys were enshrined in the famous "Travels in South America," first published in 1825. Later he published in four series his "Essays in Natural History." Norman Moore was later to write an introduction to the 1887 edition of the "Travels," and to edit the "Essays," prefacing them by a life of the author. Both these books are written clearly and in lucid English, with precise and exact descriptions, and their style resembles that of Sterne, Waterton's favourite English prose writer.

Although he lived on good terms with his neighbours, to whom he was known as the Squire, and although his hospitality was generous and unremitting, he lived an austere and disciplined life himself. He retired early, sleeping on the bare floor, wrapped in a blanket with a block of oak from the park as a pillow, but rose at midnight and went to his chapel. On returning, he slept till half-past three, when he lit his fire, and dressing half an hour later, spent from four till five in his chapel. After his meditations, he would read a chapter of the life of St. Francis Xavier, and a chapter of Don Quixote, both in the original Spanish. He wrote letters or stuffed birds until eight o'clock, when he took breakfast. Most of the rest of the morning and the afternoon was spent in the park, with breaks for lunch at half-past one, and tea at half-past six.

At the time Moore met him, he was a tall old man of eighty-one, with close-cropped white hair and the slightly rounded shoulders

of the elderly, and always wore an old-fashioned cutaway swallow-tail coat. Despite his age, he was astonishingly nimble and active, and thought nothing of climbing the trees on his estate.

Waterton was strangely attracted to the young student, and Moore always held the Squire in reverence and affection—"The days of my visits to Walton Hall were days of most perfect delight to me, and old as he was, Charles Waterton was the first intimate friend that I had, and his age did not make him seem in the least bit distant." He was a frequent visitor to the Hall, and became a great friend of the family, which consisted of the Squire's sisters-in-law, Miss Eliza and Miss Helen Edmondstone, and their niece, Lydia.

Waterton, in his turn, shows in his letters to Moore, and to other friends, the interest and affection with which he watched his progress. In a letter to a friend, he speaks of "... my young friend Norman Moore, one of the most talented and finest youths I ever saw..." The following letter, the original of which is in the hands of Sir Alan Moore, is quoted in its entirety because it shews more vividly than mere description the relations between Moore and Waterton.

Walton Hall.

My dear Norman, March 13th, 1865.

Although we are in Lent, it does not follow that you should be in exile. My door is ever open to you. How do you come on in the badgering line across the channel? I have had a tremendous cold. I cannot remember ever to have had so severe a one. The rooks dare not continue at their newly formed nests. The woodpecker visits us every night and morning. I wish that you had been here last week. A French giant paid us a morning visit. He stood exactly seven feet seven inches in his shoes. Your last letter was excellent.

Believe me very truly yours,

Charles Waterton.

The French giant referred to was the celebrated M. Brice, who brought along his tiny Irish wife and an Interpreter. Waterton and he had a long conversation, attracted, no doubt, by a mutual curiosity.

During each of his many visits, Moore made copious notes of the Squire's habits, saying, and actions, and of all the things they did together. In the mornings and afternoons, they would ramble round the park, inspecting

it thoroughly as was the Squire's daily habit, or would climb the trees in search of bird's nests. They did not confine their expeditions to the park alone, but would roam the countryside watching the methods of the farm workers, and constantly on the alert for natural phenomena of interest. Often they used to row on the lake in order to see the wildfowl better, or to talk in quietness. If the day was wet, they stayed indoors. The Squire had at one of his drawing-room windows a large telescope, through which they would survey all of the park in range. At one time they counted on that part of the lake visible through the instrument over one thousand six hundred mallard, widgeon, teal and pochard, thirty coots and twenty-eight Canada geese.

Moore relates how, after dinner on his first visit, "coffee was brought in, in a very tall silver coffee pot. I had not acquired a taste for coffee the first time I stayed at Walton Hall, and declined a cup. 'Oh,' said the Squire, 'this is a West India house, you must take coffee,' and poured me out a cup. I drank it and have liked coffee ever since."

After coffee, the Squire would take him up to the attic where he made all his taxidermic preparations, and where he usually slept. They would work and talk for long hours up there, and in fact, these were the rare occasions when the Squire did not retire early. Waterton gave his young friend much good advice during their talks, and many of his remarks are recorded by Moore as the "Præcepta Watertonica," written out on notepaper, and preserved in pamphlet form. Several of them are worth quoting, as they embody the Squire's philosophy of life, and reveal the source of many of Moore's traits of character . . .

"When you are able, never lose an opportunity of doing charity quietly. If we only looked into it, there is enough misery in the world to break anyone's heart."

"Be on good terms with everyone, as far as you honestly can, but rely as much as possible on the resources within yourself for your amusement."

"Always have the greatest respect towards your elders, the heads of your college, and those who are set over you, but never be in the least afraid of any man, however great."

"I would rather deal with a knave than a fool."

"Never on any account omit to say your morning and evening prayers, and always do so on your knees."

"Make one firm resolution, never to touch wine, or anything of the kind—say if

you are pressed that you promised the old Wanderer of Guiana that you would never do so."

Moore never did take wine or strong drink until late in his life and then only in the greatest moderation.

Waterton was a staunch and devout Roman Catholic, and often talked about his religion to Moore: "He impressed upon me without any intolerance, his own view of the absolute and invariable truth of the Roman Catholic Church." As may be surmised, the impact of such a strong, sincere personality was great on the mind of an impressionable boy of seventeen, and indeed, to the end of his life he bore unmistakable traces of Waterton's teachings. But perhaps their greatest effect was upon the spiritual side of his character, as will become evident later.

Moore was with Waterton when he died. On the morning of the 25th of May, 1865, they were out as usual in the park, and as they were walking over the wooden bridge which spanned the stream feeding the lake, the Squire tripped over a protruding plank, and fell heavily. He was severely shaken, and lay there a minute or two saying, "Oh, I think I am dying," but he got up and insisted in carrying out his purpose of marking some trees for felling. Later he had to be helped into the boat to return to the house, and was forced to rest on a couch for the rest of the day, for he had ruptured his liver, and was in great pain and getting worse.

The next morning he was a little better, but his doctor was sent for, and as the day passed it became obvious that he was seriously ill. That night he became so weak that the priest was summoned. The Last Sacrament was administered, and he sat up and blessed his family, the Misses Edmondstone and Lydia, and Norman: for his son Edmund, hurrying back from Rome where he had been in attendance on the Pope, he left a letter. He died at two o'clock in the morning of the 27th of May.

The funeral was on his birthday, the 3rd of June, and the procession went by boat across the lake to a spot chosen by the Squire himself. Here he was buried in the middle of the park he loved so well, at the foot of a wooden cross, on which he had caused to be inscribed the words:

ORATE PRO ANIMA
CAROLI WATERTON
CUJUS FESSA
JUXTA HANC CRUCEM
SEPELIUNTUR OSSA

NATUS 1782 OBIT 1865

The Squire's son, Edmund, had a totally different outlook and sphere of life from his father, and the Hall was sold in 1876 to a neighbour whom the Squire had particularly detested, the owner of a soap factory which had been built next to the park. After Waterton's death, Edmund offered Norman Moore the folio Richard II which was mentioned earlier, but Moore refused it, saying that it ought to remain in the family. He did, however, accept an inkstand which the poet Gray had used in writing his "Elegy in a Country Churchyard." It had been given by the poet to an uncle of Waterton's, Sir Edward Bedingfield, and was passed on to Waterton by his great-aunts Bedingfield. It is now the cherished possession of Sir Alan Moore, and in its drawer he keeps some of the letters which Waterton wrote to Moore while he was at Owen's College.

III

SOON after Waterton's death, another era opened in Moore's life. He went to Cambridge.

It had been decided that he should take the London Matriculation examination, in common with many of his Owen's College friends who were afterwards going on to the Universities. He had studied assiduously at Owen's and felt tolerably secure in most of his subjects, Greek, Mathematics, of which, however, he was never very fond, English History, wherein he excelled, and German, but in Chemistry he felt weak. When the Head of the chemistry department heard of this, he offered Moore private tuition, and was at great pains to ensure his proficiency.

As many of his friends were going to Cambridge, Moore felt that he would prefer that University, but had no idea as to which college he should go. The way in which he decided is interesting. Above the mantelpiece of the room at Walton Hall in which Charles Waterton had preferred to sit was a picture of St. Catherine of Alexandria. Waterton would often sit and gaze upon it, for he always said it reminded him very strongly of his wife, whom he had met in South America, and who had died young. His young friend had, of course, noted this, and on learning that there was at Cambridge a college named after this same St. Catherine, he decided that this must be his college. Accordingly, he sat for a scholarship, which he won, and his success in the Matriculation examination enabled him to be accepted.

He arrived in Cambridge in October, 1865, and took up residence in St. Catherine's College. Although he had a scholarship, his means were

slender, and he was forced to live very economically. The influence of Waterton was still strong upon him, and in order to dispense with the necessity for hiring a bed, he took to sleeping on the floor of his room, wrapped in blankets, and with a block of Walton Hall oak for a pillow. His meals, except for Hall dinner, consisted mainly of bread and marmalade, and in these ways he was able to eke out his small stock of money.

He had decided that he should take a degree in Natural Science and also in Medicine, although at that time he rather regarded Medicine as a subsidiary, strangely enough. But he commenced his studies with characteristic zest and enjoyment, and soon won the friendship of several students and university men who were, like himself, enthusiasts and thinkers. Students who were reading Natural Science used to go on Sunday evenings to the rooms of Professor Alfred Newton at Magdalene, and it was here that Moore met many who were to become his staunch friends for life. The son of the great naturalist, Charles Darwin, afterwards Sir Francis Darwin, was a regular attendee at these meetings for talk and discussion, and he and Moore soon became attracted. Moore subsequently met Francis's father, an occasion which he remembered with great pleasure, and he later attended him in his last illness.

But the friendship which was destined to have most effect on Moore's future life was that with Hastings Philip Elwin, a young St. Catherine's student reading for Holy Orders, who became his greatest friend at Cambridge. Elwin had lodgings in Silver Street, just round the corner from the college, and he was a constant visitor in Moore's rooms, where there often took place those long discussions to which undergraduates are so prone. He introduced Moore to his father, the Reverend Whitwell Elwin, rector of Booton, and it was this man who succeeded to Charles Waterton's place as a fatherly friend to the young student of eighteen years.

Whitwell Elwin was a prose-writer and scholar of great distinction. Moore spoke of him as the most learned man he had ever met. He was editor of the Quarterly Review from 1853-1860, writing many articles of great excellence, and making of the Review a periodical in which could be found the thoughts and writings of the great literary men of the time. After resigning the editorship, he undertook an edition of Pope's works, first projected by John Wilson Croker, but after pub-

lishing in 1871-2 two volumes of poetry and three of letters, he became dissatisfied with the work, and it was later completed by Mr. W. J. Courthope. He shewed unbounded generosity to his parishioners, by whom he was held in great affection. His letters were full of thought and incident, and of polished style, and his conversation was packed with learning although interesting to the least as well as to the most educated, and made a strong impression on the memory.

Moore was a frequent visitor to Booton Rectory, and it seems that his visits were eagerly anticipated by the family. Many were the conversations he had with Mr. Elwin, for the Rectory was a house of learning, and there any earnest student was welcome. What a tragedy it is that the art of conversation is so little cultivated to-day. It is scarcely possible that we have diminished in intellectual powers since the days of Dr. Johnson, Miss Austen or Oliver Wendell Holmes, and yet to us Good Talk is an occasion instead of a matter of fact. Moore was indeed fortunate in his early friends, and his conversation in later life shewed that he had profited by his experiences.

One subject upon which he had serious talk with Mr. Elwin and his son was that of Religion. Rebecca Moore, though brought up as a Quaker, had renounced that sect, and while retaining a firm if cloudy belief in a God, adhered to no particular body of Christian opinion. As a consequence, her son grew up with no fixed ideas, which he would later have to re-evaluate, beyond a conviction of the truth of the central points of the Christian creed. Throughout his life he found no intellectual difficulty in retaining these views; his only difficulty was choosing the most suitable method of giving expression to them.

Because of Charles Waterton's strong influence upon him, he felt most strongly attracted to the Roman Catholic church, for he reasoned that the church of such a good man must be adequate for him. But the old Squire, with wise foresight, advised him to wait, for a boy in his teens is seldom able to form a lasting philosophy of life. The Elwins counselled him to remain attached to the English way of worship, and, being High Churchmen, advised him to use his influence to promote the return of the Anglicans to the Mother Church. And until the time after Mr. Elwin's death, on the first day of the year 1900, he followed their advice.

Another friend at Cambridge was Henry Bradshaw, the University Librarian. Moore, of course, had early visited the Library on arriving in Cambridge, and had lost no time in familiar-

ising himself with it. His first meeting with the Librarian was concerning the tribes of Ulster, and they had many subsequent talks about Irish History. Moore says of Bradshaw, "I never talked with him without learning something fresh, and we became friends." From him, he learnt to read old manuscripts, and it was Bradshaw who encouraged Moore, soon after taking his degree, to translate Windisch's Irish Grammar from the original German. The book was finally published in 1887, when he was thirty-five years of age.

That admirable institution, the Union, attracted him from the first, for he had strong views on certain subjects, particularly Irish politics, for which the Debates were a convenient vent. He often spoke in them, but he became convinced that it was of little use to hold debates on Irish matters because of the striking and profound ignorance which the average English undergraduate shewed on such matters.

Towards the end of his time at the University, there occurred an incident on which, in later years, he could look back with some amusement, but which at the time was very serious to him, for it was probably the reason why he failed to get a first in his tripos. In hall one day, he indulged in friendly badinage with a student across the table, who promptly threw a salt-cellar at him. Moore thought no further of it, but the day but one after, a similar incident occurred, and this time, he was assaulted by the other student. Moore wisely did not cause a scene by prompt retaliation, but laid the matter before his tutor, a Mr. Spratt, who seemed annoyed that the blow had not been returned, and the matter ended. He was pressed to apologise to the other man, but holding that this would imply an admittance on his part of an offence which had not taken place, he refused.

A decision of the college authorities was long in forthcoming, and Moore informed Mr. Elwin of the affair, who watched with interest, and offered to stand by him if he stood his ground. Acting on Mr. Elwin's advice, he asked for an interview with the Master of St. Catherine's, Dr. Robinson. This eventually took place in the summer, and the Master gave him to understand that he wished the matter to be dropped. His surprise was therefore great when, the following November, he was gated for a fortnight by the Senior Tutor, a Mr. Carr, for brawling.

Mr. Elwin was up in arms at once. He wrote a pungent and spirited statement of Moore's case, which he had printed as a pamphlet

together with correspondence relating to the affair, and sent a copy to every member of the senate. Mr. Carr replied with a weak and unsound defence of the College's action, to which Mr. Elwin made a crushing rejoinder. The College was forced to rescind its judgment, and Moore was reinstated.

There is a passage towards the end of Mr. Elwin's first pamphlet which, since it contains the views of an eminent and learned man upon Moore's character at a time when it was almost moulded in its permanent form, is worth reproducing here:—

"The gentleman who is the object of these proceedings is a person of admirable talents, of great and varied knowledge, of a reasoning and thoughtful mind. He is an enthusiastic and disinterested student of Natural Science. . . . His moral qualities are on a par with his intellectual. He is unstained by the common vices of youth. Upright, temperate and diligent, frank, open-hearted and magnanimous, he would

be an acquisition and an ornament to any society. A man is known by his associates, and rarely has it been my good fortune to meet such an assemblage of earnest, gifted thinkers as I have seen gathered round his table."

What a noble tribute to a young man of but twenty-two years.

Moore took his degree, in 1869, shortly after this incident, and such was the feeling in the University, that at the ceremony he was cheered. So ended his career at Cambridge. He had studied assiduously, and had appreciated to the full those things which the two ancient Universities, more than anywhere else, have to offer: the friendship of keen young minds and the cream of the country's intellect; the stimulating give and take of energetic discussion, and above all, the calm yet ever-questioning atmosphere of a community devoted to learning. A better education than this could no man wish. (To be continued)

A CASE OF ANENCEPHALY

By ERNEST G. REES

With a review of relevant literature

TERATOLOGY (the science of monsters) is not, as some consider it to be, an isolated science to which the laws of normal phenomena do not apply. It is valuable in that it can contribute suggestions to explain puzzling phases of normal development. One of the commonest malformations of the human foetus is anencephaly. In this article one case of anencephaly is described and this is followed by a review of literature concerning findings in earlier embryos in an attempt to discover the aetiology of the condition.

CASE HISTORY

An unmarried primigravida in her early twenties was found on examination at Antenatal Clinic to have hydramnios. She was 25 weeks pregnant. X-ray showed an anencephalic foetus with its head lowermost. It was decided to induce labour.

The following day a still-born, female anencephalic foetus was born. The length from the top of the head to the rump was 20 in. and the foetus weighed four pounds. None of the bones of the skull which are developed in membrane were present.

The upper surface of the base of the skull was covered by a thin vascular fibrous membrane—surrounded peripherally by normal skin on which tufts of hair 1-2 in. long were present. The occipital bone was deficient posterior to the foramen magnum and the

vertebral canal was open to the exterior through it. The skin of the upper eyelids was normal and there was no bony roof to either orbit. The spinal column was straight and there was no external evidence of spina bifida. The body bore a fine lanugo of exceptional length. The eyes were prominent, there was macroglossia, the pinnae were deformed and the neck was short. The umbilical cord and placenta were normal. No other abnormalities were present externally.

DISSECTION:

Skeleton—the membrane bones of the skull were quite undeveloped. The petrous temporal and the basi-sphenoid bones were well developed and the arcuate eminences were unusually prominent. A normal inner and middle ear and auditory nerve were found on sawing through one of the eminences. There was no evidence of any abnormality in the spinal column, which appeared normally ossified.

Muscles—these were not studied.

Viscera—the thymus more than a quarter-filled the thoracic cavity. It was golden-yellow in colour, bilobed, and antero-superior to the heart. The lungs were collapsed and not well differentiated into lobes. The heart, great vessels, oesophagus and trachea were normal.

In the lower right quadrant of the abdominal cavity there was a prominent, dark-green loop of gut measuring 5 cms. by 2 cms. This loop

was twisted on a mesenteric pedicle through three complete circles. It was a portion of ileum, its centre being 12 cms. from the ileocaecal junction. The caecum and appendix were pushed dorsally by this mass.

The remainder of the alimentary canal, the kidneys, liver and gall bladder, and female pelvic organs were all normal. The suprarenals were tiny—of adult proportions. Naked-eye examination of a section of one of them showed it to have a central reddish-brown area and a thin peripheral, pale yellow cortex. They resembled, macroscopically, adult suprarenals. The thyroid gland was normal.

Nervous System.—The optic nerves were well developed and passed back under a thick bridge of bone, after which they formed a rudimentary chiasma. The optic tracts petered out as a few short strands on the basi-sphenoid. No trace of the pituitary was found. In each of the middle cranial fosse a Gasserian ganglion was found. These ganglia had no central connections, but mandibular and maxillary nerves were seen leaving them. No other trace of the fore-, mid-, or hind-brain was found. The vertebral laminae and spines were removed and the spinal cord, cauda equina, anterior and posterior nerve roots all appeared normal to the naked eye.

A coronal section of the head showed the palate, pharynx, nasal cavities and Eustachian tubes to be normal. There was some macroglossia. No trace of the pituitary, not even the orohypophysis, was found.

X-RAY.—Shows absence of the membrane bones of the skull and deficiency of the basi-occiput posteriorly. The teeth are present and so are the lower femoral epiphyses—which is remarkable. The remainder of the skeleton is normal.

DISCUSSION.

In all the literature no reference to a male anencephalic foetus can be found. This may therefore be a sex-linked anomaly.

The eyes and optic nerves are well developed and yet the forebrain is missing, the ears and auditory nerves are normal, but the hind brain from which they grew is not present. The primary brain vesicles must have degenerated or failed to develop.

The experimental embryologists find that in the early embryo the size of the whole neural ectoderm matches the underlying mesoderm which has been budded forwards from the dorsal lip of the blastopore in Amphibia, and from the primitive streak region of higher vertebrates. Spemann, by his classical experiments on *Triton cristatus* and *teniatus*, showed

that the blastopore region is the primary organizer, *i.e.*, it determines the developmental fates of parts of the embryo—at least in early gastrulae. Hertwig (1892)¹ and Morgan (1894)² showed that in frogs' eggs the closure of the blastopore was inhibited and the process of closure of the neural plate to form a neural tube was consequently prevented by damage with 0.6 per cent. sodium chloride solution. Baldwin (1915)³ by injuring specific areas of the surface of the frog's eggs with ultra-violet light, produced non-closure of the neural tube with resulting spina bifida. Therefore interference with chorda mesoderm is reflected in the overlying neural plate.

Bending of the neural plate has been shown to be due, not to asymmetrical cell-proliferation, but to differential absorption of water by the upper and lower surface of the plate. Any interference may result in permanent exposure of the plate on the dorsal surface of the embryo, *i.e.*, rachischisis and anencephaly.

Holtfreter and Lehmann (1926) show that the notocord determines even the neural tube. Suppression of the notochord by Lithium poisoning produced an abnormally shaped lumen of the chord. The two lateral rows of somites were shown to play an adjuvant rôle in producing the definitive shape of the spinal cord.

Secondary degeneration and attempts at compensation confuse the issue in the late embryo, but the examination of early embryos with uncomplicated primary abnormalities has been of great value. Baxter and Boyd (1938)⁴ had an 8 mm. pig embryo in which the neural tube dorsal to the lower mid-brain had failed to develop and the plate was exposed to the surface. The III, IV and VI nerves were absent, the other nerves were normal.

In anencephalics where the cranial nerves are usually well developed, the nervous system must therefore have developed to at least the stage of allowing its motor neurones to grow out before the degenerative process commences. At that early stage they were unable to demonstrate any abnormality in the mesodermal substratum.

In later embryos the correlation between abnormalities of the mesoderm and neural plate is well shown. Wheeler (1919)⁵ describes in minute detail a female human spina bifida monster, with encephalocele, defective occiput and a much shortened and fused spine in the cervical and dorsal regions. Hawkins (1939)⁶ describes six specimens of iniencephalus (foetus with fissured occiput and protruding brain) showing gross skeletal deformities. He

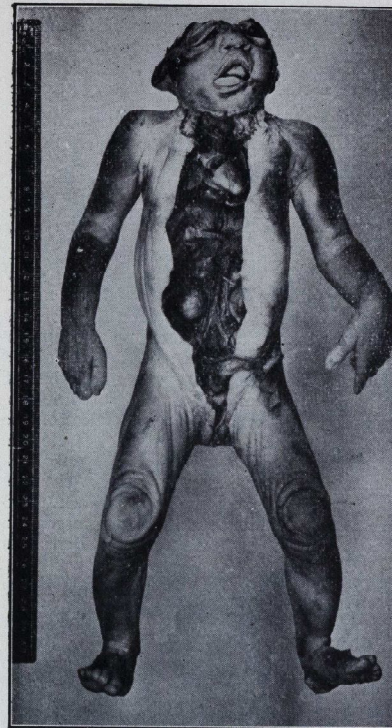


Fig. 1.—FEMALE ANENCEPHALIC.
A 25 week female anencephalic foetus with mid-line incision to expose thoracic and abdominal viscera—intestines having been removed.

observes that the suprarenals of one foetus were very small.

Further examples of defective development in the C.V.S. in very early embryos are provided by the following authors: Lebedeff (1881)⁷ describes a 9 mm. human embryo. The optic vesicles came off the fore-brain, the rest of the brain primordium was degenerate, and the spinal cord was at the stage of a medullary plate. Ribbert (1883)⁸ described a 20 mm. female goat embryo and a 25 mm. cow embryo each of which had a longitudinal defect in the C.V.S. corresponding to the IIIrd ventricle and mid-brain, and also in the skull over this region. He ascribed this to hydrops of the ventricles. Jakoby described two embryos of 12.6 mm. and 10.8 mm., both lacking cerebral

hemispheres, neurohypophyses and eyes. In the first case the cord was at the medullary plate stage, the axial skeleton was disturbed and the cranium-primordium was not yet developed. Mall (1908)⁹ described a 2.1 mm. embryo of two weeks where the brain and spinal cord were wider than normal and which he considered to be a case of "incipient anencephaly" and spina bifida. He also described a 4 mm. human embryo of three weeks in which the C.V.S. was open in its whole length and the cranial nerves were absent. Later he described one 14 mm. and two 16 mm. embryos—both of six weeks. In the first there was no spinal cord but a solid brain. The second showed a reduced fore-brain and the medulla oblongata filling most of the head. The third showed, in the C.V.S. region a highly vascular tissue covered with rudimentary brain substance. Meyer (1912)¹⁰ described an anencephalic foetus 14 mm. long, and mentions that the suprarenals were enlarged. Frazer (1921)¹¹ described a 17 mm. human embryo. The spinal cord was normal, the cranial nerves

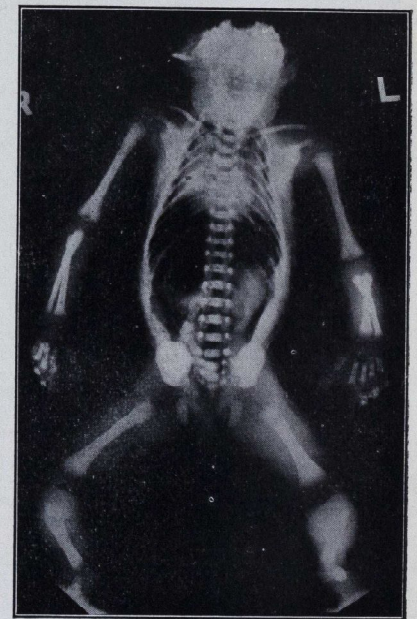


Fig. 2.—X-RAY OF FŒTUS.
Antero-posterior view.



Fig. 3.—X-RAY OF FŒTUS
Lateral view of head and thorax.

ended abruptly centrally at the meninges, the brain was non-existent above the trigeminal nerve, yet the hypophysis and eyes were well developed. In Böhmig's (1922)¹² case of a 22 mm. human embryo no closure of the neural tube had occurred, there was craniorachischisis, gross abnormality of the presumptive bony tissue above the fifth thoracic vertebra, no hypophysis, and a "brain" consisting of scattered nerve bundles and all aggregates of no definite arrangement. In the case of V. Wreite (1924)¹³—a 11.5 mm. human embryo—no closure of the neural tube had occurred, the hypophysis was present but the Rathké's pouch derivative was not connected with the brain. The adrenals were delayed in development. K. E. Groth (1928)¹⁴ had a 14 mm. human embryo which had fissuring of the spinal column and fairly normal histological differentiation of what brain tissue there was. Hunter (1934)¹⁵ described a 25 mm. human embryo in which all the ductless glands except the pituitary were normal. The latter was represented by a sparsely-filled sac which histologically showed an excess of eosinophils and a dearth of basophils. The open cranial fossæ were filled with vascular fibrous tissue. The eyes, ears, and circulatory,

respiratory, urogenital and alimentary systems were normal. There was spina bifida and the spinal cord was represented by strands of fibrous tissue and blood vessels.

The above cases show that the lesion is probably genetic in origin. The fetus is too well buffered and too small to be affected by pressure points within the uterus in the cases mentioned, thus eliminating that as a possible cause.

Causes of anencephaly, other than non-closure of the neural tube, have been suggested by many workers. Boyd⁴ says, "The dorsal mid-line of the embryo is a region of particular developmental stress, and, even after the neural tube has been properly formed, local or general weakness of the overlying ectoderm, or of the intervening mesoderm, may result in a thinning out or breaking down of the line of fusion. This form of abnormality may be contributed to by a faulty development of the C.S.F., giving different varieties of myelocoele and spina bifida." The cause is unknown. Stockard (1909)¹⁶ has suggested that chemical changes in the mother's blood in certain diseases may inhibit the primary organizer. Werker (1915)¹⁷ tried the effect of chemical

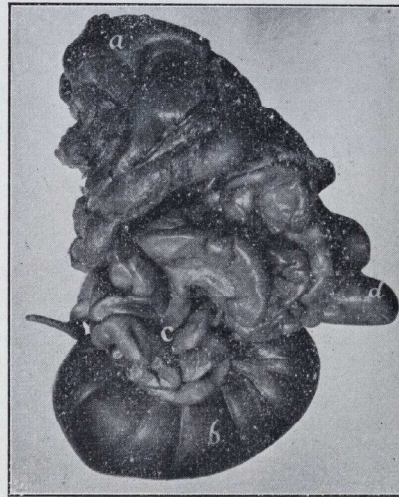


Fig. 4.—STOMACH AND INTESTINES.
Showing torsion of loop of ileum on Mesentery through three complete circles. (a) Stomach. (b) Loop of ileum distended with meconium. (c) Loops of gut twisted on mesenteric pedicle. (d) Pelvic colon.

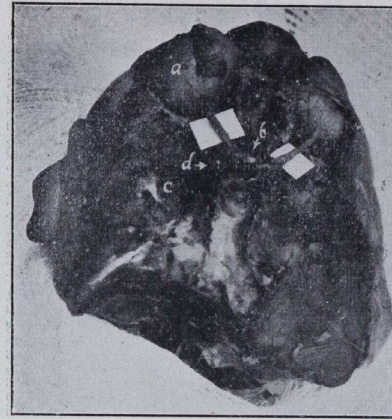


Fig. 5.—VIEW FROM ABOVE OF HEAD OF FŒTUS.

Membrane and part of left petrous temporal bone have been removed. Portions over white squares show well developed optic nerves. Optic tracts peter out to nothing immediately after rudimentary chiasma (b). Well developed middle ear cavity (c) and well developed eyes (a) are also seen. A Gasserian ganglion (d) is present in both middle cranial fossæ.

substances in the blood of diseased persons on the eggs of Fundulus, and found that butyric acid and acetone produce monsters analogous or homologous respectively to those found in human and mammalian fetuses.

Other factors that have been suggested that would modify the environment are—faulty implantation of the ovum, a diseased placenta and X-rays. These might well prevent the normal functioning of the organizer mechanism of the embryo.

Another amazing fact in the case presented is that most of the body is fairly normal in spite of the absence of the pituitary. Why Rathké's pouch should fail to develop is a mystery. There is a divergence of findings concerning the size of the suprarenals in anencephalic fetuses. Gaddi¹⁸ constantly found aplasia of the suprarenals, but Mandruzzatio¹⁹ found actual hyperplasia of the suprarenals in a 48 mm. embryo. No reference has been found to any abnormality of the thymus. It is possible that the volvulus of the ileum in this case was coincidental.

SUMMARY.

A 25 weeks human anencephalic fetus is described. Relevant literature is reviewed and correlation between upset of the primary organizer mechanism and anencephaly and associated abnormalities is attempted. Factors known to and thought to upset the primary organizer are mentioned.

My grateful thanks are due to Mr. Hawkins and Dr. Peacock for their invaluable assistance and advice. I am indebted to Prof. Hamilton, Prof. Cave, and Prof. Murray particularly for their assistance with the literature on this subject, and to Mr. Harrison, of the Dept. of Photography of this hospital, who took the photographs.

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HONOUR TO BART'S MAN

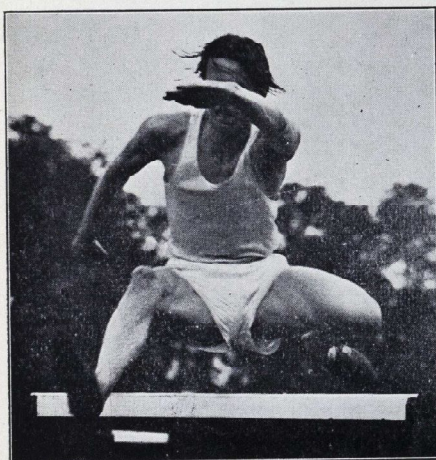
The appointment has recently been announced of Dr. P. S. Selwyn-Clarke, C.M.G., M.C., as Governor and Commander-in-Chief of the Seychelles. For a doctor to be appointed to such a post is unusual, and Dr. Selwyn-Clarke is to be congratulated.

Dr. Selwyn-Clarke qualified from Bart's in 1919 and held the posts of R.M.O. and Assistant Resident Anaesthetist at this Hospital. In addition to his medical career, he has also qualified as a Barrister at Law of Gray's Inn.

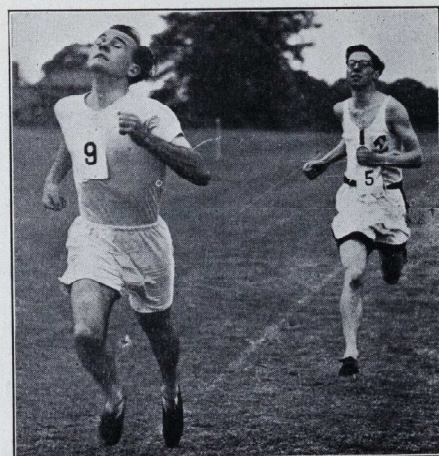
64th ANNUAL SPORTS DAY



220 YARDS DEAD HEAT—D. C. Morgan and E. M. Rosser.



HURDLES—E. M. Rosser.



440 YARDS—I. S. Batey and D. C. Morgan.

CORRESPONDENCE

R.A.M.C. WAR MEMORIAL FUND

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

May I crave a little space in the *JOURNAL* to call attention to the claims of the Royal Army Medical Corps War Memorial Fund?

We do not for one moment wish to put forward any appeal which might run counter to any Hospital War Appeal which you may have in view, but we feel that among your readers there must be many hundreds of *St. Bartholomew's* men who have worked with the army in all parts of the world, as well as in E.M.E. Hospitals, who would be willing to pay a tribute, however small, to their comrades of all ranks in the Royal Army Medical Corps who have fallen on evil times and to the families of those who have paid the Supreme Sacrifice.

Our objects are strictly practical. We are compiling a Roll of Honour which shall lie beside that of the 1914-19 war, but the main bulk of the Fund will be devoted to giving practical help to those who suffered in the 1939-46 war and to giving a better chance in life to the families of those who fell.

The men we are trying to look after are described in the following terms by the Director-General in his appeal for the Fund:

"These are the men who dropped from the clouds with operating tables, lamps, instruments, and all the paraphernalia of modern surgery in North Africa, in Sicily, at Arnhem and the Rhine. Among them were brilliant young surgeons who, surrounded by the enemy and wounded themselves, operated day and night under conditions of unbelievable danger and discomfort, whose work would have been impossible without the help of the non-commissioned officers and men of the Corps.

"These were the men who waded ashore with our Commandos and assault troops, carrying their equipment over their heads in water-tight containers, the teams who did incredible feats of surgery in Japanese prison camps with carpenter's saws, odd bits of thread, old safety razor blades and bent up table spoons, and who nursed their comrades through dysentery, malaria and beri-beri with the skill and tenderness of a trained nurse.

"We think of them, too, in the Western Desert where detachments were sometimes captured and recaptured two or three times, who, none the less, carried on their work unrelentingly, tending friend and foe alike.

"Having regard to these things, we, who have survived, feel that, in the words of our charter, 'To secure the living is the best way of honouring the dead'.

We have already received plenty of evidence that a fund of this kind is a real necessity, and I shall be delighted to send copies of our Appeal Booklet to any of your readers who are willing to help.

Contributions may be sent to me at this address or to the Hon. Treasurer, c/o Messrs. Glyn, Mills & Co., Kirkland House, Whitehall, S.W.1.

Believe me, Sir,

Yours truly,

R. E. BARNESLEY,
Maj.-Gen. (Retd.), Hon. Sec.

R.A.M.C. War Memorial Fund,
38, Hyde Park Gate,
London, S.W. 7.

EMERGENCY CATHETERIZATIONS

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

The interesting letter in your July issue from Alfred Hanau on South African experiences suggests further reference to the problem of the relief of retention of urine in the wilds.

Years ago I remember reading in "Recollections of an Irish doctor," by Lombe Athill about the use of a clean straight straw as a female catheter. In an emergency this would probably serve very well in the absence of any gross obstruction such as an impacted calculus or the rare stricture. It would be well to remember that the sharp or even jagged end of the straw might be protected by covering it with melted candle or with sealing wax, in either case taking care that the lumen was not thereby blocked. By experiment I find that sealing wax is the better. Cleansing rather than sterilisation might be effected by wiping the straw a few times with a pledget of wool or clean cloth soaked in some reliable antiseptic. Even clean oil, vaseline or lard might be sufficient protection in the absence of abrasion. Talking about these fundamental things might I just mention that the time honoured method of establishing the patency of a catheter by blowing through it is still the best.

Yours very truly,

G. GREY TURNER.

Huntercombe Manor,
Nr. Taplow, Bucks.

MISS HAYES

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

The following letter comes from Miss Hayes, who recently retired from the post of Sister Theatres.

Dis. George Ellis and James North have asked me to pass it on to you with a wish that you might find it possible to publish it in the *JOURNAL*.

Yours sincerely,

PETER W. S. GRAY.

St. Bartholomew's Hospital,
London, E.C.1.

To the finest and nicest crowd in the world.

What can I say to you all?

Out of the blue has come your magnificent gift and good wishes. It has made me feel very humble and rather overawed.

I feel so deeply that it is I who am in your debt, and should be returning thanks for the happiest years anyone could possibly have enjoyed.

As I read the list of your names my memory travelled back along the years and I understood the phrase "A heart too full for words."

To include a table lamp in your present was an inspired thought; I always use one, and now when I go to switch off I read its inscribed message and say "Goodnight and God bless you all."

CECILIA K. HAYES.

Marine Cottage,
Roundle Square,
Felpham, Sussex.

June 20th, 1947.

VIEWED IN ANOTHER LIGHT

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

Doctors, thank God, are not yet standardised, and if Dr. Gallop prefers the light behind his patient's back, who am I to say him nay? My own eyesight is not so keen that I can, under those conditions, form any real appreciation of my patient's expression, and I am quite sure I should miss any "slight icteric tinge" altogether. Of course, a visit to the doctor, if he is a stranger, can be an ordeal; but surely it is no small part of our job to see that, after the first minute, the patient does not feel he is talking to a stranger?

Yours faithfully,

W. EDWARDS.

Penlee,

Ashtead, Surrey.
August 1st, 1947.

EUGENICS

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

May I be allowed to make a brief comment on your leading article on "Eugenics" in the July issue of the JOURNAL.

It seems rather a pity that in using the phrase "positive eugenics" and "negative eugenics" the writer did not give credit to the man who coined them or complete the idea of their author. In 1909 Dr. C. W. Saleeby in his "Parenthood and Race Culture" (Cassell) used the phrases with Galton's approval, and later in his "Progress of Eugenics" (Cassell, 1914) set out the field of eugenics. He outlined a Primary or Natural eugenics and a Secondary or Nurtural eugenics. Primary eugenics he divided into positive eugenics, negative eugenics and preventive eugenics, while he conceived Secondary eugenics as beginning with the care of expectant motherhood and extending to education for parenthood. While your writer dealt fairly fully with positive and negative eugenics he omitted any mention at all of preventive eugenics, which Dr. Saleeby defined as the protection of parenthood from the racial poisons—surely worth noting in an article on eugenics.

I am, however, glad to see that the writer in his last five lines did mention one of the greatest dysgenic agencies of all time—war, and perhaps I may be

THE GOLFING SOCIETY

The Spring Meeting of the St. Bartholomew's Hospital Golfing Society was held in good weather at Ashridge Golf Club on July 16th, 1947. The thirty-four members of the society who attended enjoyed the afternoon golf and the excellent supper which followed.

The winner of the Gordon-Watson Cup was Dr. R. Finlayson, with a score of two holes up on bogey. The foursomes after tea were won jointly by Dr. G. Graham and Dr. A. L. Frazer, and by Dr. M. B. McLroy and Dr. H. M. Giles.

At the conclusion of the Meeting, Sir Charles Gordon-Watson intimated that he wished to

allowed to draw the attention of those interested to a little book "The Human Harvest," published in 1907 by Dr. David Starr Jordan, for 22 years president of Stanford University, California. Written well before the first world conflict it shows in no uncertain manner how wars take their toll of the best and how *Vir* gives place to *Homo*.

Yours faithfully,

NORMAN K. HARRISON.

Department of Medical Photography,
St. Bartholomew's Hospital, E.C.1.

BEYOND MEDICINE

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

I would like to express my very cordial appreciation of the leading article in the August issue of the JOURNAL. It is a point of view which has long needed to be stressed. One feels that today there is a need to remember that man is not only body and mind but also spirit.

I recall Sir Francis Fraser, one-time Professor of Medicine at Bart's saying a few years ago that the modern medical man needed to assume increasingly the rôle of "Father Confessor" to his patients. It is reported that once when Sir James Paget was engaged on a round of visits, he arrived at a house to find the parish priest at the patient's bedside. On seeing the eminent surgeon enter, the priest made to go, but Sir James said he would go as the priest would do the patient as much good.

The world today is spiritually sick, and is in sore need of spiritually-minded medical men to minister to its pathological state. After all, our ancient and honourable hospital was founded upon religious principles by Rahere.

As one now engaged in reading for the D.P.M. and engrossed in psychiatric work, I am more and more convinced that so much mental trauma has a definite spiritual foundation in the lack of religious training which situation needs to be remedied. As my revered teacher E. B. Strauss taught me: "Psychological medicine" is "the other half of medicine itself." If that is so, as I know it is, it behoves us all to look to our moral and spiritual armoury of therapeutic weapons.

I am, Yours, etc.,

J. B. GURNEY SMITH.

Banstead Hospital for
Mental Diseases,
Sutton, Surrey.

resign the office of President of the Society. This announcement was received with regret, and Sir Charles was warmly thanked for his long and active interest in the Society.

Dr. George Graham was unanimously elected President, and Mr. R. S. Corbett, Hon. Treasurer. Dr. H. V. Morgan was appointed Junior Secretary.

It is hoped to hold an Autumn Meeting on Wednesday, September 17th, 1947, at a Golf Course south of the river Thames. Members will receive the usual invitation when details have been arranged.

ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD

The Thirty-sixth Annual General Meeting of St. Bartholomew's Hospital Women's Guild was held in the Great Hall on Thursday, June 12th, 1947, at 3 p.m. The Lady Ismay was in the chair, and there were seventy members present. Among these were Miss Nora Armstrong, Lady Ball, Mrs. Ronald Bodley-Scott, Maria Lady Bowlby, Miss Carpenter, The Hon. Mrs. E. R. Cullinan, Miss Helen Dey (Matron), Mrs. Geoffrey Evans, Mrs. Franklin, Mrs. Chas. Harris, The Lady Horder, Mrs. Geoffrey Keynes, Iris Lady Lawrence, Mrs. Noel Layton, M.B.E., The Lady Mancroft, Mrs. Guest, Mathews, Mrs. Paget, Mrs. Paget-Cooke, Mrs. Paterson Ross, Mrs. Spence, Lady Turnbull and Mrs. Alexander Werth.

