

SBHMS/PB/1/55

7/12

**SAINT
BARTHOLOMEW'S
HOSPITAL
JOURNAL**



JULY 1948

VOL. L II

Nov 6

CONTENTS

Editorial	91	Correspondence—	
The Cause of Mongolism, by Julian R. Eve	93	—The Journal Cover (M. Cusack); Tenacitas Scientifica (G. Haverfordwest)	102
The Abernethian Society	95	“W. G.”	103
On the Banks of the Nile, by M. J. Linnett	96	Book Reviews	104
Oesophago - Gastrectomy, by G. Haverfordwest (pronounced Harvest)	97	Students' Union Council Meeting	104
Art and Medicine, by M. J. Clarke-Williams	98	Medical Group of the Royal Photographic Society	107
The Obstetrics of Poetry, by G. Haverfordwest (pronounced Harvest)	101	Sport—Athletic Club	107
		Boat Club, Cricket Club	108
		Announcements	109
		Examination Results	109

INSURANCE

TELEPHONE

Whitehall 6161 where there is an efficient organisation ready to deal with all your enquiries

CAR & GENERAL

INSURANCE CORPORATION LTD.
83 PALL MALL, LONDON, S.W.1

DATA SHEET

Benger's Food

Composition

A partly dextrinised wheaten flour into which are incorporated the pancreatic enzymes amylase and trypsin and a small quantity of sodium bicarbonate.

Enzymic Action

The enzyme amylase converts the wheat starch into maltose and dextrimaltose. The enzyme trypsin modifies the milk protein so that in contact with the gastric juices it separates into fine flocculi, easily assimilable. The process of pre-digestion, set in motion by the contact of hot milk on the cold mixture, can be controlled to suit the powers of digestion. There is less than 0.5% insoluble starch in the infant feeding formulae.

Some Indications

Benger's Food is a valuable aid in the treatment of all types of gastro-intestinal disorders, enteritis, influenza, diphtheria, marasmus, partial pyloric stenosis and febrile conditions, and as a convalescent diet and as a bedtime drink particularly for neurotic patients.

Supply



From chemists, in sealed tins. 0 size 2/-. No. 1 size 3/6. No. 2 size 6/2. Samples and literature from Benger's Ltd., Holmes Chapel, Cheshire.

Alert...

**AND FREE
FROM PAIN**



When the burden of pain proves too heavy, mental outlook becomes distorted. In such a case the drug of choice is 'Physeptone' which gives satisfactory analgesia while leaving the mind clear. **NOTE:** 'Physeptone' is exempt from purchase tax.

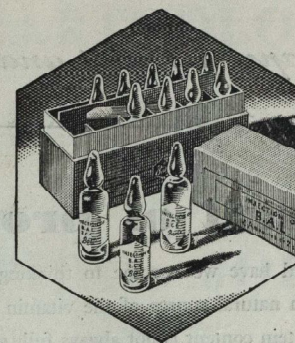
'PHYSEPTONE'

d1-2-DIMETHYLAMINO-4:4-DIPHENYLHEPTANE-5-ONE HYDROCHLORIDE

THE NEW ANALGESIC



BURROUGHS WELLCOME & CO. (The Wellcome Foundation Ltd.) LONDON



An effective new antidote for
**ARSENIC, MERCURY AND
GOLD POISONING**

Originally introduced during the war for the treatment of Lewisite gas poisoning, B.A.L. has now been applied to the treatment of poisoning by other arsenical compounds as well as mercury and gold salts.

Injection of B.A.L.-Boots consists of a sterile 5 per cent. solution of 2, 3-Dimercaptopropanol in arachis oil containing 10% Benzyl Benzoate. Supplies are available in boxes of 12 x 2 c.cm. ampoules.

B·A·L

(BRITISH ANTI-LEWISITE)



Further information gladly sent on request to

THE MEDICAL DEPARTMENT, BOOTS PURE DRUG CO. LTD., NOTTINGHAM

Vitamin Therapy - its uses and limitations

In pursuit of protein

So accustomed have we become to thinking of Bemax mainly as a rich natural source of the vitamin B complex that its high protein content is not always fully appreciated.

Compare, for example, the *protein* content of bacon and Bemax. The 2-oz. bacon ration should provide, in a week, about 6.2 grammes of first-class protein. One daily tablespoonful of Bemax will provide, in the same period, more than 30 grammes of *first-class* protein.

A comparison of *calories* shows about 133 for bacon and about 350 for Bemax.

So the nutritional value of Bemax comprises even more than its well-known vitamin content and for those who are able to supplement their diet with Bemax no lowering of the protein intake need occur.

Bemax *stabilised cereal embryo*

1 oz. of Bemax provides approximately:—

vitamin B ₁	0.45 mg.	vitamin E	8.0 mg.	available	
vitamin B ₂		manganese	4.0 mg.	carbohydrate	39%
(riboflavine)	0.3 mg.	iron	2.7 mg.	fibre	2%
nicotinic acid	1.7 mg.	copper	0.45 mg.	calorific value	104
vitamin B ₆	0.45 mg.	protein	30%		

Vitamins Limited

Upper Mall, London, W.6



ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

Vol. LIH

JULY, 1948

No. 6

FOOD

THE advent of food as an important conversational topic occurred about the same time as its deterioration as valuable stuffing for the human being. The last few years have witnessed the discussion of food at table. This innovation would have shocked the Victorians, who would have been as likely to praise their host's food as to disparage his cellar. To praise one's food was an impertinence, but the restraint involved was a useful convention, like the happy thought that by tipping your host's servants you suggest that they are underpaid. However, food as a subject is now banded round every table from breakfast to supper, and at home it can form a useful subject for impolite conversation or general disparagement. At other people's homes the guest is now faced with the occasional necessity for praising food which stands a chance of having been prepared by his hostess. Sometimes the task of giving praise is wearisome, and often it means adding cephalic insult to an injured gastro-nomy; but from the nursery onwards it forms a useful training in that dissimulation and hypocrisy which are such an important basis for a life that includes personal transactions with tradesmen, and strenuous competition with other toadies vying for their favours.