Lady Ismay opened the proceedings by expressing her pleasure in seeing so many members assembled once again in the Great Hall, which they had not visited since before the war, and her gratitude to the Treasurer and Governors for their permission to hold their meeting there.

Lady Ismay reported that during 1946 all their new ventures had done well, namely, the Trolley Service in the wards, the Library Service, including reading to little patients in the

Children's Ward, and the Work Parties which are all turning out an immense amount of work. The need for Personal Service is still urgently felt, however, and new members are wanted.

At the conclusion of the official business of the meeting, Mrs. Sinclair addressed the members on the subject of "A Day in the Life of a Lady Amoner." She pointed out how members of the Women's Guild can help by providing transport for patients to and from the Hospital, visiting them in their homes, taking magazines, etc., and expressed a hope that a liaison might be formed between the Almoner's Department and the Women's Guild.

The Hon. Mrs. E. R. Cullinan proposed a vote of thanks to Mrs. Sinclair, which was seconded by Mrs. Guest Mathews. In closing the meeting, Lady Ismay thanked Mrs. Sinclair for her address, which had been a real inspiration to the Guild, and felt assured of practical results.

After the meeting tea was provided by members of the Women's Guild in Waring Ward.

The Hon. Assistant Secretary, Mrs. Habart, 6, Eastside Road, N.W.11, will be glad to have the names of new members and volunteers for Personal Service.

SPORT

ATHLETICS

64th ANNUAL SPORTS DAY

The 64th Annual Sports were held at Chislehurst on Saturday, June 14th.

Rain has been a regular feature of Sports Day for many years, and this year proved to be no exception. Rain started falling just before lunch and it stopped soon after the presentation of prizes. Although it prevented some of the less hardy of us reaching Chislehurst, it was good to see such a crowd of spectators present, in spite of the incessant rain. Oh, if only there were a roof on the grandstand!!

It is indeed a bad reflection on a hospital of this size that there were more competitors in the Ladies' Events than in any of the Mens'.

E. M. Rosser, who has done the 120 Hurdles in 16.5 secs. (the Bart's record) this season while running for the University, was unable to equal this time under such conditions, but he won the event comfortably. In the 100 yards he beat D. C. Morgan by inches to equal the record of 10.2 secs. In the 220 yards Morgan and Rosser tied for the first place after a thrilling struggle up to the straight.

In the Quarter, J. S. Batey passed Morgan a few yards from the post to win in 55 secs.

J. A. Menon, who won the Three Miles on the previous Saturday, was beaten by J. I. Burn in the 880 yards Handicap and Mile. The latter has been doing very well this season over these distances.

In the field events, Khurshid, who pulled a muscle in the match against London Hospital and St.

Thomas' Hospital on the preceding Wednesday, won the Discus and Weight. A. Dosseter won the Javelin and Long Jump. E. M. Rosser won the High Jump and 120 yards Handicap.

The Preclinicals again won the Relay, and the Country Gentlemen won the Tug-o'-War.

N. E. Winstone ran a very good race to finish 1st, 2nd and 3rd in the Housemen's Hundred, in which he equalled the record time of 10.1 secs. set up by A. E. Fyfe last year.

The Matron, Miss Helen Dey, kindly came down to present the prizes. We feel sure that those of us who braved the elements will long remember those few well-chosen words which she delivered in her own inimitable way, and which brought a rather wet but nevertheless enjoyable afternoon to a close.

To her and all the other members of the Staff (especially our President, Mr. Stallard, who turned out despite a recent operation) and others who so generously gave of their time and talent on such an uninviting afternoon we offer our most grateful thanks. It is upon their continued interest and assistance that the success of the Sports so largely depends.

The Sports were followed by a very enjoyable evening in the Pavilion, during which those who were not thirsty danced to the music of Lindsay and his Boys, and to a radiogram very kindly lent by a member of the Middlesex Hospital. Mr. Mulligan was the M.C.

Finally, we should like to thank Mr. White for the way in which the ground was laid out, and Mrs. White for the way in which she dealt with the catering; also, we should like to thank two of our Lady Companions who came down in the morning to clean the cups, arrange the prizes and sell the programmes.

Photographs of the Sports may be seen on page 115.

RESULTS.

100 YARDS.—1st, E. M. Rosser; 2nd, D. C. Morgan; 3rd, N. E. Winstone. 10.2 secs.

120 YARDS HANDICAP.—1st, E. M. Rosser (Scr.); 2nd, G. E. Clulow; 3rd, D. C. James.

220 YARDS.—1st, D. C. Morgan and E. M. Rosser; 3rd, I. S. Batey. 25.5 secs.

440 YARDS.—1st, I. S. Batey; 2nd, D. C. Morgan; 3rd, G. E. Clulow. 55 secs.

880 YARDS HANDICAP.—1st, J. I. Burn (Scr.); 2nd, J. A. Menon (8 yds.); 3rd, M. E. Glanvill (20 yds.).

MILE.—1st, J. I. Burn; 2nd, J. A. Menon; 3rd, M. E. Glanvill. 4 min. 52 secs.

THREE MILES.—1st, J. A. Menon; 2nd, J. I. Burn; 3rd, M. E. Glanvill. 15 min. 29 secs.

120 YARDS HURDLES.—1st, E. M. Rosser; 2nd, J. L. M. Corbett. 16.8 secs.

JAVELIN.—1st, A. Dosseter; 2nd, P. D. Matthews; 3rd, H. A. Evans. 118 ft.

WEIGHT.—1st, M. N. Khurshid; 2nd, B. H. du Heaume; 3rd, H. A. Evans.

DISCUS.—1st, M. N. Khurshid; 2nd, J. Nielsen; 3rd, N. E. Winstone.

LONG JUMP.—1st, A. Dosseter; 2nd, M. N. Khurshid; 3rd, J. L. M. Corbet.

HIGH JUMP.—1st, E. M. Rosser; 2nd, A. John; 3rd, J. L. M. Corbet. 4 ft. 11 ins.

HOUSEMEN'S 100.—1st, N. E. Winstone. 10.1 secs.

INVITATION 440.—1st, J. Bryce (R.A.F.); 2nd, A. Gilchrist (Middlesex Hospital). 36 secs.

RELAY.—1st, Preclinical; 2nd, Clinicals.

TUG-O-WAR.—1st, Country Gentlemen.

D. C. M.

INTER HOSPITAL SPORTS

Bart's, weakened by the loss of Corbet (who was astonishing the Ostrich on the night of the heats) and Wilkinson who had taken up residence in a Hill End Ward, went into the tussle in fine spirits.

The heats were held on Tuesday, June 17th at Motspur Park.

The finals on the Saturday, found us with D. C. Morgan and Rosser in the 100 Yards, Batey in the

220 Yards, Morgan in the 440 Yards, Burn in the Mile, Glanvill and Menon in the Three Miles, Rosser in the 120 Yards Hurdles and High Jump, Khurshid in the Discus and Nielsen in the Pole Vault.

The best race of the afternoon was the Three Miles, when Menon, Gilchrist (*Middlesex*) and Rider-Richardson (*London*) took the lead from the start and ran together until the 10th lap, when Menon and Rider-Richardson left Gilchrist behind. Menon, who had run in second place for the whole race, took the lead on entering the straight at the start of the last lap—this lead he managed to keep and he won by about three yards. This last lap appeared to be as fast as the quarter, and it kept spectators in the stand cheering from start to finish. It was an excellent demonstration of track tactics, for Menon kept his opponent on the outside all the way around. It was a finish that will long be remembered by all who saw it.

In the 120 Hurdles Rosser was beaten by inches by Beatson of Mary's.

Burn led until the last bend in the Mile and was unlucky to have to finish third.

In Nielsen we feel sure that we have a future A.A.A. champion. He took third place in the Pole Vault, although he insisted in trying to take the pole over the bar with him.

Rosser finished 4th in the High Jump, Batey 5th in the 220, Morgan (who injured his knee in the 440 Hurdles) 6th in the 440 Yards and Khurshid 4th in the Discus.

In the Relay, Bart's finished 3rd. The team was Batey (220), Rosser (220), Morgan (440) and Burn (880).

The final positions were: 1st, Guy's; 2nd, London; 3rd, Middlesex; 4th, Bart's; 5th, St. Mary's; 6th, St. Thomas and U.C.H.; 8th, K.C.H.

COLOURS

The following have been awarded their Honours Colours:

J. A. Menon.
D. C. Morgan.
E. M. Rosser.

THE ATHLETIC CLUB DANCE

The Athletic Club Dance will be held at the Porchester Hall on Tuesday, November 28th, 1947.

Tickets (4s. single, 7s. 6d. double) from the Hon. Secretary.

BOOKS RECEIVED

(Inclusion of a book in this list does not preclude later review.)

STUDIES OF THE RENAL CIRCULATION, by J. Trueta, K. J. Franklin, P. M. Daniel and M. M. L. Pritchard. Pp. 187+. Blackwell, Oxford, 1947. Price 25s.

DYING, APPARENT-DEATH and RESUSCITATION, by S. Jellinek. Pp. 263+. Baillière, Tindall & Cox, London, 1947. Price 10s. 6d.

A GUIDE TO ANATOMY, by E. D. Ewart. Pp. 318+. Sixth edition. Lewis, London, 1947.

AIDS TO PRACTICAL NURSING, by M. Houghton. Pp. 364+. Fifth edition. Baillière, Tindall & Cox, London, 1947.

A GENERAL COURSE IN HYGIENE, by A. F. Ikin and G. E. Oates. Pp. 404+. Third edition. University Tutorial Press, London, 1947.

BIOCHEMISTRY FOR MEDICAL STUDENTS, by W. V. Thorpe. Pp. 496+. Fourth edition. J. & A. Churchill, London, 1947.

EXAMINATION RESULTS
UNIVERSITY OF OXFORD

2nd B.M. EXAMINATION

Trinity Term, 1947.

Medicine, Surgery and Midwifery
Lloyd, H. M.

UNIVERSITY OF CAMBRIDGE
FINAL M.B. EXAMINATION

Easter Term, 1947.

Part I. Surgery, Midwifery and Gynaecology

Daly, M. de B.	McGee, L. E.	Stallybrass, F. C.
Hodgson, O. E. F.	Odlum, H. R.	Stoddart, I. W.
McDonald, J. A.	Peebles, I. C.	Tutton, J. A.
		Stanley Smith, G.

Part II. Principles and Practice of Physics, Pathology and Pharmacology

Bracewell, G. A.	Freeman, A. G.	Stallybrass, F. C.
Brown, R. W.	Grandage, C. L.	Stoddart, I. W.
Buchanan, J. H. S.	Longmuir, I. S.	Treharne, P. G.
Cornford, H. W.	McGee, I. E.	Tutton, J. A.
Daly, M. de B.	Moffat, J. L.	Wand, L. G. R.
Edmond, M. C.	Richards, D. H.	

CONJOINT BOARD

PRE-MEDICAL EXAMINATION

June, 1947.

Chemistry

Ryan, H. S. S.	Stathers, D. N.	
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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.	

Anatomy

Parker, R. B.	Rosser, E. M.	Wallace, J. R. C.
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FIRST EXAMINATION

June, 1947.

Physiology

McAdam, B. N.	Parker, R. B.	
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Pharmacology

Buri, R.	Dibb, F. R. F.	Gai, P. N.	Jenkins, A. V.
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FINAL EXAMINATION

July, 1947

Pathology

Amos, J. A. S.	Dower, G. E.	March, N. C.	Taylor, G. B.
Clifford, W. E.	Hindle, J. F.	Mead, J. H.	Weller, M. A.
Daniel, W. R.	Lawrence, N.	Osmont, R. L.	Yauner, H. D.
Dibb, F. R. F.	McIntyre, J. W. R.	Rees, E. G.	Young, R.

Medicine

Blackman, J. H.	Mehta, M. D.	Tucker, D. K.
Daniel, W. R.	Treharne, P. G.	

Surgery

Adams, K. J.	Hill, P. G.	Osmont, R. L.	Smallwood, R. I. L.
Colley, R. O. N. G.	Jones-Morgan, C.	Pine, R. S.	Thomas, D. P. P.
Griffiths, E. R.	Odlum, H. R.	Powell, F. J.	Ussher, C. W. J.

Midwifery

Bendas, J.	Clifford, W. E.	Hearn, C. E. D.	Newman, W. T.
Bennett, G. R.	Drake, P. H.	Holtby, M. C.	Osmont, R. L.
Blackman, J. H.	du Heaume, B. H.	Jones-Morgan, C.	Popert, A. V.
Boxer, E. I.	Felix-Davies, D. D.	Lowett, J. H. G.	Read, P. A.
Bradfield, G. P.	Friedman, D. E. I.	Lindon, J. L.	Sacks, D.
Butcher, P. J. A.	Glanvill, M. E.	Monkton, J.	Tucker, D. K.
Chapman, P. J. C.	Griffith, R. H.	Morgan, D. J. R.	Vazifdar, J. S.
			Venn, P. H.

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

Blackman, J. H.	Bradfield, G. P.	Daniel, W. R.	Mehta, M. D.
Boxer, E. I.	Colley, R. O. N. G.	Griffith, R. H.	Pine, R. S.
			Treharne, P. G.

ROYAL COLLEGE OF SURGEONS

Subject to the approval of the Council of the R.C.S. at a meeting held on 12th June, 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, Richard E.
Melville, R. P.	

THE JOURNAL

The Office of Sports Editor has been filled by Mr. H. A. Evans, to whom all communications concerned with sport should be addressed.

Contributions for the October JOURNAL should reach the Editor not later than September 10th.

ANNOUNCEMENTS

RUGBY CLUB DANCE

The 1947/48 season commences with a home match at Chislehurst against the Saracens on September 20th. After the match there will be a dance in the pavilion, to which all are welcome.

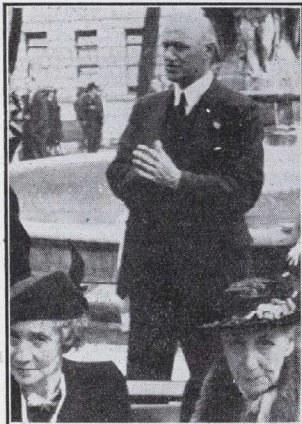
The Club would be very grateful for any support on the touch-line during the game. Details of the dance will be posted in the Abernethian Room.

BIRTH

HARRISON.—On August 7th, 1947, at King's Lynn, to Mary (née Bowen), wife of John O. Harrison, F.R.C.S., a daughter.

DEATH

We announce with regret the sudden death of Dr. HUGH BOYDEN on July 1st, 1947, in Paris.



"and some fell upon stony ground..."

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ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

Vol. LI

OCTOBER 1st, 1947.

No. 8

HOME AND HOSPITAL

ONE of the less academic but nevertheless fundamental attributes of the good doctor is a deep and vital interest in human nature and in man's way of life. Disease so often bears relationship to environment, whether at work or at home that the student who spends his days in the cloistered and unnatural atmosphere of the hospital is missing much that will be invaluable to him later on if he has no opportunity to see for himself, during training years, the sort of life his patients lead. Moreover, if he allows himself while studying to fall easily into the laboratory frame of mind which sums up a man in terms of Haemoglobin percentages and Blood Ureas, he will find himself greatly at a loss when he is left to deal with patients on his own account, and without the technical backing of the hospital. Only by studying his patient in relation to his life as a whole can the student learn with what sort of man he is dealing.

As Dr. John Rickman has recently pointed out, Smith, number sixteen in Stanmore Ward, is but distantly related to John Smith, Esq., of Woking and the City Insurance Office. In hospital, he has entered a life totally strange, to which he feels slightly hostile, and he is definitely on the defensive. He is not prepared to gossip of his private affairs, for, he says, what concern are they of the doctors, who are already far too inquisitive? Indeed, his general practitioner is far better placed than the hospital staff in this respect, for he has watched him grow from birth, knows the mental as well as the physical man, the past as well as the present environmental factors influencing his character, and more of his family life than ever a hospital doctor could extract.

For it is in the nature of things that the staff of a hospital should have no time for such

matters. But the student often has moments when a talk with his patient on other than purely medical subjects will have great advantages. First, he may get to know more about the views and philosophy of his patient, for such determine the mental reaction to disease, and once known, will help to prognosticate further progress. Second, he will learn to assess character, a faculty which once acquired will be of incalculable value in his work as a general practitioner, and indeed in whatever branch of clinical medicine he may take up. And finally, he will learn how to obtain a clear picture of his patient's life as a whole, which should always enter into the consideration of a diseased man.

Perhaps the richest ground in the hospital for observing the human race in all its aspects is the Outpatient Department, where Smithfield meat porters mingle with solicitors' clerks, and typists sit waiting next to charwomen. Here the public is seen before hospital influence can do much to modify it, and the observer of human nature may find much for note and thought. Why is it that one patient comes in, dressed smartly, almost too smartly, and is painfully anxious to help, giving all his theories and minute observations to aid diagnosis, while another sits humped in a chair with a look on his face as though the substance of his brain were too turgid to allow the egress of any but the most elemental thoughts? The influences concerned in the development of these people are of great importance and interest, and are worthy of most careful study.

But a man is not seen as a whole unless his home is known, and to the medical student this is at present impossible in all except district maternity cases. Those who have been on district know how interesting and revealing

their visits are, and were it possible to extend this practice to the convalescent visiting of general medical and surgical patients, what benefits would result. Most of those at present undergoing training in this hospital will eventually become general practitioners, where the main part of their work will be done in the homes of their patients. In the practice of home visiting there is much to be learnt, for ingenuity and improvisation will count for much more than in the hospital, and much will have to be done which would cause horror in the ward. There also, ability to deal with people will tell, for in the hospital the advantage is always with the doctor, whereas in the home, the patient is on his own ground. But, above all, a man is judged by the way he lives and by the things he really values, and these

Rickman, J., "Psychology in Medical Education," *Brit. Med. J.*, 1947, II, 363.

TWO CASES OF RING STRICTURE OF THE TERMINAL ILEUM DUE TO REGIONAL ILEITIS

By G. J. HADFIELD

THE pathological lesion common to all cases of regional ileitis is lymphoid hyperplasia affecting the sub-mucous coat of a variable length of the small intestine. This is accompanied by lymphoedema and gives rise to a considerable localised thickening of the bowel wall. In the large majority of instances this lesion is found in the terminal ileum, most commonly within 60 cms. of the ileo-cæcal valve. It produces a tubular or a ring stricture accompanied by signs of chronic intestinal obstruction. It is almost invariably associated with secondary ulceration of the mucous membrane overlying the thickened mucosa, but the extent and depth of ulceration varies within wide limits. It is often complicated by perforation which takes place slowly enough to allow firm adhesion between the affected length of ileum and neighbouring coils of bowel. Following perforation multiple localised abscesses are found lying between adjacent coils of adherent bowel. The ulceration produces symptoms resembling those of colitis. Perforation is responsible for the production of a palpable and usually tender mass lying in the right iliac fossa.

The following are the more common presenting signs and symptoms of the disease. They may occur singly or in combination:—

1. *Abdominal Pain.* This may be diffuse and colicky or localised to the epigastrium and right iliac fossa.
2. *A Palpable Mass* in the right iliac fossa.

can only be discovered by seeing him in his background, and by deciding from that and from his talk what things are prominent in his mind.

One of the greatest attractions of Medicine as a career is that it involves constant discovery. In all of us there is something of the detective, and some of the inquisitiveness of uninhibited youth. These characteristics, developed into scientific curiosity and intellectual questionings, and tempered by that innate kindness which humanises the soul, go to make the good doctor. It is for the student to seek, by constant enquiry, so to know his fellow man that, as he grows older and more mature, he may develop some measure of those kindly virtues which have been shown so well by the most distinguished of our profession.

3. *Loss of Weight* often combined with 4 and 5.
4. *Change in Bowel Habit*, either diarrhoea or constipation or symptoms suggesting colitis—blood and mucus in the stools.
5. *Anorexia, Nausea and Vomiting.*

The onset may be gradual, as in the first case reported in this paper, or sudden, resembling an appendix abscess, as in the second.

A considerable number of cases are diagnosed as appendix abscess. Abdominal fistulae very frequently follow exploration and drainage.

CASE 1.

This patient, a man of 27 employed as a sorter in the General Post Office, was admitted for colicky pain in the right groin and lower abdomen. The pain started insidiously as an ache in the region of the umbilicus a month before admission. There was no history of vomiting or change in bowel habit but he had lost one stone in weight over the two months before admission. A fortnight before admission a deep-seated mass was felt in the right iliac fossa which became tender a week before admission.

Examination revealed a healthy man with no discoverable abnormality in the chest, a normal blood pressure and a normal leucocyte count. The abdomen moved normally with respiration. There was visible fullness in the right iliac fossa and a tender, oval, easily palpable mass, approximately 3 inches by 2

inches, immobile on respiration and not fixed to deep structures, was felt there. No other abnormality was discoverable on abdominal examination. Biochemical examination of the blood revealed nothing abnormal.

Abdominal exploration by an incision over the mass was carried out by Mr. S. H. C. Clarke. A closely coiled mass of small intestine, almost entirely enclosed in adherent omentum, was found. The mesentery was thickened by oedema and contained many small firm pinkish glands.

The last eight inches of the ileum and the lower third of the ascending colon were removed and a side-to-side anastomosis between the ileum and colon performed.

Convalescence was uneventful and the patient now, two months later, is well and symptom-free.

PATHOLOGICAL REPORT

The specimen consists of a segment of small bowel, 17 cms. long. At approximately its mid-point there is a marked stenosis and at the same point an irregular ulceration of the mucosa approximately 3.0 x 2.0 cms. This ulcer shows some slight surface exudate and very early hyperplasia of the mucosa at some points (early cobble stone effect). The muscle wall adjacent shows some thickening by scar tissue which extends for a short distance into the mesentery. The muscle shows an hypertrophy but the bowel above the stricture is not grossly dilated. The mucous membrane everywhere is oedematous and at one extreme end of the specimen there is a second similar ulceration without stenosis. The peritoneum over the ulcerated areas shows a nodular granulomatous thickening enclosing a number of small abscess cavities.

No enlarged lymph nodes are present.

Sections show ulceration of the mucosa and very great thickening of the sub-mucosal layer. The latter shows the presence of numerous lymphoid aggregations and some increase in fibrous tissue. In places collections of polymorphonuclear leucocytes can be seen extending down from the ulcerated area. In other parts collections of epithelioid cells are present in addition to foreign-body giant cells, but there is no caseation.

Ziehl-Neelsen film shows no tubercle bacilli to be present.

Conclusion: The histological appearances are consistent with a diagnosis of regional ileitis.

An emulsion of a gland from the mesentery injected into a guinea pig gave a negative result to T.B.

CASE 2.

The patient, a man aged 39 employed as a tailor, gave a history of bouts of "colitis" of several years' duration, characterised by diffuse colicky abdominal pain and diarrhoea with blood and mucus in his stools. He had been admitted one month before with acute abdominal pain and a mass in the right iliac fossa extending into the pelvis, together with diffuse rectal tenderness and oedema of the mucous membrane on the right side, and a leucocytosis of 14,200 per cu.mm.

The mass, diagnosed as an appendix abscess, was drained and the patient discharged to out-patients for daily dressings, as a small stitchline abscess, half-an-inch long, in the line of the pelvic drain, persisted. The white cell count was normal and there were no rectal signs.

Ten days after discharge, he developed diffuse lower abdominal pain and fever, together with a discharge of thick light yellow pus from the old sinus.

He was re-admitted and the track explored. It admitted a probe to three inches and passed downwards and slightly to the right. A drain was inserted along the line of the track.

The white blood count was then 12,000 per cu.mm. and bacteriological examination of the pus was negative for actinomycosis; coliforms and micro-erophilic streptococci were grown.

Symptoms subsided under a two week's course of Sulphathiazole, but after that he still had some evening pyrexia although the sinus had quite healed. The white blood count was 11,000 per cu.mm.

It was thought that some condition of the appendix remnant might account for these symptoms so the abdomen was opened through the old abdominal scar, excising the abscess track, which was half an inch in length and entirely subcutaneous, at the same time.

There was only a fibrous tag remaining at the appendix site. A loop of terminal ileum was found adherent to the wall of the caecum. This was dissected off and a small abscess cavity which contained thick white pus lay between them. On culture the pus proved to be sterile.

Eight inches from the ileo-cæcal valve there was a nodule on the bowel wall opposite to the mesenteric side, hard in consistency, circular, and measuring one inch in diameter. A localised ring stricture, one-quarter of an inch thick, was palpable in the bowel wall below this lump. (See Fig.) There were no glands palpable in the mesentery. A local resection was performed



Portion of the resected bowel from Case 2 showing the ring stricture.

and the ends joined by an end-to-end anastomosis.

Convalescence was uneventful and he was discharged on the fifteenth day after operation. The scar had completely healed without sinus formation and his colitis symptoms have not since recurred. His white blood count was 9,000 per cu.mm.

PATHOLOGICAL REPORT

The specimen consists of approximately 20 cms. of ileum, caecum, 15 cms. of ascending colon and attached mesentery. The caecum and adjacent ileum show gross thickening of the wall mainly affecting the mucosa, which shows occasional sessile hyperplastic nodules and irregular ulcerations over an area of approximately 4 cms. The serosa and mesenteric fat are grossly thickened and contain occasional lymph nodes. The latter are enlarged up to 2 cms. in diameter, and show a mottled pink and white cut surface.

Section of bowel wall shows superficial ulceration and great thickening of the submucosal layer. The subserosa shows collections of lymphocytes and endothelial cells with an occasional giant cell. There is no evidence of caseation and the Ziehl-Neelsen film shows no tubercle bacilli.

Section of lymph gland shows sinus catarrh and one small collection of endothelial cells.

The histological appearances are those of Crohn's disease.

Emulsion of a gland injected into a guinea pig gave a negative result to T.B.

I am grateful to Mr. J. Basil Hume for his kindness in granting me permission to publish these cases, and to Dr. G. J. Cunningham for the pathological reports.

PSYCHOPATH PURSUED

A Student sat upon the floor,
In highest dudgeon he.
He bit his nails, clawed his hair
And said, "O woe is me."

They said, "Dear Sir, get up at once,
This is undignified."
"Tormented by an angel fair,"
He wildly replied.

They said, "Young man, your manner's odd.
We think you are insane."
He rolled his eyes, and shook his head
And said, "I've wept in vain."

And so they came and took him off,
All in a big black van:
But ere they reached the mental home
He left the van and ran.

He fled, and found the very thing—
A lofty old church steeple:
And up he climbed, and down he jumped,
And fell among the people.

They heard his final, parting words
(He fell upon his head),
"O tiresome girl! She will insist
That Bonaparte is dead."

J. McO.

ELIZABETH BLACKWELL AND BART'S HOSPITAL

By JOHN L. THORNTON, *Librarian*

THIS year has seen the entry of women students into Bart's, and it appears appropriate to remember that this is not the first occasion on which women have studied here, although on the former occasion the lady already held a medical qualification. Some details of her career might prove of interest, additional material being available in her fascinating autobiography,¹ and in the popularly written biography by Rachel Baker,² both of these being available in the Library.

Elizabeth Blackwell was born on February 3rd, 1821, at Counterslip, Bristol, the third daughter in a family of nine brothers and sisters. In 1832 the family emigrated to New York, sailing from Bristol in the merchant ship "Cosmo," which took about seven weeks to reach its destination. A few years later the family moved to Ohio, shortly after which the father died, leaving a widow with nine children unprovided for. Some of the elder ones went out to work, and in 1842 Elizabeth was taking private pupils. She later took charge of a girls' school in Kentucky, but about 1845 a woman friend suggested she should study medicine. Elizabeth gave the matter much thought, and wrote to several physicians known to the family. Their replies would have discouraged any but Elizabeth Blackwell, who resumed teaching to save the money needed to take a course in medicine. In 1847 she went to Philadelphia and tried to enter the four medical schools there, but without success. It was suggested that she should go to Paris, or adopt male attire, but she persevered, writing to the medical schools of New York, and to twelve of the smaller schools. Finally she was accepted by the Geneva University Medical College, New York State, her experiences there as described in her autobiography making interesting reading.

Elizabeth Blackwell spent a summer studying in Blockley Almshouses, Philadelphia, and on Tuesday, January 23rd, 1849, she received the diploma of M.D. from Geneva University. She now decided to visit Europe, calling at the Queen's Hospital and the General Hospital, Birmingham, before coming to London. Here she toured the Hunterian Museum with Richard Owen, and John Flint South showed her round St. Thomas's Hospital, before she proceeded to Paris. She possessed an introduction to Louis, who visited her, giving her a letter of introduction to La Maternité, which

she entered. There she endured strict imprisonment, menial services, poor food and monastic conditions for six months, and her eye became infected with purulent ophthalmia. As a result of this misfortune she lost the sight of one eye, and was forced to abandon the idea of specialising in surgery.

Meanwhile her cousin, Mr. J. Kenyon Blackwell, had been making enquiries for her regarding possibilities of study in London. He reported Dr. Sharpey (University College), and Mr. South (Guy's and St. Thomas's), sympathetic, and Mr. James Paget (Bart's), quite enthusiastic about the idea. Elizabeth Blackwell³ later wrote: "I received an 'unlimited' card of admission; and, during the year and a half that I daily walked the hospital, spending the chief part of each day in the wards, I found doctors, students and nurses constantly and invariably friendly and helpful." Strangely enough, only the department of gynecology was closed to her, but she specially mentions the consideration of Drs. Clement Huc, George Leith Rouppel, George Burrows, and William Senhouse Kirkes; of Surgeons William Lawrence, Edward Stanley, and Eusebius Arthur Lloyd; also Paget's "admirable lectures on pathology." Lady Paget wrote on October 17th, 1850:⁴ "Well, we have our 'Lady Doctor' here at last, and she has actually attended two of Sir James's lectures, taking her seat with perfect composure. The young men have behaved extremely well, and she really appears likely to go on her way quite unmolested. She breakfasted here one morning with several of our students, and last evening we had a few medical friends to dinner, and she joined us in the evening. Her manners are quiet, and it is evident her motives for the pursuit of so strange a vocation are pure and good. So let us hope she will become useful in her generation." Sir Norman Moore⁵ has printed an extract from the Journals of the Hospital for July 8th, 1851, which reads: "Miss Elizabeth Blackwell had been admitted a student by the House Committee of May, 1850. The result of this permission was reported to have been satisfactory. Miss Blackwell called, before returning to America, to express her thanks for the permission generously granted her, and for the kindness shown to her by every individual at St. Bartholomew's Hospital."

Florence Nightingale, then a young lady, frequently visited Elizabeth Blackwell, becom-

ing a close friend. In July, 1851, Elizabeth returned to America, and during the first seven years encountered many difficulties, with no practice and no appointments. She was advised to open a dispensary, which became popular, and in 1856 her sister Emily joined her, together with Maria E. Zackrzewska. In 1857 the New York Infirmary for Women and Children was opened.

In 1858 Elizabeth Blackwell revisited England to investigate possibilities for women to enter medicine, and she lectured at the Marylebone Literary Institution. Her name was entered on the Medical Register of January 1st, 1859, "the first fully qualified lady registered as medical practitioner in England."⁶

In 1869, having accomplished much in the way of improving facilities for the education of women for medicine, Elizabeth Blackwell came to England to work in a similar capacity. When the London School of Medicine for Women was established she accepted the Chair of Gynaecology, but shortly afterwards ill-health compelled her to give up residence in London. Elizabeth Blackwell died at Hastings on May 31st, 1910, in her ninetieth year, and was buried in the hamlet of Kilmun, Argyll.

It has been stated that there has been "no period in the world's history without women-

doctors,"⁷ and several women have become prominent members of the medical profession. With the introduction of the necessity for degrees and diplomas, however, women were forced out of practice, except as midwives. Their emancipation has been a slow, laborious process, and the pioneers suffered considerably in attaining treatment on equal terms with men. It was the courage of these pioneers that overcame existing barriers, ensuring the success of the initial experiments. Almost one hundred years ago this Hospital opened its doors to a woman student, and the modern acceptance of equal facilities for both sexes suggests that the best teaching should be made available to all.

Elizabeth Blackwell herself ensured the success of the initial experiment by her forceful character, her acceptance of conditions without expectation of favours, and by the success of her later activities. Women choosing medicine as a career do so fully appreciating the trials and tribulations necessitated by the examination system, and their aim is to qualify at the earliest opportunity. We hope that their influence within this Hospital, heretofore wielded almost exclusively by the male, will enhance its premier position among similar institutions.

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- Blackwell, Elizabeth. A reminiscence of forty years ago. *St. Bart's Hosp. J.*, 1, 1893-4, pp. 191-2.
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ABERNETHIAN SOCIETY

REPORT ON 151st. SESSION 1946-1947

JUDGED by the numbers who attended meetings there has been an increase in interest in the activities of the Society during the last year. In part this may be due to the return of the pre-clinicals to Charterhouse Square, but only too often the numbers attending from this quarter have been piteously small, although nearly half of the students at Bart.'s are pre-clinicals. The Committee try to arrange as many addresses by non-clinicians as by clinicians, and only rarely are there meetings which are unsuitable for pre-clinical students to attend. Most of the lectures are inevitably self-explanatory to anyone interested enough to attend.

In part the interest in such a society must

depend on the programme chosen, and the aim of the Committee was that it should be catholic in range, that the different branches of medicine should be represented. The inaugural lecture was given by Professor A. J. E. Cave an "The Contribution of Ancient Egypt to Anatomy and Surgery." Other lectures before Christmas were given by Professor J. Z. Young, F.R.S., on "Nerve Regeneration," Dr. E. Scowen on "Urinary Steroids," and by Mr. Claud Mullins, the stipendiary magistrate, on "Crime and Psychology." These four lectures were followed by nine more this year. In January Professor J. McMichael addressed the Society on "Heart Failure," and Mr. O. S.

Tabbs on "Surgery in Congenital Heart Disease," whilst in February Sir Archibald McIndoe spoke on "Surgery of deformities of the male urethra."

On February 27th occurred the memorable address on "An Aspect of Medical Education," given by Sir Richard Livingstone, Vice-Chancellor of Oxford University, in the Great Hall before an audience of one hundred and twenty, which included a number of distinguished visitors. On March 20th, Sir Lionel Whitby, Regius Professor of Physic at Cambridge, gave a clear account of "Chemotherapy, yesterday and to-day." In May, Dr. G. W. Hayward spoke on "Pulmonary Oedema," and Dr. Henry Wilson, psychiatrist to the London Hospital, on "Lunatics in Literature," in which he dealt amongst others with King Lear and Dr. Johnson.

At the Annual General Meeting on June 12th a new Committee was elected. This meeting is usually the last of the session, but this year it was followed by two further meetings. On June 19th Dr. J. Trueta gave an address on "Ten Years of War Surgery." A report of this appeared in the B.M.J. On July 10th Professor John Fulton, Sterling Professor of Physiology at Yale University, spoke on

"Harvey Cushing and his books." It was fitting that this last meeting of the session should have been attended by the largest audience, over a hundred and thirty being present. It is hoped that these last two lectures will be published later in the JOURNAL.

Besides these lectures the programme for the year included two clinical evenings, several film shows (unfortunately, owing to various misfortunes, other film shows planned never materialised) and a debate. The activities of the Society have been wider this last session than for a number of years. The extra effort seems to have been worth while.

PROGRAMME FOR WINTER 1947

- October 9th.—Dr. Trueta on "Hypertension."
 October 23rd.—Prof. Franklin on "Circulatory Concepts."
 November 6th.—Prof. Christie on "The Trend of Medicine."
 November 20th.—Dr. C. M. Fletcher on "Pneumo-koniosis."
 December 4th.—Clinical Evening.
 December 11th.—Films.

THE LIFE AND WORKS OF SIR NORMAN MOORE

By MICHAEL J. LINNETT

Being Part Three of the *Wix Prize Essay for 1947*

IV.

AND so, in 1869, Norman Moore started his lifelong training in the art of Medicine by entering as a student at St. Bartholomew's Hospital in the City of London. For twenty-two years he lived there while this great hospital, whose impression on even the humblest student is profound, embedded itself in his character, and moulded him for a lifetime's allegiance, a fealty which he became proud to acknowledge.

He was introduced by the Warden of the Medical College, Mr. Marrant Baker, to Dr. Hensley, a house physician at the hospital, who, in turn, introduced him to Dr. Francis Harris. Dr. Harris had then achieved the rank of Physician to the Hospital, and took Moore as a clerk on his firm. He plunged happily into his work, and unlike the modern student, he had not the distraction of long journeys to the hospital, for during the whole of twenty-two years, he never lived outside its walls.

The habits formed in his earlier days of

writing full accounts of all he saw and did were invaluable to him in the wards, and from the first, he kept case-books in which were noted particulars of every patient under his care, both as a student and after qualification. These volumes were later bound and numbered up to sixty-four, and it is a curious coincidence that the first name to appear on those pages is that of an Irishwoman. Moore seems to have made a great impression on his chief, for they soon became friends, and he was often invited to The Grange at Lamberhurst, the home of Dr. Harris.

Harris, he says, was "a man of many happy turns of wit, many Cambridge stories, and of sound judgment in Medicine, but somewhat indolent of learning." Through him, he first met Dr. Samuel Gee, who was Dr. Harris's Assistant, and whom he came to admire very greatly, for he was "well-read in medicine and stored with its learning, and a most acute observer at the bedside."

During his first year as student, Moore did not forsake his Comparative Anatomy, for he spent one or two days each week at the British Museum: he occupied his time there in learning the skeletons of all the chief mammals and several birds and reptiles. In fact, such was his knowledge of Natural Science that in 1870, he thought it worthwhile applying for the post of Professor of Zoology, Geology and Mineralogy at Queen's University, Belfast. Fortunately for medicine, however, and despite excellent testimonials from Harris, Elwin, his Cambridge friends, and others, he was unsuccessful.

In 1869, four years after Waterton's death, an edition of his "Essays in Natural History," by Norman Moore, was published. The Introduction was lengthy, and contained a very good biography of the author of the essays. As Philip Gosse remarks, it is indeed curious that three of the biographers of Waterton should be Bart's men—the Rev. J. G. Wood, chaplain to the hospital from 1856-62, Moore, and Gosse himself. Eighteen years later, Moore published his edition of Waterton's main work, the description of his "Wanderings in South America." He felt, no doubt, that in this way he was helping to keep alive the memory of the man to whom he owed so much.

After three months in the wards, and six months in the Out-patient department, he began to attend lectures by Dr. Black and Dr. Andrew in Medicine, and by Dr. Reginald Soutley in Forensic Medicine. Dr. Harris advised him strongly to be a physician, and he decided that he should take that for his profession. That this was a wise decision for his own happiness is shown by these words, written near the end of his life—"I have never regretted this decision, and having spent my life in medicine, I have always felt content." That it was wise judgment on the part of Dr. Harris is obvious as we review Moore's steady climb to the highest honours the profession can bestow.

So, in 1872, he submitted his thesis for the degree of M.B. (Cantab.), entitled "Observations on the shape of the chest in cases of hypertrophy of the heart." In this series of two hundred and fifty cases, he measured and charted the shape of the chest of each patient, in addition to the usual systematic examination. His studies led him to the conclusion that hypertrophy of the heart does modify the shape of the chest wall, probably by the force of the repeated impulse against it. Evidently the examiners approved of his paper, and he was passed into medicine.

The next year he was appointed House-Physician to Dr. Harris, and became a Member of the Royal College of Physicians at the same period. Thus, in the same year, he became a member of the two institutions which were to absorb most of his time and energy in the future. After his period as House Physician, he found that the way to higher appointments on the staff was temporarily barred, as most posts were already filled. But, as he said, the oyster was worth the opening, and he determined to wait for his opportunity, using his time in the meanwhile in the fullest possible manner.

In 1874, Mr. Morratt Baker resigned from the post of Warden of the College, and Moore, a young man of but twenty-seven years, was elected as his successor. From this time until 1891, he lived in the old Warden's House in Duke Street (the old Duck Lane) in Little Britain. He was delighted to live in a region from which Swift and Addison had published some of their masterpieces, and the profusion of second-hand book-shops in the narrow streets frequently had visits from him, for he was not like those acquaintances of Augustine Birrell's who "could pass a bookshop . . . without so much as stepping inside 'just to see whether the fellow had anything.'" So interested did he become in the City and its history, that it became his practice on Sundays to roam the streets, and to learn all he could of the nature of early London. The City of history eventually became as familiar to him as the City whose streets he so often walked.

In this year, too, he was appointed Casualty Physician and Medical Tutor, and from then onwards he became immersed in a ceaseless and ever broadening round of activities. Hospital work, teaching, committees, and College business, literary and historical studies, all these combined to make his life very full, but to a man with Moore's busy mind a life with empty moments would have been intolerable.

In 1875 the first two of many articles by Moore were published in the Reports of the Hospital, "A description of two cases of malformation of the heart," and, significantly, "An essay on the History of Medicine in Ireland." The next year, he wrote a thesis for the degree of M.D. (Cantab.) in "The Cause and Treatment of Rickets." The essay is interesting because, without any knowledge of the true nature of the disease, he advocates the use of Cod Liver Oil as the best remedy. He goes on, "I can honestly say that I started and continued in a long course of observation of this disease

with no preconceived hypothesis and that several hundred cases have brought me to the conclusion that Rickets is a constitutional condition due to improper feeding, and that in treating its complications, the treatment should be general and not symptomatic."

The preface is in Irish, and the essay starts with a historical introduction, wherein he dilates at some length on the question of whether the honour of the discovery of the disease belong to Francis Glisson or Daniel Whistler—"I am of the opinion that if Whistler did write on rickets in 1645, he was indebted to Glisson." For Glisson, though his work was published in 1650, had spent over five years in preparing it, consulting with seven fellow physicians, and must have held his views on the subject for many years before. However, in a paper published in the Reports of 1884, entitled "The History of the First Treatise on Rickets," Moore describes how Dr. William Munk, then Harveian Librarian, had found a copy of Whistler's treatise, dated 1645. He still considered, however, that this bore none of the marks of original work, and maintained that Glisson's work was probably Whistler's inspiration, for his career showed that he was not overburdened with scruples. It is interesting that when Moore, in later years, came to live in Sussex, he found that some of the direct descendants of Whistler were neighbours, and the two families became great friends.

A year after obtaining his M.D., Moore was elected a Fellow of the Royal College of Physicians, thus attaining at the age of thirty the best qualifications the profession has to offer. His appearance at this time was striking, as indeed throughout his life. He was stocky and large boned, and his head was very big, with the broad deep brow of the intellectually gifted man. His eyes in the portraits are grave, almost stern, as on occasions they could be, but usually they gave an impression of a kindly good humour, and lying behind all his moods, a great intelligence.

Although in those days the regality of the Physicians and Surgeons was prodigious, and Moore was no exception, he always retained his early gift of ability to mix on equal terms with any rank of society. He was always a good friend to younger men, and showed his interest in practical ways. Pupils who earned his friendship kept it, and their sons in due time took their place in his circle of friends. Professor J. R. Green, the well-known historian, mentions him in one of his letters in 1877—"Norman Moore, one of the surgeons (*sic*) at

St. Bartholomew's, but a man of marvellous knowledge in all Irish matters, old and new . . . Indeed he is the only Irish person from whom I ever learnt anything about Ireland."

His appointment as Demonstrator of Morbid Anatomy in 1878 led to the writing of many papers for the Transactions of the Pathological Society, eighty-nine communications in all; and also to the publication in 1889 of his textbook, "The Pathological Anatomy of Diseases." This book, one of the Students Guide series, would be most useful to a modern student, for the text is comprehensive, though not cumbersome, and it contains many illustrations, three by Moore himself. The preface contains the advice given by all physicians of note to their pupils—"Almost every day something never noted before is to be seen in a post-mortem room, and the more time a physician spends there, the more he is inclined to feel, with Harvey, the importance of learning by autopsy."

About this time, the foundations were being excavated for the new buildings of the Medical College, and during the process, two Roman Tombs were discovered. In a paper read on February 11th, 1878, to the London and Middlesex Archaeological Society, Moore relates the manner of the discovery of the two stone coffins, giving a most exact description of their characteristics. He made an inspection of the male and female skeletons which lay within the sarcophagi, and surmised that they died in some epidemic, though the female had suffered from psoas abscess, and that the date of burial was probably shortly before the end of the Roman occupation.

Soon after his arrival in London, Moore had been invited by Mme. Bodichon, the daughter of Benjamin Smith, one of Robert Moore's Hastings supporters, to visit her at Scalands Gate, near Robertsbridge, in Sussex. Mme. Bodichon was greatly attracted by the young man who, she said, hung up his hat in exactly the way his father had done, and Moore paid many visits to her home. One day in 1877 he travelled by train to Norwich with Mme. Bodichon and a niece of hers, Amy Leigh Smith. As they went down, Amy lent him a drawing pencil, and, he says, as he returned it to her, he felt that he had fallen in love with her. Three years later, they were married by Mr. Elwin in the church of Westfield, in Sussex, close by her home at Crowham.

Their marriage was very happy. Amy Moore was a charming and very beautiful woman, and made an ideal wife for the young physician. They spent the first part of their married life

in the Warden's House, but in 1891, they removed to 94, Gloucester Place. There were three children of the marriage, Alan Hilary, the present holder of the title, Ethne, now Mrs. Pryor, and Gillachrist, who was killed at the battle of Ypres in 1914.

It was through his wife that Moore was finally moved to join the Roman Catholic church. Amy Moore had for a long time subscribed to high church views, which were strengthened by her connexion with St. Alban's, Holborn and St. Peter's, London Docks, and she had been profoundly influenced by the views of Newman. At last she came to the conclusion that logic, if Newman's premises were to be accepted, seemed to require, and after much thought, she was received into that church. Her husband followed her shortly after Whitwell Elwin's death in 1900, and thus was consummated the views he had always held, even if subconsciously, since his association with Charles Waterton, thirty-five years earlier.

This decision seems to have settled his religious questionings, and to have fulfilled his desire for spiritual certainty. His mind was not given to philosophical speculation, but it is strange that a man trained scientifically, and with an enquiring mind should find complete and permanent satisfaction in the dogmas of the Roman Church. It would have been more understandable if that faith had been the tradition of his family, but Moore could accept the rulings of his chosen church with submission, and it apparently never occurred to him deeply to probe the grounds for his beliefs. He was in some ways fortunate, for the pursuit of truth *ab initio* is fraught with disillusionment, although the ultimate stability is a more reasoned and balanced structure on which to base a philosophy of life.

Moore's spiritual outlook is very significant, for it throws great light on his mental processes in general. It is very noticeable in his writings that few of them make any important contribution to the science of medicine in the way that, to instance men of his own period, those of Paget or Osler did. His mind was quick to appreciate another man's argument, and his lectures show how eloquent was his exposition.

* Since going to press it has been learnt that this oversight is to be corrected as soon as a subsequent edition of the D.N.B. will allow.

(To be concluded.)

THE JOURNAL

Contributions for the November JOURNAL should reach the Editor not later than October 2nd.

of medical principles, and how accurate his observations, but he was rarely inclined to theorising. On the other hand, the profession owes him a great debt for the painstaking way in which he investigated and recorded a prodigious amount of material connected with the history of medicine. He was a living witness to the truth of Osler's aphorism, "The watchword in medicine is Work," and when a task required diligent research, or intelligent deduction, or reasoning about facts revealed, he excelled, and excelled brilliantly; but the airy realms of metaphysics never attracted him, for they are not for a man of his psychological build.

It must have been about the year of his marriage that he first met Leslie Stephen, the Editor of the projected new Dictionary of National Biography. It is said that they met at the dinner table of a mutual friend, and in the course of conversation, Moore reeled off a list of Irish Saints and other historical characters of whom Stephen had never heard, asking whether they had been included. Stephen, no doubt a little abashed, asked him if he would join the board of contributors to the Dictionary, by writing the lives of the people he had mentioned. He did, and the Dictionary contains four hundred and fifty-nine articles by him, dealing for the most part with Irish men or medical men, but also including the lives of his father, Waterton and Whitwell Elwin. The achievement is the more remarkable if we bear in mind his declaration that he never wrote a biography without reading everything his subject had written. It is a shame upon the subsequent Editors of this work that although Moore made this magnificent contribution to a national book of reference, and although he was a far greater man than many of those whose names are enshrined therein, it was not thought necessary to record in the Dictionary his life and works. It is hard to imagine what reason there could be for this state of affairs. That a man of his calibre should be excluded argues sins of ignorance, or worse, omission on the part of the Editorial Board, and it is greatly to be hoped that in the next supplement to the work, this fault will be handsomely amended.*

GENERAL PRACTICE

I SAW this hanging up in a pub. and thought it worth while recording. It took a period of time equal to two pints to copy it down.

ROGER GILES

Surgeon, Parish Clerk and Skulemaster,
Groser and Hundertaker

Respectably informs ladys and gentlemen that he drovs teef without wateing a minit, applies laches every hour, blisters on the lowest tarms, and vizicks for penny a peace. He sells Godfather's kordales, kuts korns, bunyons, doctersh osses, clips donkeys wance a month, and undertakes to look arter every bodies nayls by the ear. Jocssharps, penny wissels, brass kandlesticks, frying pans, and other moozikal hinstuments hat grately redooced figers. Young ladys and gentlemen larnes their grammar, and language in the purtiest manner, also grate care taken of their morrels and spellin. Also zarm-zinging, taying the base vial, and all other zorts of fancy work, squadrls, pokers, weazels, and all country dances tort at home and abroad at perfekshun. Perfumery and snuff in all its branclies. As times is cruel bad

I beg totell ee that I just beganened to sell all sorts of stashunary ware, cox, hens, vouls, pigs and all other kinds of poultry. Blackin-brushes, herrins, colcs, scrubbin-brushes, traykel and godley bukes and bibles, mise-traps, brick dust, whisker seeds, morrel pokkerandkerchers, and all zorts of swatemaits, including taters, sassage and other garden stuff, bakky, zizars, lamp oyle, tay kettles, and other intoxicating likkers, a dale of fruit, hats, zongs, hare oyle, pattins, bukkit, grinding stones and other aitable, korn and bunyon salve and all hardware, I as laid in a large azzortment of trype, dogs mate, lolipops, ginger beer, matches and other pikbles, such as Hepsom salts, hoysters, Winzer sope, anzetrar.—Old rags bort and zold here and nowhere else, newlayde heggs by me Roger Giles, zinging burdes keepeed, sich as howles, donkeys, paykox, lobsters, crickets, also a stock of celebrated braydes.

P.S.—I tayches gography, rithmetic, cowsticks, gymnasticks, and other chynees tricks.

(Copy of an old Sign Board at Burton's Old Curiosity Shop, Falmouth.)

R. S. HENDERSON.

STUDENTS UNION COUNCIL

REPORT of Students' Union Council Meeting held July 30th.

1. Foreign students visiting the hospital.—The college authorities state that they are prepared to have a limited number of students from provincial or foreign universities, but the arrangements for them must be made directly by their own Medical School Office with this Medical School Office.

2. Catering Company.—The Medical College was now acquiring the shares still held by outside shareholders, thus increasing their holdings to 51 per cent. of the total; and the

Students' Union were similarly buying up the remaining shares to bring their holdings up to 49 per cent. of the total.

The formation of a Kitchen Committee composed of Resident Staff, Clinical, and Pre-clinical representatives, was completed.

3. Students' Union insignia—Recommendations made in the dress sub-committee's report would be discussed at the next Annual General Meeting.

4. Mass Miniature Radiography of all Clinical and Preclinical students is to take place on October 10th and 13th.

EMERGENCY CATHETERIZATION

Thoughts provoked by Professor Grey Turner's suggestion that in the absence of more usual instruments a "clean straight straw lubricated with candle or sealing wax" would suffice as a female catheter.

I suspect Dr. Shaw will go right off the handle
When he reads that the Prof. has been using a
candle

For making it easy to pop in a straw
In retention of urine (acute) in a female.

HOGARTH.

CORRESPONDENCE

ROUGH SURGERY

To the Editor, St. Bartholomew's Hospital Journal

During the First World War while stationed at Alexandra Hospital, Cookham, I was sent to Christchurch, near Bournemouth, to relieve a M.O. for a short time. I arrived in the afternoon, and nobody seemed to know anything about me, but I managed to get fixed up somehow.

While hanging about, taking stock of my surroundings, I got an urgent message to go to the canteen, where, it said, someone was dying. On arrival there I found an elderly man propped up against a bag of sugar gasping for breath. It was obvious that something must be done, and done quickly.

I had no instruments with me, and there wasn't time to send for anything. The only thing available was a small blunt pocket knife—this I sharpened on a stone, and with it cut into his trachea. Immediately he improved, his colour returned, and his breathing became normal. I had no tube and could not get one, so had to manage by holding the blade of the knife crossways in the wound. A taxi was procured, and in it we proceeded to the nearest military hospital. We sat, my left arm holding him up, and with the right trying to keep the blade in the wound—it slipped out every now and then, but I was able to insert it again easily. On arrival at the hospital a white coated surgeon came down some steps and peered into the taxi where we were sitting in a close embrace. He could not make out what we were doing till I explained the state of affairs. He was Belben who had been at Bart.'s with me. The patient was then taken in and a tube inserted. I later heard that he had some kind of growth in his

throat, a bit of which had got detached and blocked the air passage. He lived for six months I was told.

All I got out of the affair was a blood-stained tunic which was never the same again, in spite of going to the cleaners.

Yours faithfully,

September 5th, 1947. E. F. N. CURREY
Aldeburgh, Suffolk.
The Mount,

ANENCEPHALY

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

One anencephalic is like another and all are equally repulsive, offending as they do one's concept of the body image and providing a hopeless caricature of what might have been a cheery little creature. Must we be regaled with such offensive photographs in a Journal of this type?

Yours faithfully,

73, Harley Street, DONALD FRASER.
London, W.1.
September 9th, 1947.

If the photographs referred to have offended anyone we are sorry. But the JOURNAL was founded with the object amongst other things of "putting on permanent record such technical and other work as is done in this Hospital, which finds its way into no paper, but which is in itself invaluable to the student and practitioner." It has been our object to provide a vehicle in which students may publish original articles, and as the JOURNAL is published for circulation among medical men, it is felt that considerations which apply to a purely literary publication do not necessarily hold in the case of the JOURNAL.—
EDITOR.

TIME AND TOIL

MANY years ago, in a small country town, there dwelt a very well to do man whose name was Weekes. In the course of time he had become the owner of much of the freehold property in the town, including the two inns. He was, in short, "the big noise," and woebegone any inhabitant who ventured to quarrel with him.

Mr. Weekes had one son, and he took up the profession of medicine. After obtaining his qualifications, holding one or two appointments as house-surgeon, and doing a trip as ship's surgeon, the time arrived for Dr. Weekes to settle down in general practice. There was only one doctor practising in the home-town: Weekes senior sent for him, bought his practice, and Weekes junior was installed.

With no local competition, Dr. Weekes was in a position to study his own convenience, and it was recognised by the townsfolk that occasionally some days might elapse between sending for the doctor and the first visit.

Whilst he lived Weekes senior was able to prevent any would-be "squatter" from renting or buying any property in the town, and when he died his son was equally well placed.

But all good things come to an end. A retired business man bought a plot of ground on a hillside about a mile and a half from the centre of the town, and built himself a nice house and garage: Dr. Weekes did nothing to stop him.

Suddenly the business man decided to leave, and, without any warning, sold his house to Dr. Miles.

A commercial traveller from the nearest city was in the habit of visiting the town at regular intervals and was well-acquainted with most of the circumstances concerning the inhabitants. Having finished his business for the morning he betook himself to one of the inns for lunch and, that over, he took a seat in a bow-window and watched the passers-by.

Presently he saw two men, coming from opposite directions, meet outside his window: "Ullo, Jarge, 'ow be 'ee?" "Oh; Oi be all right, 'ow be you, Bill?" "Well, Oi ban't feeling too well, Jarge: Oi be goin' to see one of these yer doctor blokes." "Oh! what be goin' to do then, wait for Weekes or walk for Miles?"

THIRD CHIP.

OF JAPANESE MEDICINE—1

By LT.-COL. JAMES T. HAROLD, R.A.M.C.

DURING a recent leave in England I was asked a lot of questions about medical conditions in Japan and in self-defence I am writing these notes. They are not intended to be more than notes because I feel that anyone trying to write a comprehensive article on any Japanese subject faces certain failure for three good reasons. First of all, Japan must have always been a very difficult country to learn about because the people are notoriously double faced and they show you and tell you just as little as they please. Secondly, to visit Japan as part of an Occupation Force greatly increases this difficulty. And thirdly, because no reliance can be placed on any printed Japanese statistics. So here are the notes.

MEDICAL SCHOOLS

Including those in her "colonies," such as Korea, Formosa, etc., Japan possessed thirteen Medical Schools which were permitted to confer on their students a licence to practice Medicine. As in other countries the degrees of some of these Schools were more valued than others, and those of the Imperial University of Tokyo and of Kyoto, the former capital of Japan, are perhaps the most respected. The teachers of these schools were directly appointed by the Minister for Home Affairs and, following the manner of continental Universities after which the Japanese modelled their schools at the end of the last century, nearly all the teachers in the schools are known as Professors. The salaries which the Professors receive in no way compare with ours. Before the war when the Yen was valued at 1s. 2d., a Professor might receive 300-400 Yen per month. However, it should be pointed out that salaries in every other walk of life in Japan were small by western standards. The social position of the Japanese Professor was if anything higher than ours, and they are still accorded a degree of respect by patients and students which to our eyes is unusual. No student would dream of remaining seated when a lecturer entered a lecture theatre, and when the Professor walks around the Hospital every student bows low as he passes. Research was encouraged among the senior staffs and they are proud of the contributions which Japanese doctors have made to Medicine. Research grants were available with ease if the proposed research had any possibility of being advantageous to the Armed Forces.

STUDENTS

The Japanese Medical Student is a very subservient creature when compared with his British colleague. To start with, the Damoclean threat of Conscriptio has hung over his head since 1935: he was permitted to postpone his National Service until after qualification only if his work was satisfactory. So great was the student's fear of Military Service he worked incessantly; in fact, many ruined their health and Tuberculosis took a heavy toll of every class. I was told by one Professor of Medicine that such was the hatred of Military Service that when the ultimate threat of Conscriptio came to those who had finally qualified it was not unusual to have one or two suicides from each graduation class. Contrary to popular belief, Hari-Kiri is a relatively uncommon method of ending one's life in Japan.

MEDICAL CURRICULUM

Once he joins a Japanese Medical School the Japanese student finds himself facing a course not unlike our own, except that it lasts five years, the pre-clinical course being one year shorter than our own. These pre-clinical years devote more time than we do to Biochemistry, which is a major subject in their course; it might be mentioned here that in the compulsory Elementary Schools catering for children between the ages of six and twelve, elementary Anatomy and Physiology are taught to all. The Clinical years are, like our own, filled with lectures, clinics and tutorials, and then comes the final examination.

The cost of a Medical education in Japan is much less than in England: fees are less and the hostels in which the students often live are very inexpensive. His studies are made most difficult by the language problem. Japanese is a hopeless language in which to write any scientific subject because each written sentence has usually more than one possible meaning. As a result it was necessary to insert into books written in the vernacular the technical terms of another language, usually German. German text books are used to a great extent: Libraries also possess American text books, but English books were not very evident. But possibly the hardest part of the Japanese student's life is his homework. The Japanese house consists of very thin wooden partitions (not paper, as is popularly supposed); several generations in-

habit each house, including swarms of children, so that quietness and privacy must be unknown and serious study almost impossible. Games were not as popular in Japanese Universities as I had supposed; the remarkable achievements of Japanese youth in the athletic world before this war would appear to have been the product of the Military Academies rather than the Universities.

POST GRADUATION

Once qualified the young doctor could look forward to a busy life and, if in general practice, reasonable remuneration; if conscripted into the Army he was granted the rank of 1st Lieutenant and a salary of £6 per month. If he wished to specialise he was not able to sit for the recognised Specialist degrees as in England, but had to attach himself to a Professor's Post-graduate Clinic for four years, after the manner of the Continental Schools. Thereafter he was a Specialist . . . without exams.

NURSING

The status of the Japanese nurse bears no comparison to that of the nurse in England. This is simply because in Japan the status of women in general is so totally different from that which we know in the West. In Japan the woman is a slave, nothing more; although they are accorded the superficial courtesies for which the Japanese are famous, in general the women are given no consideration whatsoever in any walk of life. Although the Japanese are very keen to copy a lot that the Occupation Forces have shown them, the men are completely bewildered at the equality which we accord our womenfolk. While the men are not at all keen to adopt this facet of Democracy, needless to say the women are very keen on it.

In consequence to this attitude to women it is not surprising to find that the Japanese nurse usually amounts to what we would call a ward servant; and even though many of them acquire a high standard of nursing knowledge, they are still regarded in the same light. Their pay is appalling. Even to-day, when a labourer gets 400 Yen per month (at 60 Yen to the pound sterling), a nurse receives about 100 Yen per month, out of which she has to pay for her own food. A student nurse receives only 50 Yen per month and similarly has to pay for her food; frankly I cannot see how they are able to do it on this salary. Under such conditions it may seem difficult to understand why girls continue to take up nursing as a career. By way of explanation of this, I learned that nearly all the student nurses are country girls,

i.e., peasants; apparently they do the course mainly out of general education to fit them for home life afterwards. Their course lasts three years, after which they take their final examination and, if successful, are entitled to practice as a nurse or midwife in any of the Prefectures.

MEDICINE

The standard of Medicine in Japan differs enormously according to whether it concerns rural or urban areas. It might be mentioned here that Japan consists of numerous mountainous islands on which human beings exist by congregating together into crowded villages which cling to the river valleys or to the mountain edges; consequently these villages are inaccessible. In addition to this there are about five wide river estuaries and on the surrounding plains have sprung up the industrial cities into which the Japanese have poured to create almost unbelievable overcrowding; over eighteen million people live in the five industrial cities in the Honshu Prefecture.

In consequence Medicine in the rural areas is very primitive. Confinements are usually managed by some "knowledgable relation" and Medicine is usually left to the local Herbalist, who usually calls in the Fortune Teller as his second opinion. It is only when there is an epidemic of some serious infectious disease that these areas become even remotely acquainted with modern Medicine.

In the cities the Medicine is better; it is almost good. There are excellent clinics in the State and Voluntary Hospitals and the surrounding practitioners emulate their high standard. But despite this comparatively high academic standard no one can visit a Japanese Hospital without being disgusted by the dirt and disorder which appears to be universal; sepsis and hygiene do not appear to be in their vocabulary. It seems that for a lot of their Medical supplies they have been dependent on Germany and in consequence they have been short of vital supplies for a long time. Anaesthetics were always considered a luxury and I was told that during the war, when anaesthetics were in short supply, quite a number of operations were performed without any anaesthetic at all. The Japanese were, of course, assiduously taught from childhood to conceal all signs of emotion and maybe they can stand pain better than ourselves, but my credulity was severely tested when the American wife of a Japanese schoolmaster insisted that she herself had had a local Mastectomy performed without any anaesthetic.

On the whole their standard of Pathology

and Bacteriology are high, but in modern Therapeutics they are by no means up to date; before the Occupation even Chemotherapy was merely something to read about. Miniature Radiography appears to have been quite widespread and although the results were at first doubted, they have been checked against full-size plates and found to be accurate.

PUBLIC HEALTH

Perhaps their strongest card is Public Health. Fifty years ago Japan was nearly as riddled with disease as were India and China: to-day Japan is almost a health spot when compared with those countries and several infectious diseases appear to have been completely eradicated. This quite considerable achievement appears to have been due to two things. Firstly, to the knowledge brought back from European Clinics at the end of the last century; and secondly, to the excellent discipline of the Japanese, which has made it possible for stringent regulations to be made and to be carried out with complete success. In Japan there is no such thing as conscientious objection to vaccination or inoculation; when cases of Cholera occur whole areas are roped off and guarded by the police and nobody is allowed to leave the area for any reason whatsoever, except to be buried as a corpse.

Although much has been achieved in the

(To be concluded)

BOOK REVIEWS

TEXTBOOK OF OBSTETRICS. By Professor Gilbert I. Strachan. 1947. H. K. Lewis & Co. Pages 751, 3 colour plates, 32 illustrations. 42/-.

This excellent textbook of obstetrics reflects great credit on Professor Strachan and the Cardiff School of Obstetrics which he so ably represents. The print and paper are of exceptional quality, although the size of the book is perhaps rather large for modern standards. The photographs and photomicrographs are excellent, but some of the line drawings are tremulous in outline. The illustration of bimanual compression should be replaced, for the whole of the right hand is thrust into the vagina and not two fingers as illustrated. Again, too many illustrations show the placenta attached to the fundus of the uterus, although the modern view is that the placenta is never attached wholly to the fundus. In figure 256, the left hand is being introduced into the cavity of the uterus, whereas in clinical practice, a right-handed surgeon introduces his right hand.

Professor Strachan has a well-deserved reputation for boundless energy and a scholarly approach to obstetrics and gynaecology. His textbook gives evidence of his wide reading and most British contributions are mentioned. The book is well written, with excellent classification. Already there are many elementary textbooks of midwifery, and the time is ripe for a more advanced textbook. Whether this

Public Health line, the population are none the less notoriously unhygienic and dirty in their habits, and there is still a heavy toll of death from preventable diseases. Since human excrement is used as fertiliser all over Japan, it is not surprising that Enteric Fever, Cholera, Dysentery and Helminthiasis occur freely all over the country: Korea seems to be the reservoir of Cholera and illegal refugees entering Japan have caused several epidemics during the past year. With such frightful overcrowding in Japanese homes it is not surprising that the Specific Fevers have become widespread and virulent and they cause a higher mortality than in the U.K. Measles and Diphtheria cause most deaths among children, immunisation against Diphtheria not having been adopted as yet. But most sickness comes from minor medical maladies which are frightfully prevalent; nearly all the children have snuffy noses, Impetigo, Tinea of the head and septic sores on their legs. This apparent dirtiness came as a surprise to those of us who had heard so much about the public baths and cleanliness of the Japanese. These public wash-houses do exist in plenty and are used daily. They seem to serve two purposes: firstly, cleanliness; and secondly, to provide warmth in the winter, because the Japanese winter is freezingly cold and their houses have no proper heating and the people flock to these baths to "thaw out."

can be undertaken by a single author is open to question in view of the enormous quantity of literature that must be studied. For example, the work of Daron, Bartelmez, Markee, Brewer, Rock and Hertig require at least a whole chapter. Figure 8 would then correctly be regarded as an excellent specimen of early secretory activity with the secretion globules developing between the nuclei and the basement membrane.

The modern work on the anterior pituitary sex hormones should be described in more detail, and an advanced student would like to find some reference to luteotrophin. There is no mention of the work either of Dierks or of Rakoff on the vaginal epithelium. Hertig's work on the pathological anatomy of the pregnancy toxæmia should be mentioned in detail.

Students will criticise the book severely because the author does not always commit himself to an opinion when different and debatable methods of treatment are employed. For example, he does not go into detailed discussion of the use of oxytocin during the third stage of labour. Students are questioned on these practical points and they would like to know the different opinions that are held.

It is possible that Professor Strachan's textbook will be welcomed by students presenting themselves for the higher examinations. It is, perhaps, too long for undergraduate students.

FORENSIC MEDICINE, by Keith Simpson, M.D. Edward Arnold, 1947. Pp. 335. 16s.

This is a new book and is written with an appreciation of the needs of the student which should make it the most popular of forensic textbooks. It is smaller than either Sidney Smith or Glaister, and so copiously (and gruesomely) illustrated that the pages are finished very quickly. There is a little more than is necessary to answer any of the questions set in examinations, but this is so absorbing that one welcomes it.

The section on injury is good, but the chapter on the signs of death could be expanded, as this difficult subject needs a fuller treatment. We like, by the way, the naive subscription: "Injuries arousing suspicion" attached to a photograph of a stabbed, dishevelled, partly undressed and gory corpse lying on the floor. The section on toxicology is very full, as it should be, and there is also a useful portion on death certification and appearance at court for which it is as well the houseman or young G.P. should be prepared.

In a new edition we would like to read more of the effects of blast in so far as they are known, and would also recommend that something be done with the table on page 23 relating stature to bone length. We were unable to comprehend this, nor were the doctor and the lawyer to whom we showed it.

These ought not to deter any student from obtaining this compact, inexpensive and readable book, written within the scope of his requirements and for which he should be very grateful.

CHEMICAL METHODS IN CLINICAL MEDICINE, by G. A. Harrison, M.D., F.R.I.C. Third edition. J. & A. Churchill Ltd., London, 1947. Pp. 630, with five colour plates and 120 illustrations. Price 40s.

The second edition of this book appeared ten years ago and has been out of print for some time. It is pleasant that it is now available again in this revised form. Ninety pages of new matter have been added.

The first chapter now includes more notes on various instruments recommended for use in this subject. These notes give sensible suggestions how to mend and often how to make the instruments. There is a new chapter on pigmentation, including two coloured plates showing various pigmentations of the skin. A chapter has been added on "Treatment and Chemical Analysis," in which the physiological principles of chemical methods and the use of isotonic solutions and intravenous injections in treatment are discussed.

Various new sections have been added on sulphamide crystals in urinary deposits; globin zinc insulin; bromides and potassium in the serum; thiocyanate of serum and treatment of raised blood pressure; composition of faeces and asbestosis. The sections on cystinuria, clearance tests, reducing action of normal urine, porphyrinuria, liver efficiency tests, ascorbic acid, titration method for alkali reserve, acid and alkaline phosphatases and their determinations, blood volume, gastric analysis, blood in faeces, and water metabolism have been altered.

As before, the earlier chapters are concerned with chemical methods in relation to urine. These are particularly good. Tests of renal efficiency, blood sugar, acidosis and alkalosis, liver efficiency tests, qualitative examination of blood, blood, milk and gastric analyses form the subjects for most of the other chapters.

This book will be more useful to the post-graduate than the student, although it may be used by the latter as a reference book. There is not always sufficient indication of the clinical applications of the tests however, and the cross references in the index are not always as would be wished.

A SYNOPSIS OF ANAESTHESIA. By J. Alfred Lee. John Wright & Sons, Ltd., Bristol. Pp. 254. Price 12s. 6d.

Dr. C. Langton Hewer's book "Recent Advances," has been quoted on many occasions as the "Anaesthetist's Bible." By analogy this compact little volume might well be called his "Prayer Book."

Dr. Lee has collected together a remarkable fund of information within a small compass. The general plan of the book, dealing as it does first with the history then anatomical and physiological points followed by the detailed anaesthetic technique, has much to be commended.

It is not, however, the book for the student commencing anaesthesia but rather for undergraduates or graduates wishing to refresh their memories.

Dr. Lee is best known for his work at the Southern Hospital on continuous spinal anaesthesia, yet it is interesting to note that in this book a balanced view is taken and the section on this subject is accorded no extra space.

The use of curare in anaesthesia has been fully recognised and frequently appears in the text.

After close reading only one definite error has been traced. In the section entitled "Agents used to raise blood pressure in spinal anaesthesia," adrenaline used as a drip (Franklin Evans) is described. The author's mathematics are unsound, as he adds 2 cc. of 1:1000 adrenaline to 500 ccs. of saline and ends with a resultant drip the strength of 1:125,000.

To summarise, Dr. Lee should be congratulated on his work, remembering when so doing that it is a book for the well-read reader of anaesthetics.

PULMONARY TUBERCULOSIS. A handbook for students and practitioners, by R. Y. Keers, M.D. (Edin.), F.R.F.P.S. (Glas.) and B. G. Rigden, M.R.C.S., L.R.C.P. 2nd edition. E. & S. Livingstone Ltd. Pp. 277. Price 17s. 6d.

At a time when both editorial and correspondence are concerning themselves with the formation of a museum of X-rays, it is appropriate to draw attention to "Pulmonary Tuberculosis," by R. Y. Keers and B. G. Rigden, published by E. & S. Livingstone. Here there are collected a series of skiagrams covering not only the radiological appearances of pulmonary tuberculosis, but also of other chest lesions and with a final series of the radiological appearances of the tuberculosis chest during treatment. This would, in itself, make a book of great value to any student of medicine who finds, as always, that it is only by constantly studying skiagrams that he can appreciate their subtler meaning and their implication. In addition, however, there is a comprehensive survey of the whole field of the study of pulmonary tuberculosis and the modern view of the treatment of the disease and, following the trend of the age, laying emphasis on the need for preventing the preoccupation of the patient with his illness by the occupation of the mind. It is refreshing to see that in the order of importance of investigation, physical examination

cedes its place to radiological examination in order of merit without discounting the value of the physical examination as ancillary to the radiological examination. And, as a final touch, the reader is provided with two skiagrams of the normal chest as a book mark which is an advance on the usual bus ticket and more helpful.

T. H. F. R.

A HANDBOOK ON DISEASES OF CHILDREN. By Bruce Williamson, M.D., F.R.C.P. 5th Edition. E. & S. Livingstone, Ltd., Edinburgh. Pp. 408+xii. 15/- net.

Many students will welcome the fifth edition of Dr. Williamson's admirable handbook on Diseases of Children.

Chapters on dietetics and the common fevers are included, and the author has combined a large quantity of accurate information with a concise, easily readable and attractively produced volume.

The quality of the diagrams, photographs and colour plates is excellent.

In the course of its revision, the book has acquired a chapter on penicillin therapy, and a note on the properties of streptomycin; doses of drugs are stated in both the Imperial and the Metric Systems.

For the student entering upon the study of Paediatrics, it can be recommended as a thoroughly up-to-date volume.

THE STUDENT'S HANDBOOK OF SURGICAL OPERATIONS, by Sir Frederick Treves, Bt. Eighth edition, revised by Cecil P. G. Wakeley, C.B. Cassell, London, 1947. Pp. xii+574. Price 15s.

To judge merely by the number of reprints and new editions through which this little book has passed in its fifty-four years, it must have found considerable favour in the eyes of many generations of students and house officers. This edition has been thoroughly revised, and brought up to date. Some new operations are included. The book is an admirable source of such information as ward dressers need, and will be an excellent reference book, whilst house surgeons will find here a valuable guide to all branches of surgery. Mr. Maxwell's new illustrations are in his usual delightfully finished style.

THE TREATMENT OF IMPOTENCE, by Joseph Loewenstein, M.D.; foreword by E. B. Strauss, D.M., F.R.C.P. Hamish Hamilton. Pp. 49. Price 6s.

This short monograph is an amplification of two papers by the author published in the *British Medical Journal* and the *Medical Press and Circular* on impotence in the male. The subject is treated mainly from the mechanotherapeutic point of view, and this does not pretend to be a complete treatise on the subject. Dr. Loewenstein points out that in such cases the primary need is for psychological treatment, but the apparatus he describes may be used to supplement pure psychiatry with a considerable degree of success. The selection of suitable cases, and skilful instructions in use are most important, and this convenient little book should be very useful to the general practitioner, who is usually the first person to whom these patients turn.

HANDBOOK OF DIAGNOSIS AND TREATMENT OF VENEREAL DISEASES. By A. E. W. McLachlan, M.B., Ch.B. (Edin.), D.P.H., F.R.S. (Ed.). 3rd Edition. E. & S. Livingstone, Ltd., Edinburgh. Pp. 375+viii. Price 15/- net.

The need of a separate work on Venereal Diseases is well recognised, and the author has produced one suitable both for the student commencing a study of the subject, and for the practitioner requiring to refresh his knowledge on diagnosis and treatment.

The inclusion of lists of the various arsenical and bismuth preparations, together with the corresponding trade brands of these, their dosage, and indications, is a useful feature.

The third and latest edition contains new matter regarding the value of penicillin therapy—its indications and limitations—and the author rightly stresses the desirability of an adequate follow-up of all cases so treated.

With one hundred and sixty accurate illustrations, twenty of them in colour, the lucid text, and attractive price, this edition will certainly meet with the success of its predecessors.

A HANDBOOK OF MIDWIFERY. By Sir Comyns Berkeley. Thirteenth Edition. Cassell. Pp. 456. Price 12s. 6d.

This book of established reputation appears after complete revision of the last edition by its distinguished author.

The text is written primarily for midwives, and its completeness is a measure of the standard to which the midwife attains. The student of obstetrics will find that the book is more practical than most standard works written for him. The arrangement of material makes for easy reading, and the senior student will find this book invaluable for reference during his undergraduate midwifery appointments.

THE MIRACLE DRUG: THE INNER HISTORY OF PENICILLIN. By David Masters. Eyre and Spottiswoode, Ltd. Pp. 191. Price 10s. 6d.

The author of this book, who sets out to "unfold every aspect of this fascinating story," has several best-sellers to his credit, and in the *Miracle Drug* he probably has another. The personal anecdotes may not be to everyone's taste, but he succeeds in telling a rather complicated and technical story in a clear and easily readable way, and the book provides a fascinating and full account, from the first discovery of the mould to the latest developments. It can be recommended to both the medical and lay reader.

SICK CHILDREN. By Donald Paterson. 6th Edition, revised. Cassell, London, 1947. Pp. 455. Price 16/-.

In the sixth edition of his successful handbook, Dr. Paterson has brought up to date the sections where more outstanding advances have been made. Particularly is this noticeable in the section on Penicillin therapy, where he dilates at greater length than before on the necessities for and details of treatment. The compactness and readability of the book is maintained, and it remains a book in which efforts are made to lessen the toil for the student of wading through masses of verbiage to uncover the facts. This edition will be as widely sought after as its predecessors.

A HISTORY OF THE WORCESTER ROYAL INFIRMARY.

By William Henry McMenemy. Press Alliances, Ltd. Pp. 356; 47 illustrations. Price 21s.

Written to celebrate the second centenary of the Worcester Infirmary founded by Isaac Maddox, Bishop of Worcester, and first opened in 1746, this volume is not merely the history of a single institution. It is rather a history of the voluntary hospital system, of the development of medical science during the past two hundred years, and contains biographical details of several prominent figures in the history of medicine. Sir Charles Hastings' close connection with the Infirmary is adequately represented, and it is not always remembered that he was responsible for the foundation of the Provincial Medical and Surgical Association, which first met at Worcester, and later became the British Medical Association.

Details of staff, patients, food and drink, local events, financial difficulties and windfalls, and a remarkable collection of illustrations make this well-documented book interesting reading, and it is obvious that much research has been entailed in its compilation. Numerous footnotes and an extensive bibliography add to its value. The Worcester Royal Infirmary, one of the oldest existing provincial hospitals, has seen the development of the Public Health Service, and has been intimately connected with the progress of medical science. The fascinating history of its 200 years devoted to the alleviation of suffering, supported by voluntary contributions, suggests that State control has a high ideal to equal. J. L. T.

SPORT — BOAT CLUB

During the past year the Boat Club has struggled to maintain its existence and to cater for as many as possible of those who wished to row.

At the beginning of the season the programme was to prepare one eight for the L.U. winter eights for beginners, and another eight for the spring races. In the winter eights Bart's II defeated L.S.E. II, but lost to U.C. II.

In January there were two eights training for the Alcom Cup races, the University Head of the River race and the United Hospitals' Regatta. Only the 2nd Eight was ready by February 22nd for the Alcom Cup race, and, unfortunately, it lost to U.C. II again.

The Head of the River race was fixed for March 5th, but when the day came conditions were so bad—the river in full flood and a sharp wind blowing—that the race was postponed and later cancelled.

At the end of the term there came the United Hospitals' Regatta at Putney on March 12th. Bart's I were drawn with Middlesex and St. Thomas's in the first heat. Again conditions were bad, for Bart's I was stationed in midstream and half-filled with water even before the race began. During the race the crew fought with monster waves, but finally were forced to the bank and had to paddle home. Middlesex sank shortly afterwards, while St. Thomas's crept along the bank to the finish. Later in the afternoon under improved conditions, Bart's II rowed well, coming second to the London club with Westminster third.

For the summer term insufficient oarsmen remained to form a 1st Eight—some oars joining the United Hospitals' Boat Club. A 2nd Eight only, therefore, was entered for the Chiswick and Marlow Regattas. At Chiswick, Bart's, rowing in a clinker, were defeated by an Aurioi crew, who were rowing in a shell; this was a close race until the last few minutes when Aurioi drew away.

BOOKS RECEIVED

(Inclusion of a book in this list does not preclude later review.)

SYNOPSIS OF SURGERY, edited by Sir Cecil P. G. Wakeley, 13th Edition, 1947. John Wright & Sons, Bristol.

MOTHERCRAFT IN PICTURES, compiled by M. Maslen Jones. 1947. Faber and Faber, 24, Russell Square, London.

RETROPUBIC URINARY SURGERY, by Terence Millin. 1947. E. and S. Livingstone, Edinburgh.

RADIUM DOSAGE, edited by W. J. Meredith. 1947. E. and S. Livingstone, Edinburgh.

MAN AND ANIMALS, by Ben Dawes. Longmans Green & Co., London. A manual of nutrition.

MATERIA MEDICA FOR NURSES, by A. Muir Crawford. 6th Edition. H. K. Lewis & Co., London.

ERRATA

We must apologise for the following errors which were made in the article on Anencephaly by E. G. Rees in our September issue—

P. 111, for Hawkins read Howkins. P. 112, for C.V.S. read C.N.S. P. 114, Summary and Bibliography, for Hawkins read Howkins.

Marlow was the climax of the season. The crew had been training in their own boat and had made good progress. They were drawn with U.C. and St. Edward's School. During the race Bart's and St. Edward's were close together, but behind U.C.; and after two-thirds of the race St. Edward's gave "ten"—they gained nothing—then Bart's gave "ten" but also gained nothing, and gradually St. Edward's drew ahead to beat us by two and a-half lengths.

At the end of the season on July 12th, there were the sculling races for the B.W. Town Cup, in which Newill defeated R. V. Smith.

Mention must be made of Melotte, D. Brown, Brest and Chorley who joined the United Hospitals' Boat Club, Melotte rowing bow for the Hospitals' 1st Eight, which did so well at Richmond and Henley.

The Captain would like to thank Dr. Town for his support and interest, D. Brown an able secretary, and Beale a valuable member of the Committee.
B. E. L. THOMPSON.

Colours for the year have been awarded as follows:—

2nd Eight colours: P. H. Simmons, M. N. Durell, F. W. Winston, W. Evans, J. Caplan, M. Cohen, R. Newill, B. R. Whittard, G. Chouley (Cox).

1st Eight colours: R. Crook, I. R. Beale, G. Melotte, J. Cox, W. Timmin, B. Brest, B. Thompson, D. Brown, W. J. A. Turner (Cox).

At the Annual General Meeting on July 8th, held in the Physiology Lecture Theatre at Charterhouse Square, the following officers were elected:—

President: Dr. B. W. Town.
Vice-Presidents: Mr. O. S. Tubbs, Mr. M. Donaldson, D. Brown, B. E. L. Thompson.

Captain: W. Timmins.

Secretary: I. R. Beale.

Committee: Clinical, W. J. A. Turner, G. Melotte; Proclinical, B. Whittard, R. Newill.

SOCCER CLUB

At the Annual General Meeting held on June 17th last, T. A. Duffy was elected Captain of the Club for the season 1947-48. W. H. A. C. Cox was elected as Hon. Secretary. Several of our team will be missing this season, but it is hoped the high standard of football reached last season will be maintained this coming year.

Many 1st and 2nd Eleven fixtures have been arranged, and it is hoped that the weather will be a little more kind to us this season. A tour of the Cambridge Colleges, the highlight of the season, is hoped to be arranged for early November.

The Students' Union Council have approved the award of Honours to the following for the season 1946-47:—

M. K. Mangan, P. M. Goodrich, T. A. Duffy,

W. H. A. C. Cox, I. S. Batey, A. H. H. Wright, R. S. Pine, J. A. S. Amas, R. L. Osmont, M. N. Khurshid, Dr. K. A. McCluskey, and R. Abraham.

The following matches have been arranged so far for this month:—

1st Eleven
October 4th v. London Hospital—Away.
October 15th v. College of St. Mark—Away.
October 18th v. Old Cholmeleians—Home.
October 22nd v. R.N.C. Greenwich—Away.
October 25th v. Goldsmith's College—Home.
October 29th v. St. Mary's Hospital—Away.

2nd Eleven
October 11th v. Hendon F.C. Stokers XI—Home.

EXAMINATION RESULTS
UNIVERSITY OF LONDON

SPECIAL FIRST EXAMINATION FOR MEDICAL DEGREES July, 1947.

Arthur, B. K.	Haggett, R.	Morgan, D. T. G.	Ross, H. B.
Brooks, E. F.	Hall, M. C.	Mulligan, W.	Rowley, H. E.
Brown, J.R.	Hicks, J. P. N.	Nash, D. J. R. F.	Ryan, J. F.
Chia, A. K.	Hill, J. J. McL.	Newell, R. G. D.	Small, G. I.
Clappen, J. A.	Hughes, K. R.	Painter, N. S.	Stanford, R. M.
Coole, C. W.	Huxley-Williams, P. L.	Palmer, C. A. I.	Stoke, J. C. J.
Davies, J. R. E.	Iles, D. S.	Pearson, R. V.	Train, P.
Davies, P. E.	Jenkins, D. G. W.	Pearsons, D. E.	Waddy, G. W.
Gompertz, R. M. H.	McKerrow, M. B.	Pool, G. H. G.	Wilson, L. J. C.
Grassby, G. C.	Manuel, J.	Randall, J.	Winston, F.