This discussion of food at table cannot be dismissed as just another boulder marking the landslide of contemporary manners, as can the habit of holding a table-knife like a fountain pen. It is due to many factors. One is the experience of shopping in detail which has been foisted on people who used to make their purchases by telephone or by agreeing with the cook. Today these people love to regale us with their shopping experiences, whether it is the effect of their charm on the

grocer, guile on the fishmonger, bribery on the bakery, or shock-tactics on the butcher. These shopping skirmishes and sorties provide endless anecdotes which pleasantly occupy a meal where the food is useless for anything but discussion. The interest of the chase leads to apologies for the state of the quarry; and when apology leads to counter-praise, the discussion has been broached. Food, in fact, becomes food for thought.

Another reason for discussion of food being banned at table was the Puritanical view that all appetites, being lusts of the flesh, were unsuitable for general discussion. This ban on food discussion could obviously be relaxed when food restrictions made feeding an obligation rather than a temptation.

Useful facts emerge from the maelstrom of meal-time discussions. It appears that once there was a time when food was so abundant and appetites so jaded by plenty that hors d'œuvres, soup or alcohol were considered indispensable preliminaries to the meal. The well-informed believed that such delights of the table promoted the flow of digestive juices; epicures agreed that such things promoted an appetite, and were an institution worth preserving even if they did not.

Today things have changed. Where once alcohol was taken as a stimulus, it is now taken twenty times diluted in tankards to distend the stomach and allay the pangs of hunger; but it may be the alcohol in ale that makes water palatable in bulk. Where once we heard the post-prandial sipping of curaçao or crème de menthe, we are now offended by the ugly sound of soda mints rattling against premature dentures. And though once we may have sipped our port

and snapped an idle biscuit, recently we accounted ourselves fortunate if we could lay claim to a cream cracker with a glass of unrationed milk.

It transpires that the necessity for stimulating the appetite or settling a heavy meal has become a relic of the past. Hors d'œuvres and liqueurs are hangovers from a prosperous period, and remain to mock us with an empty solace. Indeed, people will eat bran mash if it is served in tubular form, and the tin describes it as macaroni in meat sauce. Something is required to inhibit digestion and allay the appetite, for when nourishment is improbable, appetite becomes a curse. Many things have been tried: tobacco is expensive, but bullrush fluff is a possible solution which is most effective if chewed and swallowed. Factory broadcast music is often used; but this is only available for lunch, and to be effective should be controlled from the house next door. For breakfast there are useful preparations already on the market: these are supplied in flaked and powdered form, and when mixed with milk form a loathsome morass in which the keenest appetite will founder and stagnate.

In cases where appetites remain to torment their owners, questions of diet will be freely discussed. Here the cunning housewife will introduce the subject of the next meal, for she knows that as one meal progresses, interest in the next recedes, but the man who consents to the preparation of the next meal must share the responsibility when it is served. Household solutions of dietetic problems necessarily consist in making the best of materials available. By this time, however, all but the remnants of nutritive substances are likely to have been lost. It is unfortunate, therefore, that table-talk does not focus attention on the root of the food problem, which many consider may lie in the soil.

At present, although soil erosion problems have recently received world-wide publicity, questions of soil exhaustion, which affect the whole community, are discussed chiefly in a small circle whose views are so fanatical that they remain unappreciated. However, in a

comprehensive attempt to relate problems of health, food, soil and science, Lady Eve Balfour appears to have avoided the pitfalls in which the efforts of many of her contemporary workers lie buried. In *The Living Soil*,¹ she shows how, in most modern farming, the soil has been losing organic matter faster than it can be replaced. She produces evidence to show that this is due, not only to unskilled use of artificial fertilizers, which inhibit the growth of the natural soil population, but also due to the rise in urban populations and to the wastage of modern methods of sanitation. She adduces vast evidence to support the view that soil fertility can be properly maintained if the use of humus is properly understood and applied. For turning and raising the subsoil the earthworm is praised, and its work receives recognition. She also quotes extensive experiments showing that rats fed on improperly constituted diets, but such as are habitually used by many human beings, and which include generous helpings of white bread, develop many of the diseases and nervous disorders from which these people suffer. The extensive rat experiments the author quotes are of great interest, but the amazing fortitude of the huge rat colonies which subsisted in perfect health on a diet consisting largely of whole-wheat bread and fresh vegetable, must incur the admiration of every owner of a jaded palate.

In view of the fearful licence which medical men have always allowed themselves in their meal-time discussions, and in view of the great public interest which has recently been shown in problems of soil erosion and exhaustion, and the value of humus and compost, and of whole-meal diets, it seems that here is a subject suitable for every meal except breakfast. And when we contemplate our present daily diet, we can be confident that the practices to which our conclusions lead us will result in nothing if not a change for the better.

¹ "The Living Soil," by E. B. Balfour. 8th edition. 1948. Faber & Faber, London.

THE JOURNAL

We announce the resignation of the Editor, Mr. J. M. Hodson. His place will be taken by Mr. D. Munroe-Faure, the Assistant Editor.

We announce also the retirement of the Business Manager, Mr. Peter Jackson. His successor is Mr. C. P. Wendell Smith.

Contributions for the August JOURNAL should reach the Editor not later than July 5th.

THE CAUSE OF MONGOLISM

by JULIAN R. EVE

EARLY records on Mental Deficiency are meagre; all mental defectives were termed "Idiots" and regarded as beyond the pale of help. The first school for these helpless children was set up in Switzerland in 1842, but the originator neglected his duties, preferring the English society ladies who had sent their children there. The school rapidly came to a close.

In England, at Earlswood, the first institution dealing entirely with Mentally Defective children was set up in 1858.

Landon-Down was put at the head of it, and eight years later, in the Lettsomian lecture for the year to the London Medical Society, was the first to describe mongolism. He gave the condition that name because of the obvious likeness these children bore to the Mongolian race. He likened other mentally deficient conditions to other races. His original description, which may be found in the Hospital Library, is a brilliant example of clinical observation, typical of many of the great physicians of the past.

The first scientific report on this type of Mental Deficiency was made by John Fraser and Arthur Mitchell at a meeting of the Medico-Psychological Association in 1875 (published in the Journal of Mental Science, July, 1876). They called it "Kalumic Idiocy."

The physical and mental characteristics of mongolism will not be dealt with here, as we are concerned only with the causative factors.

Opinions concerning the frequency of mongolism have varied greatly. Landon-Down put it at ten per cent. of all Mental Defectives; later calculations range from 5-20 per cent. It is estimated that there are 60,000 living mongols in U.S.A. (Benda, 1947). The incidence of Mental Defectives in the general population is said to have doubled since 1907 (Lewis, 1929).