SPECIAL SECOND EXAMINATION FOR MEDICAL DEGREES July, 1947.

Abraham, R. J. D.	Hale, B. C.	Mehta, P. C.	Schagrin, J. P.
Brooks, W. V.	Hindley-Smith, R. F.	Moore, G. J. M.	Scott, W. C.
Cassells, M. J.	Husainee, M. M.	Moore, J. D.	Stebbins, N. E.
Cohen, H.	Jenkins, G. C.	Moyes, P. D.	Steinberg, V. L.
Goldrey, P. A.	Kinsman, F. M.	Pittman, J. C.	Warlow, P. F. M.
Farley, J. D.	Lewis, H. E.	Rosser, E. M.	Whelan, N.
Hacking, S.		Sacks, R. H. B.	

M. D. EXAMINATION

July, 1947.

Branch I (Medicine)		
Butterworth, R. F.	Evans, D. G.	Mark, P. M. C.
Dipple, P. E.	Jacobs, J.	
Branch II (Pathology)		
Long, D.	Randall, K. J.	
Branch V (Hygiene)		
Shaw, C. H.	Vickey, K. O. A.	

ROYAL COLLEGE OF PHYSICIANS

July, 1947.

The following Candidates having satisfied the Censors' Board are proposed for election as Members:—

Balme, H. W.	Hewer, C. Langton	Walters, F. J. H.
Heathfield, K. W. G. G.	Robb-Smith, A. H. T.	

ROYAL COLLEGE OF SURGEONS

At a Primary Examination held in August, 1947, the following were successful:—

Bartlett, D.	Griffiths, E.	Linton, J. S. A.	Reinold, D. G.
Egerton, B. H.	Hershman, M.	Lyon, W. C.	Shulman, I. M.
Gardner, B. K.	Jayes, P. H.	Ohannessian, A. O. A.	

L. M. S. S. A.

July, 1947.

FINAL EXAMINATION

Medicine
Daniel, W. R.

BART'S CHRISTIAN UNION

In this communication, the Christian Union reports the work of the past year, undertaken by doctors and students of all years.

The introduction of the Union to many students was at the Squash held in the Library in October last. Professor J. Paterson Ross, Vice-President of the College, took the Chair, and Professor Kirk addressed a crowded meeting on the importance of the practice of Christianity for a full understanding of life.

Evangelistic meetings were held at monthly intervals, to give opportunity for men interested to learn more of Christian Protagonism.

Devotional meetings were held about once a fortnight and included talks by Mr. George Ingram, M.A., and by Mr. Metcalf Collier. Medical Mission work was the subject of a meeting addressed by the Rev. Stuart McNairn.

Prayer meetings have been held each week-day from 1 p.m. to 1.30 p.m. in St. Bartholomew the Less, and continue. A Library of interesting books is also kept there.

Bible Readings were commenced during the year

from 1 p.m. to 1.30 p.m. every Friday and were followed by discussion of the applications of Biblical Teaching in our day.

Monthly Church Services were held on the first Wednesday of every month from 9.25 a.m. to 9.55 a.m. in St. Bartholomew the Less, arranged by the Vicar for the Christian Union, and many students are grateful for these opportunities for worship.

Combined meetings with the Nurses' Christian Union were also held in the Hospital.

The "teams" went out on the average once a week to widely varied places, including Bermondsey, Hove, and Hyde Park Corner.

The London Inter-Faculty Christian Union, with which the Bart's C.U. is affiliated, held inter-collegiate meetings with eminent speakers, while L.I.F.C.U.'s fortnightly services in St. Paul's Church, Portman Square, provided opportunities to hear well-known preachers.

Programmes for the future include a series of special meetings with distinguished speakers to be held in the middle of November when L.I.F.C.U. will also be holding a series of combined meetings.

P. SIMMONS, *Hon. Secretary.*

ANNOUNCEMENTS

OSLER CLUB

The Osler Club of London is to revive.

The Club was founded in 1928 with the double object of encouraging medical students to link the history of their art with their professional work, and to keep green the memory of Sir William Osler. Pre-war members will form the nucleus. They wish to add to their numbers interested medical students or recently qualified men and women.

Further details may be had from the Acting Secretary, Dr. A. White Franklin, 11, Wimpole Street, London, W.1.

THE GOLFING SOCIETY

The secretaries have unfortunately been unable to find accommodation for the proposed Autumn Meeting of the Society. The meeting has therefore been cancelled.

A Spring Meeting of the Society will be held in 1948, south of the Thames.

BOAT CLUB BALL

The Annual Boat Club Ball will be held on Wednesday, December 3rd, 1947, in the North Hall Suite, Victoria House, Southampton Row, W.C.1. Evening dress optional. Tickets, price 12s. 6d. double, from W. J. A. Turner or members of the Boat Club.

ATHLETIC CLUB DANCE

The Athletic Club Dance will be held at the Porchester Hall on Tuesday, November 28th, 1947. Tickets (4s. single, 7s. 6d. double) from the Hon. Secretary.



The active principle in Wright's Coal Tar Soap

Wright's full, rich lather contains an antiseptic which leaves the skin fresh, soothed and health-protected. This safeguard is Liquor Carbonis Detergens—acknowledged by eminent dermatologists as the foremost antiseptic, antipruritic for skin diseases. The incomparable antiseptic efficiency of Wright's Liquor Carbonis Detergens today is the result of unremitting research and continually improving methods of manufacture.

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ST. BARTHOLOMEW'S



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No. 9

FOLK MEDICINE

SINCE reading became the recreation of all sorts and classes of men, there has been an infallible attraction about a story which deals with the life, loves, and adventures of a doctor. In the beginning, this fact was appreciated and treated with becoming dignity by authors, but with the spread of mass printing, and the advent of cheap novels and of the serial story magazine, the public has been showered with a series of medical romances and hospital intrigues, the least lurid of which must create a most curious impression upon the minds of those who read them. That these tales have such a wide circulation and are read with such avidity is but another instance of the incurably romantic light in which the general public views the medical profession.

In fact, where doctors and health are concerned, the public exhibits a paradoxical turn of mind. The sight of a doctor's bill will call forth wrath and maledictions on all the profession from Hippocrates onwards, but when, later, a patent's conversational gambit turns on his recent illness—as too often it does—his physician is extolled to the skies, and recommended to all the world, thus accomplishing the twofold object of showing the speaker's perspicacity in summoning such a brilliant man, and emphasising what intelligence was necessary that such a serious malady be cured. It even seems that the more awful the disease, the more content the owner. "This is a most unusual case" has sent a glow of fearful pride through many a maternal bosom, and "I think we shall want the specialist" will furnish interminable small talk for years to come.

The credibility of the layman is indeed a matter for amazement and concern. The sermon of proprietary medicines has often been preached, and could with advantage be repeated

throughout the realm until men realise that the label does not always fill the bottle, nor do thousands of users ensure efficacy. It is patently shown to too many spheres to-day, that biggest is by no means best. In fact, were a system of certification and registration of medicines whole-heartedly adopted, and were the public educated not to purchase goods the action of which is largely problematical to them, it is certain that disease would not be able to lurk undetected to such an extent as it does to-day.

In fact, the public is in a state of vast ignorance where its bodily welfare is concerned, and this despite the attempts of the government to make the nation health conscious. While Diphtheria inoculation advertisements bespatter the hoardings and the press, there still exist people who think that any such injections are the work of the devil, and short cuts to a maimed child or speedy death. Although mass X-Ray is offered, free, to whole towns, there are still those who, because to themselves they seem healthy, or through indifference, or through prejudice will refuse to undergo a simple examination which will safeguard themselves and their fellows.

The need of further education is clear, and, of course, attempts have been made, with some degree of success, to give the public a health conscience, to spread wholesome knowledge of elementary physiology, to show more clearly what sort of man the doctor is, and to demonstrate what centuries of accumulated knowledge lie behind his apparently casual advice. Most of this instruction must perforce be done by literature of various kinds, or by the cinema, and in the specimens available to-day, all types of technique are discernible, to many of which great exception may be taken.

Efforts of this kind fall between two extreme classes, the frankly romantic and the grimly factual, neither of which can give the ordinary man the right kind of psychological approach to matters medical. On the one hand we have the American medical journalist, whose books are packed with action and drama, with tense scientists huddled over their test-tubes waiting for the discovery that is to astound the world, and with last minute operations to save golden-headed babies; or dramatised life histories of the great medical pioneers, played by the latest fashion from Hollywood. And on the other, there are the true, but overcoloured, and to the layman, rather fantastic warnings of possible calamity to come, which seems so remote and impossible of entry into the world of the on-looker. A particularly shortsighted and foolish type of publication are the self-helps to psychiatry and auto-analysis. In few branches of medicine can the old adage concerning the danger of a little knowledge be more applicable.

One is almost tempted to believe that moderation is non-existent in such matters, but during the war years something has been done to remedy the matter, and books have been published and films made which show a much greater degree of reason and much less emotional overcolouring. Two such attempts have

recently been drawn to the attention of the JOURNAL. A book has recently been published by DR. WILLIAM EDWARDS in which he has endeavoured by a series of pen portraits to show the public what work the doctor actually does, and not merely the doctor in general, but also every kind of specialist and medical officer. An American film magazine has produced an issue devoted to the varied aspects of the doctor's work, which in many parts is accurate, although the section on psycho-analysis is calculated to arouse ridicule and distaste in the minds of the public. In all such propaganda, an element of human interest is necessary, for a lecture on Public Health is not the way to attract attention, but at the same time there must be avoidance of the "teacher to child" or the "romance of medicine" attitudes, with which we are so often afflicted.

So soon after a world war, the health of the public is of vital importance, and a yet largely undeveloped sphere of preventive medicine is the provision of adequate information about hygiene and health services for every layman, using the same methods of propaganda which were used so successfully during the war. In such a way may a health conscience be created, and a more reasonable attitude of mind to medical services be developed throughout the nation.

ANGIOGRAPY

A NEW RESEARCH WEAPON

THIS article is a review of an important monograph entitled "Studies of the Renal Circulation," first printed in July of this year, published in Oxford and simultaneously in Canada and the United States of America. The work it records was carried out in the Nuffield Institute for Medical Research, Oxford. Its authors, Josep Trueta, a surgeon; A. E. Barclay, a radiologist; K. J. Franklin, a physiologist; P. M. Daniel, a pathologist; and M. M. L. Prichard, the research assistant, constitute a research team whose members obviously worked in the closest collaboration. It is of great interest to us at St. Bartholomew's that the physiologist of the team is our newly-appointed Professor of Physiology and was formerly one of our students.

The basic techniques used in these researches were those of angiography and cineradiography, and Trueta in the preface mentions that the "idea of setting up a research centre in which

radiological techniques are employed as a basis of experimental studies was due entirely to Franklin's vision."

The book tells the story of a monumental research whose main theme was to investigate, by direct visualisation of the vascular system in the organs and tissues of living animals, the remarkable proneness of structurally normal arteries of all calibres to undergo persistent reflex spasm often severe enough seriously to affect the function of the tissues they supply, occasionally grave enough to cause widespread tissue death. Except for the surgeon who occasionally sees large arteries in powerful spasm when operating upon traumatised limbs, reflex arterial constriction of considerable degree has been for the most part a purely theoretical conception used to explain certain clinical conditions. The Oxford team have proved beyond all doubt that it is a reality, capable of direct ocular demonstration, and

following their lead we can certainly expect their methods to be employed on a large scale in the elucidation of many basic problems concerned with normal and abnormal variations in blood-flow through the organs and tissues of the body.

The researches had their origin in an experimental investigation of the clinical state known as *the crush syndrome* which occurred during the aerial bombardment of this country in 1941. The syndrome developed when a limb, usually the lower limb, was firmly pinned down by fallen beams or masonry which, by exerting continuous local compression, often across the thigh, gave rise to local occlusion of the main artery. After release, no structural damage was found in the arterial wall and thrombosis did not occur. The period of compression usually lasted from eight to ten hours. After release the patient passed through a period of shock. His clinical condition then improved but after about twenty-four hours or so showed marked deterioration. There was a grave fall in the output of urine and in approximately 70 per cent. of cases death took place in a few days from renal failure. Post-mortem the muscle of the compressed limb showed widespread necrosis and certain histological changes were found in the kidneys. These, however, did not afford an adequate explanation for the anuria and renal failure.

In order to reproduce the essential features of the crush syndrome a tourniquet was applied to the lower limb in each of a series of rabbits. It was kept in position for four and a half hours and at various times whilst the limb was compressed and after its release a solution of a radio-opaque substance was injected into the circulation and radiographs of the limb taken. It was found in the majority of animals that after the tourniquet was removed a severe and persistent spasm was present affecting the whole arterial tree of the limb. *This was greater in degree after removal of the tourniquet than whilst it was in position.* It often persisted for a period of several hours, occasionally for as long as three days. It was accompanied by a proportionate reduction in the venous blood-flow. The normal uncompressed limb showed significant changes. Marked constriction was frequently, but not invariably, present in its arteries and, of still greater significance, the persistent and severe spasm in the arteries of the compressed limb after release of the tourniquet, was occasionally noticed to extend into the iliac arteries proximal to the site of injury.

These results at once suggested that the muscle necrosis in the compressed limb in the crush syndrome was due to intense persistent spasm in the main artery to the limb and that the anuria might be related to arterial spasm extending proximally and involving the renal arteries and its branches. An elaborate technique was then evolved to discover the optimum conditions for the visualisation of the renal circulation in the experimental animal. It was, for instance, essential to know the time taken for the radio-opaque fluid to pass from the injection site to the renal artery and vein respectively and the times of appearance of their optimum shadows. From these observations the time taken for the blood to traverse the intra-renal circulation was calculated. This was done by direct cineradiography at a recording rate of 200 frames per minute (3.3 frames per second). On repeating the original tourniquet experiments it was found that there was an obvious diminution in the calibre of the aorta and renal arteries during the period of compression of the limb and that this became considerably accentuated after release of the tourniquet. Many experiments were then devised to prove that the spasm in the renal arteries was in some way the result of the trauma inflicted by the tourniquet and could not be ascribed to prolonged anaesthesia, to low blood pressure, or to a decrease in the blood volume. Another series of experiments strongly suggested that the reduction in the blood supply to the kidneys by constriction of the renal arteries was due to a neuro-vascular reflex. Stimulation of the cut end of the sciatic nerve was carried out in one series of animals and stimulation of the splanchnic nerve in another. A marked reduction in calibre of the renal arteries was produced in a significant number of the animals in both series. In another group, a tourniquet was applied to the thigh five weeks after section of the splanchnic nerves. After removal of the tourniquet the renal arteries showed little, if any, reduction in calibre, in marked contrast with the constricted renal arteries of the control animals whose splanchnic nerves were intact. It was concluded from these experiments that impulses travelling up a large, injured mixed nerve, such as the sciatic, reach the renal arteries by an afferent pathway located in the splanchnic nerves.

At this point in the investigations a surprising and unexplained variation was observed in the blood-flow through those kidneys whose arteries had been constricted. Two films were

always made, one to show the contrast medium in the artery and another to show it in the renal vein. The impression was gained that with a constricted renal artery produced by tourniquet compression the intra-renal circuit time was appreciably *shortened*. It was also noticed that, under these conditions, the renal vein was noticeably *dilated* and that its contained blood was abnormally red in colour. This was fully confirmed by accurate radiological timing and the conclusion was reached that with a constricted renal artery the blood flowing through the kidney takes an appreciably shorter intra-renal course than normal; in other words, that it apparently becomes short circuited, shunted, or by-passed. From this point onward, therefore, an intensive morphological study was made of the route taken by the blood flowing through the kidney, using several ingenious and elaborate techniques. The description of these investigations, which occupies eighty odd pages, makes fascinating reading. It should be studied carefully, not only for its intrinsic value as the record of a morphological study of fundamental scientific importance, but as an exquisite example of the evolution of a successful piece of co-ordinated research work. In one dramatic experiment, the left kidney was exposed, the central end of the divided left sciatic nerve subjected to faradic stimulation and then crushed. The surface of the kidney became remarkably pale. Methylene blue was injected into both renal arteries. The left, or stimulated kidney, presented a remarkable picture. Its cortex was almost completely unstained, that is, bloodless, except in its deepest or juxta-medullary portion. This was deeply stained, that is, excessively vascular. The cortex of the right, non-stimulated kidney, was deeply stained throughout. From this and a number of similar experiments it appeared extremely probable that a large proportion of the blood flowing through the kidney may be short-circuited by travelling along an arterial by-pass or shunt situated in the deepest layers of the cortex, that when this mechanism is in full action the cortex may receive little or no blood, and that the mechanism can be set in motion by a neuro-vascular reflex. Many confirmatory experiments were then devised to establish the existence of the shunt beyond doubt, and to put it into operation at will. Intravenous adrenaline, for instance, was highly effective but for brief periods only. Stimulation of the nervous plexus around the renal artery produced long-continued diversion of the blood

to the by-pass with all degrees of cortical pallor up to complete cortical ischæmia. One problem remained. Was the capacity of the by-pass sufficiently large to carry the very large volume of blood which is accommodated in the cortex of the normally functioning kidney? To answer this question many ingenious techniques were used, the most fruitful being an injection-corrosion method which yielded a perfect cast of the intra-renal vessels. Neoprene latex was injected into the renal artery and vein and the soft tissues of the kidney completely corroded away by immersion in strong mineral acid. The resulting cast was examined by fine dissection using a dissecting microscope. Kidneys from many mammalian species were examined in this way including a series of human kidneys. It quickly became obvious that the deeply placed glomeruli lying as a relatively narrow stratum against the bases of the medullary pyramids constituted the main route taken by the by-passed blood. In the first place these glomeruli are appreciably larger than those of the outer two-thirds of the cortex. Secondly, and of greater significance, their efferent arterioles are quite as wide as the afferents and unlike the much smaller efferents of the superficial glomeruli, which rapidly break up into a fine intertubular capillary plexus, these juxta-medullary efferent arterioles proceed without any diminution in calibre directly to the medulla where each breaks up into a leash of vessels known as the *vasa recta*, each vessel in the leash being almost equal in calibre to the parent efferent arteriole. As the leash traverses the medulla its individual vessels reverse their direction at varying levels and turn back by hair-pin bends to reach the base of the medullary pyramid where, with little or no diminution in size, they empty into the inter-lobular and arcuate veins. The boundary zone is therefore one of dense vascularity and large capacity and the route taken by the blood entering the large deeply-placed glomeruli constitutes a *vascular pathway from arteriole to vein without the interposition of a capillary network*. These investigations show that the capacity of the juxta-medullary by-pass is certainly adequate to carry the whole renal blood-flow when the interlobular arteries to the main mass of the cortex are constricted and that under these conditions the resistance to the flow of blood through the by-pass must be low and the rate of flow relatively rapid.

Up to this point the experimental diversion of the renal blood-flow from the cortex through the juxta-medullary by-pass was

usually brought about by direct nervous stimulation. The effect of severe hæmorrhage was then studied. It was observed that after a rapid loss of about one-third of the blood volume and the establishment of compensatory vaso-constriction, the by-pass came into full operation, the outer two-thirds of the cortex becoming almost bloodless and its inner third excessively vascular. Severe hæmorrhage was therefore proved to give rise to severe anoxia of the outer two-thirds of the cortex. There is no need to point out the far-reaching importance of this observation in explaining the mode of production of several of the major clinical manifestations of shock and hæmorrhage.

Attempts were then made to put the juxta-medullary shunt into more or less permanent operation leaving the outer two-thirds of the cortex bloodless for long periods. This was achieved by the use of staphylococcal toxin following the lead given by De Navasquez, who showed that this virulent toxin could cause cortical necrosis of the kidney in rabbits. It was clearly demonstrated that the toxin acts by rapidly opening up the by-pass to its full capacity and totally depriving the outer two-thirds of the cortex of arterial blood, thereby producing, after a period of some twelve hours, total and sharply defined sequestration of the peripheral cortex by massive necrosis. In marked contrast with the necrotic and bloodless cortex, the deeply placed juxta-medullary cortex, together with the medulla, remained alive and their vessels were well filled with blood. These results are of far-reaching application in renal pathology, for there can be little doubt that severe cortical anoxia together with the oliguria, anuria and azotæmia which follow in its train form a pathological sequence frequently encountered in many serious infections and intoxications.

The authors of this monograph have every justification for claiming that their several discoveries provide us with a new concept in regard to the intra-renal circulation. Nobody who has carefully studied their records will fail to agree that all questions relating to the kidney and its functions must be reviewed

in a new light since this organ has a duality in its circulation which has hitherto been unsuspected. We must without question reconsider many deeply-rooted conceptions with regard to the physiology and pathology of the kidney in the light of this work.

The authors feel justified in coming to two fundamental conclusions:

- a. That the autonomic nervous system plays a direct part in controlling renal function, and
- b. That the operation of the medullary shunt is a normal reflex mechanism which takes a large share in maintaining the fluid balance in the body.

Once these conclusions are accepted it follows that we must regard the nervous system as an essential factor in the maintenance of a constant fluid balance, particularly under conditions of stress.

Reading through the monograph one cannot fail to be impressed by the many new fields of research which are opened up by the work done at Oxford. Here, for instance, are a few of the problems capable of attack by the radiological and other methods which the authors have elaborated:

1. Normal variations in urinary output depending on posture, changes in temperature, heavy exercise, and reduced or excessive fluid intake.
2. The interpretation of results obtained by current methods for estimating renal efficiency and renal blood-flow.
3. The inhibition of diuresis and the causes of oliguria and anuria especially when there is over-activity of the nervous system, the possibility of renal vascular spasm, or release of adrenaline into the circulation.
4. The oliguria and azotæmia of trauma, shock, hæmorrhage, dehydration, and toxæmia.
5. The possibility that essential hypertension may be initiated by the cortical ischæmia due to excessive and frequently repeated diversion of blood from the cortex to the medullary by-pass.

GEOFFREY HADFIELD.

ABERNETHIAN SOCIETY PROGRAMME FOR WINTER 1947

November 6th.—Prof. Christie on "The Trend of Medicine."

November 20th.—Dr. C. M. Fletcher on "Things my Mother (Hospital) never taught me."

December 4th.—Clinical Evening.

December 11th.—Prof. Harklin on "Circulatory Concepts."

These meetings will be held at 5.30 p.m.

OF JAPANESE MEDICINE—2

By LT.-COL. JAMES T. HAROLD, R.A.M.C.

A big task for the Public Health service in the future will be the control of insects. Seasoned travellers concur that in no country throughout the world have they seen so many insects as in Japan during the summer; the rice fields are flooded in early June, thus providing the perfect medium for breeding insects and it is not long before the walls become grey with insect life. The Japanese mosquito will bite through two pairs of socks or through the extra thick clothing which has to be worn despite the oppressive heat. It is interesting to note that although many of their mosquitos are potential carriers of Malaria, the importation of large numbers of cases of chronic Malaria among returned P.O.W.s and Occupation Forces has not led to any spread of Malaria in Japan; in fact, a genuine fresh case has yet to be confirmed. The mosquito is the vector for the much-dreaded Japanese Encephalitis "B" which, once it breaks out in epidemic form, usually kills 4-6,000 people owing to its mortality rate of about 60 per cent. Great credit is due to the State Department of Washington, who set about investigating this potential danger to their troops within four months of Pearl Harbour. The finest medical scientists were set to work upon the problem and although no epidemic occurred last year, as had been anticipated, a great deal of valuable work has been done, providing useful information in the field of Virus diseases; and incidentally, in the course of this work they discovered many flaws in the armour of Japanese Medicine and at the same time proved the worthlessness of Japanese statistics.

TUBERCULOSIS

The two largest problems are inter-related, viz., Tuberculosis and Malnutrition. On the whole the Japanese is definitely undernourished; since 1936 the average diet has been less than 2,000 calories. They live mainly on rice and fish, the latter being in quantities which, although constituting a meal for them, would scarcely be considered as bait for us. On account of poverty even the country farmer was usually badly off for food because not only was three-quarters of his produce taken away for distribution in the cities, but quite often he was too poor to buy the quality of food he was producing so that he might have to buy the inferior rice produced near the cities. Tuberculosis was the commonest cause of death among young adults before the war and has become more

prevalent since the war ended. The Japanese statistics stated that 0.6 per cent. of young adults suffered from Pulmonary T.B.; the Americans, who X-ray all Japanese nationals who work in their camps as a six-monthly routine, found an incidence of 7.4 per cent. T.B. is greatly feared by the Japanese, not only because of its morbidity, which is greatly increased here by the impossibility of obtaining sanatorium treatment, but also because it is compulsorily notifiable to the police and marriage is prohibited for notified cases.

VENEREAL DISEASES

Before the war prostitution and V.D. were widespread in Japan; some say Japan had the highest incidence of Chronic Gonorrhoea in the world and that the Gonococcus had adapted its existence into that of an almost harmless saprophyte. Syphilis used to be rare; specimens of Aneurysms and Gummata are conspicuously absent from medical museums. But the return of soldiers from abroad has altered this state of affairs. An unofficial random survey carried out by Americans in one area found that out of 200 women, 34 had soft sores, 68 had syphilis, and 200 had gonorrhoea. In consequence the Occupation Forces have, I understand, the highest incidence of V.D. in the world.

MEDICAL PHILOSOPHY

To an Englishman the most striking thing about Japanese doctors is their lack of concern for the suffering of their patients. Of course, this is in keeping with the general attitude of Asiatics, and one later learns that it is also in accord with Japanese philosophy in particular. This is, of course, a study in itself; but suffice to say that to convert the Japanese to our way of thinking is going to be an arduous task. Not so the women, who are a very different problem; they look forward to the adoption of Western standards in the hope of receiving better treatment themselves. Every visitor to Japan soon sees for himself that there are two races of Japanese . . . the men and the women. Perhaps the best summing up of this difference is contained in the dedication of the classical book, "The Three Bamboos," by Robert Standish, as follows: "To the gentle, self-effacing and long suffering Mothers of the cruellest, most arrogant and treacherous sons who walk the earth . . . to The Women of Japan who will, as always, reap the richest harvest of suffering as their reward."

CORRESPONDENCE

RELIGION OR DOGMA?

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

The excellent editorial in the August JOURNAL entitled "Beyond Medicine" will have impressed everyone who has come to realise that pills and penicillin are not the be-all and end-all of medical treatment. We should certainly not consider that our treatment is complete until the family background, wherein the disease was probably engendered, has been inspected from many angles, including housing, finance, recreation, happiness at home and at work, eugenics, etc. A wide understanding and a balanced outlook are indeed essential for a just appraisal of such diverse factors but, sir, your hint, and Dr. Gurney Smith's ready acceptance that religion has an important part to play here is open to question.

It is not necessary to follow organised religion of whatever creed in order to avoid a purely mechanistic attitude towards life, and in my opinion it is undesirable for a physician to be hampered by his loyalty to religious dogma which inevitably restricts his rational insight and provides biased emotional colouring to what might otherwise be a healthy individualistic outlook. Parsons who dispense with ritual as far as possible are frequently praised by their followers for "not being a bit like a member of the clergy"—a curious anomaly which speaks for itself.

I recall once having referred a young married woman to a gynaecologist for contraceptive advice—it was during the war and circumstances made it impossible for her to have a baby at the time. Unknown to me, the consultant happened to be a Roman Catholic, and having given her a short lecture on the evils of birth control in general without seeking to apply them to her particular case, he suggested that she be seen by someone else. That is a clear-cut case of a conflict of religious and medical interests, but in many other doctor-patient relationships religion exerts an influence more insidiously and, I believe, more harmfully.

The danger is potentially greatest in psychiatry. Emotional conflict is at the bottom of many neuroses, the seed having been sown in childhood where perhaps a strictly religious parental discipline has led to inevitable shortcomings on the child's part with the subsequent development of a guilt complex. For example, if masturbation is recognised as a normal

stage in development instead of a sin then the conflicts which arise from its suppression would never occur. It is of course undeniably true that once these conflicts have been engendered, they can be partially resolved by encouraging the patient to take an outside interest such as one associated with religious activity. This is comparable in many ways to the giving of morphia to ease the pain of a dying man.

Strength of character seems to me to be more likely to develop in an individual who sees himself in realistic relationships to the world around him rather than by seeking refuge in a spiritual fairyland where we may all live happily ever after. I believe we should adopt a philosophy for living as an individual amongst other individuals unhampered by the dogma and ritual of another age.

Yours, etc.,

St. Bartholomew's Hospital, IAN G. WICKES.
London, E.C.1. September 17th, 1947.

JAPANESE CAPTORS

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

A few months ago you were good enough to include in the pages of the JOURNAL a note from my pen on the subject of milk and milk substitute in Stanley Camp, Hong Kong, during the captivity. I observe that inadvertently I used words which might have suggested that our Japanese captors sent milk into the camp for the children. It might have been inferred from my words that the Japanese had some regard at least for the requirements of young children. Some might even be inclined to think that the Japanese were "not so bad" after all in their behaviour.

It is this impression which I wish to correct. The Japanese had no regard for the dietetic requirements of children or anyone else.

As a matter of fact the supply of natural milk, such as was available, was sent into Stanley Camp through one of the organisations set up by Dr. Selwyn Clark, D.M.S. Hong Kong at that time.

I ought to have written more carefully, but I am very willing to admit my error and to record a further debt to the initiative of a Bart's man.

Yours sincerely,

Auckland, L. R. SHORE.
New Zealand. July 1st, 1947.

ROYAL MEDICAL BENEVOLENT FUND APPEAL

THE JOURNAL has been asked to make known amongst its readers the Christmas Appeal of the Royal Medical Benevolent Fund, the work of which is as extensive as it is unobtrusive. The President of the Fund, Sir Alfred Webb Johnson, has written of the appeal as follows:

"Christmas comes but once a year, and when it comes should bring good cheer.

"I, therefore, appeal to the Medical Profession to help those who have to look to others for whatever extra comforts may come their way. The Beneficiaries of the Royal Medical Benevolent Fund are either aged or infirm practitioners, their wives, widows or children, and but for the Grace of God, any

one of us, or our families, might be in like need.

"I hope subscribers to the Fund will send an extra donation to make this Christmas a little less bleak and grim. I earnestly ask those who are not subscribers to show their sympathy for their less fortunate colleagues, not only by sending Christmas Gifts, but by becoming regular supporters of the Fund.

"Contributions and Subscriptions should be sent to the Secretary of the Royal Medical Benevolent Fund, 1, Balliol House, Manor Fields, Putney, London, S.W.15, and marked 'Christmas Gifts.'"

ON LOSING A MENISCUS

By DIABOLO

My arrival at an R.A.F. Hospital to present myself for surgical treatment is not, I find, regarded as a particularly momentous occasion—in spite of the medical badges on my uniform prominently displayed.

In fact on this cold November morning I am conscious, not only of ordinary human callousness, but also of a certain astonishment that any sane person (albeit a doctor) should walk, apparently, perfectly fit, deliberately into the Lion's Den. My knee, of course, as soon as I cross the threshold, feels far better than it has ever felt in its life before.

When I have passed through a number of depressing formalities and announced myself in the ward as nothing more than a patient, immediately a couple of callow youths in white overalls leap at me with ill-concealed glee and push me into a chair. One seizes my wrist and the other sticks a thermometer into my mouth. All the beds in the ward grin as one patient. This is the funniest thing that has happened since the new orderly spilt a bed-pan on the floor last week.

"Have you had your bowels opened to-day?" one asks, rather impertinently, to my way of thinking. I admit it rather sulkily . . . I retire to bed at 22.00 hours.

Next day I am told that the preparation of my leg for operation starts at tea-time. I ask permission to go out for the morning, but the Sister is very shocked as this is against the rules. However, she reckons it will be all right if she doesn't know anything about it and says by the way I'd better sign (and read) the Patients' Order Book. I say I will.

I am ordered to shave my leg from groin to ankle. An extraordinarily difficult performance this, taking nearly an hour with a blunt razor blade. I thank Heaven that my operation is no higher than my knee. As it is, I only just avoid slitting my ham-strings—among other things. Later the Sister comes and paints me with various antiseptics from groin to ankle. The spirit stings my shaving lacerations most unpleasantly. Then she decides that as I am a Medical Officer she had better shave from ankle to toe as well—just to make sure. She removes a slice of fibula. After that, the "prep." is applied, consisting of a rather moth-eaten sterile towel bound round the whole cleansed area. I am ordered to bed, feeling rather like a prisoner entering the condemned cell.

Next day there is a different Sister and she is kind enough to allow me up, "prep." and all, until the final "prep." time in the evening. This concession, though clearly irregular, I find good for morale. In the evening I go to bed for the last time.

When I wake up next morning, I find the "prep." has slipped down my leg somewhat. I hastily pull it up again and bind it firmly round the thigh, wondering if this is the common experience of all patients just before an operation. At six a.m. I have tea and toast and at eight a.m. my "pre-operative" injection. Then I am lifted on a high trolley and left lying around the ward like so much dead meat. However, this doesn't worry me in the least, because very soon I find I am delightfully drunk. By the time they come to wheel me away I am paralytic. This surprises me because I have always felt that most patients just before they go into the theatre are "dopey" but otherwise reasonably sober.

For me there are no cares in the world. As I am wheeled along a maze of corridors I shout loud greetings to all and sundry and ride into the anaesthetic room on top of the world. There is a gentleman in white combinations and hat washing his hands and I call out to him, "Are you the ——— anaesthetist round here?" He looks startled and says he is. I ask him what he proposes to give me, as one might of an acquaintance in a pub. This makes him really angry and he doesn't say anything but goes and has a look at my case sheet. Noticing my "trade," he smiles ingratiatingly and asks me if I have any particular feelings in the matter. I am non-committal, so he suggests a little intra-venous Pentothal, plus Gas and Oxygen, as constituting a pleasant mixture. I say I think that would be very nice. I am just telling him what wonderful veins I keep, and how he can't fool me, I am not unconscious yet, when I suddenly find I am.

From now until later in the evening I can only rely for what happened on hearsay and the evidence of neutral observers. The Big Surgeon found a very decently torn cartilage and very decently removed it. Then, after being returned to my ward, it appears I woke up in an extremely drunken state and started singing songs normally heard only on evenings following Rugger matches and in Officers' Mess bars very late at night. They

kindly told me that the words were for the most part fairly confused, though the tunes unmistakable. It appears that in the end, while the Sister was trying to quieten me down, I took the opportunity of embracing her handsomely. Certainly there was no doubt later on that people seem to know me much better than I knew them. The whole affair makes me think a bit because I have always considered drunken behaviour of patients under the influence of drugs to be a sign of alcoholism.

When I finally come to, I find my leg enclosed in an iron vice digging unpleasantly into my hamstrings and all bony points. This hurts like Hell. They give me morphia from time to time. I then gather that this particular Big Surgeon likes putting his post-meniscectomies in plaster because patients who have had both legs done at different times, one with plaster and one without, say they find it more comfortable with plaster. I wonder if anything in the world could be more uncomfortable than this, and make a mental note never again to apply plaster to anybody unless his life depends upon it.

I have always impressed on my patients how important exercise is in all conditions to do with the knee joint, especially after operations. Accordingly I set to with a will, raising leg, plaster and all high in the air, painfully but vigorously. I am firmly (but how wrongly) under the impression that my quadriceps is taking exercise. On the first day, in the act of performing an over-confident high kick, I succeed in straining my ilio-psoas. This I find an excellent excuse to give up exercise largely, because anyhow it is far too painful a performance for comfort.

As far as the next week is concerned, all I want to do is to forget. On the second night I appeal to the Surgeon to split, cut or loosen the plaster in some way, as it is clearly far too tight. He laughs lightly and asks what's troubling me, the toes have not gone black yet. I grind my teeth and pray that one day

this gentleman may have to be enclosed in plaster from skull to the toes of both feet, with hardly any gaps anywhere and pressing on his chest so tightly that he can't breathe and on his belly so that he can't eat.

On the third night I do a good job by using my fists on the plaster and reducing the particularly oppressive portion behind the knee to pulp. I consider attacking it with a razor blade. Only on the fourth day am I prepared to admit for the first time the possibility of avoiding a mid-thigh amputation and feel much better. Morale is greatly improved by a friend who smuggles me in two ounces of Scotch. So much so that I resume my exercises with terrific energy and grinding of teeth. I even find myself better able to put up a show against the nursing staff whose sole aim in life seems to be to keep my bed-clothes on the bed and my tobacco ash off the floor. Mostly my tobacco ash is in the bed and my bed-clothes on the floor.

On the seventh day arrives a fellow who might be an executioner, with tattoo marks all over his body and a pair of shears. He removes the plaster, revealing a mean-looking wasted leg. He shakes his head sadly and says, "If you don't do your exercises better, you've 'ad it." I see his point only too clearly.

I have always felt that it should be an essential part of a student's education to be made to experience a few of the more unpleasant diseases. A number of them do so without meaning to. I am now firmly convinced that every budding Surgeon should not only undergo a fairly reasonable operation, but also be placed in a large plaster for not less than a week. This before he is allowed to sit for his F.R.C.S. or practise his Art. I shall put it to the Socialist Government that they include this suggestion in their programme of nationalising medicine. It is more sensible than most of their proposals anyway.

THE LIFE AND WORKS OF SIR NORMAN MOORE

By MICHAEL J. LINNETT

*Being the Fourth and Final Part of the
Wix Prize Essay for 1947*

In 1883 Moore was made Assistant Physician to Dr. Samuel Gee, and in 1887 appointed Lecturer in Pathology. Six years later, with Sir Dyce Duckworth and later Dr. West as his colleagues, he became a lecturer in Medicine to the College, the first time an Assistant

Physician had held a lectureship in Medicine. His lectures always drew large audiences, and when one examines the pages of the all too few that were printed, it is not difficult to see why. For he held that the only valuable part of a lecture is that which remains in the heart

and mind of the hearer, and to this end, in his lectures as in his ward rounds, he insisted on cardinal facts first and foremost. The rest was a matter of logical deduction, and with him implied illustration by cases and extracts from writings, poured forth with the effortlessness bred of deep thought from the depths of his capacious and well-stored memory. His published lecture, "The Principles and Practice of Medicine," defines well his aims, and is prefaced by an admirable history of the four main methods that have been used to study medicine. In his systematic lectures, he always attempted to give a list of patients actually in the hospital who showed signs illustrative of his subject. Thus, in a lecture on "The Pulse," he gives a list of patients with all manner of abnormal pulses, and in this way, and by showing how the knowledge he imparted was gleaned by the fathers of medicine, he made the dulllest subject full of life and interest.

But his increasing professional duties did not detract from his other studies. In 1883 he published an edition of "The Loss of the Crown of Leogaire Lurc" from the Book of Leinster, with a translation, glossary and commentary. He also kept up his many Irish friendships by visits to that country, and it was amazing how he would find so many Irishmen in England. One such chance meeting led to interesting results. He was waiting one night on Crewe station for a connexion and met two Irish harvestmen. He addressed them in Irish, and they told him that they came from County Mayo. They took coffee together, and the conversation drifted inevitably to Irish history, and their talk together was long. Eighteen years later, Moore received a letter from one of these men, Michael O'Callaghan, who had seen in a newspaper a reference to one of his addresses and wanted to know if he was the man of Crewe who knew Irish. He said that he suffered from an illness which he was unable to shake off, and wondered if Moore could help him. Moore asked for details from O'Callaghan's doctor, and wrote back his opinions. The patient was eventually cured. Moore sent him some books, including his edition of Waterton's essays, and they corresponded for the rest of O'Callaghan's life. The Physician wrote of his travels and the interesting people he met, and the farmer told of domestic events and incidents on his farm.

Ancient architecture and military science were two curiously incongruous interests outstanding from many in his life. On the one hand he could write a description and history

of the church of St. Bartholomew the Great which went through eight editions, and on the other, he could enjoy and reciprocate the friendship of such eminent soldiers as Sir Patrick Grant and Sir Evelyn Wood. But this is to single out two from a host, for his interests were so wide, and his memory so retentive that his mind had been criticised as being superficial. This criticism was unjust, for, as his son says, he knew so much about so many subjects that in ordinary conversation he often gave the impression of being an expert; whereas he was really talking of something that interested him, and on which he made no claim to be an authority. He would always listen to and remember the talk of men about their hobbies, whether or not he shared their likes—sincere enthusiasm always won his respect. But in one instance there was a curious gap in his comprehension, for he could never fully appreciate the delights of music. Music for him had but few charms and in fact he was incapable of repeating or recognising any but a few old Irish folk tunes, and those by great efforts, and only knew the National Anthem by people rising to attention. This is most interesting, especially as it is usually held that the Medical profession as a whole is extremely musical. One would have expected a man of Moore's appreciative intellect to have realised far more of the beauties of music.

Moore's reading was broad and eclectic, and he was an avid book collector. The influence of Elwin is reflected in his preference for eighteenth century writers, Dryden and Fielding. It is easy to see why he liked Cervantes, and Goldsmith, Thackeray and Swift were also favourites. He had a very interesting first edition of "The Rape of the Lock," with Stella's signature written on the flyleaf in her own hand. The medical classics and historical books formed the bulk of his library, with Irish works well represented. He was fond of making allusions in his lectures to the books he had read, or in speeches, or ordinary conversation, telling his students that "I do not tell you to read these books because they are old, but because they are good."

It is only to be expected that a man of his tastes should find many congenial companions amongst the literary men of the day. One such friend was W. J. Craig, who had an unrivalled knowledge of the works of Shakespeare. Craig, like many men of great genius, was in some ways quite eccentric. He had been known, for instance, to carry a bag full of books to read on the tube between Earl's Court and

Addison Road, and his temper was so quick and chivalrous that his aggressive tendencies in response to an imagined affront to a friend caused much embarrassment at times. But withal, he was a well-loved man, for his nature was open and generous to a fault, and his mind was stored with the priceless riches of literature.

Perhaps it was through Craig that Moore met E. V. Lucas, that charming and distinguished writer. Anyway, it is certain that Moore and Lucas knew each other through the literary society, for in his "Post-bag Diversions," Lucas quotes the following "business" letter from Moore on the transference of the treasurer's office of the society. It shows the irresistible fascination history had for Moore, and how he could envisage the past through the present. It was not that he dispensed his knowledge to display his learning—he was genuinely absorbed by history, and in this instance writing to a man of similar interests.

March 8, 1921.

I enclose a note for Messrs. Coult. If it is necessary we should go to the Bank in order that I may testify to your existence, please let me know and we can fix a day to visit the street of St. Edmund, King and Martyr, and be reminded of that street in Seville which bears the simple title LONGOBARDOS, and wish we could walk down it with Lanfranc, Dorobornensis archiepiscopus, and hear his account of Norman times in London. Will you come out by St. Dionis Backchurch, or by its site, for it is demolished, or shall we leave by the tomb of John Newton, servant of slaves in Africa, or shall we turn up St. Clements Lane and read a page in the first edition of Pearson on the Creed, quite a readable book, and displayed on a lectern for all to see? Thus you see how many pleasant memories your new office has!

In 1889, Moore held the first of many lectureships and offices at the Royal College of Physicians, that of Bradshaw lecturer, when he spoke on the "Distribution and Duration of Visceral New Growths." In 1896, he was appointed a councillor of the Royal College for two years. In the Royal Medical and Chirurgical Society, later the Royal Society of Medicine, he held almost continuous office of one nature or another, but perhaps his favourite was that of Librarian, which he held from 1899 to 1918. During his period in that position, he collaborated with Stephen Paget, then Secretary, in writing a history of the society

which was published on the occasion of its Centenary in 1905.

In 1900 Moore gave the Hunterian Lecture to the Hunterian Society on "The Clinical Study of Heart Disease." Although he never professedly specialised in any one branch of medicine, it is noticeable that several of his more important lectures took as their subject diseases of the heart, and possibly this part of his subject was even more attractive to him than the rest. A year after the Hunterian Lecture, he was appointed the representative of the Royal College of Physicians on the General Medical Council, an office which he held for the rest of his life. In this year, too, he gave the Harveian Oration to the College, in which, with evident enjoyment, he commemorates Harvey and the many other benefactors of the College, ending by the announcement that there had been endowed, in memory of Thomas Fitzpatrick, a lectureship in the History of Medicine. Moore was mainly responsible for the endowment being arranged, and it was fitting that he should in 1905 give these lectures himself.

Meanwhile he suffered great grief in his home life. Amy Moore had not been well for a year or two, and latterly her condition had declined rapidly. Despite change of air and the best medical attention, she died in 1901. This was a bitter blow, for their marriage had been most happy, and he had dearly loved his wife. However, he did not allow private matters to interfere with professional duties, and went on teaching and lecturing as he had done before. In 1903 he married Milicent, daughter of Major-General John Ludlow, and they made their home at Hancox, her beautiful old house near Battle, overlooking the Sussex Weald, which she had acquired in order to be near her relations.

The year 1902 marks the summit of his career at St. Bartholomew's Hospital, and the commencement of the period in which he was to reap the honours which his work merited. For in this year, he was made a Physician to the Hospital, and thus was consummated a lifetime of service to the ancient foundation. It was an honour of which he was most proud. On his retirement from the staff in 1911, he was made an Emeritus Lecturer, Consulting Physician and Governor of the Hospital.

He was elected a censor of the Royal College of Physicians in 1904, and four years later, Senior Censor. The post of Harveian Librarian fell vacant in 1910, on the resignation of Dr. Payne, and Moore was chosen as his

successor. This was his favourite post at the College, and he prepared many most interesting papers for the Fellows' club on the treasures stored in their Library.

In May, 1905, William Osler had arrived at Oxford to take up the Regius Professorship of Medicine. With his customary energy, Osler soon sought out those societies where men of his own interests might be found, and he soon became acquainted with Moore. They were both much occupied with the arrangement of the International Congress of Medicine which took place at London in 1913. Moore was president of the section on the History of Medicine, a section which was an innovation owing not a little to Moore and Osler. Moore took for his subject in addressing the section, "The History of Medicine in England," and later in the proceedings he read a paper on Harvey.

In his Linacre lecture on "The Physician in English History," delivered at St. John's College, Cambridge in the same year, Moore shows how important the Physician has been in the development of England, and his words could be used to describe his own life:

"They have made additions not only to their own science but to every science relating to it. They with their colleagues the surgeons originated the regular service of hospitals, and have always freely given their time and their skill to it. They have built up, with the surgeons, medical education in England with scarcely any help from the revenues or powers of state. They have always set an active example of compassion for the poor, the sick, and the injured. These things are important in the history of a nation."

The year in which the Great War ended was one of the most memorable in Moore's life, for in 1918 he was elected President of the Royal College of Physicians, and took his place in direct succession from Linacre, four hundred years previously. The choice was most fit, for Moore was then the pre-eminent British Physician. His knowledge and his wisdom were profound, and he ruled the College with prudence and dignity. It was said of him that "he is the highest expression of the fast diminishing class of physicians who count wide intellectual attainments the most important asset of a doctor." He was president for four years, and in 1922 a portrait of him by W. R. Russell, A.R.A., was presented to the College, to be hung with the portraits of the other great physicians who had ruled the College through

the centuries. He must have been deeply moved that his portrait should accompany those of Linacre, Freund, Mead and Sloan, his ideals of the cultured physician. Certainly all the members of the profession present at the ceremony felt that just honour had been done to a great man.

His magnum opus was published in 1918. For more than thirty years, attracted by the fascinating past of St. Bartholomew's Hospital, he had been investigating its past in detail. He had paid countless visits to the British Museum and to St. Paul's Cathedral, where were stored many cartularies and journals of the past related to the Hospital. After some initial difficulty, he had been given access to the records of the hospital itself, and had systematically examined all the charters, cartularies, ledgers, journals and manuscripts which he could find. The amount of diligent research involved was gargantuan in dimension. And in 1918, the finished work was published, given to the hospital by Moore, a fitting memorial to eight hundred years' service of the sick and suffering. The two volumes are packed with learning, and many of the most important charters he had examined were reproduced photographically. The work is monumental, in the truest sense, to Moore's scholarship, patience and diligence. If this had been all his work, his name would have lived by that alone.

Three further honours fell to him after becoming President. In that same year he was made a trustee of the British Museum. He mentions that he met Gilbert Murray, who brought classical knowledge to the meetings of the trustees. In 1919, His Majesty the King acknowledged his work and his position by creating him a Baronet of the Realm, a graceful tribute. A year after, the University of Cambridge bestowed on him the honorary degree of LL.D. These honours fitly crowned a noble career.

In 1922, his health began to fail, and he was obliged not to stand for re-election as President of the College. His last few months were spent peacefully in Sussex, during which he dictated and wrote the memoirs of the early part of his life. He died at his home on November 30th, 1922, at the age of seventy-five. He was buried a few days later at the nearby village of Sedlescombe. The many tributes which were paid to his memory show most eloquently the high esteem in which he was held by the members of his profession, and are best summed up in the words of a

contemporary—"Norman Moore did more for the profession than anyone else, and took less out of it."

After reviewing the life of an individual, one is often driven to wonder what is the point of a man filling his brief seventy years with a feverish whirl of toil, when, in the end, that repository of his thoughts and experiences, the brain, will merely disintegrate? In Moore's case, this question is easily answered, for he had placed on record a large part of his learning. But more important, since the continuity of the race is more significant in the end than the life of any one individual, he had perpetuated his teachings, his broad interests and his philosophy in many generations of medical men. Thomas Fuller, in his "Holy and Profane state," says that without history, a man's soul is purblind, seeing only the things which almost touch his mind. Moore, early realising this, had saturated himself in the past of his profession, giving his present self such deep foundations of character that he, in turn, became an object of the honour and veneration of his fellows. We, in the birthpangs of the age of nuclearphysics, may look back upon this man and draw inspiration from his noble and honourable life.

THE VOICE OF THE BLINDWORMS

berbivorous sports who determined to avenge themselves on a gardener for his sloth in letting the grass grow so luxuriantly that they died of a surfeit.

TELL Maud there is a phantom on the lawn
Disparaging the gardener; with voice of
brass
It's sobbing, with abandon so forlorn
That he can't hope to roll or mow the grass.
The blindworms cropped the grass too short
this year
And lethal botulism was their fate;
So now the phantom leaps, and groans with
fear,
And warns the butler, "Dinner will be late."
The gardener's daughter told her wise old
mother
Who said, "It's co-alescence of their brains
That makes the blindworms cause this spectre
bother—
Unless it has to do with stopped up drains."

The Author wishes to acknowledge his great indebtedness

—to Mr. J. L. Thornton, the Librarian of the Medical College, for the advice and assistance he has so freely given.

—to Sir Alan Moore, for the courteous way in which he made available the many papers in his possession which had belonged to his father—the MSS. Memiors, the Bird Books, Charles Waterton's letters, Elwin's pamphlets, the Case Books, and many other documents—and for many helpful observations and reminiscences.

—to Messrs. Methuen & Co. and to Sir Alan Moore for permission to publish a letter from E. V. Lucas' "Post-bag Diversions."

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The daughter ran and brought her father word,
Trembling, he cried "They're choked with
sticks and mud
And cabbage leaves, perchance a rotting bird;
I'll clear them, or to-night they'll run with
blood."
They warned him, "Drains and phantom are
too near—"
"Enough!" cried he, and ran towards the
grid.
And chickens flew, and rabbits screamed with
fear,
And children, wiser, ran away and hid.
But e'er the gardener reached the fateful
scwer,
The phantom choked him, all around him
creeping.
And now there is one gardener the fewer.
Not now the phantom, but the daughter's
weeping.
J. McO.

MEDICAL MEN SEEM TO LIVE LONGER

I AM no *laudator temporis acti* but I do think that the authors of medical papers fifty or hundred years ago had more sense of style and of humour than nowadays without necessarily lowering the scientific quality of their output. Take, for instance, the following example. I try to read *The Practitioner* regularly. Its standard is as high as it has ever been, but I have to brace myself before settling down to reading it. I feel distinctly I am going to face the summing up of my betters on the vital medical questions of the day. This is no bedside literature and needs stern and solemn concentration. My family know I am engaged in the fulfilment of a sacred professional duty and leave me undisturbed.

I was pleasantly surprised, therefore, when I found in the December issue of *The Practitioner* of 1914 a most delightful paper on "The longevity of eminent medical men." The author, H. Drinkwater, F.R.S.E., was a remarkable man in other respects too, but this is another story. He had investigated the records of 2,113 well-known medical men of all times and found that only 11 died very young—under 30—233 lived up to fifty, and nearly one third, namely 627, reached ages from 71 to 80. The greatest number for any one year is 90 people who attained the age of 72. But there were 325 eminent medical men who lived up to the age of 81 to 90 years and 35 who lived from 91 to 100. This gives an average of 67 years and 5 months as compared with an average duration of life (for men) in England and Wales at the time the article was written.

Among those who died too young are John Keats (26), James Jackson, junior, of Boston (1808-33), who studied in Paris and wrote a paper on the prolongation of the expiratory sound as an important sign of early tuberculosis. Francis M. Balfour (1851-82), the great English Embryologist, died on the day of his appointment as Professor of Animal Morphology in Cambridge, while mountaineering in the Alps. At 29 he had published his monumental "Comparative Embryology." Varolius (Constantinus) was 32 when he died in Bologna in 1575. The Pons Varolii is his monument to posterity. At the same age died Regnier de Graaf, of the Graafian follicles, at Delft in 1673.

Among those who lived to an advanced age were: Sir James Paget, the great Bart.'s man. He was 85 when he died in 1899; his reputation as a surgeon is unsurpassed, but few people know that he discovered the trichinella spiralis when he was 20. In the same age group are Lord Lister, Nicholas Van Tulp, model of Rembrandt's "The Anatomist" and spirited Burgomaster of Amsterdam, who died in 1678; Alexander Monro, secundus (1732-1817), the great Anatomist of Edinburgh. In that capacity he had succeeded his father and was himself succeeded by his son, A. M., tertius, who lived to the age of 86. Eighty-six were also Peter Merc Latham of the Middlesex Hospital (1789-1875) and Antonio Scarpa of Scarpa's triangle and of a textbook of Ophthalmology. He died in Pavia in 1832. Among the 87's were Franz Leydig, of the Leydig cells (1821-1908), Richard Quain, the famous Surgeon to the University College Hospital, who died in 1887 and described the Arteries of the body. Baron Larrey, Napoleon's famous Army Surgeon and founder of the modern Army Medical Service, died in 1842, aged 87. Richard Owen, the great comparative anatomist, had lived to be 88 when he died in 1892, so did the founder of Homeopathy, Samuel Hahnemann, who died in 1843.

Elisabeth Blackwell lived to the ripe age of 90 (1820-1910) (she was the first woman who got her name on the Medical Register in this country). So did Peter Mark Roget, of "Roget's Thesaurus of English words and phrases," and one of the founders of the Manchester Medical School (died in 1869). Sir Hans Sloane, founder of the British Museum, to which he bequeathed nearly 100,000 volumes, died in 1753, aged 93. The author of the "Autocrat at the Breakfast Table" series, Oliver Wendell Holmes, was an American Professor of Anatomy and died at 95 in 1904. I did not know that the terms "Anaesthesia" and "Anæsthetic" are ascribed to him.

It is interesting to see that the two centenarians mentioned were both dieticians. Ludovico Comaro (1467-1567) of Venice, insisted on a restricted diet in old age. He himself lived on one egg per day as the only allowance of solid foods in his latter years, or so it is said.

Isaac Ben Solomon (Judæus) lived from 850-950 and wrote also on diet. "When a patient can be cured by diet, use no drug" and "Make your fees as high as possible, for services which cost little are little valued."

Thank you, Dr. Drinkwater, for your profound lecture in medicine given in the form of the best bedside literature I have read for a long time.

[Reported by V. C. MEDVEI]

BOOK REVIEWS

DYING, APPARENT-DEATH AND RESUSCITATION, by S. Jellinek, M.D., Professor of Electropathology at the University of Vienna. Baillière, Tindall & Cox. Pp. vii+263. Price 10s. 6d.

This book is an elaboration of a thesis put forward by Professor Jellinek in 1905—"Death by electricity is in the majority of cases only an apparent death, the victims are in principle to be regarded as recoverable."

There has in the past been much scepticism as to the existence of "apparent death" or "suspended animation." It has been assumed that when all vital phenomena have ceased for an appreciable time death is "absolute." Professor Jellinek cites many examples to disprove this view. One of the most striking is vouched for by the Factory Department of the Home Office. A workman struck by 400 volts D.C. was examined by the certifying surgeon who issued a death certificate. The "dead man" was afterwards brought to life by the efforts of his fellow workmen! Similar cases in the Professor's own practice stimulated the enquiry into the causes of actual death by studying the process of dying and the morbid changes, if any, found in the actually dead. Is death brought about by cardiac, respiratory, cerebral, metabolic or psychical causes? Each and all it seems may play a part. To stress the psychical element much striking evidence is advanced to show that a state of mental preparedness for electric shock is highly protective.

Arising out of these studies we are led to methods of resuscitation of the apparently dead. Of these, artificial respiration, properly carried out, is the most important, but lumbar puncture in appropriate cases and at the proper time is of great value.

The anatomy and working principles of artificial respiration are discussed at length, and it is shown that much harm may be done by employing improper methods.

Finally a plea is made for more widespread instruction in methods of resuscitation.

This book is interesting and well worth reading, but the text is sadly in need of revision. Almost every page is bespattered with Latin phrases—many most unhappily chosen. As examples we note *Exitus dilatus* for "delayed death," and "*Mors in tabula*" for "Death on the table"! Nor can we congratulate the translator who produces an anatomical structure called the "underarm" or believes that doctors palpate the contents of the "stomach."

J. F. T.

AIDS TO PRACTICAL NURSING, by Marjorie Houghton, 5th edition. Pp. viii+364. Baillière, Tindall & Cox. Price 5s.

The nursing heresies of today are the practices of tomorrow, and long-established customs have a way of suddenly becoming discredited and cast aside. The writer of a textbook on practical nursing must expect to revise it constantly, and in the fifth edition of her "Aids to Practical Nursing," Miss Houghton has brought up to date the section on ward dressings

and sterilisation of syringes, while Hodgen's splint has disappeared, and Carr's splint is not now dignified by an illustration. This is a competent textbook for the examination candidate, and if it gives space to out-moded procedures, it is because these still find a place in the examination syllabus.

BIOCHEMISTRY FOR MEDICAL STUDENTS, by W. V. Thorpe, M.A., Ph.D. 4th edition. Pp. viii+496 with 36 illustrations. J. & A. Churchill, Ltd., London, 1947. Price 18s.

A 4th edition of this well-known and widely-used book is most welcome in view of the rapid strides which have been made in the subject since the appearance of the previous edition in 1943.

No startling innovations were to be expected in a new edition, but much new material has been incorporated bringing the book right up to date.

Of the new material, Chapter XVI on "The Use of Isotopes in Biochemical Investigations" is opportune, since great importance attaches to this line of research particularly in elucidating problems of metabolism, and the value of the chapter is further enhanced by a comprehensive table of references to examples in the Text.

Recent advances in co-enzymes and flavoproteins are included, and the present state of our knowledge of the changes undergone by bilirubin in the large intestine is clearly summarised in schematic form on p. 177. The section on "Nutrition in War-time" has necessarily been largely re-written.

In the section dealing with glycogenolysis in muscle, the original scheme of conversion of Triose phosphate into lactic acid should surely give place to the more recent and generally accepted one of Parnas.

The Bibliography at the end of the book remains a great boon to those students wishing to pursue the study of a particular branch of the subject in greater detail.

The publication is notable for clear type and the rarity of misprints.

H. G. R.

COMMON SKIN DISEASES, by A. C. Roxburgh, M.D., F.R.C.P. 8th edition. Pp. xxxii+498. Price 21s.

"Common Skin Diseases" is a firmly-established favourite with practitioners and students alike, and the eighth and latest edition—which incidentally accompanies the first appearance of the work in the French language—contains additional matter on a number of subjects.

Notes on the use in dermatology of penicillin, the sulphonamides, and D.D.T. are incorporated, and mention is also made of the recently introduced treatment of lupus vulgaris by calciferol.

The chapter on varicose veins, eczema, and ulcer, has been re-written, and additional paragraphs on such a variety of conditions as adenoma sebaceum, erythema serpens, acrodermatitis perstans, infective eczematoid dermatitis, meadow dermatitis, ticks, and jelly-fish stings have been included.

Four of the previous illustrations have been changed, and twenty-eight new ones added, making a total of over two hundred, eight of which are in colour.

These additions have slightly increased the size and cost of the book, but the new price is not at all excessive, and the book can be warmly recommended to all who wish to acquire a sound knowledge of the dermatological conditions commonly met with in general practice.

A GENERAL COURSE IN HYGIENE, by A. E. Ikin and G. E. Oates. Pp. 404+. Third edition. University Tutorial Press, London, 1947.

A medical textbook which sets out to cover a wide field in a small compass will be unfavourably criticised by students who require a reference book. The third edition of this work is not a reference book, but is an admirable survey of the subject, and will continue to be of use to medical students, as well as to health visitors and nurses.

In a book such as this, intended as an introduction to the subject, lay-out is of more importance than in a reference book, and in this respect requirements are adequately met. The illustrations are satisfactory, and paragraph headings and sub-titles are well chosen, which makes this book pleasant to read.

The technical aspects of sanitary engineering are treated with attention to detail worthy of "The Specialist," and are more instructive if less Rabelaisian.

In the dietary section, it is distressing to see that our present weekly fat, meat and cheese ration is recommended as an average daily adult diet. Also of topical interest, in these days of heavily padded shoulders, is the authors' assertion that "jute is not much used as a material for clothing."

It should be mentioned that students may search the great London hospitals in vain for some of the more elaborate technical devices recommended.

ELEMENTARY PHYSICS, by G. Stead. 7th edition. J. & A. Churchill. Ltd. Pp. 574. Price 15s.

It is pleasing to welcome the recently published new edition of this useful textbook. The considerable alteration that has been made to the text constitutes a definite increase in its usefulness and one does not hesitate to recommend the book to students. With very few exceptions, the treatment of the subject matter is good and the reasonable requirements of 1st M.B. physics are covered. The arrangement of the text (in which the more difficult, and often less important topics are printed in smaller type) is quite good and is useful for the student when revising and for the teacher when suggesting suitable reading. It is good to see that, at numerous points in the text, worked out questions are given. In our opinion, this is essential in a book of this type, particularly in the Mechanics section. Some new examples have been added, but further substitution and addition of questions could have been done. The data given in the numerical examples is now expressed in the same form as it is in the London 1st M.B. examination papers and this should be of assistance to the student.

Now for some minor criticisms and suggestions: The Bunsen's Ice Calorimeter given on page 178 is of the usual type described in textbooks and, we have been told, would be rather unsatisfactory in practice. We should like to see more stress placed on the idea that the total pressure in a vessel containing a mixture of gases is equal to the sum of the partial pressures of the constituents; in fact it might be useful to include this in the actual statement of the law of

Partial Pressures on page 190. In the definition of thermal conductivity given on page 209 mention should be made of the "steady state."

In the section on Sound, the statement of the upper frequency limit of audibility is rather generous and the term "partials" should not have been introduced (p. 229). (We find that students get sufficiently "bothered" about harmonics and overtones without bringing in an extra word!) Finally, in this section, the Doppler effect might better have been treated in two parts: (a) fixed source, moving observer; (b) moving source, fixed observer. Many of the numerical questions set on this effect involve either (a) or (b), and also separate treatment leads to better appreciation of the phenomena.

In Light, the main treatment of Photometry (8's 205-208) is unchanged. It is found that this section is not easily assimilated by students and that some amplification is required. On page 291, a statement on the signs of the radii of a lens included in the Sign Convention would be welcome. With regard to microscopic eyepieces, students often ask about differences between the eyepieces of the microscopes they use in physics and biology; in other words, could something be said about Ramsden's eyepiece as compared with Huyghens? The definition of optical rotations on page 340 needs some statement about the position of the source. Also, we wish the author would do something to discourage the use of the terms "right-handed" and "left-handed" rotations.

In the Electrostatics section, the diagram of a gold-leaf electroscope (page 371) could have been modernised (and simplified). We are glad to see the inclusion of the Van de Graaff electrostatic generator in this section.

In the final section, the slight change in order of treatment constitutes a definite improvement, and the additional matter introduced into this section is well chosen and is given its correct perspective for a book of this type. The only criticism of this section is that some of the circuit diagrams are poor, particularly in regard to the symbols used for cells and meters.

AIDS TO QUALITATIVE INORGANIC ANALYSIS, by R. G. Austin, B.Sc., F.R.I.C., F.R.M.S. 2nd edition. Baillière, Tindall & Cox, London, 1947. Pp. xii+207 with 9 figs. Price 5s. 6d.

The appearance of a second edition of this book is ample proof of its usefulness to first-year students of chemistry.

The lay-out remains almost unchanged from that of the original edition. Since the reactions involved in inorganic analysis are ionic, some space might well be allotted in the introductory chapter to a brief resumé of ionisation in solution, and the paragraph on "solubility" could be transferred to Chapter 2, under the heading of "Preliminary Tests."

Sufficient stress is not laid on the importance of preliminary tests, and a little more time spent over them and more careful observations made, would obviate wrong conclusions in the later stages of the analysis, and moreover, as the author puts it in his preface, "raises the operations from the level of mere 'spotting' and the slavish adherence to tables."

The tests for aceto-acetates, lactates, salicylates and phenol should be omitted, as these substances belong purely to the realm of organic analysis.

The type is clear and few errors have crept in, the exceptions being the structural formulae for the oxychlorides of Antimony and Bismuth. H. G. R.

CERTIFIED—AN AUTOBIOGRAPHICAL STUDY, by H. G. Woodley. Victor Gollancz, London, 1947. Pp. 224. Price 9s. 6d.

The author, a certified lunatic for a year in a Scottish asylum, tells of his experiences there. We are not told why he was detained, but in the preface the author states he hopes he will be able to tell us why—in another book. He has some knowledge of psychology and gives vivid descriptions of the behaviour of the inmates. After some weeks in an observation ward he becomes a privileged patient and has a considerable amount of parole, so that during the daytime he lives as a normal man of leisure. In the comparative peace of a private ward he proceeds to write this book. Towards the end of the book he points out the great deficiencies in mental nursing, and the farcical nature of Commissioners' visits in some institutions. He stipulates that all the mentally ill should in the first instance be sent to an observation ward—to avert the tragedy of faulty diagnosis and certification. The author is most emphatic about the early recognition of mental disease and blames society for turning a blind eye to it, and yet he stresses the hair-line dividing the sane from the insane.

The book is well written, sincere, and well worth reading.

Mr. H. G. Wells read the manuscript of the book shortly before his death, and was very enthusiastic about it.

E. G. R.

MODERN METHODS OF FEEDING IN INFANCY AND CHILDHOOD, by Donald Paterson and J. Forest Smith. 9th edition. Constable, London. Pp. 184. Price 8s. 6d.

This little book gives a comprehensive account of modern methods of infant feeding, and it is widely read by doctors, nurses, and the more scientifically minded mothers.

The previous edition, published in 1944, was brought well up to date, particularly with respect to the war-time rationing restrictions, and this new edition shows very few alterations, though the recommendations for the dietary treatment of coeliac disease have been expanded. There is still no concise statement of the vitamin content of breast milk, fresh cow's milk, pasteurised milk, etc., but no doubt the next edition will include this when our knowledge is more complete.

Students will find all that they need know about infant feeding in this book.

THE NATIONAL HEALTH SERVICE ACT, 1946, by J. A. Scott, O.B.E., M.D., D.P.H. Eyre and Spottiswoode. Pp. 93. Price 9s. 6d.

In the welter of controversy on the National Health Service Act and the regulations to be made thereunder, many of us fail to see the wood for the trees, or at any rate for the particular tree to which we take special exception. It would be good for us to recall the various steps which have led up to the Act, to read a summary of the Act in simple language, and to have the Act itself readily available for reference.

Dr. Scott has provided us with an easy means of doing this. He deals first of all quite briefly with the background of Social policy; then gives a review of the planning proposals of the medical profession. He then deals with the question of Health Centres, the Areas of Regional Hospital Boards, the Regional Hospital Surveys and the Original White Paper on a National Health Service. Finally he presents a clear summary of the National Health Service Act. All this he has compassed in 30 very readable pages.

An appendix gives in detail the areas of the Regional Hospital Boards. Then follows the official text of the National Health Service Act, with an index for quick reference prepared by the librarian of the Middle Temple.

The whole forms a most useful book, in which there is no special pleading and no partisan spirit. The history is there, the facts are there in a readily assimilable form, and the comments are straightforward, common-sense observations directing attention to some of the implications of the provisions of the Act.

The book can be strongly recommended to all who wish to be familiar with the National Health Service Act. It can be quickly and easily read and subsequently, reference to any particular point can be quickly and easily made.

C.H.W.

ANATOMICAL TERMS—their origin and derivation—, by E. J. Field, M.D., M.S. and R. J. Harrison, M.B., B.Chir., Cambridge. Heffer & Sons, Ltd., 1947. Pp. 165. Price 7s. 6d.

This pocket-size book was begun and mostly finished when the authors were working in the anatomy department at Bart's. It was compiled as a result of the numerous requests by students for an explanation of the many terms met with in their anatomical work.

An increasingly large proportion of medical students have little or no knowledge of Latin or Greek. This book attempts to explain to them how and why the familiar structures of the body are so called. A knowledge of the derivation of a word helps one both to remember its meaning and to spell it properly. Further, it deals in eponyms. Short biographical accounts of the men who have bequeathed their names to structures are also included. Thus there are paragraphs about Abernethy, Alcock, Bowman, Darwin, Fallopius, Lower, Meckel, Nück, and Vesalius. It is difficult to see, however, why Sir Christopher Wren is included—no structure of the body is named after him, although he was an anatomist before becoming an architect. It is by such inclusions that the authors have apparently amused themselves, besides being of interest in the history of medicine.

There are of course mistakes and omissions, but surprisingly few. The word "proximal" is included but "distal" is absent. Mackenrodt's ligament is omitted but is in common usage. Ramon y Cajal should come under R and not C. Birth and death dates should come immediately after a man's name rather than halfway through or at the end of his biography. Finally, surely aldermen were less crude than the authors allow by using rose water rather than cold water to induce reflex vomiting?

A SHORT STORY OF ST. BARTHOLOMEW'S HOSPITAL, by Una Carr. Spottiswoode, Ballantyne & Co., London and Colchester. 1947. Price 1s.

In these times when tradition is derided as cant, and institutions with fine past achievements are frequently disregarded in favour of irresponsible schemes holding out hopes of easy success and limited progress, it is especially pleasant to read a story of this foundation which links a worthy past with present success and prospects of a noble future.

We would like to express a cordial appreciation of this little book, which gives a simple, sincere account of the history of this Hospital, from the time of its foundation to the present day. It is delightfully produced and graced by several excellent photographs by Norman K. Harrison, including a particularly fine study of the tomb of Rahere in the Priory Church.

This book has been very well received by patients and nurses, but for some reason many students have never seen a copy, and we have much pleasure in bringing it to their notice.

CLINICAL EXAMINATION OF THE NERVOUS SYSTEM, by G. H. Monrad-Krohn, M.D., F.R.C.P., Professor of Medicine in the Royal Frederick University, Oslo. 8th edition. London: H. K. Lewis & Co., Ltd., 1947. Pp. 380, with 126 illustrations. Price 16s.

This book first appeared in 1921 and the seven editions since that time give some indication of its worth. During these twenty-five years, as the author points out, the importance and understanding of neurology has increased enormously. It is now an independent branch of medicine instead of just a minor by-product. Further, it is a linking ground between psychiatry and general medicine, and is in close relationship to many other specialities such as endocrinology, ophthalmology, otology and orthopedics. It is evident that today clinical neurology is of importance to most doctors and thus to medical

students. This book gives a careful, detailed and comprehensive account of clinical neurology. It is probably more suitable for the doctor than for the student preparing to qualify.

This edition has been thoroughly revised. It was being prepared in 1940 when Norway was occupied by the Germans, and has had to wait until this year before appearing. The chief addition is in the section on angiography. In this method thorotrast is injected into the common carotid artery, and subsequent skiagrams made. Although as well there are sections on ventriculography and encephalography, the emphasis of the book is on clinical bedside examination.

One of the chief points to be noted is the excellent series of photographs which compose most of the illustrations. The printing of the book has been carefully carried out.

ATLAS OF BACTERIOLOGY, by R. Cranston Low and T. C. Dodds. Edinburgh, E. & S. Livingstone, 1947. 168 plates, 167 in colour. Price 32s. 6d.

This book is beautifully produced, and the authors are to be congratulated in planning such a work. In it are illustrated the commoner micro-organisms, and where necessary or possible, their appearance in culture. Also illustrated are the life cycles of various parasites.

The quality of the colour printing is up to Messrs. Livingstone's usual high standard and achieves the accuracy essential for such work as this, except for trouble with ink density in one or two plates.

But the method of presentation of the book has raised the price too far beyond that which the average student can afford to pay for what amounts to a picture book, and while, as the authors have hoped, the medical undergraduate would undoubtedly derive much help from it, the cost will prevent the book from having a large circulation amongst students. It will, however, be a valuable book for the reference library.

EXAMINATION RESULTS CONJOINT BOARD

SEPTEMBER, 1947

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	Hooper, E. R. S.	

BOOKS RECEIVED

(Inclusion of a book in this list does not preclude later review.)

A TEXTBOOK OF HISTOLOGY FOR MEDICAL STUDENTS, by E. E. Hewer. 4th edition, 1947. Heinemann, London.

MENTAL HEALTH, by J. H. Ewen. 1947. Arnold, London.

NUTRITION: DIETETICS: CATERING. An independent quarterly review incorporating official news of the British Dietetic Association and of the Food Education Society. Summer, 1947.

13th DECENNIAL CLUB

Membership of the 13th Decennial Club is open to all those who joined the Hospital between 1935 and 1945 and who have since qualified.

Notices of the formation of the club and of the arrangements for its inaugural meeting have been sent to all known members. As the lists may not be complete, would anyone eligible for membership who does not receive a notice by November 20th please communicate with the Acting Secretaries, 13th Decennial Club, St. Bartholomew's Hospital, E.C.1.

ATHLETICS

At the start of another season we find ourselves with the same team as last year—the team that won the United Hospitals Championship for the second year in succession. However, we are looking for new runners as the University and United Hospitals are always a heavy drain on our team.

The main attractions of the season will be the matches against Bristol, whom we beat last year; for those of us who are chosen for the United Hospitals, the match against Dublin University, at Dublin; and the Athletic Club Dance on November 25th.

Apart from injuries, which dogged us last year, the prospects for the University and United Hospital championships are bright.

We offer our heartiest congratulations to E. M. Rosser, who has rounded off a very successful season

by winning the Welsh A.A.A. High Hurdles Championships at Newport on August 30th.

We should like to take this opportunity of welcoming A. S. Wint, who has joined us this October.

D. C. M.
1947. FIXTURES.
Oct. 25th. United Hospitals Handicap (Chislehurst)
Nov. 1st v. Bristol University (Chislehurst)
Nov. 15th v. Kings Col., v. Middlesex Hosp. (Chislehurst)

Nov. 29th London University Cross
1948. Country Championships (Roehampton)
Jan. 31st v. Bristol University (Bristol)
Mar. 13th United Hospitals

Cross Country Championships
Other fixtures to be arranged.

ANNOUNCEMENTS

BOAT CLUB BALL

The Annual Boat Club Ball will be held on Wednesday, December 3rd, 1947, in the North Hall Suite, Victoria House, Southampton Row, W.C.1. Evening dress optional. Tickets, price 12s. 6d. double, from W. J. A. H. Turner or members of the Boat Club.

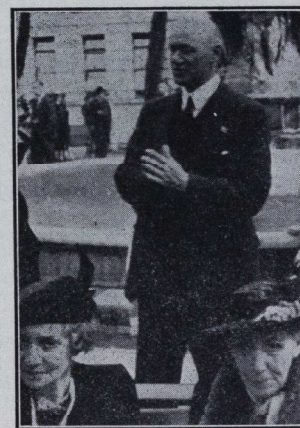
BIRTH

McGUIRE.—On September 12th, 1947, at the West Middlesex Hospital, Isleworth, to Alison (née Liddell), wife of Neil G. McGuire, M.B., B.S., of 43, The Avenue, St. Margarets-on-Thames, East Twickenham, Middlesex, a sister for Michael (Shelagh Alston).

THE JOURNAL

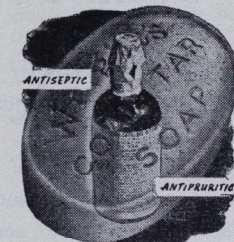
Miss Joan Wheelwright has been appointed an additional member of the JOURNAL Committee.

Any contributions for the December JOURNAL should reach the Editor by December 3rd.



"and some fell upon stony ground..."

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Journal



Origin
of a
'household
name'

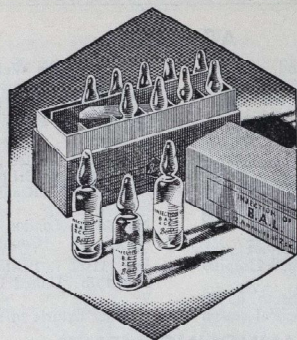
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ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

Vol. LI

DECEMBER 1st, 1947.

No. 10

CHRISTMAS

"WOULD that Christmas lasted all the year round," said Dickens, the bard supreme of that glorious season, and when we were younger, how wholeheartedly would we have agreed with him. We never knew, in those blissful days, what Christmas really involved, and how many overt preparations went on while we were lying in bed, awaiting the advent of a Santa Claus who could never come until we were sound asleep—or until we had learned cunningly to feign deep slumber. Our anticipations and the actual delight of the party quite blinded us to the vast deployment of domestic resources which brought forth the final smoothly running occasion, and our competent despatch of the galaxy of good foods was never tempered by forebodings of reparations to come. All we knew was the prospect of a period of infinite bliss, which had been central in our minds ever since our visit to Father Christmas a month ago, when, with incomparably benign suavity, we had been promised our hearts' desires. And enjoy it we did, except for those trifling episodes of over-eating or over-excitement which were quickly over and never did anyone harm. Perpetuation of such a glorious time would indeed have been joyously welcomed.

It was probably the Pantomime which first aroused the suspicion that Christmas could have circumstances about it which were not quite perfect. In our early years, the piece was as real as the seats upon which we joyously wriggled, and we entered with Jack into furious combat with the Giant, or lent our utmost moral support to Aladdin in the fight against his Wicked Uncle. Then, with a shock, we realized that these fine heroes were neither men, nor girls acting like men, but girls behaving

like girls and our appetite for pantomime ebbed, and we saw more clearly the other falsehoods of the stage.

The next blow was the revelation that Santa Claus was by no means so disinterested a body as we had hitherto believed, a disappointment which was tempered by the consciousness that we had in our discovery a temporary superiority over our more gullible fellows, and by the realization that here was an opportunity for ensuring that at Christmas we got what we really wanted from our parents. And then, as the hardened scepticism of the teens set in, we each enjoyed our Christmas in different ways, and some became so introverted about it that suspicions were aroused as to their health, while others, with clear realization of what might be done under the influence and excuse of ecstasy, proceeded purposively to make the most of all too brief a season.

We grew, and with years we were entrusted with some of the preparations, and we began to learn a little of what Christmas involved amongst the grown-ups. If we had thought, some doubt would have been cast upon the truth of Dicken's proclamation, and as we approached the twenties, we definitely began to reject it.

But probably only when we came to hospital could we savour Christmas in its fullest and richest form. For many of us, the first December in clinical work must have been the first away from our families, and we wondered what would be the response to a suggestion that we should stay at the hospital for Christmas. But wondering is a luxury at such a time, and in October hints reached us that much was expected of us within the space of ten short weeks.

It is a humbling experience, we found, to sit down and in cold blood attempt to write a show that will be a roaring success amongst patients, students, and staff alike. Never before had we realized to what high degrees of pedanticism our wit attained, or how much of our humour was a mixture of third-rate music hall and schoolboy repartee. And how wildly we misjudged our audiences. At one minute they had come straight from the Old Kent Road of glorious fame, and the next were translated into a combination of Dons, wondering whoever let loose such a crew of inane block-heads. The final edition of the script had, of course, not the slightest resemblance to the first agonized draft, and constant modifications of scenery, properties, and artists necessitated heavy inroads upon our bright and scintillating piece.

And meanwhile, those of us whose boyhood was not completely subdued armed ourselves with paints of many colours, and brushes, and under the excuse of "making decorations for the ward," set out to splash and daub to our hearts' delight, and could they but have seen it, how greatly would MR. and MRS. KALMUS have rejoiced in such ardent disciples of their Gospel. For paint, like a garden, is a love-some thing and, coupled with a large expanse of paper and a brush, is calculated to bring out all the caveman in us.

To many, the best single ceremony at Christmas is the procession of carol singers round the hospital. Many patients have been heard to say how beautiful is the effect of a lanterned train of red-cloaked nurses and students, led by a white-robed priest through the darkened wards, and such are the evocative powers of carols that nothing else can better impart the spirit of mellow and catholic fellowship which is the quintessence of the season. The singers

HARVEY CUSHING, 1869-1939

To those of us who worked for the Chief and knew how he found the world "so full of a number of things" the memory of him is so vivid that it seems impossible he died eight long years ago. It would be strange, however, if this feeling of his abiding influence could be shared by others who had never known him—or so it seemed to me. But the crowded meeting of the Abernethian Society when John Fulton spoke on "Harvey Cushing and his Library," and the wide-spread interest aroused by the biography have made me think again—it must be that what Gunnar Nyström called

themselves, sensing the atmosphere of quiet delight in which their music is received, must feel exhilarated and content with the pleasure they undoubtedly give, and though they may fear that their standard is not quite that of SIR HUGH ROBERTON, we may assure them that of all the customs of the hospital at this time, the Christmas Eve carolling is the one which we would least willingly forego.

And what of Christmas Day itself? Chief and clerk, sister and stripe alike relax their inhibitions to the greatest possible degree, "and things are done you'd not believe" in hospital on Christmas Day. From the distribution of presents in a gaily decorated ward, and the almost Bacchanalian rites of the turkey and plum pudding to the exhausted departure of the last concert party, the patients' faces change from surprise to delight, and to study this transformation is to realize that here at any rate is a medicine of almost universal application and unflinching efficacy. The day flashes by, and Boxing Day nearly as quickly, save for a slight natural diminuendo, and by two o'clock next morning most of us, while admitting what a splendid time we've had, are prepared to refute Dickens to the best of our flagging abilities.

But we are as yet far from this prostrating period, and the efforts of the hospital are bent on planning, writing, rehearsing and painting, with the exception of those sad, forlorn souls who have chosen, perhaps not unwisely, this expansive season to visit the gentlemen of Queen's Square. To them, our condolences, but to the rest, from Governor to Porter, from Matron to Junior Pro., from Professor to Student, we wish as Dickensian a festival as the times will allow, and many better to follow—between suitable periods of convalescence. "A Merry Christmas to us all!"

his waves of positive and negative pressure are still active, the positive sending his students out to carry his teaching far and wide, and the negative pressure attracting those who came seeking the inspiration of his great example.

Harvey Cushing's name will be revered by future generations of medical men for his eminence among the pioneers in neurological surgery, and for his researches into the physiology of the endocrine as well as of the

HARVEY CUSHING—A BIOGRAPHY. By John F. Fulton, Charles C. Thomas, Springfield, Illinois, U.S.A. Publishers in Great Britain: Blackwell, Oxford, 1946. 30s.

nervous system. Book-lovers will remember him as a writer and a collector who must often have come near to selling all that he had to buy one book of great price. But it is remarkable how many people who know nothing about medicine and very little about books are deeply interested in Fulton's biography because their friends and acquaintances are mentioned in it, a fact which emphasises the innumerable contacts which Cushing established with all manner of men and women almost the world over.

It is fortunate for us that among his various collections he included his personal memorabilia—diaries, letters, dinner-menus, and programmes of scientific meetings—all the materials which the biographer needs for his task. And what a task this biography must have been! Though it may also have been a labour of love, there can be no doubt about the hard work involved in sorting out so much material, all of which must have been of absorbing interest, and in picking out what was of the greatest importance in showing by what stages and process the man grew to his full stature. John Fulton has done this supremely well, following faithfully the style of Cushing's biography of Sir William Osler; and while the only possible criticism might be that the book is too long, and quotations from letters and addresses may seem too numerous and too lengthy, it would be difficult if not impossible to pick out any which could be excluded without sacrificing something we need to know about the making of the man.

Yet, detailed as it is, the biography fails to explain everything. Harvey was the youngest son of a large family and his early days at school and college were "essentially undistinguished," but it was his letters, and as far as we can tell only his, which were preserved by his father. Why?

Two points seem clear from the beginning: he found interest and enjoyment in all his activities—work, hobbies and sport—and he always wanted to excel in everything he did. His enthusiasm might have carried him to success in various professions, and indeed he was attracted for a time to architecture and to pure science. Although his father and grandfather were medical men it was only after an informal talk which Dr. Bryson Delavan of New York gave to Cushing's group of senior students at Yale that he decided upon a medical career.