Contrary to what is stated in certain text books, Japanese, Chinese, Indian and Negroid mongoloids have all been described; in fact the condition appears to occur in all races, but more commonly in the white races.

Mongoloid children do not live long. The average expectation of life has been put at

10 years, but some live to a much greater age in institutions, sometimes up to the age of 30 or even 50 years. It is said that 10 per cent. have congenital heart disease.

A great many theories have been put forward as to the cause of mongolism, many with no scientific backing. Syphilis, endocrine lack in the mother, poor nutrition, disease in pregnancy, a retrogression mutation, heredity, anxiety and even substances used as contraceptives have all been blamed as causal factors. Scientific investigation has shown that syphilis is not the cause, that there is no obvious endocrine lack in the mother, and that heredity does not play any significant part.

The theory that heredity alone is the cause is easily dismissed, for assuming it to be the cause we would expect to find an increase in the number of cases of mongolism in proportion to the number of offspring. Murphy (1940) showed that it is twenty-four times more likely that subsequent to a malformed child, a further abnormal child will be born, than is the case for a normal family. Furthermore, we would expect in accordance with mendelian laws, that there would be a higher incidence of mongolism from consanguineous marriages, than from marriages where the partners were not related. None of the above conditions are fulfilled; families with more than one mongol are very rare and inter-marriage is not likely to give rise to mongoloid offspring. Benda, from the investigation of 450 cases in America, found only three where there was more than one mongol born in the family. Auden in 200 cases he studied found only one family with more than one mongol. Van de Scheer found 7 cases of multiple mongolism in Holland out of 338 cases. There has been one family discovered by Fantham, who produced ten mongols in three generations, but no other similar occurrence has ever been reported.

One of the first things observed to be common to mongoloids was that they tended to be born at the end of the family or to elderly parents. This gave rise to the theory that mongoloids represented an exhaustion

product of a mother whose fertility was drawing to a close. Further investigation showed that though the likelihood of a mongoloid child being born increased in proportion to the age of the mother, these children were also born as the first child of young couples or after a gap in the reproductive life of the mother. Brusseau showed that 45 per cent. of cases occurred in the first and second pregnancy, normal children following. Auden and Benda have produced similar figures. This fact that mongols may be born early in the reproductive life of a mother, shows that mongolism cannot be due solely to an exhaustive state of the mother, for so often she is not on the verge of menopause. The increased incidence with the aging of the parents, however, is a definite factor and must be considered in formulating any theory.

Direct evidence as to the cause of mongolism can be obtained from the study of mongolism and twins. Mongolism occurring in monozygotic (identical) twins has always affected both children, i.e., has been concordant; and in the case of Mongolism occurring in dizygotic (fraternal) twins, the condition has always been discordant. These facts suggest that the most likely explanation is damage to the germ plasm either by mutation or through some other cause. Recently, however, four cases of concordant mongolism have occurred in what were undoubtedly dizygotic twins. This makes the theory of germinal mutation extremely unlikely, for it would be truly remarkable if this mutation occurred in two separate ova simultaneously.

The age of the parents points to environment of the fetus having some influence, in which case it would not be necessary for both twins whether dizygotic or monozygotic to be mongoloids—as often supposed—for great differences in placental circulation and other mechanical factors may be present, creating a different environment for each fetus. Benda points out that hydrocephalus, microcephalus, cretinism and congenital syphilis are all reported in one of twins.

Of the 14 reliable cases of concordant mongolism, half were proved to be monozygotic and in the remaining 7 it was not definite. In 48 reliable cases of discordant mongolism it was possible to prove that 27 were dizygotic; the remainder were indefinite. All that can be said is that no one has

(yet) shown that discordant mongolism can occur in monozygotic twins. On the other hand four cases of concordant mongolism in dizygotic twins are known.

These above facts suggest as a likely theory that both an environmental and a genetic factor combined is the cause. The environmental factor acts at fertilization of the ova or shortly after and the likelihood of its occurring increasing with the age of the mother. The genetic factor is supported by the assumed greater incidence of concordant mongolism in monozygotic than dizygotic twins, for monozygotic twins have the same hereditary equipment, as well as by the fact that no case of discordant mongolism in monozygotic twins is known.

Benda, in America, considers that mongolism is congenital hypo-pituitarism, but apart from that he claims the cause is a "noxious factor" occurring in the mother during gestation. That mongolism is congenital hypopituitarism seems rather overwhelming by the mass of clinical, pathological and X-ray observations he has collected following ten years' research, and presented in a convincingly logical manner—but it is not to be discussed here. To complete the proof of this theory pituitary growth hormones (not yet available) will have to be administered to mongols.

Benda's theory that factors leading to mongolism are present in the organism of the mother has much to support it. He compares families in which there is a mongoloid child, with families in which there is a mentally defective child other than a mongol. He compares especially the ages of the parents at the birth of the mentally deficient child, also the number of children born before and after the affected child. He concludes that mongols are born:—

- (i) After a rapid sequence of pregnancies in even a young mother.
- (ii) At an advanced age of the mother.
- (iii) As a first child.

In the first two types of case the mongoloid child is an exhaustion product, the maternal reproductive powers being diminished. In the case of a first child, "fertilization may find an unprepared organism which is inefficient or too slow to accomplish the necessary adjustment of the endocrine environment." The mother may well react normally in subsequent pregnancies.

The causes of this inability of the mother to create the necessary endocrine environment on fertilization are further sought. Benda finds six factors common in mothers of mongoloid children. There is often nervous instability, especially in young mothers (62 out of 107 of his cases). "These patients," he claims, "show a psychosomatic reaction leading to instability of circulatory and automatic functions."

There is a high incidence of spontaneous abortion. In the general population the figure is usually put at about ten per cent. In mothers who have a family with a mongoloid child the incidence of spontaneous abortion is as high as 31.2 per cent.

Continuation of menstruation during the second and third month, or irregular uterine bleedings during pregnancy also are common. This indicates that the endocrine mechanism preventing menstruation is at fault, i.e., shows an instability of the normal endocrine balance.

Prematurity in mongolism occurs more often than in other forms of mental deficiency. The birth weight is usually below average. Another item suggesting an upset endocrine balance is the difficulty the mother often has in becoming pregnant.

Benda maintains then, that mongolism occurs under the same conditions as abortion, threatened abortion, prematurity and near sterility. All these are mainly if not wholly due to hormonal disturbances.