Steady application and unremitting toil are insufficient in themselves to account for his success. He showed in addition a remarkable

discrimination, a faculty for recognizing the most profitable objectives to strive for. On his first visit to Europe at the age of 25 he sought out the most distinguished medical men and followed them round their wards, and his diary records how Thomas Barlow and Jonathan Hutchinson rewarded his efforts to learn from them. As he seems to have done this without any special introduction or encouragement from his own teachers, it gives an early indication of his remarkable initiative and self-reliance, of knowing what he wanted, and being able to get it. Later on he was quick to recognize the importance to the surgeon of radiography, local anaesthesia, the continuous recording of blood pressure during operations, and an efficient bacteriological service; and it was largely thanks to his efforts that the value of these aids to surgical technique became generally accepted at Johns Hopkins Hospital.

But why was it that so many Universities offered him the Chair of Surgery long before he was old enough to be a Professor? And why did he ultimately choose Harvard? And what could possibly have caused the President to write in all humility to this young man of 40 that he hoped the terms of his appointment met with his approval? Since Cushing had dictated the terms to the University there seems little ground for the President's anxiety, yet there is no doubt that he was most anxious about landing his fish! No biography can portray fully the force of a man's character and personality, but it can provide the material for us to create for ourselves a fairly accurate impression of what it must have meant to encounter the drive and determination which convinced these University and Hospital Boards that this was their man, and that they would move heaven and earth to get him.

He was attracted to neurosurgery by the investigations he carried out under Kocher's direction, and by Sherrington's experiments which he saw during his long visit to Europe in 1901. Even when he returned to Baltimore Halsted offered him orthopaedics, but he stuck to his own inclinations, and progress up to 1907 can be gauged by his article on the Surgery of the Head in Keen's textbook. It wasn't till 1908 (he was then 38 years of age) that his work on the pituitary gland fully established his status as a specialist in neurosurgery.

The thorough training he had had in general surgery at the Massachusetts General Hospital and at Johns Hopkins was the foundation upon which he built his special technique. The fundamental principles were asepsis, careful

handling of tissues, and the proper control of hæmorrhage; and he told me that he regarded the closure of the scalp in two layers, so as to prevent leakage of cerebro-spinal fluid and the consequent risk of infection, as his first important contribution to neurosurgical technique. Later an unfortunate experience with infection arising from his own upper air-passages made him design the impermeable mask, with a sheet of X-ray film between its layers, to replace the uncomfortable and inefficient type composed only of multiple layers of gauze.

To protect the brain from mechanical injury by practising the utmost gentleness in manipulating, retracting, or cutting nerve tissue must be taken for granted; but by introducing Ringer-Locke's solution for moistening its surface and any materials applied to it he preserved the brain from physical and chemical damage also.

He was always improving upon his own methods for controlling hæmorrhage within the skull, but the greatest advances followed his painstaking researches into the pathology of intracranial tumours, their sites of origin, and their natural history which he discovered from his systematic method of following every patient by annual reports. All his work was characterized by the same close attention to detail, careful recording, and methodical analysis—laborious, exacting work which ultimately yielded so rich a harvest.

His literary output was stupendous, and considering that he never seems to have written with ease, and that publications of any importance were corrected over and over again, it is hardest of all to understand how he found time to produce so much, and in the style of a master of English prose.

Fulton suggests that it may have been the visit to William Hunter's library when he went to Glasgow in 1901 which first fired Cushing's interest in collecting books. To do this successfully he needed knowledge and money. The money he obtained partly by sanctifying some of his fees and gifts from patients. He certainly never coveted money for its own sake, but he recognized that if he was to bring up his family, spend a reasonable amount on foreign travel, and indulge his passion for collecting rare books he couldn't afford to live on a moderate fixed salary. It is probable that this must have been one of the motives which made him so firm in his resistance to the Hopkins system of whole-time academic posts at fixed salaries, and so staunch an advocate of the scheme introduced at the Peter Bent

Brigham Hospital, under which he and his colleagues served on a "whole-time" basis, receiving a nominal salary from the University, but being permitted to receive fees from patients in the private wards of the Hospital.

His knowledge of books became in time not only exact but extensive, and the biography contains a good story about one of the more scholarly of the dealers in rare books who brought him Paré's *Dix Livres de Chirurgie, 1564*, as a particularly tempting bait, only to find that H. C. already had it on his shelves. But the book-seller departed a wiser if not a richer man, for his client was able to show him in his own collection of Parés a second even rarer variant of the 1564 edition of the *Dix livres!*

In his earlier years he must have done a considerable amount of undergraduate teaching, for while he was Associate to Halsted most of the Professor's teaching duties were delegated to Cushing, who infused new life into the work by instituting the course of operative surgery on dogs. The interference with the well-being of the animals was minimal, for a student was not given credit for his operation unless the dog made an uninterrupted recovery with unimpaired function after it; and there was a three-fold justification for the course—it helped to train medical students, it provided a stimulus to experimental research, and it established a school of veterinary surgery.

Later, however, the time he could devote to undergraduate teaching was very limited, and while I was at the Brigham the routine surgical lectures and clinical teaching were in the capable hands of Dr. Homans, Dr. Cheever, Dr. Quinby and Dr. Elliott Cutler, and of the Senior Residents, Francis Newton and Dan Elkin. The watchful eye of the Chief supervised everything, and though it was but rarely he found much to criticize I shall never forget one occasion when he looked into a theatre and saw a junior house officer in difficulties with an inguinal hernia. The poor fellow was only going through what most of us have experienced at that stage of our development

first he poked his nose down closer and closer to the wound, and finally in went his fingers to rootle for the sac. This was more than the Chief could bear, so he sent for the Senior Resident to help in the operation, and afterwards rated him soundly for "the bad standard of work among the Housemen, especially over hernias." Dan took the wiggling, but then suggested that Dr. Cushing should operate on a hernia to show how it

ought to be done. I went with him to examine the patient—at least he had no intention of being landed with a case in which there wasn't a sac!—and the next day the gallery was filled by all the members of the surgical staff to see the Chief do an inguinal hernia with the full ritual of a cerebral operation.

He never tired of stressing the importance of clinical observation. At St. Bartholomew's we were given evidence of his clinical acumen at first-hand when he took over the Surgical Unit for two weeks in the summer of 1922, for we met it in the wards, in the out-patient department, and at Surgical Consultations. In Boston I met it again not only in his own service but especially in the weekly combined staff rounds which took place alternately at the Brigham and at the Children's Hospital, when the comments of this broadminded "specialist" always seemed to stimulate discussion and to suggest some fresh approach to the problems of the general surgeon and of other specialists. I remember him in consultation over a difficult abdominal emergency, and I learnt from him the importance in such cases of clinical examinations repeated at frequent intervals until a diagnosis can be made.

It was, however, by training the post-graduates who came to him from far and wide to learn the practice of neurosurgery that he established himself for all time as a great teacher of surgery—though "teacher" in the strict sense is scarcely the correct designation, since his principles were not so much taught as caught. His surgical idealism was contagious, and nobody could work with him for long without becoming infected with his ardour.

Once he had been acknowledged as the Chief of the Surgical Service it was natural that he should insist that the conditions under which he worked should match his high standards; but as a younger man these same lofty ideals sometimes led to misunderstandings and friction with his contemporaries, and, even with higher authority. Every born leader must experience this difficulty, and the natural conservatism and dilatoriness of the powers-that-be must seem to a man endowed with clear vision and a restless spirit to be at least stupidity, or at the worst a deliberate attempt to obstruct his designs. There is little doubt that Cushing suffered in this way, and that occasional outbursts of anger were occasioned by what he considered to be unreasonable opposition to his plans. Fulton makes the suggestion that it was the exertion of lifting down a heavy book

which precipitated his final heart attack. It is more likely to have been the quarrel with the Yale authorities over the delay in building the library, for he was so infuriated by their indecision that he finally threatened to give his library to Hopkins, and it was only on his deathbed that he knew the decision to build had been confirmed.

It seems fairly certain that his scheme for a Neurological Institute was not accepted because he had previously shaken some of the representatives of the Rockefeller Foundation, which might have financed the scheme, by his overbearing resistance to whole-time service in the University. They seem to have suspected that it was his ambition to be in himself the Institute, which goes to show that there are limits even to the American support of private enterprise!

In a man of such determination and strength of character, self-sufficiency may ultimately become a fault, and it is possible that Cushing might have achieved his ends more easily if he had not been quite so independent. This is exemplified by the rather intolerant attitude he adopted at one time to the Department of Pathology, which resulted in his undertaking all the morbid anatomical study of his own material. No doubt this carried a certain advantage in that he became familiar with every aspect of his cases, and ultimately, with the able assistance of Percival Bailey, he made monumental contributions to neuropathology; but the same result might have been achieved by co-operation instead of by independent effort which must have antagonised some of his colleagues.

The self-confidence which gained him pre-eminence had two unfortunate accompaniments—he tended to be intolerant of criticism, and appeared to resent any fancied infringement of his rights as "the Chief." One instance of the former trait was his annoyance when Sir Thomas Lewis would not accept his paper on the pituitary origin of hypertension for publication in "Clinical Science." On another occasion, when Dr. Kinnier Wilson visited the Brigham, one of the junior members of the team was asked to tell him of cases observed in the clinic in which cerebellar lesions had produced astereognosis. On being asked how he would account for this strange finding the distinguished visitor snapped, "I wouldn't try: I should refuse to accept it!" The reply was characteristically outspoken, but it was not its bluntness alone which upset the Chief.

His occasional misinterpretation of the suc-

cess of a younger man as an attempt to compete with him for leadership was especially strange in one of his calibre, bearing in mind his own oft-repeated saying that it should be the object of the younger generation to mount to greater heights on the shoulders of their predecessors. The animosity which arose over Dandy's paper on the total extirpation of tumours in the cerebello-pontine angle was really without foundation, and his feeling of disappointment when on his retirement he was "so completely superseded" by Elliott Cutler was unreasonable, especially in view of the care that Elliott had taken to provide what seemed perfectly adequate accommodation in the surgical laboratory for him to continue his work as Surgeon-in-Chief Emeritus.

Any attempt to explain what Harvey Cushing meant to his friends and associates must take into account these imperfections as well as his greatness, for men may admire but do not love perfection, and it is because he was above everything a lovable man that the Harvey Cushing Society exists as a living, active and productive memorial to the affection as well as the esteem in which he was held by all who worked with him. Let anyone who never knew him read the account in the biography of his 60th birthday party—a man who was merely a great surgeon, a distinguished physiologist, and a scholarly bibliophile could never have been accorded such a spontaneous demonstration of real affection.

He took a delight in drawing people together into groups with common interests, and he belonged to or was a prime mover in the formation of many clinical, literary and historical societies. Wherever he went he infused new life into the circle in which he moved, and was continually finding new fields for activity and fresh outlets for his enthusiasm.

He found real happiness in his own home and family life, and though pressure of work often separated them, particularly during the summer months when the children went to the sea at Little Boar's Head, the time he was able to spend with the family was all the sweeter and more precious. Though he was devoted to all "the darlings" he seemed to have a particularly soft spot for Barbara who was left handed, and as she wrote in mirror-writing when she used her right hand this just fascinated the Chief!

My six months as Junior Associate in 1923 was a period of great activity in the clinic, though curiously enough it is treated comparatively briefly in Fulton's book. I suspect that

H. C. was so fully occupied with the Osler biography that he had little time to spare for writing articles, giving addresses, or even adding much to his own diary, because in the summer months his life was a matter of the same daily routine which does not provide good material for a diary or a biographer.

He had breakfast about half-past seven and spent from 8 to 11 o'clock dictating the biography. Shortly after 11 he would arrive at the Hospital and come straight to the operating room where everything was prepared for him to start without delay, for even when all care was taken to save time he would be operating till 2 or 3 o'clock in the afternoon. He never seemed to bother about missing lunch, and when Eric Lloyd came to visit the clinic, and I suggested at about 2 p.m. that we might be excused so as to get some lunch, the Chief replied somewhat cynically—"Yes, of course, you must take the Englishman away and feed him: I hope there'll be roast beef!"

The rest of the afternoon was spent examining patients, looking over specimens, for at that time Bailey was making great progress with the gliomas, and dealing with correspondence. After a cup of tea in the lab. or at home, there would often be time for a game of tennis, and then after an early dinner he would spend from 8 till 11 o'clock looking up the material for the next morning's dictation. The drawing room was converted into a work-room with trestle-tables on which he had files of "The Times" and all the other documents, books and papers referring to the particular year about which he was writing.

It was my good fortune to enjoy the companionship of Kenneth McKenzie, of Toronto, who was then Cushing's Resident, and though we went through the hoop while he was operating, the Chief treated us as members of his family when we were off duty. I was there for the latter part of Sir Harold Stiles's term as Surgeon-in-Chief *pro-tem.*, I met Wilder Penfield when he came from Montreal to make his careful notes and drawings of everything in the operating room, it was in that year that Pavlov was held up and robbed in New York on his way to Boston, and to cap it all there was the Brigham's 10th birthday party in June when the rich cake which I had been commissioned to provide as a present from the Surgical Unit was given the place of honour in the blazing sunshine and turned to plum pudding.

It was a special joy to go with the Chief to watch tennis or baseball games, and I shall

never forget his taking me with him to visit the Ugly Lady in the Circus. As she suffered from acromegalic headache she was brought to Dr. Cushing, and she and her friends were so grateful for his advice and treatment that they invited him to visit them in the railway train in which they lived and toured the country. The Chief was as pleased and excited as a schoolboy, and took me along partly because he had discovered that many of them came from near London. The visit had its alarming aspects also, for while we were being conducted down a rather dimly lighted corridor to call on "Alf a Lidy" we were suddenly confronted by the Lion-faced Girl, who (in H. C.'s words) might easily have been deprived of her hirsuties and her livelihood by a dose of X-rays—which dates the incident as prior to his researches into pituitary basophil-

ism and the adreno-genital syndrome.

Personal reminiscences of Harvey Cushing might be prolonged indefinitely but they would all show the same essential features, his restless spirit, his enjoyment of living, and "laughter learnt of friends." Those who have striven to emulate his example must often have been dismayed at the apparent ease with which he managed to fill each unforgiving minute with sixty seconds worth of distance run, and still have time and energy left to write it all in his journal before he went to bed! The zealous pursuit of his ideals may have made him a martinet, but his absolute sincerity turned even a rebellious assistant into a willing slave, and he has left behind him a band of workers whose worship of his memory amounts almost to idolatry.

J. PATERSON ROSS.

GHOSTS

By ALAN TOIS

Hence, horrible shadow!

Unreal mockery, hence!

(Shakespeare)

*And if anyone spots the Queen of Scots in a
hand-embroidered shroud,
Then we're proud of the Stately Homes of
England!*

(Coward)

CHRISTMAS in England is traditionally associated with plum-pudding, yule-logs, bumpers of hot spiced punch, holly, snow, and ghosts. But like so many other quaint English customs, such as motoring, smoking and the liberty of the individual, these conventions have gradually come outside the reach of the average citizen. All but the snow, that is, which falls with a persistent cussedness at a time when it is regarded less as an exciting and wonderful transformation sent by God as a national disaster of the first degree.

The blame for this unseasonable shortage of ghosts must be laid on the psychiatrists, who have exorcised the lot more completely than a whole convocation of Bishops. If you happened to catch sight of a headless woman on your way up to bed to-night, I guarantee you would be considered more psychotic than psychic. I can even quote you the case of a young woman who voluntarily took herself to a psychiatrist owing to trouble with apparitions. She lived in an old rambling house in the country, where she woke one night to find

a dim light flickering in the empty room opposite hers, across a small court. She became highly alarmed to make out, silhouetted against the pane, the featureless figure of a woman, who was joined almost instantly by the heavier outlines of a man. For a moment or two they remained apart, carrying on some silent conversation, before the gentleman so far forgot himself as to throw his hands at his companion's throat and begin throttling the life out of her. Just at this interesting point the light went out.

The psychiatrist's enquiries revealed that this young woman was unhappily married even to the extent of occasionally turning over in her mind the possibilities of murdering her spouse. It seemed the fellow had a great deal of money, was considerably older than her, and generally most objectionable. At the same time she was carrying on a secretive but, she feared, suspected affair with a boy-friend who was the complete opposite in these respects, including the money. The psychiatrist carefully explained away her illusions in terms of her prevailing

domestic chaos, gave her some sodium amytal and told her to come back in a week.

So there was another of England's ghosts gone! Sad, because there is something about England that is particularly congenial to ghosts of the more aristocratic and impressive sort. Undoubtedly the dim, draughty English architecture, the English climate and the English cooking are more suited to the needs of insensible wraiths than their flesh-covered predecessors. In the Stately Homes of England the eerie clanking of chains has woken more than one Coal Board official from his afternoon slumber, while I believe it is at Merton College, Oxford, that an irate spook tramps noiselessly up and down the library eighteen inches below the floor, which was later most inconsiderately raised. Cambridge has a ghost in the form of a long, black car that sweeps up the Trumpington road some nights, forcing unlucky drivers to death in the ditch. It contains the spirit of some former undergraduate who crashed near there in the nineteen-twenties and fails to see why mere dissolution should spoil his fun. There's a ghost in the Tower of London, you may remember, who used to go around scaring hell out of the sentries until it was abolished by an official order. There was even—and this ought to bring it near home—a ghost in Cavendish Square, that pattered round the American Consulate, of all places.

Should you notice a candle coming down the shadowy corridors of Hampton Court at night, the odds are it's carried by one of Henry VIII's wives, most probably Jane Seymour. The Black Prince has, most unhappily, ended up at Bexley, but if you want to see Francis Drake it means a trip to Dartmoor, across which he is conveyed every now and then in a black coach. You can't mistake it, the horses have no heads. Dick Turpin rides all over the L.P.T.B. area, and Acton (honest!) contains a troupe of disgruntled monks, all dead of course. Borley Rectory, in Suffolk, is rumoured by the local inhabitants as haunted up to the eaves, which is, incidentally, a common tale among villagers anywhere, along with the ones that the vicar drinks in secret and the doctor dislikes having his bills paid with unprofessional haste. Borley is crammed with monks, coachmen, black horses, nuns and so forth, mostly headless. When the place inexplicably burst into flames in 1939, the

turnout was so great the firemen had difficulty in deciding which members of the crowd it was safe to try and squirt water through.

To balance the apparent reluctance of the higher centres for spiritual survival, there is in London a head without a body, who screams, also a pair of bodyless hands at Bisham Abbey who wash themselves. The lampposts of Burnley are haunted by a shaggy dog who makes splashing noises as he walks, although Preston has much the same animal, but no head. Should you meet it, the Burnley hound answers to the name of Trash. Drury Lane has housed a ghost for years who only attends matinées and at present is reported to be hugely enjoying *Oklahoma!* Windsor Park is haunted by a noisy sprite known as Herne the Hunter, the resident spook of Glamis Castle has red hair, Raynham Hall boasts a ghost that has been photographed, Wroxeter (Staffs.) houses a young woman in white who has been walking upstairs for about 1900 years, and Scrapfaggot Green, in Essex, has witches.

Ghosts speckle English literature from Hamlet (Shakespeare has seventeen ghosts, not counting innumerable sprites, fairies, gnomes and trolls) all the way down to Blithe Spirit, while American writers like Henry James and Alex Woollcott have laid their more grisly pieces in the English countryside. It was Woollcott who instigated the quest for the shortest ghost story. You can take your pick from the man who stretched out his hand for the matches in the night and they were put into his fingers; or the two strangers who met in a shadowy gallery at dusk. "Do you believe in ghosts?" asked one of them suddenly. "Naturally," replied the other, disappearing. Now, of course, these are the only spectres the psychiatrists have left us—all pushed between the covers of a book, only to be released for their creepy midnight promenade by the whim of a kindly reader.

But I forgot to finish the story of the young woman. The night after her visit to Harley Street, she woke once more to find the window opposite flickering with the same dim light. She leapt impulsively out of bed as she saw the shadow of the other woman behind the panes. For the first time she made out her face. It was her own reflection staring back at her. Just then the hand of her jealous husband turned the handle of her bedroom door.

THE Editor, Staff and
Committee of the
JOURNAL give Greetings
to their Readers, and wish
them a New Year which
may bring all they desire

St. Bartholomew's Hospital
Christmas 1947

INDUSTRIAL MEDICINE

By V. C. MEDVEI

INDUSTRIAL Medicine is concerned with people at work; it is, therefore, only one aspect of General Medicine and cannot and should not be separated from it. The term covers farming under modern conditions which is one of the "industries" of mankind.

The key problem in Industrial Medicine is, in my opinion, the establishment of fitness for work, consisting of selection for suitable work and maintenance of such fitness. Within the range of maintenance falls the study and the knowledge of industrial hazards (occupational diseases), the rehabilitation after disease and accidents. I would like to stress that the term Industrial Medicine is often mistakenly applied to the study of industrial hazards; but this is only one small chapter of it.

The fact that the greater part of this chapter is taken up by what is called Industrial Toxicology is liable to make Industrial Medicine appear as some highly specialised branch of Medicine, something as apart as, *e.g.*, Radiology. The introduction of specialist diplomas is liable to underline such a suggestion.

The main problems of Industrial Medicine, the establishment and maintenance of fitness for work, are, however, more a concern of the clinical physician and physiologist than of the technician and toxicologist. In this country with its careful and expanding social legislation the greatest loss in manpower, working-hours and days occurs through upper respiratory and digestive disorders and not through special hazards. Lagging far behind are the mentally and emotionally unsuited people for a certain type of work (the "square pegs"). Most of these cases are nowadays dealt with before they start work. There are many lay and medical advisory and training facilities for this purpose.

What then are the necessary accomplishments for an Industrial Medical Officer? In the first place, he should be a fully trained Clinician and Physician. In certain heavy industries Surgeons will have to co-operate because of the type of accidents that occur with greater frequency than in normal life; but Industrial Medicine is primarily a medical and not a surgical concern. Secondly, the Physician interested in Industrial Medicine should have first-hand experience of the work and the working conditions of people and their homes. He should have not only seen the work but attempted to do it himself, however clumsily.

He should have lived among them to see the everyday problems as they occur. He should study the influence of the weather, of the food, the home, of the emotions, and their fitting into the social pattern. In the case of women he should consider the influence of the menstrual cycle, of pregnancy and of the climacteric. He should know how even monotonous work affects people differently. I mention last the special hazards appertaining to a special industry because their knowledge will be acquired by the interested medical man in his stride.

Is there any need for Physicians to leave the precincts of the hospital to become Industrial Medical Officers? I think yes, but they should never leave their hospitals entirely. Once they do so there is a great tendency to become more of an Industrial Medical Officer than a doctor.

On the other hand, it is very necessary, in my opinion, that a hospital should have a Physician with Industrial Medical experience on the staff, perhaps best in the form of a medical man who is Director of Medical Rehabilitation as at Bart's. What problems may face him, the following examples may help to illustrate.

A man, who develops suddenly an eczema of his forearms, will quite naturally search for a cause for it. If he happened to handle dusty objects recently, he may quite genuinely believe that his skin condition is due to his work. It needs a very careful consideration of all the facts to make the Medical Officer decide one way or the other. In doubt, he will always give credit to the patient. On the other hand, a careless remark made by an enthusiastic but not fully versed junior member of the hospital staff or by the patient's private doctor may be followed by a compensation claim. It should be clearly understood that compensation is very often paid when the case is settled out of court. The cost of legal procedure may be higher than the settlement, and the solicitors will advise accordingly. This could be prevented if students and doctors had a more intimate knowledge of everyday life and working conditions.

More complicated was the case when the relatives of a man, who died after a brief illness, claimed compensation on the grounds that his death was caused or aggravated by a fall a few months previously. The clinical diagnosis was brain abscess or tumour. The post mortem examination revealed a glioma. The Industrial Medical Officer found on

enquiry that, histologically, the growth was a spongioblastoma multiforme. His knowledge that this usually arises in middle life, often exhibits hæmorrhages (with their symptoms) and areas of necrosis, and kills within a few months, saved the situation and a considerable sum of compensation.

Sufferers from peptic ulcer have a difficult life and may become a serious burden on the community unless their management is carefully planned and reconsidered at every stage of their illness. Unfortunately, the great variety of diet-forms and existing views on treatment make such a planned and successful management often very difficult. The example of the patient who remained on diet one for three years and starved and suffered pain rather than eat anything offered to him at the excellent works canteen, may seem exaggerated. Yet it is only one of many similar though less conspicuous cases.

Upper respiratory disorders are responsible for about 30 per cent. of the sick rate of the industrial population in London. It is a remarkable feature that the people mainly affected are the same and the tendency to the infection appears recurrent. A leading man in the field of chest diseases suggested that they must be the people with a second rate mucous membrane of their respiratory tract. This may be so, but it does not diminish nor solve our problem, and future research has to be carried out by the Industrial Medical Officer in co-operation with the General Clinician, the Hygienist and, of course, the patient himself.

Another difficult problem may arise out of the management of mentally unstable people and of people suffering from mental disease. It is not always possible from a humane point of view to bar a man from work because he is mentally abnormal. Many a schizophrenic and even people with paraphrenia can do useful work for years, instead of robbing their families of a bread winner and putting an extra burden on them. Such a decision means, however, a great responsibility. This has to be borne mainly by the Industrial Medical Officer. Strangely enough, the patient's own doctors and often the psychiatrist leave it to him to decide if there is no public danger involved in such an arrangement. Clinical experience, tact, circumspection, planning and courage are needed for making such a decision.

Should sufferers from raised blood pressure be allowed to carry on doing heavy work? This is a question that has to be answered very often in the older age groups; similarly, with

the increasing number of cases of mild cardiac infarction diagnosed and successfully treated, the Industrial Medical Officer is more and more often asked if the patient can be reinstated in his former work, or what other type of work can be suggested. Every single case has to be carefully considered, continually medically supervised, re-examined and re-considered at frequent intervals.

A good man of 56 doing work as a foreman was found to have aortic regurgitation. He was singled out for further promotion. The cardiologist at the hospital said no. The man was heartbroken. There was no sign of failing heart. After further examination it was decided to allow him promotion on trial under observation. After three months the trial period was extended to six months. Under such careful management the patient worked happily until his retirement at 60. Of course, his own doctor and his family were fully informed. I believe he is still alive at 64.

Rehabilitation of patients after physical illness, mental instability, domestic trouble, and of registered disabled persons is another chapter. Neurotics form a large part in this group, but patients suffering from chronic bronchitis, mild emphysema, hayfever and other generalised allergic symptoms, women with severe period pain, men and women of climacteric age, patients with a tendency to fibrositis, muscular strain, weakness of the abdominal muscles, all these form at least sixty per cent. of the total. The management of these cases is much more difficult than is usually realised. The main reason for this difficulty is firstly, the fact that there are so many of them, that there are not enough psychiatrists nor physiotherapists to treat them, even if the group consisted only of neurotics and people suffering from recurrent fibrositis. Secondly, group therapy may be possible to a certain extent, but experience teaches that all these people need individual attention. They are problem children of medicine and society. If we want to save them and make them useful members of the community, extra efforts are necessary. I think that a Director of Medical Rehabilitation is well in his place in charge of a treatment centre provided he is aware of his function as the co-ordinating and integrating agent of many interests and factors. Incidentally, a complete plan of such a centre was worked out by the present writer, but can have no place in this survey.

As regards teaching the subject, it has to be done in the wards, in out-patients, and in the

rehabilitation unit. Clinical teachers seem to agree that the teaching of the symptoms and signs of diseases does not always give them time to go into the industrial aspect sufficiently even if they have first-hand experience of it. A sound plan seems to be used at the University of Durham. The lecturer in the subject is a Physician who has a few beds at his disposal in the Medical (Professorial) Unit and in the Senior Physician's wards. Every student in his second and third year has eight discussion groups in the course of one month (two a week). They are case discussions in the wards. The history of the patient is taken at the bed side in the usual manner, then the "round" withdraws to a side room for discussion of the history. Next follows the clinical examination

at the bed-side. Then the diagnosis and the full implications of treatment and management are discussed again in the side room. The discussion is led by one or two clerks but the lecturer is in charge. One of these case discussions will be replaced by a field-visit, preferably to the docks or to the mines. The lecturer or one of his assistants will conduct them because students are not always able to notice what is really important, at least on the first occasion. In the last year clinical lectures are given to round off the subject. Industrial toxicology is partly taught during the course in Pharmacology, in Public Health and at the bed-side. Detailed instruction in this field is best left for Post-graduate teaching in Public Health.

REPORT OF A WAKE

ON Halloween, 1947, there passed away comparatively peacefully, in the basement of St. Bartholomew's Hospital, a Vicar. Although in life this particular Vicar was often supposed to have been unencumbered with flesh, his character was felt by all those friends who had enjoyed, since 1939, the hospitality of his home.

His door was ever open to friends and strangers alike (between the hours decreed by the City Police of course). Under his roof one could be sure of convivial company, of sympathy in times of disaster and congratulation in moments of success. To him there was taken first news of a new qualification or earliest tidings of frustration in the attempt. His jovial smile was the first to greet those

with publicly declared matrimonial intentions, and often the last to speed them on their way to the church, in an infinitely better frame of mind. He stood up to bombs, rockets, fires and wombats. His home—the Vicarage—was also a home of laughter, wit, droll anecdotes and even droller songs. And he would suffer no woman to cross his inviting threshold.

But now he's dead—or perhaps only in suspended animation. While he lived, I'm sure you'll agree, he was a credit and a comfort to the Hospital in a creditable and comfortless time.

GORDON OSTLERE.

[This tavern was named after its first treasurer—the Vicar.—Ed.]

THE DELECTABLE MOUNTAIN

WHEN MR. ROCKFELLOW was finally gathered to his forefathers he was able to look back upon a long, happy and extremely energetic life amongst most of the major and many of the minor mountain ranges of the world. Furthermore, he had the satisfaction that he was not altogether unknown for his contributions to the literature and technique of mountaineering in general and rock-climbing in particular.

ST. PETER was occupied with his ledgers when the angel knocked. "A gentleman called

Rockfellow, your Holiness, to see you. Has 'Alpine Club' on his card and says he belongs to eight other mountaineering clubs too: Swiss Alpine Club, Rock and Fell, Climbers, D.O.A.V., S.M.C. . . ."

"Quite, quite," said St. Peter, "Let's have a look at him."

Mr. Rockfellow bustled in. "My dear chap," he began, "delighted to meet you. As a fellow rock-climber, I'm sure you'll be sympathetic to the idea of arranging some decent accommodation for me up here. Some of Milton's mountains, eh? I must say I found Aarat rather dull when I climbed it. Old Noah chose the easy way up, what?; though

* With acknowledgment to a fishing story by G. E. M. SKUES.

I've always regretted we weren't told anything about how he roped the elephants down the east ridge! Sinai," he added regretfully, "I never got up: too far off the beaten track. Moses now . . ."

"One moment," interrupted St. Peter. "I've been looking at your record. Could be worse, I suppose. Ever fall off?"

"Only once," said Mr. Rockfellow, "and then it wasn't my fault, although they did say I shouldn't have been climbing at my age."

"You were leading?" suggested St. Peter.

"Yes," said Mr. Rockfellow, "that's why I'm . . ."

"Quite," said St. Peter.

There was an awkward pause.

"Well," he resumed, "what do you want? Something between the Dolomites and Clogwyn Du'r Arddu? I suppose you left your boots and so on down below. We don't hold with *pitons* you know, but we've got a sort of *kletterschoe* of our own that may appeal to you, and we're very proud, justifiably as I think you'll agree, of our Celestial rope with its golden thread running through it. And you'll need a guide of course. Can't have you losing your way here you know."

"I say," said Mr. Rockfellow, "that's terribly decent of you. From what I'd heard of Heaven I thought it might be a bit dull, just sitting around and doing nothing."

"What made you think . . .?" said St. Peter and checked himself.

* * *

Some time later, Mr. Rockfellow found himself below a formidable cliff, the summit of which was invisible owing to an apparently overhanging buttress. The day was warm, the air crystal and the invigorating atmosphere suggested an altitude of about 10,000 feet. To right and left and far behind stretched a vista of peaks, passes and glaciers, illimitable in extent, that would even, reflected Mr. Rockfellow, have staggered Whymper when he first stood upon the summit of the Matterhorn; which stout Cortez himself would have viewed with more than a wild surmise.

But then a strange thing happened, for he realised that he knew all these mountains. There was the unmistakable *massif* of Mont Blanc, there the Mischabel and beyond, the great peaks of the Oberland. It occasioned no surprise that Great Gable and Ben Nevis were clearly recognisable alongside mountains which he had climbed in Norway and the Karakorum; and there surely, yes, there was Everest herself, the Goddess of the Snows.

But his reverie was interrupted.

"Would you care to rope up, Sir?" said the attendant angel-guide.

The rock felt warm to the touch and delightfully rough: a kind of gabbro and not unlike the Coolins. The soles of his special boots gripped it like the feet of a fly. The rope was thinner than alpine cord, gossamer light and supple as a blade of grass: indeed St. Peter had not exaggerated its qualities. Mr. Rockfellow felt the strength coursing through his limbs and itched to be on the climb.

"This," he said, ecstatically, "is Heaven." "I am very glad you think so, Sir," said the angel. "Would you care to lead? I am," he added unctuously, "very well belayed."

Mr. Rockfellow studied the face. He reckoned it was at least a 200 foot lead and regretted St. Peter's ruling about pitons. The first 20 or 30 feet were steep but uneventful. Although the holds were very small and few in number he found himself stepping boldly up on them without the necessity of trying his balance. He was amazed at his own confidence. The slab then became quite smooth and the route obviously continued via a broad but shallow chimney which rapidly narrowed until it was a mere crack in the rock face which bulged menacingly towards him. But without difficulty he jammed both his hands in the cleft and working his feet upwards until they were almost on a level with his hands, negotiated the overhang by a neat layback. That, he reflected, might have exercised the ingenuity of a lesser man. But the difficulty was by no means over: on the contrary there seemed no way on and for a moment he felt a little apprehensive. But then away to the right he spotted a tiny foothold around an awkward corner. He glanced downwards. Several thousand feet below the Great Aletsch glacier wound its sinuous course, the huge *crevasses* reduced to mere scratches on its surface. He thrilled to the excitement of the day and stepped boldly across the void. For a moment his right hand searched unavailingly for a hold and his mouth felt dry. Then the tip of his index finger found no more than a depression and upon this alone he raised the weight of his body. "Some step!" he muttered. After that the climb went more easily, steep, straight and terrifyingly exposed, with no suggestion of a belay. The Rock and Fell would certainly grade it "super-severe" he thought. In a few moments he arrived breathless on a minute shelf of quartz which split the granite face at this point and looked for a belay for bringing

up the guide. It had taken him just twenty-five minutes.

"Well climbed, Sir," said the angel at his shoulder.

Mr. Rockfellow, who had been feeling very pleased with himself, now felt annoyed.

"How the devil . . ." he began.

"Have no fear, Sir," said the angel, "I am quite familiar with this climb."

"Oh, well," said Mr. Rockfellow, a little sulkily, and looked upwards again.

The rock was much the same and he climbed it with great confidence. Not that the crack wasn't just as difficult where it suddenly narrowed and he had to make the *mauvais pas*. But in due course he arrived at a stance on a quartz ledge.

"Now for the third pitch," said the angel, at his side once more.

"Oh, let's just have a breather," said Mr. Rockfellow.

"Hardly a suitable place for two to rest, Sir," said the angel.

"Just as you say," said Mr. Rockfellow, preparing to proceed. "We'll find somewhere a bit higher up maybe."

When he saw the step across from the top

of the crack he was unable to contain his surprise. "Well, I'm damned," he said, "it's the same again."

"Yes, Sir," said the guide.

* * * * *
Nine hours later he was climbing the same pitch for the twenty-third time.

"When does this face end?" he asked the guide, irritably. "Don't we get on to a ridge or something soon?"

"No Sir," said the guide.

"Well, I think it's time to stop for a bit, even if we aren't very safe."

"I fear St. Peter would not approve of that, Sir," said the angel.

"Well dammit man," shouted Mr. Rockfellow, "we'll have to stop sometime I suppose: may even have to bivouac for the night if we can't make the summit."

"No night here, Sir," said the guide.

"What! Do you mean to say I've got to go on climbing this damned mountainside for ever and ever?"

The angel nodded.

"Hell!" said Mr. Rockfellow.

"Yes," said the angel.

HOGARTH.

IN OUR LIBRARY--XI

THE WRITINGS OF HARVEY CUSHING

By JOHN L. THORNTON, Librarian

IN view of the attention recently paid to Harvey Cushing by Professor John Fulton in his admirable lecture, which will be published in this JOURNAL, and by Professor J. Paterson Ross in his review article¹ devoted to Professor Fulton's remarkable biography of Cushing, it is unnecessary to give details of Harvey Cushing's career. We are particularly interested in the fact that he was elected a Perpetual Student of the College, and as such his writings should be preserved in our Athenae Collection. Unfortunately, as far as we are aware, we possess no presentation copies from Harvey Cushing, probably because he was not solicited for gifts on the appropriate standard form, but we have a selection of his books, to which additions would be welcomed.

Harvey Cushing's first separately published monograph appeared in 1912 as *The pituitary body and its disorders*, [etc.], (1912), being an amplification of the Harvey Lecture delivered in 1910. We house a copy of this volume,

which was dedicated to Cushing's grandfather, father and brother.

His friendship with Sir William Osler occasioned the choice of Harvey Cushing as Sir William's biographer, the resultant *Life of Sir William Osler*, 2 vols., Oxford, 1925, proving a model biography that should be available in every library, and read by every student of medicine.

In 1926 Cushing collaborated with Percival Bailey in the production of *A classification of the tumours of the glioma group on a histogenetic basis, with a correlated study of prognosis*, (1926), and the same year appeared Cushing's Cameron Prize Lectures as *Studies in intracranial physiology and surgery*, [etc.]. Our copy of the latter is inscribed by the author.

Harvey Cushing published a volume of collected essays as *Consecratio medici, and other papers*, 1928, a selection comparable to Sir William Osler's ever-popular *Aequanimitas*.

¹ See pp. 162-167.

Our copy is inscribed, "Sir Wilmot Herringham with the season's greetings from Harvey Cushing." Four years later this was followed by *Papers relating to the pituitary body, hypothalamus and parasympathetic nervous system*, 1932, and *Intracranial tumours: notes upon a series of two thousand verified cases with surgical-mortality percentages pertaining thereto*, 1932.

The sixtieth birthday of Harvey Cushing was celebrated by the production of the *Cushing Birthday Volume*, to which many of his pupils and colleagues contributed articles, the resultant volume being attractively produced. Ten years later, his seventieth birthday was marked by the publication of *A bibliography of the writings of Harvey Cushing prepared . . . by the Harvey Cushing Society*, which was compiled by John Fulton, and also by an interesting book entitled *Harvey Cushing's Seventieth Birthday Party, April 8, 1939. Speeches, letters and tributes*, published for the Harvey Cushing Society, but which Cushing did not live to see. Our copy of this book was presented to the late Sir D'Arcy Power by Professor John Fulton, as explained in an autograph letter inserted in the book. It was found on a stall in Farringdon Road during the war, and has been placed where it belongs, among Harvey Cushing's writings.

In his lecture Professor Fulton told us some of the trials of a literary executor, mentioning that Harvey Cushing had left instructions for the completion of certain work. Since his death the exquisite *Bio-bibliograph of Andreas Vesalius*, 1943, and *The Harvey Cushing collection of books and manuscripts*, 1943, have both appeared as publications in the Historical Library, Yale Medical Library Series.

All the above-mentioned books are housed in the Athenae Collection together with the recently published tribute by Professor Fulton, *Harvey Cushing: a biography*, 1946. We do not possess many of Harvey Cushing's reprints of articles in journals, or of the French and German translations of his books. Furthermore we do not possess *Tumours of the nervous acusticus*, 1917; *Story of a U.S. Army Base Hospital No. 5*, 1919, published anonymously; *Tumours arising from the blood vessels of the brain*, [etc.], 1928, written with Percival Bailey; *From a surgeon's journal*, 1915-1918, 1936; and *Meningiomas*, 1938, written with Louise Eisenhardt. We should like to make our Athenae Collection as complete as possible by the addition of these writings by Harvey Cushing, who was selected to become a Bart's man.

THE AMERICAN LOAN

I DON'T think we all realise just how far reaching an effect American films continue to have on people over here. Only the other day I was suddenly struck by the outstanding case of Davids and Bailey, over at Charterhouse Square.

I was sitting in the A.R. with a small Cunningham when Davids looked in. He came towards me and I groaned inwardly. He was doing his spiv's walk. That isn't a dance, but a new mode of locomotion whose chief source of power seems to be a rotatory mandible. You just chew yourself along. One hand is half in your jacket-pocket, while the other flaps around to give the right effect, and your hips oscillate to either side of the midline.

"Say," drawled Davids, "you seen Mac?" (He meant Bailey.) I glanced round the room. To an ignorant observer the only other occupants would have been Smith, Jones, Brown and Robinson; but not to me—oh, no, I knew better than that. I could see perfectly plainly that the room contained Brightboy, Trigger, Fancypants and "The Duke." (The latter had

been jolly hard to find. Davids and Bailey spent a whole week looking for someone suitable to be "The Duke.") "Sorry, Joe," I said (I didn't dare call him Davids). "He ain't in around." Joe looked at me sourly as if suspecting me of trying to hide something.

"Honest," I added, with all the twang I could muster.

Just then Bailey checked in. (They are always "checking in" and "pulling out.") He left the door open to show he was used to the swing doors of a western saloon. Spotting us, he paused a moment theatrically—just long enough for a tense silence to fall on the place. Then he put a cigarette remnant to his lips and dragged viciously, tauntingly the skin over his lower jaw as he sucked the smoke down. He stubbed it out—far more than was necessary—with a slow deliberation, eyeing us menacingly all the time. It was done perfectly—he looked as tough as anything. He strolled over, not saying much, and what he did say only through closed lip like Alan Ladd.

"You know something, Mac?" said Joe.

"I just hightailed it over to the Biochemistry joint, and that horny cuss gave me the whole shoot. Tried to put the heat on in fact. He figured I ought to pony up the spondulics for my locker. I thought you reckoned he was a regular white man?"

We both looked at Bailey who paused for effect again.

"Nerts," he drawled, keeping his mouth tight shut.

"You shooting me a line?" Joe demanded,

trying to tinge his yankee voice with indignation. "Giving me the runaround?"

Bailey just looked him up and down contemptuously—three times. (He tends to overplay at times does Bailey.)

"Aw button your lip," he mouthed, and went out." "That guy has a nerve," Davids informed me: He leant forward confidingly. "Jupers, if I had as much nerve as that I'd sure hate to have a tooth pulled."

SECOND YEAR OBSERVER.

RECENT PAPERS BY BARTS MEN

- *ABRAHAMS, SIR ADOLPHE (with others). "Fatal case of acute porphyria." *Brit. Med. J.*, August 30th, 1947, pp. 327-332.
- *ANDREWES, C. H. (with others). "Common cold: interim report of a transmission experiment." [Abstract.] *Proc. Roy. Soc. Med.*, 40, September, 1947, pp. 632-634.
- *ATKINSON, MILES. "Tinnitus aurium: some considerations concerning its origin and treatment." *Arch. Otolaryngol.*, 45, January, 1947, pp. 68-76.
- *BACH, FRANCIS. "Physical medicine and the rheumatic diseases." *Brit. J. Physical Med.*, 10, May-June, 1947, pp. 66-69.
- BETT, W. R. "Henry VIII. recalled." *Med. Press*, September 24th, 1947, pp. 289-290.
- *BINTCLIFFE, E. W. (with others). "Pyrexia with hypernephroma: a report of two cases." *Lancet*, August 2nd, 1947, pp. 170-171.
- *BOYD, A. M. (and D. J. Robertson). "Treatment of varicose veins." *Brit. Med. J.*, September 20th, 1947, pp. 452-454.
- *BURKITT, E. (with others). "The depersonalization syndrome." *Proc. Roy. Soc. Med.*, 39, October, 1946, pp. 779-792.
- BURROWS, H. JACKSON. "Internal derangement of the knee." *Med. Press*, October 8th, 1947, pp. 328-331.
- *CANE, L. H. "A case of bilateral Symes' amputation." *Brit. Med. J.*, August 9th, 1947, p. 211.
- *DARMADY, E. M. (and A. W. Badenoch). "The effects of temporary occlusion of the renal artery in rabbits and its relationship to traumatic uraemia." *J. Path. Bact.*, 59, i-ii, pp. 79-94.
- *GILLINGHAM, F. J. "Neurosurgical experiences in Northern Italy." *Brit. J. Surg.*, War Supplement No. 1, 1947, pp. 80-87.
- *HORDER, LORD. "The use and abuse of rest." *Practitioner*, 159, August, 1947, pp. 83-86.
- *"Presidential address to the Science Masters' Association, January 1st, 1947." *School Sci. Rev.*, 28, June, 1947, pp. 270-277.
- JONES, F. AVERY. "Hæmatemeses and melæna. Parts I-II." *Brit. Med. J.*, September 20-27th, 1947, pp. 441-446, 477-482.
- *"and J. H. Humphrey). "Oliguria after abortion." *Clin. Sci.*, 6, July, 1947, p. 173-186.
- *KELSALL, A. R. (with others). "Subacute and chronic hepatitis." *Lancet*, August 9th, 1947, pp. 195-198.

- *KERSLEY, G. D. "The aetiology of chronic rheumatism." *Proc. Roy. Soc. Med.*, 40, April, 1947, pp. 343-344.
- MCINDOE, SIR ARCHIBALD (with others). "Symposium: Radiation necrosis." *Brit. J. Radiol.*, 20, July, 1947, pp. 269-278.
- *MACKENNA, R. M. B. "On penicillin therapy." *Brit. J. Derm. & Syph.*, 59, July, 1947, pp. 239-248.
- *NASH, D. F. E. "Genito-urinary disorders in infancy and childhood, with special reference to enuresis." *Practitioner*, 159, September, 1947, pp. 188-196.
- *RAVEN, RONALD W. "Partial hepatectomy and right hemicolectomy for carcinoma of the hepatic flexure." *Brit. Med. J.*, August 16th, 1947, pp. 249-250.
- ROBERTSON, D. J. See Boyd, A. M., and D. J. Robertson.
- *ROXBURGH, A. C. "Nodules in abdominal wall for diagnosis." ?Fibrosarcoma (Darier & Ferrand). *Brit. J. Derm. & Syph.*, 59, July, 1947, pp. 261-263.
- *RUSSELL, BRIAN. "Mepacrine eruptions. A case in the British Isles." *Lancet*, August 9th, 1947, pp. 205-206.
- SCOTT, R. BODLEY. "Treatment of the lymphadenopathies: Discussion." *Proc. Roy. Soc. Med.*, 40, September, 1947, pp. 617-621.
- THEOBALD, C. W. "Pain and its problems. VIII. Pain in midwifery and gynaecology." *Practitioner*, 159, August, 1947, pp. 136-142.
- TUCKWELL, E. G. "The concentration of penicillin in bile." *Proc. Roy. Soc. Med.*, 40, September, 1947, pp. 654-656.
- UNDERWOOD, W. E. "Pain and its problems. IX. Urological pain." *Practitioner*, 159, September, 1947, pp. 218-233.
- WALKER-BRASH, R. M. T. "An apparatus for drainage of a temporary ileostomy." *Brit. Med. J.*, October 11th, 1947, p. 572.
- WATKINSON, GEOFFREY (and B. R. Hillis). "Photosensitivity to sunlight from use of prophylactic sulphonamides: its relation to vaccination reactions." *Brit. Med. J.*, October 18th, 1947, pp. 609-611.
- WITTS, L. J. See Kelsall, A. R. (with others).

* Reprint received from the author and herewith gratefully acknowledged. Please address reprints to the Librarian.

BOOK REVIEWS

SURFACE AND RADIOLOGICAL ANATOMY, by A. B. Appleton, M.A., M.D.; W. J. Hamilton, M.D., D.Sc., F.R.S.E.; G. Simon, M.D., D.M.R.E. 2nd edition, re-written. Cambridge: Heffer & Sons, Ltd., 1946. Pp. 332. Price 31s. 6d.

This new edition is a great improvement on the last. Its shape is different and it has been re-written and re-arranged, though the general plan remains unchanged.

This book attempts to bring anatomy into closer relationship to clinical work. It relates the deeper structures of the body to the surface features. Physical and radiological examination of the healthy living body gives information about normal structure and function which can never be gained by dissection of the cadaver. And a knowledge of the normal is essential for full realisation of the abnormal. The text is easy to read and is not verbose. There are useful paragraphs on radiological technique.

Mr. A. K. Maxwell's drawings in the previous edition undoubtedly contributed to its merit. Now to these he has added some new illustrations, whilst some of the half-tone diagrams have been coloured with good effect. More important, however, is the new set of well annotated X-ray photographs, or as the authors prefer, "skiagrams." Their quality is high and careful study of them gives a valuable guide to normal X-ray appearances. Obviously much trouble has been taken in selecting them and in setting them out. The printing and lay-out of this book have been carefully and pleasantly carried out. The book can be recommended to students.

One point: surely it is wrong for any book, and especially a text-book, to be printed without any indication of the date of publication?

THE DIAGNOSIS OF THE ACUTE ABDOMEN IN RHYME. By Zeta. Drawings by Peter Collingwood. London: H. K. Lewis, 1947, pp. 88. Price 5s. 6d.

Some medical students have difficulty in reading and remembering ordinary textbooks (often with good reason). These, then, should rejoice at the appearance of a book on surgery in rhyme—for perhaps they may be able to read this in their lighter moments (?) and

"So in the future when in doubt, who knows?
Some couplet may help you diagnose."

Most surgical emergencies are connected with the abdomen. A knowledge of the diagnosis of the acute abdomen is of importance, and it presumably does not matter how this has been arrived at. The preface of this book states:

"The use of rhyme in teaching is quite small, its limitations great and plain to all . . . Of course the thing may not appeal to you—A rhyme gives not to surgery its due! A serious subject needs a solemn style, A lighter method may arouse your bile!"

This book is doggerel, sometimes passable, but often excruciating. It is only too clear Zeta cares nothing for metre. Its nine sections contain anecdotes about appendicitis, pancreatitis, peritonitis; obstruction, perforation; colics, ectopics and abdominal injuries. Peter Collingwood alarmingly illustrates: "Distension, Rigidity, Vomiting, Pain" as the leading characters.

We have spared you, so far, ourself as poetaster, but perhaps we may be indulged in a short riposte: Z is for Zeta whose versatile dope

In cases of worry will help you to Cope.

AN INTRODUCTION TO DERMATOLOGY. 11th Edition. 1947. By G. H. Percival. Edinburgh: E. & S. Livingstone Ltd. Pp. 349. Price 35s.

This edition of the textbook originally written by the late Sir Norman Walker, has been re-written by Dr. Percival, and in the process has been entirely reset, with resulting clarification of the text and reduction in the size of the book.

To start to catalogue all the changes that have taken place since the fourth edition would be impossible. The sections on Anatomy, Physiology and Pathology of the Skin have been expanded, and Treatment made into a chapter by itself. The long section on Inflammation has been split up into its various components, with great clarity, and in general, wherever there has been insufficient separation of subjects, segregation has taken place, and recent advances have been incorporated.

The use of art paper has made possible the greater use of colour in the illustrations, and a high standard is attained. The typography is very good, and the book in its reconstituted form should be of great value to students.

SYNOPSIS OF SURGERY, Edited by Sir Cecil P. G. Wakeley. 13th Edition. 1947. Bristol, John Wright and Sons, Ltd. Pp. 637. Price 25s.

The biggest change in this book since the last edition is the incorporation of a new chapter on Chemotherapy and Penicillin, which lists the various Sulphonamide series, lists the indications for Chemotherapy, and gives as rational a list as possible of dosages. For the rest, new information in vascular surgery, the use of heparin, chest surgery and neurosurgery have been included.

The useful method of printing maintains that facility of reference which has always been the outstanding feature of this series of books, and for those whose association centres are well developed, this volume should continue to be useful.

A TEXTBOOK OF HISTOLOGY FOR MEDICAL STUDENTS. By Evelyn E. Hewer. 4th Edition, 1947. Price 21s. Heinemann, London.

This new edition of Miss Hewer's well-known textbook of histology follows, fundamentally, the same lines as in previous editions. The emphasis throughout is upon the essential knowledge required by medical students and the text as a whole is remarkably clear, being singularly free from ambiguities and academic discussions. The photomicrographs are excellent and their large numbers should be of the greatest value to all who read the book: The fact that they are almost all taken from human material further enhances their suitability for the medical student. The diagrams which are plentifully sprinkled throughout the book are extremely clear. The changes from previous editions are slight, the principal being many new photomicrographs, while the section on the reproductive organs has been brought up to date and that on the respiratory system enlarged. A very brief chapter on the protective mechanisms of the body has also been added.

The photomicrographs would alone make this book well worth buying, but, coupled with excellent diagrams and a clear lucid style, the sum total makes it in every way suitable for medical students wishing to gain a sound knowledge of normal structure and tissues in the body.

CHILD HEALTH AND DEVELOPMENT. Edited by R. W. B. Ellis, M.D., F.R.C.P., professor of child life and health, University of Edinburgh. London: J. & A. Churchill, Ltd., 1947. pp. 364. Price 18s.

This book attempts to view the health and development of the normal child against his hereditary, social and economic background, that is to provide a background of anatomy, physiology and psychology on which to base what is often treated as an immediately practical or legislative subject. The attempt is successfully achieved. The book is in two parts. The first covers the physical, emotional and intellectual development of the child, and the second considers various social services and conditions directly related to child health.

As the child's intra-uterine life lays the foundation for his postnatal health it is natural that the first chapter should deal with antenatal and intranatal care. This chapter is by Professor F. J. Brown and is typical of his careful and practical approach to the subject. From this early start the reader travels through the ages of childhood until the book ends in details of the boy scout movement and the like (in an appendix on voluntary organisations). A characteristic of the book is the accuracy and thoroughness with which the different subjects are treated. The scope is wide, but this notable book is clear and detailed.

Professor Ellis, besides writing over a quarter of the book, has collected some excellent contributions from twelve specialists. He himself discusses the newborn, nutrition, puberty, infant mortality and welfare, school medical and dental services, nurseries and nursery schools in a forthright manner. He uses pleasant illustrations of what he means, thus: "... There are many children who share the dilemma of the small boy who never knew where his bowels were because his mother was always moving them."

The late Sir Joseph Barcroft writes a fascinating chapter on the functional development of the foetus. This must have been one of his last writings and gives an outline of his views on the establishment of foetal respiration. Anna Freud has two chapters, one on the establishment of feeding habits and one on emotional and distinctive development. H. A. Harris contributes a well-balanced chapter on growth. This is well illustrated by radiographs and other figures and is an example of what the anatomist may do to help the clinician. R. E. Rix deals with the development and care of the teeth. L. S. Penrose gives an account of the development of the intellect, and G. Payling Wright a useful chapter on immunity. P. A. Gorer's account of genetic factors and population is good, and he also writes an appendix on blood groups and the rhesus series. Sir Fred Clarke reviews the English educational system and L. M. Rendel describes the care of the homeless child. F. Youngshusband gives an explanation of juvenile courts, and E. Capstick a factual account of the value of milk as a children's food.

SYMPTOMS AND SIGNS IN CLINICAL MEDICINE, by E. Noble Chamberlain. 4th Edition. 1947. Pp. 463. Price 30s.

Those who have recently started Clinical Medicine will be pleased to learn of the re-appearance of this excellent book on Diagnosis. Small amplifications have been made, but perhaps the greatest change is in the chapters on the nervous system which have been largely re-written, the sections on paralysis, muscle tone, epilepsy and involuntary movements enlarged,

and the sensory neurones, cord compression and urine retention dilated upon at greater length. One or two additions have been made to the sections on medical operations and clinical pathology and biochemistry. There are one or two inaccuracies in the contents list and index pagination which should be remedied.

Although much revision in such a subject is impossible, it is pleasing to see that interpretation and methods are being kept under surveillance, and this justifies the high regard in which the book is held by students, and indeed by all who consider technique of examination worthy of accurate study.

BOOKS RECEIVED

(Inclusion of a book in this list does not preclude later review.)

THE OCCASION FLEETING, by Hugh Barber. 1947. H. K. Lewis & Co., London.

EXPERIMENTAL PHYSIOLOGY FOR MEDICAL STUDENTS, by D. T. Harris. 4th Edition. 1947. J. & A. Churchill, London.

ESSENTIALS FOR FINAL EXAMINATIONS IN MEDICINE, by John de Swift. 3rd Edition. 1947. J. & A. Churchill, London.

THE APPENDIX, by R. J. McNeill Love. 1947. H. K. Lewis & Co., London.

SURGERY, by C. A. Pannett. 2nd Edition. 1947. Hodder & Stoughton, London.

PRACTICAL POINTS IN PENICILLIN TREATMENT, by G. E. Beaumont and K. N. V. Palmer. 2nd Edition. 1947. J. & A. Churchill, London.

A SHORT TEXTBOOK OF SURGERY, by C. F. W. Illingworth. 4th Edition. 1947. J. & A. Churchill, London.

SPORT

CROSS COUNTRY CLUB

U.I.I. HANDICAP, Saturday, October 25th, 1947, at Chislehurst. After a few preliminary training runs, the season opened officially with the United Hospitals Handicap race. The majority of the runners were from Bart.'s, which was most encouraging. Mr. H. B. Lee, President of the U.H.H. & H., turned out for the run and Mr. H. B. Stallard very kindly acted as judge and timekeeper, very ably assisted by D. C. Morgan and P. D. Matthews. We offer our sincere thanks for all their work in making the day a success.

J. Menon (Bart.'s), starting from scratch with Mr. Lee, made a very gallant effort to catch the leaders but was unable to do so. He returned the best actual time (38 mins. 3 secs.) however. The race was won by G. Sparrow (King's) in 40 mins. 23 secs. (handicap 3 mins. 30 secs.), followed by A. Gilchrist (Middlesex) and O. Dansie (Middlesex). J. Dodson (Bart.'s) was 4th; Menon 5th; Burn (Bart.'s) 6th; Zakon (Bart.'s) 7th; C. Dansie (Middlesex) 8th; H. B. Lee (Bart.'s) 9th; Steinthal (Bart.'s) 10th.

Best actual time over the 6½ miles course was recorded by Menon (38 mins. 3 secs.), with Gilchrist (38 mins. 13 secs.) 2nd and Burn (38 mins. 35 secs.) 3rd.

Bart.'s Team: J. Menon, J. Dodson, J. I. Burn, F. Steinthal, R. Zakon, F. Almond, E. M. Rosser and J. Wallace.

Runs are held every Saturday and any member of other clubs who wishes to turn out for training purposes will be very welcome.

J. I. B.

EXAMINATION RESULTS

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

JOHN ABERNETHY

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

For some time I have been collecting material for a biography of John Abernethy (1764-1831) and I desire to trace letters, relics and other material relating to him, in private collections. I should be most grateful for any relevant information, and any letters, etc., loaned for copying would be returned immediately after use.

Yours faithfully,

JOHN L. THORNTON,
Librarian.

Medical College Library,
St. Bartholomew's Hospital,
West Smithfield, E.C.1.
October 6th, 1947.

OXFORD CLUB

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

There has recently been formed a new club in this Hospital which may be of considerable interest to some of your readers, especially those who, though no longer at the Hospital, are nevertheless eligible for membership.

The club is for members of this Hospital who have previously studied at Oxford University. It is proposed that there should be at least two dinners and one sherry party annually. There is to be no annual subscription but an initial entry fee of one guinea (payable to the Treasurer, Oxford-Bart.'s Club).

Any further details of this club and its activities can be obtained from the Hon. Secs.

Yours faithfully,

JOAN WHEELWRIGHT,
J. B. DOSSETOR.

(Hon. Secs.)

St. Bartholomew's Hospital,
London, E.C.1.
November 1st, 1947.

ABERNETHIAN SOCIETY

December 4th, Thursday.—Clinical Evening.
December 11th, Thursday.—Professor K. J. Franklin will address the Society at 5.30 p.m. in the Medical and Surgical Lecture Theatre. The subject of his address will be "Circulatory Concepts."

OBITUARY

On October 4th, at Southport Infirmary, Thomas Henry Harker, M.D., L.R.C.P., M.R.C.S., of 75, Albert Road, Southport, aged 68. Youngest son of the late Mr. and Mrs. John Harker of Teddington, Middlesex. Treasured husband of Ethel Harker and dear father of Margaret, Rosemary and Ted.

ANNOUNCEMENTS

13th DECENNIAL CLUB

Membership of the 13th Decennial Club is open to all those who joined the Hospital between 1935 and 1945 and who have since qualified.

Notices of the formation of the club and of the arrangements for its inaugural meeting have been sent to all known members. As the lists may not be complete, would anyone eligible for membership who does not receive a notice by November 20th please communicate with the Acting Secretaries, 13th Decennial Club, St. Bartholomew's Hospital, E.C.1.

ERRATUM

In our last issue the price of "A Textbook of Obstetrics," by Prof. Gilbert I. Strachan, was quoted as 42s. This should have been 45s.

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SAINT BARTHOLOMEW'S HOSPITAL JOURNAL



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ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

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ON SEEING FOR ONESELF

OBSERVATION is the foundation stone of medicine, and in Hippocrates we see the man who, by the acuteness of his senses and faculties started a tradition in the science and art of healing which, when it was followed, ushered in truth, but when it was neglected, brought forth fallacy.

From the time of Hippocrates onwards, we have been presented with various schools of thought in medicine, the earlier of which were based more upon philosophical theories and concepts which their originators found acceptable at the time than on experimental evidence. The most outstanding and long-lasting of these theories were, of course, those of Galen, and the man in those early centuries who dared to refute Galenical doctrine was brave indeed.

Vesalius, for instance, through venturing to investigate for himself the precise structure of the human body, suffered great persecution at the hands of those whose turgid imaginations could not comprehend the importance of his work. Harvey, a physician to this hospital, very nearly forfeited his post because of his revolutionary concept of the circulation. And these two well worn illustrations may be multiplied a thousandfold to show that in medicine advances have been made, and good practice has flourished where observation, unbiased by preconceived idea or theory, has ruled supreme.

And now, in this century a new danger looms ahead. The great physicians of the latter end of the nineteenth century prided themselves on the accuracy of their clinical diagnosis. For them, the investigation of a patient was a matter for careful, searching examination, consideration of every symp-

tom of which complaint was made, every sign, even the most trivial, and the cool and strictly logical correlation of these facts to constitute a syndrome. They had no laboratories to rely on, but they learnt from their mistakes in the post-mortem room. When, fifty-two years ago, Roentgen discovered X-rays and realised their potentialities, and when, eight years later, Einthoven made his first electrocardiograph of the human heart, a change began to creep over the attitude of the doctor.

Here were diagnostic implements, the value of which has proved to be incalculable, which could make diagnoses themselves, and would save much uncertain meditation, and check the accuracy of the diagnostician. As auxiliaries, they were good, but in time, amongst some members of the profession at any rate, they and the many other purely scientific aids to diagnostic have tended to assume the leading role.

Recently a curious incident took place at a large provincial hospital which has an excellent and well-deserved reputation. A patient came into the accident box having the day before fallen with some force from her bicycle on to her head, bumping her nose severely. The nose had pained her for twenty-four hours, had bled at intervals during that period, and there was some oedema and ecchymosis over the bridge. Her nose was acutely painful on pressure, and she had a slight headache. After a short wait, the doctor strolled up and asked her two questions, what had happened and whether the nose was painful, at the same time prodding it perfunctorily three times. The patient was then dismissed without

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further investigation to the X-ray department. Two and a half hours later, it transpired that there was a fracture of the left nasal bone, and the patient was referred by the staff nurse to the Ear, Nose and Throat Surgeon, who would hold a clinic four days later.

The case was not startling or dramatic, but there was a fracture of a head bone which, for all the house surgeon knew, might have accompanied a fractured base. No enquiries were made about epistaxis or leakage of cerebrospinal fluid, and indeed, no search was made for any signs of a more serious injury. Instead, the radiologist was expected to make the diagnosis and in the meantime, the patient could sit and wait for the verdict.

This incident, trivial though it may be, illustrates in some measure the attitude of mind which prefers a path card to ten digits and some honest cerebration. Though doubtless after next July we shall all of us have extensive laboratory services at beck

and call, at the moment such valuable aids are seldom found outside the hospitals and the specialist consulting rooms, and for the houseman who learns to base his treatment on X-ray reports much sorrow is in store. For not only will he be frustrated if he is immured in some distant part of these islands far beyond the reach of the clinic, but even should he settle in so civilised a locality as Muswell Hill, he will be highly unpopular with his patients.

It is therefore important for us to examine more closely the methods and teachings of such men as for example, Samuel Gee, whose book *Auscultation and Percussion*, is a classic of its kind, or the precise descriptions of disease recorded by other great clinicians. We may realise in this way that those who teach that the five senses and the reason are the best diagnostic implements we have, are after all not so out of date as we had thought, and we may see that their precepts are not mere tedious and oft repeated platitudes.

TEN YEARS OF WAR SURGERY

By DR. J. TRUETA.

A Lecture given before the Abernethian Society on June 19th, 1947

PART ONE

I CONSIDER it a great honour to have been invited to address the Abernethian Society on a subject which would have been cherished by the great surgeon to whose memory this Society is dedicated. In accepting your suggestion that I should speak to you of my experiences in war surgery, which began the day when the first battle casualty reached my hospital in Barcelona and went on to the end of the Second World War, I am conscious that with my acceptance I force upon myself a task of great difficulty, because I must extract from my recollections not only facts of intrinsic value, but others which may contribute to give some unity to my paper by their interrelation. This is a story of a persistent surgical attempt to find the better, safer, and quicker way of healing wounds. I am sure you will forgive my speaking in the first person as I am to describe this work as I saw it and played my part in it.

It is a recognised fact that experience gained in war has been a factor in surgical progress: and in the early days of surgery this was especially the case. But it is not

sufficiently stressed that the advancement of surgical methods derived from armed conflicts is not paralleled by an equal benefit to the surgeon himself. War surgery has contributed to the progress of medicine primarily in all questions concerned with the healing of wounds. Haste, uncertainty and improvisation are not the conditions requisite for the acquisition of a sound surgical judgment, and even less for an uplifting of the surgical art to the status of a biological science. Manual dexterity, quick surgical decision and mastery of surgical methods arise from intensive training under the guidance of good teachers; but the discovery of a fundamental biological law to guide surgical behaviour (even when related to the process of healing) must await, first, the accurate scientific observation and record of clinical cases, and then the confirmation or otherwise of the suspected biological truth by laboratory experiments on animals. Only when these tests have been carried out, and subsequently confirmed by independent workers, and the conclusions have been repeatedly corroborated by clinical experi-

ence, are we in a position to introduce a new fundamental principle into the small codex of surgical dogma.

It is not often that the clinician, if he has contributed to clarify an issue within his field, can proceed with the complementary animal experiments until he reaches finality. These have been almost always the business of research workers, trained in laboratory experiments but seldom interested in clinical medicine. The fact that these men do not live in the laborious clinical world, and that, in many cases, their findings have no immediate practical application, has given the impression that they constitute the exclusive branch of "scientists" in the medical profession. That, of course, is wrong, since the enquiring attitude towards biological secrets is not confined to animal experimentalists.

I have stressed my belief in these points because they indicate the method by which, with my co-workers, I have reached several surgical conclusions during ten years of war experience. And now let me begin with the real subject of my talk.

On July 19th, 1936, the so-called Spanish Civil War began. It found me in charge of the direction of a large surgical service in Barcelona. From early that morning battle casualties began to reach the hospital and, from the first, my associate and I took the decision to follow a plan of treatment to which I had adhered for the treatment of civil accidents during the seven years preceding the outbreak of the Spanish Civil War. This plan was based on observations made during those seven years and led to the establishment of a set of rules which, once thoroughly established and confirmed by repeated experience, could well serve as a code of surgical conduct in the treatment of war wounds. Provided that these basic principles were properly respected, there need be no demand for exceptional surgical skill in obtaining good results. When the Spanish war started, it was clear to me as to others that the critical period in wound treatment is the eight or ten hours that follow the initial injury, and that the final result may be gauged with accuracy by the end of the first week. The first of these two statements had been repeatedly stressed during the First World War; but it seemed to me that many surgeons, even when treating their cases within eight hours or less, considered operation only the first of a series of inter-

ventions which ranged from the routine daily change of dressings to sequestrectomies, counter-drainages, etc. This would suggest that these surgeons considered their initial operation to be incapable of radically changing the course of the healing process, and were therefore content to rely on successive surgical interventions rather than on one initial operation. The reason for this scepticism was that, due to septic inflammation, a troublesome post-operative course followed many war wounds: Colebrook¹ believes that between 80 per cent. and 90 per cent. of all open wounds in the British base hospitals in the First War were infected. Apparently it was felt that suppuration could not be prevented by the knife although it could possibly be prevented by antiseptics. The actual state of affairs was that bacteria had been ensured an optimum medium for growth and reproduction in the fragments of soft tissues, particularly muscle, whose blood supply having been damaged by the trauma were left *in situ* by the surgeon. The meticulous removal of even the very smallest discoverable pieces of devitalised muscle and cellular tissue is the best "antiseptic" that exists. The more perfectly this excision is achieved the better the result.

For many years I have firmly believed that health and disease, as life and death themselves, are expressions of the state of the circulation of the organ or system concerned. Toxins, injury and age, work towards the suppression of the circulation and thus towards death; there is devitalisation whether the ischaemia affects organ, tissue, or single cell.

The removal of a tissue-medium favourable to bacterial growth was the fundamental principle on which the whole treatment was based; four other complementary principles served to attain the best healing in the shortest possible time and with the minimum of suffering. These procedures, complementary to excision, were in order of their importance:—immobilisation and protection of the wound; avoidance of retention of extravasated fluids by adequate drainage; such removal of dirt and bacteria as can be achieved by cleansing of the part and the wound by washing with soap and water; and finally, the completion of this programme before the bacteria have had time to penetrate the surface of the wound and reach the underlying healthy tissues. I had found that the best method for immobilising and

protecting a wound was to encase the affected region, whenever possible, in plaster-of-Paris, followed by appropriate elevation of the limb. I also found that the best material to remove the fluid—blood and lymph—which collects immediately after the operation and might serve as a culture medium for bacteria was close-meshed gauze of good absorbent quality.

The usefulness of this programme when tested in serious war injuries was quickly realised, and only one month after the outbreak of the war in Spain the results we had already obtained compelled me to write the first paper on the treatment of war wounds, with a description of this method; this paper appeared in September, 1936², to be followed by another in December of the same year³. Increasing experience permitted me to publish in February, 1938, a small monograph in Catalan⁴ in which the results of this technique in the treatment of 605 cases were given. This small book was quickly translated into Spanish⁵; unfortunately the method was at this time considered dangerous, or perhaps too revolutionary, to be recommended for use by the average military surgeon. This explains why not a single paper—apart from mine—appeared during the whole of the war in Spain, referring to this technique; nevertheless, during the latter stages of the war several enterprising surgeons began to work along the lines suggested and after the collapse of the Republican resistance, some of their results were published in France and in this country.^{6, 7}

The method was considered unorthodox, and many surgeons whose technique had not appreciably evolved since the First World War were as afraid of encasing a wound in plaster as they were of enlarging it by longitudinal incisions. The influence of Carrel's teaching on these pessimistic surgeons had persisted until the beginning of the Spanish War, with the consequence that many of them thought it necessary to examine wounds at short intervals to reassure themselves, or to act quickly should complications be discovered. There was good reason for fearing an indiscriminate use of plaster, for serious sepsis was likely to follow if a wound was encased in plaster without previously fulfilling the whole of the surgical programme and so removing all devitalized structures and ensuring an adequate blood supply to the remaining structures. Thus it seemed surprising that many regarded

wound excision as an ideal towards which all conscientious surgeons should aim, but which was beyond realisation at present. It was still more deplorable that this criterion was upheld by a surgeon of the authority of Winnett Orr, to whom I had repeatedly stated my most sincere recognition for the inspiration his work on osteomyelitis had given to me.

By the end of the Spanish War, my collaborators and I had treated 1,073 cases by the method described above, with six deaths: we had received great help from the wide use of blood transfusion, which had been developed during the struggle in Catalonia under the creative drive of Dr. Duran Jordà. But at that time we had no help from chemotherapeutic agents or antibiotic substances, for which reason in a small number of cases cellulitis and lymphangitis developed under the plasters.

At the end of the war I abandoned my native country and came to England with the desire to be useful in the coming struggle. As the inevitability of war became clear, I felt that no time could be lost if the younger generation of surgeons were to profit from the experience of the Spanish War. In general, the plan was to convince surgeons on the following points: (1) that it was not dangerous to open or enlarge recently inflicted wounds, a procedure that might easily be thought to be indicated only when total excision was impossible, and that in all other cases only the wound track or tunnel left by the missile should be excised; (2) that there was no risk in encasing in plaster a well excised wound, as showed by our figures of one case of gas-gangrene—in a poorly excised wound—in more than one thousand cases; (3) that when infection was established, it was not necessary to revert to the use of hypertonic saline or to the Carrel method, whether by frequently changed dressings or by irrigation; (4) that excision should not be limited to wounds seen before infection is established, as it had been supposed to be a highly dangerous procedure once the inflammatory reaction of the tissues has been set in train; (5) lastly, that primary suture was to be discouraged in war; its success in first class surgical centres in peace was no justification for its application under war conditions. To convey to the young surgeons some of these ideas, I wrote a letter to *The Lancet* in April, 1939,⁸ in which I stressed that:

"The guiding principle of the treatment as I applied it was a bold excision of all dead

and dying tissue, a wide exposure of the wound, followed by the application of a plaster cast. Because of the novelty of covering a wound with a plaster cast, this feature of the treatment receives all the publicity; but it is obvious that a plaster cast is no more a substitute for inefficient surgery than is any other form of after-treatment of the wound, such as Carrel-Dakin irrigation."

I think that this statement is as true now as it was then.

In my first book published in English, I associated the names of Friedrich—the first modern supporter of wound excision—with that of Winnett Orr—the originator of complete plaster immobilisation for chronic osteomyelitis. From the outset, I was conscious of the essential difference between the problems of chronic bone infection, where the primary aim in treatment is to drain intraosseous collections of pus, and those of fresh war wounds, where the primary aim in treatment is the complete removal of all devitalized tissues, although in both cases plaster immobilisation is used to assist the natural defences of the body. Orr, however, considered that his principles of treatment of chronic osteomyelitis could be applied equally successfully to the treatment of war wounds, to the extent of writing:

"I do not do debridements in the ordinary sense or in the sense you speak of them. I consider that operation for a compound fracture patient, whether primary or secondary, is, first of all a drainage operation. Extensive debridements assuredly should not be trusted to the average surgeon. For that reason I always talk about drainage operations rather than debridement, because what I want to point out is that the wound opening must be made large enough and the edges spread wide apart so that adequate drainage is provided without too much worry about what is done inside the wound."

Unfortunately, the essential differences between the two methods of treatment were not well appreciated at an early date, and this led to confusion between them, the one devised for the treatment of chronic osteomyelitis which rightly bears Orr's name, and the other, which I have described, for use in fresh war injuries. This confusion allowed a surgical authority to write at the end of the war:

"The closed plaster management of wounds and fractures was designed to conserve life, but exacted a high price in skeletal and soft-part deformity. Its use is now limited to certain cases with established infection."⁹ It is clear that the writer of these sentences had the Orr treatment of osteomyelitis in mind when describing the limitations of plaster in the treatment of recent war wounds.

In June, 1939, *The Lancet* printed my first article in England¹⁰ in which a summary was given of the technique used by my associates and myself in the Spanish War, and the results. Let me quote from this article the following account of the method:

"As soon as the patient was anaesthetised, the wounds were cleaned with soap and water and a nail brush. After the skin had been shaved it was swabbed lightly with tincture of iodine, care being taken that none touched the wound. The field of operation was isolated with towels, and the bruised tissues were excised. As much skin was saved as possible; only the edges were resected, for loss of much skin leaves the muscles, tendons, and aponeuroses very bare and hinders healing. Skin was removed only if its vitality was in danger, but treatment of the muscles and aponeuroses was much more radical. We did not preserve any bruised muscle that did not react well when pinched with forceps or which had an abnormal colour or no blood-supply. To be conservative with the limb was to be very radical with the tissues, especially the muscles. A different criterion, however, was adopted for the bones. Like the skin, the bony fragments were preserved wherever possible—even including those deprived of periosteum if they were big. Much loss of bone is likely to lead to pseudarthrosis or to troublesome delay in uniting.

"After the large fragments of bone had been carefully replaced, it was necessary to drain the cavities left by extirpation of the soft tissues. This drainage is of great importance, for a badly drained cavity allows of the collection of fluid, at first consisting of blood but rapidly changing to pus. The best drain proved to be sterile absorbent gauze introduced between the tissues in the direction of the muscle fibres. . . . The fracture was reduced by placing the limb in a convenient position according to the bone fractures and the level of the lesion. . . . If necessary an extension table like that of Putti was used: a plaster cast was placed round the fracture, including the adjacent upper and lower joints. This cast was left in position so long as there was no excessively bad smell and the plaster did not become wet and soft."

I pointed out that the immediate benefits of the treatment included absence of pain, rapid disappearance of shock, elimination of sleepless nights, and return of appetite, and that the absolute rest of the fractured limb promoted sound union. The failures I attributed to faulty technique: the surgeon had either tried to save a limb with insufficient blood-supply or had not excised enough bruised tissue.

The ideas and suggestions contained in this paper were given with greater detail in a monograph published the day war started.¹¹

(To be concluded)

WAR SURGERY

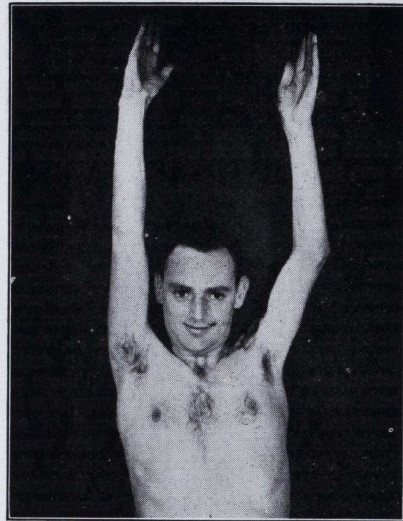


Fig. 1. Case treated with the method described in this paper.

(a) Compound fracture of the upper third of humerus photographed at the time of admission into hospital.

(b) Photograph obtained two years after the preceding one, when the patient was working without practically any limitation of either function or power.

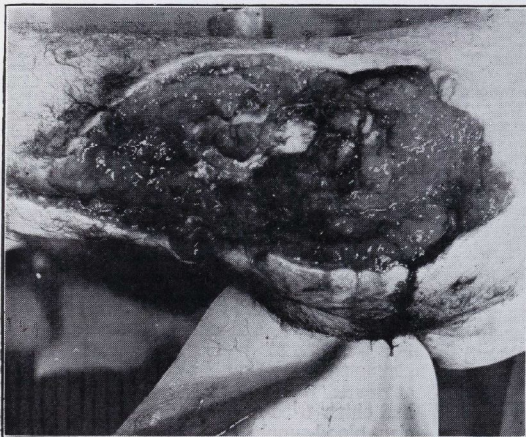


Fig. 2. Another case of septic compound fracture treated with the technique here described.

(a) Compound fracture of the upper third of femur with extensive sloughing wound, photographed at the time of the patient's admission into hospital.

(b) Condition of the leg two-and-a-half years afterwards, when the patient came to hospital for a routine inspection.

(Illustrations due to the courtesy of Blackwell Scientific Publications Ltd. and appearing in my book on clinical histories of war injuries, now in press.)

OBSERVATION

On a summer afternoon about forty years ago Mr. Charles Barrett Lockwood was sitting alongside No. 2 bed, in Kenton Ward. Sister Kenton and her Bluebelt stood at the end of the bed: Senior H.S. Tom Bates, and three or four dressers stood nearby.

Mr. Lockwood was enquiring about the patient when a knock at the door interrupted the answer. A nod from Sister and the Bluebelt admitted a Stripe bearing a Blueboard: this was handed to Sister: after a glance she handed it to Tom Bates who handed it to Mr. Lockwood.

Over his shoulder we dressers read:—

"RADCLYFFE WARD. Peter Brown, aged 9. Diphtheria. Dr. Drysdale would be pleased if Mr. Lockwood would kindly examine and give his opinion on the lump in this boy's neck."

Mr. Lockwood, handing back the Blueboard, said, "Mr. Bates, when we have finished our round here, please remind me to see this little boy."

The round finished: Surgeon, H.S., and dressers crossed The Square.

Mr. Lockwood, Tom Bates and two dressers entered the lift: the remaining dressers raced up the stairs. Tom Bates opened the door of Radclyffe: the party entered. A Probationer scuttled away to Sister's room, ejaculating:—

"Misterlockwoodsintowardsister."
and down the ward came Sister.

Six weeks later, with the exception that it was

William Green, aged 7. Diphtheria, history repeated itself exactly, up to the point when Mr. Lockwood entered Radclyffe.

HONOUR TO BART'S MAN

Professor E. G. D. Murray, O.B.E., who holds the chair of Bacteriology and Immunity at McGill University, Montreal, was in October last awarded the American Medal of Freedom for meritorious war services to the United States. Professor Murray graduated from this hospital in 1916.

The Medal was presented by the American Consul General in Montreal, and the citation read: "Dr. E. G. D. Murray rendered outstanding and exceptionally meritorious service as Canadian chairman of the Joint

But this time, to misquote Bret Harte.
"The subsequent proceedings interested us much more."

As he entered the front ward Lockwood glanced through the archway to his left, saw a nurse busy on some job in the back ward, and called out "Nurse, come here." Like the rest of us the nurse was overcome with surprise. She came: She stood trembling with her hands behind her back, and a very surprised Sister sailed down the ward like a full-rigged ship.

Lockwood said, "Nurse, put your hands in front of you: raise your right hand. Nurse, six weeks ago today I was in this ward and you had a bandage around the tip of your right index finger."

"Oh! Mr. Lockwood, it's nothing: it's nothing, really: it's only just a tiny little cut: it isn't septic: it's quite clean: but it just won't heal."

Lockwood turned to his dressers: "Gentlemen, a wound will not heal: what is the infection? Pathologist, Mr. Bates. Good afternoon, Sister: Dr. Drysdale has asked me to see Billy Green."

The examination over, Tom Bates escorted Lockwood to his red motor-car, returned to Radclyffe, and, with Sister's permission, took Nurse to the Path. Lab.

Oh! yes you do—you know what the infection was—of course, of course—yes, it was diphtheria.

BUT we didn't know that it was exactly six weeks ago: we didn't remember the nurse: we hadn't noticed her or any of her fingers.

Third Chip.

United States—Canadian Commission from June, 1942 to February, 1946.

"In addition, as Chairman of the Committee for Direction of Biological Warfare research in Canada, Dr. Murray utilised his superior ability as an administrator and his high degree of attainments as a scientist in a meritorious and commendable manner in the advancement of the war effort of the United Nations."

We congratulate Professor Murray on gaining a distinction which he has so obviously deserved.

BOOK REVIEWS

BIOLOGY FOR MEDICAL STUDENTS, by C. C. Hentschel and W. R. Ivimey Cook. 4th Edition. 1947. Price 25s.

In a new edition of this well-known first year book, the authors have taken the opportunity of completely revising the text and figures.

The main difference from previous editions is that the botanical sections have been largely rewritten, with a substantial enlargement of the section on Plant Physiology. This has been brought about by a greater elaboration of the subjects of Photosynthesis, Respiration, and the synthesis of food products. Numerous experiments are suggested; the photographs of the necessary apparatus are good, and successfully save the space of detailed verbal description. The rather heavy meal of essential information is brightened by references to interesting physiological phenomena, such as photoperiodism, which have otherwise little value for the 1st M.B. Examination.

The other botanical chapters differ from those in earlier editions mainly in the correction of detail, and in a greater correlation of structure and function, rather than in any basic change in the subject matter. The diagrams and drawings are much improved; many of the previously rather mediocre and ambiguous drawings have been replaced.

The zoological chapters are virtually unaltered, except in the section on Embryology, which has been brought up to date. Small alterations have also been made in the chapters on Evolution and Heredity.

The diagrams in this section of the book are generally the same as in the previous edition, but many have been re-drawn. Unfortunately, some of the poor diagrams of Edition 3 reappear unchanged; as for example, the two frog dissections showing the blood vascular system.

In the embryological chapters, the drawings of whole embryos are good, but the diagrams of sections could sometimes be improved. The labelling is not always complete, and there is sometimes a lack of uniformity in the method of depicting cell layers and organs, leading to difficulty of interpretation; for example, the relationship of the neural tube, somites and lateral plate mesoderm in Figs. 348-350 is obscure. The interpretation of a section, in relation to the whole embryo, is often a matter of difficulty to students; a small diagram of the whole embryo, on which is indicated the position of the section, could advantageously be placed with the diagram of the section.