Brousseau (out of 376 cases) found 47 per cent. of the mothers had ill health during pregnancy, but she did not consider ill health to be the cause. Bushfield noted an increase during the war years, and suggested anxiety played some part. This would help to support the endocrine theory. Van de Scheer considered that heredity played no part and mongolism was the result of a pathological pregnancy. He suggested mechanical factors acting in utero. Better understanding of the physiology of pregnancy has shown this idea to be wrong.

We may conclude that there are two reasonable hypotheses. One theory believes that an environmental factor, operating during embryonic life, makes manifest a genetic factor to produce mongolism. If this is so, there must be many children who are potential mongols but are normal because the environmental factor was lacking.

The other theory holds that mongolism is due to the endocrine environment of the ova, that this factor alone is the cause, and that under certain conditions every mother can give birth to a mongoloid child. Benda considers that either the maternal pituitary or the corpus luteum itself is at fault. Assuming then that a faulty functioning of the corpus luteum is the main cause of abortion we may regard a mongol as the survivor of a threatened abortion.

However, the evidence that in monozygotic twins never one, but always both children are affected, strongly suggests there is a genetic factor playing some part (besides the environmental factors) and Benda's findings do not necessarily disprove this. He found in his own cases that eight per cent. had no history of "abnormal" pregnancy.

Either theory may be accepted with reason, and should endocrine disturbance in the mother be the sole cause, mongolism must be regarded as a secondary amentia, and prevention may one day be possible.

Bibliography

- (1) Langdon-Down. London Hosp. Reports. The Lettsomian lecture to the London Med. Soc. for the year 1866. "Mental Affections of Childhood and Youth." 1887.
- (2) Crookshank. "The Mongol in our midst." 3rd Edition.
- (3) Brousseau, K. "Mongolism." 1928.
- (4) Parsons and Barling. "Diseases of Infancy and Childhood." 1933.
- (5) Cockaine, E. A. "Heredity"—from Dis. of Child., by Garrod, Batten and Thursfield. 1944.
- (6) Benda, C. E. "Mongolism and Cretinism." 1947.
- (7) Bushfield. *British Medical Journal, Child. Dis.*, xxi, 241. 1924.
- (8) Russel. *Lancet*—"Mongolism in twins." I, 802. 1933.

THE ABERNETHIAN SOCIETY

A visit to Allen and Hanbury's at Ware has been arranged for Wednesday, July 21st. Further details will be posted.

ON THE BANKS OF THE NILE

THERE are times when one feels lost and unable to concentrate, when small things distract, and the attention wanders from thought to thought like a couponless man in a clothing store.

I sat in the Library, my Boyd propped up in front of me, and gazed meditatively around. Could it be that the others were pretending industry, or were they dreaming of the end of toil? And were those who basked in the warmth of the fire really as absorbed as they appeared or had the flames deepened the state of hypnosis to which they were already so prone? Some, more careless than the rest, sat at the periodical tables and with brazen abandon lazily turned the pages, revelling in the glory of transatlantic advertisements and the latest clashes with Mr. Bevan. And the honest few, brave souls, frankly slept.

When, therefore, Wapshott came up behind me and tapped my shoulder, I was not sorry to be disturbed, and beamed drowsily upon him. His face was worried, but I noticed a hastily assumed leer of bonhomie appear as he stood over me.

"Come," he said, "and help me take an alligator up to the fourth floor."

"Would it not be better," I replied, after an interval, as one humouring an idiot, "to take it up to the roof? They say the view is very fine."

He looked at me pityingly and his thick spectacles glistened as he sucked in his breath impatiently.

"Oh, these unimaginative souls."

I said how did he expect me to swallow that one, pathology wasn't an imaginative subject, even though the book did attribute sudden cardiac death to a visitation from God, and if Wapshott thought he was flinging thunderbolts, he could go and recharge his batteries. I was working—hard.

Wapshott stood up straight, glared at me, and strode out, swinging the door aggressively behind him. I settled down again to my labours, to be interrupted by a bang, footsteps and a curious pattering sound. Knowing Wapshott, I ignored it all until I felt something tugging at my trousers. I looked down. An alligator, champing its jaws, looked hungrily up at me, and there stood Wapshott, holding its lead, and grinning fulsomely.

"If you'll shorten the lead," I said, "I'll help you."

He did, and I climbed down from the table.

As we were walking towards the wards, I asked for explanations. Wapshott said that his landlord, one Jeroboam Corphup, was in a fourth floor ward suffering from heart failure induced by exercising his whippets up and down Caledonian Road. Corphup was devoted to animals, and favourite among his pets was this alligator, Alcestis. When Corphup was taken to hospital, Alcestis had sunk into a decline, had refused food, had not slept at night, and had wandered round the house mournfully rolling her eyes and dragging by the sleeve one of Corphup's old flannel shirts.

We paused, while Wapshott dissuaded Alcestis from visiting the photographic department.

Corphup, on the other hand, had not made satisfactory progress in hospital, and said he felt lonely. His wife, therefore, guessing that he missed Alcestis, had sent her, in charge of Wapshott, up to the hospital to visit him.

We walked up the colostomy, Alcestis steering a course not unlike a sine curve, to the detriment of two or three gas cylinders and an elderly patient from the physiotherapy department, who found her rheumatism no hindrance to a rapid escape.

We waited for the lift. It came, and the porter had opened the door a full twenty-four inches before he saw Alcestis looking up at him with interest. With a yelp, he slammed the gate and shot upstairs again.

Wapshott said that we should have to use the staff lift—Alcestis would double up on the floor.

I said I wasn't going to use the staff lift with a doubled up alligator at my feet unless its mouth was stopped.

So Wapshott wound the lead round Alcestis' jaws, and with much persuasion we got her in. When we arrived at the fourth floor, he untied her, and we took her along to the ward to be introduced to Sister.

The two ladies regarded each other, Sister with surprise but withal imperturbability, and Alcestis with ill-concealed boredom. Sister said that she was charmed she was sure, and Alcestis nodded, with a suggestive look in her eye, towards the kitchen.

A hoarse voice from the middle of the front ward cried, "I can smell 'er, I can smell 'er."

Alcestis turned in a flash and was off down the ward before Wapshott could clutch her lead. We rushed after her, and found her in her master's arms, fondly chewing his oiled forelock with grunts of pleasure. Jeroboam beamed at us distantly, and disengaging Alcestis' off forepart from his lower lip, mumbled in a voice tremulous with emotion, "Bleshyer."

We stood and watched, amazed at the sight, and dismayed because all of us realized that it was quite impossible that Alcestis and Corphup be parted again and where was she to sleep? Sister said she had an idea that alligators slept in a mud flat with one eye open, and Wapshott said that Alcestis slept in any place wet enough. I said couldn't we borrow the fishtank from Dalriell, but it was decided that she would probably eat more than her share of ants' eggs.

So it was decided that the only place possible was the bathroom, and the junior pro. was despatched to the dispensary for enough kaolin to make a bathful of mud-like liquid. And it was there that Alcestis made her bed for the three weeks that Wapshott's landlord remained in hospital.

I wasn't on the wards at that time, but Wapshott told me how Alcestis would carry notes between the front and back ward, and how at four o'clock it was always her pleasure to draw the tea trolley, with toothsome leer, round the ward. A nurse knitted her a woollen pullover in a pink and purple stripes, of which she was very proud.

And that is why, if you examine the bath in that ward, you will see scratches around the bottom and up the sloping end, where Alcestis used to wriggle in and settle down for the night. It was some time, I believe, before the last trace of Kaolin was scraped off the bathroom walls.

M. J. L.

OESOPHAGO-GASTRECTOMY

by G. HAVERFORDWEST (Pronounced HARVEST)

Although he was a little runt

He bravely came to Alan Hunt

Who said: "We'll do our latest stunt,

Oesophago-gastrectomy.

He took three paces through the room,

Was interviewed by Basil Hume,

Who solemnly confirmed his doom:

Oesophago-gastrectomy.

His ribs were split, his chest flew wide,

His belly cracked from side to side;

With two drips pelting, Frankis cried:

Oesophago-gastrectomy.

His luck was in, his gaster out

And small gut joined to gullet's *bout*.*

You should have heard the people shout:

Oesophago-gastrectomy.

All ended well. He paid no fee.

(He wasn't quite a D.O.T.)

Though many thronged the place to see

Oesophago-gastrectomy.)

Then Dosssett—Henry, called for short—

Said: Gracious! gents, you surely ought

(Since Education's Dearly Bought)

To give it its full title of synchronous, combined, transthoraco - abdominal, total gastrectomy, including the lower end of the oesophagus.

*Bout, end—a French word, but here pronounced somewhat in the English fashion.

ART AND MEDICINE

by M. J. CLARKE-WILLIAMS

*"I strove with none, for none was worth my strife;
Nature I loved; and, next to Nature, Art.
I warm'd both hands against the fire of life;
It sinks, and I am ready to depart."*

—"Dying speech of an old Philosopher."
by W. S. Landor.

PASSING through the rooms of the National Gallery recently, I saw one painting which particularly attracted my attention; it was "A Dead Soldier," painted by a member of the Italian School in the seventeenth century. The scene is laid in a grotto, from the roof of which hangs an oil lamp. On the ground lies the soldier, his colouring is ashen grey and there is some cyanosis about his cheeks and legs. He does not appear to have been wounded, for his clothes are not torn, nor is there any blood to be seen. But what attracted my eye was not the soldier, nor even the colouring of the picture, which has been cleaned recently; it was the contents of the foreground. There, a skull and two long bones, easily recognisable as a tibia and a femur, lay beside the corpse. In the background, beyond the soldier's head, were two more skulls. It was this that introduced me to the possibility of the study of art in relation to medicine. Obviously such a study falls into two parts: firstly, disease and medical subjects in Art; and secondly, art as an aid to the teaching of medicine and premedical subjects.

Medicine may find a place in paintings for several reasons; firstly, it may be there to gain the sympathy of the beholder, as in subjects dealing with sickness or death. Secondly, it may be there in order to provide a contrast, as between a deformed or diseased person and some fine handsome figure, to the enhancement of the qualities of the latter.¹ It is for this same reason, contrast, that one sees, so often, a negro servant in the background of paintings of "The family of —." In the early days, painting was devoted to religious subjects, such as the Crucifixion or the lives and martyrdom of the Saints, in which the pathological details are of necessity secondary to the painter's portrayal of the scene. It is interesting to compare different artists' interpretations of the wounds of the

nails in the hands and feet, and the spear-thrust in the side, of Jesus Christ. For example, Edward Burra, who in 1905 painted "A Mexican Church,"² was not concerned with the wounds inflicted on Christ, who is depicted lying on his back on a tomb before the altar, his arms outstretched and his knees partially bent, but with the atmosphere within the church. The wounds are stylised and there is no attempt at realism. Another painting, "The Entombment" by Dirk Bouts (1400-1475), shows on the right side of the figure of Jesus, who is being lowered into a coffin, a clean cut, with slightly bruised edges, about two-and-a-half inches long, which lies just below the subcostal margin and which pierces only as deep as the muscle layers, which can be seen at the base of the wound. The blood runs down from the gash in several streams, which appear to have clotted. The wounds in the hands are not, however, so convincing.

Two saints, St. Roch and St. Sebastian, repeatedly appear in paintings of the Middle Ages. St. Roch was a pilgrim to Rome; in several cities on his way the plague was raging and he stopped to look after the sick. He was himself stricken with the plague and left by the roadside to die, but the legend is that he was nursed back to health by angels. Eventually he died a natural death in his native town in 1347. He is always depicted with the upper part of his right thigh uncovered to show a plague spot. In the seventeenth century painting of St. Roch by Carlo Crivelli,³ he is seen as a very disagreeable person with, in place of a plague spot, an oblique incision some three inches long over Scarpa's triangle on his right thigh; it is only as deep as the fascia overlying the muscles and does not bleed. It was owing to his healing work in these plague-ridden cities that he became a "protector" against the plague and his effigy was publicly displayed during bad outbreaks of the disease

on the Continent in the Middle Ages. St. Sebastian, on the other hand, is always represented tied to a stake and pierced by many arrows. The most famous painting of his martyrdom is that of Antonio Paulucolo,⁴ painted in 1475. St. Sebastian is tied to the top of a stake some twelve feet high, from the ground below which some half-dozen soldiers are shooting at him with bows and arrows. From the expression on the Saint's face one would think that he had nothing more to complain of than slight dyspepsia! He is, however, pierced by no less than six arrows (one in the right upper arm, right buttock, left axilla, left groin and two in the back!) The arrows appear to have pierced deeply, but each wound is clean cut, not lacerated or bruised, and bleeds little. Actually St. Sebastian was not killed by being shot to death with arrows; having been given up for dead by the soldiers, he was taken to a friend's house, where he was nursed to health again. He survived to die by being beaten to death with clubs at the orders of the Emperor Diocletian.