There are some errors which should be corrected, such as the diagram of the scolex of *Taenia solium*, which should have two rows of hooks; and the statement that the nucleus of Amoeba is shaped like a "draughtsman": it is not cylindrical, nor does it resemble the human form!

The book as a whole is undoubtedly a considerable improvement on Edition 3, but one cannot quite agree with the authors that "the alterations are so extensive that it must be regarded as substantially a new book." First year students will continue to find it useful in their biological studies.

ILLUSTRATIONS OF REGIONAL ANATOMY, by E. B. Jamieson. Seventh Edition. E. & S. Livingstone, Edinburgh. In seven sections sold singly; or in one bound volume. Price 75s.

It is often taught by those whose qualifications entitle them to dogmatise that anatomy should be learned in the dissecting room. This is a doctrine that we do not question, but there is no doubt that preliminary study ensures that cadavers will be dissected with knowledge as well as skill, with the result that valuable material is used to the best possible advantage. For those who wish to learn about a part before they dissect it, these illustrations are invaluable.

In this edition, a few small changes have been made, but the general layout remains the same. Additions include an extra plate in the section on Central Nervous System (No. 51. The mid-brain among its surroundings). Useful explanatory notes have been added to the foot legends of pictures of bones. Also, there is now a well arranged index at the back of each section.

Alterations include modifications of some of the blocks to remove the patchy effect produced by blank areas representing high-lights. Unfortunately, some blocks which required it have escaped this attention—notably, fig. 9 in Central Nervous System, in which the patchy effect is still evident, and distracting.

There are two other groups of students who will continue to find these volumes useful. One consists of those who are revising for examinations, as the difficulty of revising systematically from parts in widely differing stages of disintegration is obviated.

The other group consists of those who will not be persuaded that anatomy is best learned in the dissecting room. For them these books are indispensable.

MENTAL HEALTH, by J. H. Ewen. Edward Arnold, London. 1947. Pp. 270. Price 12s. 6d.

This is a very useful, simple and straightforward account of the main facts of Psychological Medicine. There are only 264 pages, but into them has been packed a great deal of material. It is simply expressed and easy to read and gives a comprehensive view of the present state of our knowledge of Psychological illness, its causation, psychopathology and treatment.

In 1933 Dr. Ewen wrote a "Handbook on Psychiatry," which was a very useful epitome of the state of knowledge of Psychological Medicine at that time. It was written in the manner of a synopsis. Since then Dr. Ewen has had considerable experience both as a lecturer on Psychological Medicine at the Westminster Hospital, and as Medical Superintendent of Springfield Mental Hospital. The fruits of this experience are clearly shown in this book though not much more than facts can be given in a book of this size.

Of similar books of its kind that have been published on this subject of recent years I think that this is one of the most useful to the student because of its factual presentation and simplicity of style.

The case histories could have been a little fuller so that the student could visualise the patient in greater detail, and therefore remember the various points for diagnosis more clearly.

Psychopathology also is rather briefly dealt with, only eleven pages are devoted to this most important subject.

The section on "legal aspects" is useful and is very clear and comprehensive.

There are a number of printer's errors which need correction in the text.

RADIUM DOSAGE. The Manchester System. Edited by W. J. Meredith, M.Sc., F.Inst.P., Physicist to the Christie Hospital and Holt Radium Institute, Manchester. Edinburgh: E. & S. Livingstone, Ltd. Pp. 124. Price 15s.

During the past fifteen years, papers have been published by the staff of the Christie Hospital and Holt Radium Institute covering the clinical and physical aspects of accurate gamma-ray therapy. These papers are now collected into one volume and edited by W. J. Meredith.

A system of radium dosage must ensure homogeneous irradiation from multiple sources, destruction of abnormal tissues and recovery of the normal. The book describes in a series of tables, graphs and distribution rules, how this may be achieved.

It will be welcomed by physicists and by all who practice radium therapy.

I. G. W.

MEDICAL BOOKMAN AND HISTORIAN.

First issue, November, 1947. 25s. per annum, or 2s. each monthly issue. Harvey & Blythe, Ltd.

Those interested in medical history have always regretted that no periodical devoted entirely to the subject has been published in this country. The announcement of the appearance of the *Medical Historian* was received with enthusiasm, and although it was found impossible to publish it as an independent journal, its amalgamation with the *Medical Bookman* is a happy combination.

The first number of the *Medical Bookman and Historian* appeared in November, 1947, and contains several articles of primary importance. W. J. Bishop, in Part 1 of "By-paths in medical bibliography," contributes an interesting article on "Theses and dissertations." With F. N. L. Poynter, the same writer presents the first of four articles on "British historians of medicine," illustrated with the portraits of eight prominent historians of medicine. J. A. Nixon gives the preliminary outline of his study of "The Rise, Fall and Revivals of Hospitals," which will be concluded in the December number. In "Some Thyroid Pioneers," W. R. Bett deals with Theodor Kocher (1841-1917), and lengthy review articles are devoted to William Henry Duncan of Liverpool and Harvey Cushing.

Usual features include numerous reviews of recent books, publishers' announcements, notes on booksellers' recent catalogues, a "Poetry of Medicine" section, "Letters to the Editors," and "Medico-historical news." In fact, it is obvious that all tastes are catered for, and readers are assured of entertainment, thought-provoking articles, and information on the latest medical literature.

The Editors are to be congratulated on their

venture, and it is hoped that they will be supported by sufficient subscribers to ensure the success of their efforts to provide us with a British journal on the history of medicine.

J. L. T.

THE OCCASION FLEETING, by Hugh Barber. H. K. Lewis, London. 1947. Price 15s.

It is now recognised that the layman is alarmingly well informed in medical matters, due both to his avidity for popular science in all its branches, and to his interest in textbooks intended for the medical profession. This book is unusual in that, written by a distinguished physician and intended primarily for medical men, it is described by the author in his preface as "not altogether unsuitable for a layman."

The author, who was Medical Registrar to Guy's Hospital at the beginning of this century, describes himself as one who has enjoyed practising in and around hospital medical wards for more than forty years, and in these pages he makes use of a wide experience to give us an interesting miscellany of reminiscences, reflections, anecdotes, aphorisms, fables and quotations, interspersed with pungent facts and criticisms.

Touching on almost every aspect of medical practice, he raises many interesting and controversial points, too numerous to mention. However, since few doctors would share his opinion that frequent medical overhauls are not to be recommended, it is pertinent that a character in one of his pithy dialogues asks his doctor when he last submitted himself to a full examination.

We are glad to see that a physician of his experience emphasises the importance of careful attention to a patient's own opinion of his illness. As an illustration, he quotes the case of an old lady with pulmonary edema who spoke of her "heart cough."

AIDS TO THE DIAGNOSIS AND TREATMENT OF DISEASES OF CHILDREN, by F. M. B. Allen. 8th Edition. 1947. Students Aid Series. London: Baillière, Tindall and Cox. Pp. 268. Price 6s.

This book which has been used by many students, has been revised, and recent knowledge of erythroblastosis, penicillin and sulphonamides has been included. The chapter on infectious diseases has been re-written in the light of modern study, and attention has been paid to the chapters on infant hygiene and feeding. The book will, as always, be useful for revision and quick reference if supplemented by a more catholic reading of the subject.

THE CONQUEST OF THE UNKNOWN, by George Bankoff, M.D. F.R.C.S. Conquest Series, No. 5. Macdonald & Co., Ltd., Ludgate Hill. Pp. 175. Price 6s.

This is a book for the layman about the endocrine glands. It provides for him a clear and interesting picture of their functions and of the effects of their malfunction. The author points out that in endocrinology, many questions still remain unanswered, but he foresees for it a fascinating future. He has succeeded in presenting the subject in a very readable form.

E. G. R.

MEDICAL DISEASES OF CHILDREN, by D. N. Nicholson, M.B., F.R.C.P.Ed. (Second Edition.) Catechism Series. E. & S. Livingstone, Ltd. Pp. 76. Price 1s. 6d.

This booklet belongs to the well-known Catechism Series in which the essential features of each branch of medicine are dealt with in the form of question and answer, and this Part on paediatrics provides a handy means for revision for those students who can learn from "potted" medical extracts. Most of the essentials are here and inaccuracies are rare, though, from personal experience, I would hesitate to describe castor oil as a "bowel sedative." The prescriptions at the end are open to criticism, particularly the one for fever (undiagnosed), and the dosage of sulphonamides is too vague. On the whole, however, this maintains the high standard of the Series.

ESSENTIALS FOR FINAL EXAMINATIONS IN MEDICINE, by John de Swiet. 3rd. Edition. Pp. 178 and vi. J. & A. Churchill, Ltd. Price 9s.

This readable little book is a mine of information, and should be very useful to the final year student about to embark on examinations in Medicine, and requiring to summarise his knowledge.

The type and layout of the book are clear, and facilitate rapid and easy reading, and diseases are dealt with in alphabetical order. New sections on pellagra and penicillin have been incorporated, also additional paragraphs on osteoarthritis, chronic subdural haematoma, and primary atypical pneumonia, and this edition now includes an index. Mistakes are extremely few. We would recommend this book.

SPORT

SOCCER REPORT OF FIRST HALF OF SEASON

A SAD RESUMÉ OF LOST GAMES

In fairness to the Club this sombre heading does not truthfully indicate the real picture; for although "L" is the predominant letter in our fixture card results our potentialities for producing "W's" are not inconsiderable.

Left with eight of last year's eleven, Duffy and Cox keenly set about the task of filling the remaining positions.

What initially seemed an easy job proved to be more difficult when (a) new players were not forthcoming to form a Second XI, and (b) old players suddenly decided to play for their old boy teams, which although commendable in itself, does not help the "Old Mother Hospital."

However, the games in which we turned out our full eleven, have been both successful and enjoyable, and we feel sure that if we could rely on fielding this eleven regularly, we might reverse the fortunes in 1948. We do not want to lose the cup from the Library! We have in no way been starved of excitement, London Hospital succumbed to us 3-1, both the Royal Naval

College, and St. Mary's Hospital with their Irish late-retired Dennis Kellerher, had to fight hard to draw, and we lost the first round of the London University Cup only in the last minute by the odd goal of three.

The Cambridge team, however, did not produce the usual "rosy" record. Five games were played, but only one won; although the other four were by no means walk-overs. The increasing strength of the Cambridge Colleges indicates, perhaps, that in future four games with a Sunday in the middle will prove sufficient.

Individual honours have not been lacking. Five Bart's men were chosen for the United Hospitals Trials and Cox and Mangan were included in the first game, with Duffy and Khurshid as reserves.

Team:—

W. H. A. Cox (Hon. Sec.); J. H. Parish, J. A. S. Amos; A. N. H. Wright, I. S. Batey, M. K. Mangan, M. N. Khurshid, R. S. Abraham, P. M. Goodrich, T. D. Duffy (Capt.), M. M. Whiteley.

CROSS COUNTRY CLUB

Match versus BRISTOL UNIVERSITY, Saturday, November 1st, at Roehampton.

This match was held in conjunction with the L.U. Trials and the United Hospitals' match against the THAMES H. & H. and the TYRIANS. Most of the Bart's team found the 6½ miles a little too much so early in the season, and we were well beaten by Bristol; Menon ran well, occupying 3rd place in the Bart's v. Bristol match.

Scoring positions: 1, Robinson, Bristol; 2, Wheeler, Bristol; 3, Menon, Bart's; 4, Burn, Bart's; 5, Harbane, Bristol; 6, Steinchambe, Bristol; 7, Hewett, Bristol; 8, Glanvill, Bart's; 9, Matthews, Bart's; 10, Zakon, Bart's.

Result: 1st Bristol, 21 points; 2nd Bart's, 34 points.

Team: Glanvill, Burn, Menon, Matthews, Zakon, Monifort and Dodson. At the same time Burn, Menon, Glanvill, Dodson and Matthews were

running for the United Hospitals. This match resulted in a win for the TYRIANS (33 points), 2nd THAMES H.H. (68 points) and 3rd UNITED Hospitals (69 points). Menon was 4th and Burn 5th in this match.

Other fixtures this season include:—

November 15th, at Mitcham, *versus* KINGS AND MIDDLESEX.

November 29th, at Roehampton, L.U. CHAMPIONSHIPS.

1948:—

January 31st, at Bristol, *versus* BRISTOL, KINGS AND WESTBURY.

February 14th, at Chislehurst, *versus* L.S.E.

February 28th, at Chislehurst, *versus* GOLD-SMITHS COLLEGE.

March 13th, at Totteridge, UNITED HOSPITALS CHAMPIONSHIPS.

CHILD HEALTH AN ASPECT OF ANTHROPOLOGY

On October 1st, 1947, three students from Bart's arrived in the wilds (as perhaps they thought of Bethnal Green) to do a week's course in Child Health. They walked up the steps of University House armed with stethoscopes, rang the bell and tentatively enquired where the wards were. They were surprised, perhaps mildly shocked, to learn that for the next week they would not be working in wards, in out-patients or by the bedside.

The course in Child Health being run by Mr. T. L. Peterson, Warden of University House, is designed firstly to show to those who have not already seen it, some part of the life of the East End. Secondly and more importantly, to introduce Medical Students to the Study of Environment, in particular the relation of the normal child to its environment and how its environment may influence the causation of disease and the course and treatment of the established disease.

The course starts in a room, its walls covered with maps of London and Bethnal Green and with an array of books on Sociology and related subjects. After a little preliminary chat by Mr. Peterson, the students sit down to read the introductory lecture to be perused more fully at leisure. They would then be assigned their field work for the day which consists in learning something about the topography of Bethnal Green; in seeing examples of different homes; in seeing the type of recreation indulged in by Bethnal Greeners, whether it be the local Youth Club, or back yard football; in seeing at first hand the social facilities provided, day nurseries, infant and child welfare clinics, etc.; in seeing the different types of work in which people are engaged and how the children are being educated.

After these daily rounds of field work the observations noted are discussed with the other students and the tutor. This is an important part of the day, as education of this kind is essentially concerned with the personal reaction of individual students and not with the acquiring of specialised knowledge.

The follow-up and illustration of cases in the wards and out-patients at Bart's forms part of the course. This includes a discussion of course and treatment of individual patients between students and Miss Des-

botes—who has been appointed for this side of the course.

This course, arranged by the Medical College in conjunction with University House is the first of its kind, although a month's more comprehensive course has been run by University House and other settlements in Bethnal Green for doctors, lawyers and other professional people (and students). A number of criticisms have been levelled at the idea behind the course. Some say that there will be no question on it in the final examinations and is therefore a waste of time, others more reasonably say that this course is attempting a substitute for experience which can be gained only by work as a General Practitioner. Still others say, rightly, that the idea of "goin' slumming, my deah," is a bad one, but then, that is not the idea.

Firstly, if improvement is to take place in Medical Education, examination boards should not be the only arbiters of what is good and what is bad. Secondly, this course is not designed to be a substitute for experience, it is designed as an introduction for the future General Practitioner. When he faces an entirely new situation in the form of General Practice, the young doctor is certain to take some time to adjust himself to it. In fact, it is only after years of experience, very often, that he masters his job, which is concerned not only with organic disease but with a large proportion of disorders due to environmental maladjustment. That an experienced and responsible General Practitioner can deal with a large proportion of them is undoubtedly true, but that a young and inexperienced one can deal with them is by no means true. The course in Child Health, and, therefore, essentially in Social Medicine, as the study of the healthy and diseased child is inextricably bound up with its social environment, is designed to realise an attitude of mind. It is not the reaction "how terrible (the slum dwellings), they ought to do something about it," or "poor dears, I do feel so sorry for them," and certainly not "I couldn't care less," which is sought. The course is designed to facilitate observation of social phenomena in a more or less scientific way and to think about them, to have the attitude, "This will be part of my job, how

can I use them to advantage?" Once this idea is realised by students, that observation and deduction can be used in the realms of human environment (social anthropology), then they will be able to make a better and earlier use of their own experience and apply it to the diagnosis and treatment of their patients, in particular of children, in whom behaviour problems are so common.

Besides the function outlined above the course has two others, a simple introduction to the life of working class families (be it artificial) which a few get on "the district,"

and a practical demonstration of the health services provided by the local and central authorities. These, I think, are less important but nevertheless are valuable. Particularly are they valuable to the student who will be working in a hospital for most of his life, for he is unlikely to have any experience of general practice. This course will provide some of that type of experience.

Mr. Peterson has certainly made the course stimulating and for some its conception is controversial. It will be interesting to see its effect and the future development of this experiment.

B. B. R.

THE JOURNAL

We announce with regret the resignation of the Editor, Mr. M. S. Linnett. His place will be taken by Mr. J. M. Hodson, the Assistant Editor.

Contributions for the February JOURNAL should reach the Editor not later than January 5th.

THE SURGEON AND THE CHILD

By D. F. ELLISON NASH.

It is a common misconception that the surgery of childhood is merely surgery in miniature. The view that paediatric surgery bears a strong resemblance to veterinary surgery is to some extent justified in that the diagnosis must be based very largely on objective evidence with very little subjective support. For instance, abdominal pain is not described by the baby, but exhibited by his movements and other reactions, and if these signs are not seen by the doctor, the evidence is secondhand from the parent or nurse and depends upon the accuracy of their observation. If the surgeon regards the child as a miniature adult, his surgery becomes merely a craft, whereas the one with paediatric training derives a greater satisfaction or perhaps even greater success because his surgery is more truly an art, and he may establish a doctor-patient relationship. After all, even in children and animals, a very great part of surgery is the diagnosis, though often the baby is handed over with the diagnosis label firmly attached by the medical paediatrician.

There are many factors in the physiology and anatomy of the child, which influence both diagnosis and surgical technique. Although the relationship of the main anatomical structures is constant at all ages, the

particular characteristics of the various tissues differ: for instance, the child's skin is more elastic and when a wound is sutured the edges retract between the stitches, giving a scalloped appearance. This is one reason why the continuous subcuticular suture is commonly used: such a suture also everts the skin edges which tend to roll in far more than in an adult; this single stitch is quickly and painlessly removed. Interrupted sutures for skin, especially if silk is used (compared with elastic materials like nylon and horse-hair) leave revolting marks which on the abdomen, seem to grow with the child. The fat is firm and more vascular, though the vessels are more contractile and fewer require ligatures. Thrombosis is extremely rare, probably because of the faster circulation and natural incessant movement. The use of a tourniquet on a child requires the utmost care, although on the other hand, the elasticity of the vessels renders them less likely to be damaged by compression. A small boy of four recently put his finger tips in a power driven electric clothes wringer. He went in right up the elbow before the rollers started skidding: apart from transient oedema, there was no damage or sensory change. In operations for inguinal hernia, the deep layer of the superficial fascia is so dense that it

may be easily mistaken for the external oblique aponeurosis.

The lymphatic system plays such a great part in the protection of a child against its environment that it is responsible for the production of symptoms and disease to a greater extent than in the adult. Perhaps one of the commonest causes of abdominal disorder is acute or sub-acute mesenteric adenitis, often following acute tonsillitis.

Rehabilitation.—This is constant, spontaneous and a progressive natural process in the normal child; there is very rarely lack of desire, or it might be said lack of enthusiasm to get well. The child is usually free from worry, cares little for the future, and complains still less about the food, the nursing or the doctor. If the doctor's arrival in the ward is greeted with tears, and fear, he stands rebuked, for his approach has failed.

Nursing.—When it comes to nursing, too, the special art of nursing a sick child, with knowledge of feeding, of infection, and supreme patience have to be combined with an adequate knowledge of surgical nursing. In the post-operative phase, the average child complains very little, and the detection of complications depends again upon the ceaseless and knowing vigil of the nursing staff. The surgeon must be prepared, even in the best circles, for the dressing to be soaked in urine or covered with faeces. It has been suggested in all seriousness that the State Children's Nursing Certificate should be abolished and that all nurses should "do" twelve weeks in a children's hospital, just as we "did" fevers. Such a retrograde step could only be supported by those who have never had the help of fully trained children's nurses in the care of babies. Not every nurse is capable of understanding children and exhibiting the greater patience required. Recently I have seen a child who was admitted to another hospital on account of appendicitis. She had been under treatment for enuresis and when she returned home after her operation, on going to bed said, "Please mummy don't smack me if I'm wet like the nurses did." Children do not invent such accusations and the vigorous denials of the nursing staff concerned cannot annul the damage of their cruelty.

Social.—Whereas in the adult the treatment may have to be adjusted to meet the needs of a particular patient in relation to his earning capacity or domestic commitments, with the child, education has to be

considered: very often the fact of the child's presence in a home which may not be very good and conversely the effect of the home on the sick child may well be the determining factor in the selection of treatment. Prevention and treatment of children's diseases and disorders are now being given much greater space in the health provision of the nation, but local authorities generally are still apt to be content with a course which works on paper but not in practice. For instance, in the London area, after the routine (compulsory) school medical examination, if the child is thought to be suffering from some condition such as knock knee, the parent is given a card which states the disorder and informs the parent that he may arrange treatment for the child privately, take the child to hospital (an unspecified hospital), or if the parent desires treatment free of charge (for which he is already paying in his rates) if the card is returned to the Headmaster then the school authorities set in motion machinery for the child to be seen at the specialist centre under the provision of the 1944 Education Act! The process is as long and tedious as the sentence that has described it. At present the normal path which the parent adopts is to take the child to a voluntary hospital, which has been supported by charity and to which the local authority responsible contributes nothing. There is in fact no link between the medical supervision of the child by the school authorities and the specialist centre concerned in the majority of cases. Welfare clinics do not prescribe treatment even though it may be as simple as inner side heel wedges for flat foot: under existing regulations the child must be referred elsewhere.

Orthopaedic.—Orthopaedic surgery needs perhaps even more than other specialities, to take account of powerful and intractable process of growth. Thus operative interference with the ends of the long bones before puberty may be disastrous. Gross inequalities of bone growth may well follow minor damage to the epiphyseal plate, producing such deformities as cubitus valgus. If arrest of the bone growth occurs in a limb not only are the bones themselves and accompanying muscles shortened in relation to the other limb, but there is also defective length in the vessels and nerves upon which no lengthening operation can be reasonably performed.

With gross congenital deformity such as

occurs in arthrogryphosis multiplex effective treatment may have to be delayed for 14 years. During this long and tedious interval, because he is healthy but unable to use his limbs on account of the failure of segmentation of the muscle masses into individual muscles, the child must be trained and educated in such a way that when by reconstructive surgery function is provided, higher control will be there to use that new function. Similarly, fixation of unstable joints following infantile paralysis has to be delayed until growth has ceased. At present, facilities in England for special treatment of such children, and in fact of the long term treatment of kindred conditions are lamentably deficient. Education in the long term institutions is basically good but provides little scope for the physically handicapped child to develop with others of similar intellectual capacity.

The treatment of tuberculosis of the skeleton, though similar in the child and adult, is usually much more conservative in the child and more surgically active in the adult. Thus tuberculosis of the knee in a wage-earning man of 30 is a more urgent problem from the economic point of view and we know that once the disease is established very little function will return; consequently early excision and arthrodesis is usually performed. A similar condition in the child is given treatment on a long term basis, where education is provided while the disease heals itself, and operative interference is delayed until adolescence. Fortunately tuberculous disease of the knee usually produces a hyperaemic overgrowth in length so that delayed excision does not leave a very short leg.

If fractures in adults healed with the same rapidity and regularity as they do in children, their treatment would be relatively simple. Sometimes in the neo-natal period the first sign of fracture is a tumour produced by callus and the fracture is solidly united when first seen. This happens even in the femur which may have been fractured at birth. If union occurs in bad position, much of the malalignment completely disappears as the result of bone moulding (Fig. 1), which is very active in a baby and which is aided by weightbearing as soon as the child begins to walk. The power of normal modelling of bone in response to strain and stress is shown very clearly in the treatment of congenital dislocation of the hip. Here the acetabulum

has no real cavity at birth but when the head of the femur is replaced in the centre and held there, a normal acetabular cavity develops and the consequent X-ray appearance may be indistinguishable from the normal side. (Fig. 2.) Active exercises and wedges on the heels of shoes may correct a bony deformity such as knock knee. A baby of three months may be made to do active spinal exercises (by suspension and swinging) to correct a structural scoliosis. The treatment of the talipes equinovarus by Browne's method of splinting depends upon the lock bar between the two feet utilising the muscle action of each leg to correct the deformity in the other, while the feet are malleable.

Abdominal.—Appendicitis is almost always "fulminating"; rarely does an abscess develop. If an inflammatory mass is found in a child's abdomen the usual cause is mesenteric adenitis and the common infection is tubercle. A child with intussusception often looks very well and one in ten shows *no* blood per rectum. Between 1921-1930, mortality in this condition at St. Bartholomew's was 20 per cent. Twenty-five surgeons operated on 104 cases. No surgeon did more than nine cases—an average of one a year; six surgeons did one each and only five surgeons had seven or more cases. It is an instructive reflection that two surgeons of vastly different technique but both renowned for speed had nine and seven without a death, whereas two slow colleagues with eight and nine each had mortality figures of nearly 50 per cent. While small figure statistics are unreliable they show this—that a general surgeon cannot gain sufficient experience of a condition like intussusception in a general hospital. Since 1930, a better knowledge of resuscitation, of dehydration and improved anaesthesia have combined to reduce the hazards of surgery in this most dangerous form of intestinal obstruction.

Neurosurgical.—A meningocele over the lumbosacral area, with a narrow base and perhaps threatening to burst, is a temptation to any competent surgeon who is willing to be drawn into the trap. Excision of such a tumour may be attended by primary healing and apparent success, but the removal of a large absorption area, or adhesions between the cord, its coverings and the canal dragging the brain down as elongation of the spine occurs, produces the Arnold Chiari

syndrome—fatal hydrocephalus. The diagnosis and treatment of brain birth injuries with their educational, orthopaedic and urinary aspects form problems which the adult general surgeon rarely sees, and it matters so much more to a child than it does to an understanding adult, to be drafted from one specialist to another.

Urological.—Wilms' renal embryoma is a rarity that few would miss, but recurrent meatal ulceration—the most frequent cause of infantile haematuria—is a commonplace. "Colic" often attributed to wind or to the appendix is produced by spasm or "gumming up" of the tiny ureters, and, in some, these attacks never recur after the passage of a ureteric catheter. The classic descriptions of fancy operations for hypospadias are only suitable for adults, whereas the boy with a perineal urethral opening requires to be put right before he starts school. Enuresis and its many facets is a problem of great difficulty and much tedium. Almost anyone can "do" a circumcision and this is no place to discuss the pros and cons of this all too common amputation.

Proctology.—Prolapse of the rectum rarely needs treatment other than regulation of the child and its parents. A subcutaneous anal purse-string is a trick which would not be reasonably permitted in the treatment of adult prolapse. Megacolon in its various forms, carries a high mortality. Manual evacuation of inspissated stools is often necessary; babies endure colostomy very badly owing to the excessive fluid loss. Only those cases which are least severe survive for treatment in late childhood or as adults. The only symptom of fissure may be constipation. Beware of the imperforate anal dimple: like a plywood tank at El Alamein, it may move, but it won't work, and the low rectovaginal fistula which may be present,

often not noticed for a few weeks, is best split backwards rather than dilated. Reconstructive surgery has to be delayed.

Hernia.—In an infant (under two) the ordinary adult inguinal incision is unnecessary as the sac may be excised without opening the external oblique. Superficial and deep inguinal apertures are close together. The thickness of the deep layer of superficial fascia has already been mentioned. In babies, an incision $\frac{3}{4}$ -inch long across the superficial ring is all that is required: one stitch will close it. Wounds are sealed with Whitehead's varnish to proof them against urinary seepage. Such operations may be performed on Out-Patients. There is no better nurse than the child's mother if she is a good mother—and intercurrent hospital infection is a bigger hazard than the operation. Infantile hydrocele usually undergoes spontaneous absorption by 3-4 months.

It must always be remembered that the child will not stand the surgical assaults often launched upon the adult frame. Though surgical principles and the broad outlines of technique may be similar, short-cuts are necessary. "One-layer" anastomosis in bowel surgery is all that there may be room for—and atraumatic fine silk at that. Everyone who intends to practise surgery, whatever may be his speciality, should learn to appreciate the child and his reactions, his physiology and his endurance. A training in horology may help a man to mend Big-Ben, but his ladders, his spanners and his strength must be revoked as he seeks to revive the rhythm of the jewel-hung hairspring in a tiny watch. Most of us have poked such hairsprings with a pin—sometimes with success but often with abysmal failure, only to close the lid and hope no awkward questions will be asked.

(The Illustrations to this article are to be found on the next page)

NEWS

One of the original functions of the JOURNAL was that it should report to its readers any distinctions, higher appointments or outstanding successes of old Bart's men.

During the war, this fell into abeyance, but it is now desired to revive the custom. It is manifestly impossible for the JOURNAL staff to comb the London Gazette, the daily

papers, and staff lists of hospitals for information, and our main source must be communications from our readers. If, therefore, any reader of this journal reads about, hears of, or actually undergoes any of these pleasant processes, the Editor would be very grateful for any details they would care to send. In this way can past students of this hospital be kept informed of the doings of their fellows.

THE SURGEON AND THE CHILD

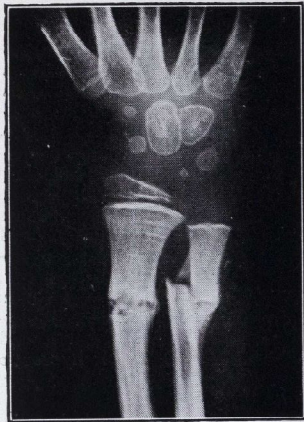


FIG. 1 (a). Incompletely reduced forearm fracture.

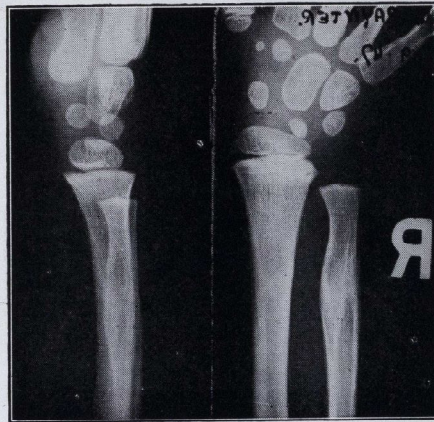


FIG. 1 (b). Six months later showing complete remodelling.

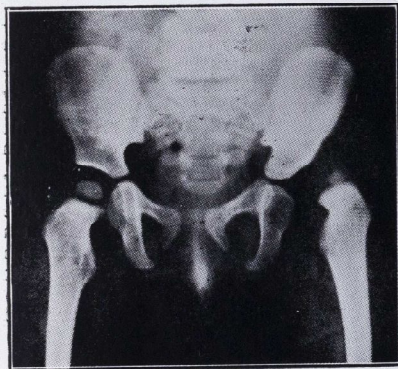


FIG. 2 (a). Congenital dislocation—left hip. Note absence of acetabular cavity and rim.

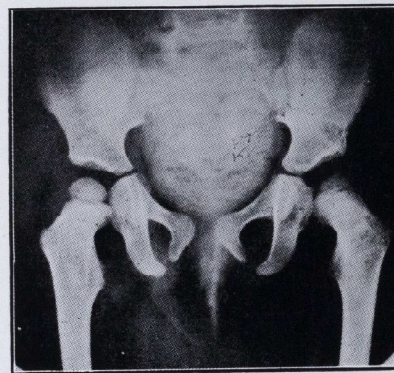


FIG. 2 (b). One year later showing formation of joint—hip stable.

STUDENTS UNION MEETING

AN Ordinary General Meeting of the Students' Union was held on November 26th at 12.45, in the Abernethian Room. The President, Mr. R. S. Corbett, was in the chair. A proposal that the Students' Union join the University of London Union at an annual College Subscription of £30 was discussed. Whilst some speakers enthusiasti-

cally recognised the many facilities to be gained, others contended that functions of our Union received too little support and the motion was defeated by 59 votes to 28.

The Report and Recommendations of the Dress Sub-Committee on Official Insignia was read by the Secretary and adopted unanimously.

The formation of an Entertainments Committee was proposed, its function to be the organisation of Concerts for raising funds, non-profitmaking Dances for Students and Staff, and Social evenings. In the ensuing discussion it was pointed out that the Students' Union Council was comprised of representatives of all the Clubs and met once a month and that in view of this the proposed Committee would be superfluous. The motion was defeated by 40 votes to 25. A

motion proposing the formation of an Entertainments Sub-Committee within the Students' Union Council was adopted by 47 votes to 4.

The Secretary announced with regret the increase in return bus fares to Chislehurst to 3/-. He gave details of the Union Christmas Cards. He also invited inquiries about week-end and vacation work offered by the National Union of Students. The meeting then closed.

CORRESPONDENCE

RELIGION AND SCIENCE

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

The subject raised in your Correspondence Column is one of perennial interest and importance.

There was a time in the world's history when the medicine man was also a witch doctor, and crude science and crude religion went hand in hand.

Later on the race was won by ecclesiasticism, and while religion and science both dropped into the background ecclesiastical dogma enchained the world.

In our later years science has made enormous strides and has not hesitated to take up the challenge for freedom of thought.

Today there are still some churches that enthrall all their members and to whom any discovery or pioneering of science is anathema, none the less the great body of intelligent and cultured Thought in the world is now able to harmonise religion and science as being both hand-maidens of God. Ecclesiastical dogmas come and go. Religions rise and fall.

Superstition violently enchains people, but eventually the chains are broken. Religion itself becomes more and more revealed to human beings, and often through science, religion is reached, since both science and religion are Divine Truths, interlinked and interdependent.

In the future the doctor will recognise the spiritual side of healing, and the priest will acknowledge that healing of the body is part of making men Whole.

With greetings,

JOSIAH OLDFIELD.

8, Harley Street,
London, W.1.
20th November, 1947.

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

The passing of the days when Logic was included in curricula for all degrees of many Universities has been deplored so often that it will almost certainly have been so by many readers of Dr. Wickes' letter in the JOURNAL for November, especially by those concerned that no false conclusions are reached by students who receive a copy gratuitously.

To take only one point—there are others misleading the argument—in his letter religious interest is compared to giving morphia to ease the pain of a dying man. Interpreting the simile logically we find either

- (1) (strictly logical) that religious interest is the best known specific for the condition, as morphia broadly is for a dying man in pain, or
- (2) (by implication) that since religion "exerts an influence harmfully" therefore to give morphia to a dying man in pain is likewise deplorable.

Now consensus of opinion surely endorses (1), but in a letter seemingly concerned to discredit religion, are we to understand that (1) is rejected, leaving (2) as the only view open to the individualist? (I omit the "healthy" Dr. Wickes uses before "individualistic" because of the "biased emotional colouring" (Dr. W., line 20) of "healthy," which individualism so often isn't).

On Dr. Wickes' contention that strength of character is more likely to develop in an individualistic person than in a religious one (for the sake of veracity and in face of the history of missionaries and martyrs I reject Dr. Wickes' emotionally colourful, even biased, "refuge in a spiritual fairyland") anthropology would no doubt comment "that depends on what sort of character you mean."

If, and I trust Dr. Wickes will pardon my attempt at paraphrase, the purport of his letter is that religious sanctions applied indiscriminately for human ends to modes of conduct is a danger we should avoid, I agree that such is not true religion.

Finally, in an age singularly facile at reducing to interlinked terms, without explaining, the Universe, in which materialism is apt in yet more effective methods of destruction of fellow-men, in which so widely held a view as Newtonian physics endures for hardly a century, in which he is foolhardy who accepts as ultimate the term "scientific truth," in such an age it is surely not unreasonable to find more real the Christian belief that has inspired men for almost 2,000 years, that supplies the accepted criteria for human conduct, yet alas! has had its truths confused for some by man's extension of Christ's revelation (e.g., last paragraph), not unreasonable to realise that to those

who believe, indeed Christianity gives the new life that Christ averred as His purpose in incarnation, and to attempt to grasp this rather than to use clichés such as "psychological phenomenon" which don't explain away Christ's daily dynamic effects.

Surely the peril for the student today is technical expertise without moral depth which Christianity enables.

Yours sincerely,

F. HOWARD GOODE.

MARRIAGE GUIDANCE

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

There is a problem which has been on my mind for a long time. I feel that it could bear discussion in our circles, and it is for that reason that I bring it to your notice.

Most of us, sir, will soon be general practitioners. We will make the acquaintance of a whole range of new families, whose health—in body and mind—will be our responsibility. To enable us to carry out this task is the purpose of our present studies.

Such being the case, I feel that we should be taught—and, in fact, we are in great part—how to tackle the various medical problems with which a family may be confronted. Dramatic medicine, as it is practised at Bart's, will be a very minor part of our practice; and less exciting problems will soon become the bread and butter of most of us. One of these problems may easily be the guidance of a married couple. This, sir, in my humble opinion, is a most vital problem.

The problem of marriage guidance, of family planning, of birth control, and kindred problems are little taught within the medical profession—or without it, for that matter. The inevitable result is that the "ideal marriage" is a state of affairs which one hardly ever sees.

I am not writing to examine the cause of this omission in the tuition of the medical student of today; I simply desire to plead—and to plead strongly—for the inclusion of teaching of the great

art and science of marriage in the medical syllabus. I believe that untold mistakes and misery could be prevented by such a step; that many a life might be shaped more pleasantly and many children grow up in a happier atmosphere; that many a hysterical symptom disappear or be prevented; and that the word "civilisation," employed as a description of modern society, be somewhat less of a misnomer.

I earnestly believe, sir, that there is more rejoicing in heaven over one in a hundred marriages which have been guided to success by a physician, than over the ninety-nine others which have been nullified by the Judge.

I remain,

Yours faithfully,

K. PERCIVAL.

Abernethian Room,
St. Bartholomew's Hospital,
London, E.C.1.

December 1st, 1947.

CAMBRIDGE GRADUATES CLUB

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

We should like to bring this club to the notice of all St. Bartholomew's men who are Cambridge graduates, of whom all are eligible. The club meets for dinner once a year, and before the war these gatherings were most congenial, bringing together, as they did, many old colleagues who would otherwise have little chance of meeting. In spite of prevailing difficulties, it has been decided to hold the first post-war dinner on January 21st at the Mayfair Hotel. Notices have been sent to those on the books of the club, but we should be grateful to hear from any Bart's Cambridge graduates who fail to receive one.

Yours, etc.,

H. JACKSON BURROWS,
KENNETH O. BLACK,

Honorary Secretaries.

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

EXAMINATION RESULTS

UNIVERSITY OF LONDON

THIRD (M.B., B.S.) EXAMINATION FOR MEDICAL DEGREES

Pass

Brown, D.
Bullough, J.
Cheshire, D. J. E.
Edwards, D.
Ernest, M.
Evans, J. W. G.

Glasman, P.
Goodbody, R. A.
Griffiths, E. R.
Hadfield, G. J.
Helps, E. P. W.
Hewitt, S. R.

Holtby, G. R.
Hopper, P. K.
Jenkins, B. A. G.
Jones-Morgan, C.
Maitland, R. I.
Meade, F. B.

October, 1947.
Nicholson, R. D.
Pilling, A.
Rogers, D. J. H.
Thomas, D. P. P.
Whitmore, G. L.

Supplementary Pass List

Part I

Amos, J. A. S.
Begley, M. D.
Bennet, G. R.
Burrows, C. J.
Chapman, P. J. C.
Corsi, E. L.

Deane, K. R. H.
Drake, P. H.
Felix-Davies, D. D.
Fisher, K. J.
Hearn, C. E. D.
Hill, D. W.

Hindle, J. F.
Holland, H. W.
Holtby, M. C.
Lloyd, E. A. C.
Mehta, M. D.
Popert, A. J.

Segall, M. L. J.
Shohet, N. I. A.
Teck-Kam, N. N. L.
Wright, W. J.

Part II Lonsdale, D.

Part III

Adams, K. I.
Colley, R. O. N. G.

Sheppard, J. G. H.
Thompson, J. M.

Tucker, D. K.
Yauner, H. D.

ROYAL COLLEGE OF PHYSICIANS

October, 1947.

The following Candidates, having satisfied the Censors' Board, are proposed for election as Members:—

Fagg, C. G.	Kunkler, P. B.	Milnes, J. N.
Frankel, P.	Lister, J.	Robertson, J. A.
Garrod, O.	McGladdery, J. B.	Simpson, J. R.
Jacobs, J.	Millichap, J. G.	

ROYAL COLLEGE OF SURGEONS

At a Primary Examination held in October, 1947, the following were successful:—

Aston, J. N.	Harland, D. H. C.	Kingdom, L. G.	Siegler, J.
Banks, C. D.	Holgate, J. E.	Lang, W. R.	Smith, I. M.
Cook, A. B.	Jack, R. C.	Loosemore, T. G. E.	
Farrar, D. A. T.	Jamieson, I. G.	Manning, C. W. S. F.	
Grant, R. N.	Katz, A.	Roper-Hall, M. J.	

SOCIETY OF APOTHECARIES OF LONDON

FINAL EXAMINATION

November, 1947

Pathology, Bacteriology and Forensic Medicine
Lapage, S.P.
Midwifery
Lapage, S.P.

ANNOUNCEMENTS

CHANGES OF ADDRESS

The address of Dr. and Mrs. Charles F. Hadfield is now Redbourne, New Road, Esher, Surrey.
Tel.: Esher 3562.

The new address of George Ellis, D.A., is 56, Curzon Street, W.1. Grosvenor 4121.

A Selection from Baillière's List

ROSE & CARLESS' Surgery

17th Edition. Edited by Sir CECIL WAKELEY, K.B.E., C.B., D.Sc., F.R.C.S., F.R.S., and JOHN B. HUNTER, M.C., M.Ch., F.R.C.S. In two volumes. Pp. xii + 1766. 30 Coloured Plates and 1100 Figures. 35s.

BUCHANAN'S Anatomy

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ROSS MACKENZIE'S Practical Anaesthetics

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PLESCH'S The Blood Pressure and its Disorders, Including Angina Pectoris

2nd Edition. Pp. xiv + 307. 125 figures. 15 plates. 21s.

TREGOLD'S Mental Deficiency (Amentia)

7th Edition. Pp. xvi + 534. 45 plates 30s.

ALBRECHT'S Modern Management in Clinical Medicine.

Pp. xii + 1238. 237 figures. 55s.

GECKLER'S Fractures and Dislocations

3rd Edition. Pp. xii + 371. 320 figures. 25s.

GAY'S Diagnosis & Treatment of Bronchial Asthma

Pp. xii + 376. 8 figures. 2 plates. 27s.

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AND COX
7 & 8 Henrietta Street
London, W.C.2

For aperture notes