Disease is less often seen in the paintings in British Galleries than wounds. Lepers are portrayed sometimes to provide a contrast with some noble figure, upon whom the artist wishes the spectator's attention to be focussed. An example of this is the painting by Van Dyck of "St. Martin dividing his cloak,"⁵ showing St. Martin, mounted, cutting a portion of his cloak off for two beggars, who exhibit typical leprosy nodular ulceration of the face, hands and feet. It is in very few pictures, apart from those of William Blake, that the diseased or maimed man is made the central focus of a picture. Hogarth, of course, revelled in deformity and ugliness in his cartoons of the ordinary people of his day. In one of William Blake's coloured Lazar prints in particular, the subject is death—"The Court of Death or Lazar House."⁶ In the foreground lie some of those, who have already died; on the right a figure with bowed head reluctantly moves forward to join them, and in the background are the head and shoulders of a man, whose face is badly scarred with leprosy; he is on the brink of death.

Which brings me to the study of Death in art; in the painting by William Blake, mentioned above, the posture of the dead bodies is grossly exaggerated and the centre one shows a marked degree of opisthotonus. In two pictures in the National Gallery the separate head of a dead man is shown; in

"Salome" by Sebastiano del Piombo, and "Judith and the head of Holophernes" by The Master of the Mansi Magdalen. In the former the head of John the Baptist is being held on a salver by Salome; the features of the head are ashen grey, but the facial contours are normal. In the latter, however, the head is being born aloft by Judith; the old man is represented as having died in great agony for his features are contorted; there is a suggestion of the Facies Hippocratica about them and there is marked cyanosis of the tip of the nose, the lips, the eyelids and the malar region. "The Exhumation of St. Hubert,"⁷ painted in the fifteenth century, has a wonderful atmosphere of repose about it. St. Hubert is being raised from his vault before the altar; he is fully clothed and the skin on his face and hands is loose, in folds, pale and slightly cyanosed. How soon his exhumation followed upon his death, I am unable to discover.

From death we pass on to Surgery. Operative procedures have not come within the province of the artist to a great extent. Once again the subjects are religious; the Circumcision of Christ being found more than once. In Giovanni Bellini's famous painting of the scene,⁸ the infant Christ is on a table before the old priest, who holds no knife. The picture is a study more of the expressions of the priests and the Virgin Mary, and the subtle interplay of light and shade on their faces, than of the operation. Towards the end of last year an exhibition of "The History of Surgery" was held at the Science Museum at South Kensington. Among the large number of interesting exhibits was a painting of an operation being performed by two saints, St. Cosmos and St. Damian. The scene is in a church, the patient, who had a cancerous leg, lies on a table before the altar. The two saints standing behind the table, are in the process of grafting on the leg of a Moor, who died recently, in place of the amputated diseased leg which is being held by an angel in the foreground. Other angels are assisting with bowls of water and towels. These two Arabian physicians, who are patron saints of Surgery, suffered even more than St. Sebastian for their Christian faith. Having been condemned to death by drowning, from which they were rescued by an angel, and when burning and stoning had failed to disrupt their bodies and souls, they were eventually beheaded, in A.D. 303.⁹

Famous physicians are not without a place in our art. William Harvey, M.D., the dis-

coverer of the circulation of the blood, a physician to this Hospital and in his later years Warden of Merton College, Oxford, is portrayed, by an unknown seventeenth century artist, in his old age; the portrait bears the delightful inscription "Guilielmus (Magnus ille) Harvens"! Sir Samuel Garth, F.R.C.P., the physician to George the First, a friend of Dryden and Pope, may be seen among the portraits of the members of the Kit Kat Club at the National Portrait Gallery. These are but two examples, there are many others; including a fine set of portraits of great medical men of this Hospital, which may be seen in our Great Hall. In discussing these paintings I have deliberately confined my remarks to pictures that may be found in the galleries in London. There are innumerable paintings, containing items of medical interest in the Galleries on the Continent, especially in the Louvre and the Rijksmuseum, that would fill a book, were they to be considered.

The second part of a study of Art and its relation to Medicine must be the reciprocal of the first, being an examination of how Art may be an aid to the study and teaching of Medicine. It has been seldom during the history of Medicine that a brilliant anatomist or physician has been, or has had available to him, a supreme artist able to portray accurately his work. There is, however, one great exception in Andreas Versalius, who was born in 1514. He started to study anatomy at the age of fourteen under Dubois and by the age of twenty-two he was Professor of Anatomy at the University of Padua, then the most famous "School of Physick." At the age of twenty-eight, after only three years of compiling his work, he published the first comprehensive book on Human Anatomy. It was illustrated with his world-famous diagrams of "living anatomy," for Versalius drew his dissected bodies in the active positions of one alive, so as to emphasise the fact that this was not merely the anatomy of a corpse, but that of a living human being. Though this concept appears obvious to us now, it was far from realised by some scientists in those days, who believed that some organic change took place in the body after death. Versalius, having been Professor at the three Universities of Padua, Bologna and Pisa simultaneously at the age of twenty-nine, died after a shipwreck on the island of Zante, in extreme poverty and scarcely fifty years old. Through the cen-

tures that followed, treatises on Anatomy were often published, some were illustrated, though few reached the artistic standard of Versalius. Students' textbooks, as we know them today, are comparative newcomers to the shelves of scientific literature. At first they were purely descriptive, containing no illustrations, coloured or black and white. It was in the middle of the last century that a young anatomist, Henry Gray, published the first edition of his "Anatomy," which contained three hundred and sixty-three illustrations. The good reception that this book received may be gathered from its effect on a standard textbook of twenty years standing. Professor George Viner Ellis of University College, London, had published the first edition of his "Demonstrations of Anatomy, being a Guide to the Knowledge of the Human Body by Dissection," in about 1840. Three years after Henry Gray's "Anatomy" came out, in 1861, Professor Ellis added one hundred and thirty engravings on wood to the fifth edition, "with a view to assisting the student in comprehending the detail of Anatomical Description." These illustrations were, for the most part, hard to interpret and tidied away in the text—what a contrast to the latest edition of "Gray's Anatomy"!

Six years later Professor Ellis and G. H. Ford published "Illustrations of Dissections in a series of Original Coloured Plates, the size of life, representing the Dissection of the Human Body." These "are printed in colours, with the object of making them as true pictures as possible of Nature," and are the work of G. H. Ford; the dissections from which they were taken being Professor Ellis's contribution. Each of these illustrations is a work of art, being clear, delicately drawn and neat, and they are readily understood. From the middle of the last century medical textbooks have been becoming increasingly better illustrated. The quality of modern illustrations may be judged from two examples; the work of Mr. A. K. Maxwell in the current edition of "Gray's Anatomy," and that of Dr. F. H. Netter in the Armour Laboratories publication "The Thyroid Gland." To revert to William Blake for a moment, it is interesting to observe what excellent demonstrations in Surface Anatomy could be given from almost any of his pictures. One receives the impression, however, that his figures have no subcutaneous tissue of any sort and that all their muscles are in rigid contraction the whole time.

The foregoing dwells perhaps too much in retrospect. What of the future? The relative newcomer, photography, has already a firm place in the artistic representation of medical subjects. The even newer comer, films, are beginning to be used for the teaching of preclinical and clinical subjects, but could, I believe, be used to even greater advantage. Nevertheless, the choicest illustrations will always be the carefully drawn and coloured picture. In the museum, at this Hospital, are a series of some dozen frames containing watercolours of diseases of the tongue by Mr. Thomas Godart. More than words can do, these convince one of the place of Art in the teaching of Medicine.

THE OBSTETRICS OF POETRY

by G. HAVERFORDWEST (Pronounced HARVEST)

THREE times, in his interesting description of the slender chain which links Christopher Marlowe to this hospital, did Dr. Wilfrid Shaw use that little word "yet" with awful effect.

"... was yet capable at times of producing poetry of the highest quality." It is incontestable that the shoemaker's oldest son, very discredibly murdered at twenty-nine in a tavern brawl, wasted health and respectability in the pursuit of pot-house dissipation. But it is unfair that even his undeniable triumphs should be thus insidiously belittled by the charge (which few poets have escaped) of writing by virtue of "inspiration"; it is really too bad that Christopher Marlowe should be regarded merely as a dissolute wastrel afflicted with rhetorical epilepsy, during fits of which he wrote his *Hero and Leander* and his *Faustus*.

Many other notable poets have been deplorable citizens and have come to physical ruin through drunkenness and debauchery; at all events, very few of our time-honoured authors were esteemed as ornaments of the drawing room, however bravely they now figure in the library.

"Yet... he seems to have left little mark upon the university." Agreed that, to most of us, Marlowe is but one of the Elizabethan poets about whom we heard vaguely when "doing" English literature at school and that he ranks now, like compul-

NOTES.

- 1 See "Art and Medicine" by Sir Leonard Mark. In the Bart's Library.
- 2 In the Tate Gallery.
- 3 In the Wallace Collection.
- 4 In the National Gallery.
- 5 In Windsor Castle; in the recent exhibition of the King's Pictures.
- 6 "A History of Medicine" by Douglas Guthrie. In the Bart's Library.
- 7 In the National Portrait Gallery.
- 8 In the Bart's Library.
- 9 On the walls by the staircase up to the Great Hall are two mural paintings by Hogarth of "The Good Samaritan" and "The Pool of Bethesda." These are doubly interesting, being the only serious painting of any importance that Hogarth did and as exhibiting a variety of diseases and conditions. Sir Leonard Mark recalls in his book that Sir Norman Moore once held a ward round on the latter picture!

sory games and irregular verbs, with other outgrown annoyances; but agreed it must be, also, that until Dr. Shaw dragged them from their well-merited obscurity, still fewer of us had heard of the respectable Winwoods and Manwoods. Age-honoured precept and all reputable proverbs concur in enjoining a staid and conventional course of life, upon the indisputable grounds that this is the surest road to a sufficiency of creature comforts; since Time was young, the "middle road" has been commended by fathers, schoolmasters, vestrymen and bankers and all other really responsible members of society. It is they who have coined most of the phrases which we use as substitutes for ideas and it has always been their custom to encourage the shiftless cult of mediocrity. And I need hardly point out that it is the deviators from the "middle road" whom men have elected to remember.

"Yet behind this ability looms..." Marlowe himself has answered this and kindred criticisms, once and for all, in the thirteen lines of Tamburlaine's superb rhapsody, beginning: "If all the pens that ever poets held." It is, of course, open to any reputable literary connoisseur to confront the unpleasant truth of drunkenness and debauchery by denying its existence: ("unsubstantiated traditions" concerning Shakespeare, "calumnies of Griswold" against Poe, or the "symbolic" vine of Omar). It is equally possible to pull a long face and to assume, with Dr. Shaw, that

their verses would have been infinitely better if they had lived a trifle more decorously.

Even if Dr. Shaw cannot be persuaded to say "because" or "therefore" instead of

"yet," he will find it extremely difficult to deny altogether that, at the birth of an astoundingly large number of literary masterpieces, alcohol has played the midwife.

CORRESPONDENCE

To the Editor, St. Bartholomew's Hospital Journal

Dear Sir,

I would suggest that the beautiful cover designed by the late Eric Gill be given another trial. And that the trial, despite protests from prudes, be persisted in for a year.

St. Mary Street,
Dungarvan, Co. Waterford.
4th May, 1948.

Yours truly,

M. A. CUSACK.

The design referred to by our correspondent is reproduced below. It was withdrawn after two months' trial in 1937.—Editor.



TENACITAS SCIENTIFICA

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

Permit me, please, to come to your support and bring the great guns of G. Haverfordwest (pronounced Harvest) to bear upon your correspondent, J. A. W.

The true scientist, so far from being the inhuman monster he depicts, regards his subject as

an art which affords opportunity for the fullest exercise of the imagination.

What is science but the relation of observed events? But what is an event? Is it merely a commonplace fact? Is it any fact? No, it is a noteworthy and relevant fact. Now how is a scientist to tell whether a fact is relevant or noteworthy? He judges it arbitrarily according to

his tastes, his caprices and his ideas—in short, as an artist! For facts cannot, by reason of their own intrinsic character, be divided into scientific and non-scientific facts. For any fact is something exceedingly complex. Will the scientist represent facts in all their complexity? No, that is impossible. Then he will represent them stripped of the greater part of the peculiarities which constituted them and, consequently, lopped, mutilated, different from what they really are.

As for the inter-relation of facts, needless to speak of it! If a so-called scientific fact be brought into notice—as is very possible—by one or more facts which are not scientific at all and are, for that very reason, disregarded, disbelieved or unknown, how is the scientist going to establish the relation of these facts one to another? And in saying this, Mr. Editor, I am supposing that

the scientist has positive evidence before him, whereas, in reality, he feels confidence only in such and such a witness for sympathetic reasons.

I would recommend a study of Virchow's work on "Amyloid" Disease which was founded upon what J. A. W. would call an inaccurate, biased and uncritical observation, namely, that the substance turns blue with iodine — had the great Virchow been a "J. A. W." scientist rather than a fine artist, he would have called it a muddy green and that would have been the end of the matter. Who but an artist could have described Virchow's Smooth Atrophy of the Tongue?

Yours faithfully,

G. HAVERFORDWEST.

Opposite the Ministry of Education.

The Thursday following Corpus Christi.

"W.G."

This article appears on the 100th anniversary of the birth of Dr. W. G. Grace who was a student at this hospital in the 1870's.

DR. W. G. GRACE was born on July 18th, 1848, at Downend, in Gloucestershire. He died on October 23rd, 1915.

Unquestionably "W.G." will survive as the greatest memory in English cricket. His superb skill at the game, his vitality, and magnificent personality all went to make up this truly remarkable character.

He received his medical education at the Bristol School of Medicine, at St. Bartholomew's and at the Westminster Hospital. His studies began after his entry into the game, and he was apparently in no hurry to qualify. Qualifying in 1879 in London and Edinburgh, he practised in Bristol from 1879 until 1899, in which year he retired from active practice.

Dr. Grace was a very human person, and poor people often spoke of his visits to them after a hard day in the field, to cheer them and alleviate pain.

Apart from cricket he was an excellent athlete, and two days after scoring 224 not out for England against Surrey in 1866 he won the 440 yards hurdles race in the National and Olympian Association sports meeting at the Crystal Palace.

"W.G." was a man of grand physique. The famous beard was first noticed at Lord's in the Gentlemen v. Players match in 1865, and distinguished his appearance throughout life. It was in 1896 against the Australians at Lord's that "the tearaway bowler E. Jones bowled the first express ball of the match deliberately short and it shot through W.G.'s beard hard to the screen for four byes." Unperturbed he went on to score 66. Afterwards Grace was wont to speak of

Jones as "the fellow who bowled through my beard."

He was a source of great inspiration to all young players, encouraging them with characteristic modesty.

As well as being a wonderful bat he was a great bowler and a magnificent field, particularly to his own bowling. In first-class cricket he made 126 centuries, scored 54,896 runs, and took 2,864 wickets. These scores were made on natural wickets, not those we know to-day! He played first-class cricket from 1865 until 1908, an astounding achievement in itself.

He captained the touring sides in Australia in 1873-74 and 1891-92, and altogether against Australian sides made 4,493 runs.

Sir Home Gordon wrote, "W. G. Grace is virtually the creator of modern cricket as we know it. He came into cricket when it was the most delightful of all contests, and by his amazing prowess he lifted it on his own massive shoulders to be the finest of all games."

Perhaps the following quotation from a speech made by the Bishop of Hereford at a banquet to W. G. in Bristol best describes his quality: "Had Grace been born in Greece, the Iliad would have been a different book. Had he lived in the middle ages, he would have been a crusader and would now have been lying with his legs crossed in some ancient abbey, having founded a great family. As he was born when the world was older, he was the best known of all Englishmen and the king of that English game least spoiled by any form of vice."

I. E. PHELPS.

BOOK REVIEWS

ANATOMY OF THE BRONCHIAL TREE, by R. C. Brock, 2nd Impression, 1947. Pp. 96. Geoffrey Cumberlege, Oxford University Press, London. Price 42s.

The anatomy student removes the lungs from the pleural cavities, recognises that there are three lobes on the right side and only two on the left, hilar structures whose relationship he must learn and then he passes on to "more important" dissections. His text books do not encourage him to explore much further. When the clinical student meets pulmonary disease, it is not to be wondered at that he is lost in uncharted regions and will remain lost until experience and a knowledge of bronchial anatomy makes his way clear to a fuller understanding of the pathology, medicine and surgery of lung infection.

The awaited reprinting of Mr. Brock's detailed study of bronchial anatomy with special reference to the surgery of lung abscess, is welcome indeed; for here is the authoritative guide to these uncharted regions.

Acknowledging the pioneer work of H. P. Nelson and others the author provides a complete mapping of the major broncho-pulmonary segments; a work made possible by a careful preparation of bronchial casts, bronchograms and dissections verified by observations made at thoractomy and bronchoscopy.

Some long established anatomical misconceptions are righted, the topography of the oblique pulmonary fissures, the level of the tracheal bifurcation, previously described too high are correctly located to levels in relation to the thoracic vertebrae and ribs more consistent with clinical observation. The "myth" of the "axillary segment" is explained, and the need for accurate localisation of pulmonary suppuration is emphasized in order to avoid the dangers of ill conceived drainage.

The author supports his belief in the bronchial embolic origin of lung abscess with convincing evidence. The incidence of suppuration in each of the major broncho-pulmonary segments is explained and valuable advice given in localization and drainage. No mention is made of postural drainage of lung infection although the monograph provides the most useful guide to both physician and surgeon supervising this important method of treatment.

There is an urgent need for a universal standard nomenclature in bronchial anatomy; that suggested by the author is both accurate, descriptive and logical.

Profuse illustrations constitute more than half of the 90 odd pages and explain the text with great clarity, thus avoiding tedious pages of description. These excellent reproductions of X-rays and colour plates of segmental anatomy are doubtless the reason why this little volume proves such an expensive addition to ones library.

BROMPTON HOSPITAL REPORTS. Vol. XV. 1946. Published by the Research Department of the Hospital.

This book contains nine papers written by members of the Brompton Hospital staff, reprinted from various journals. Dr. Neville Oswald contributes

a paper on Pulmonary Tuberculosis in African troops, and there is also an article from the late Arthur Tudor Edwards on Carcinoma of the Bronchus. An article on John Snow, M.D. by N. R. Barrett is of great interest to the historically minded.

This volume also contains an index of Volumes I to XIV.

DISEASES OF THE CHEST, by R. Coope. 2nd Edition, 1948. E. & S. Livingstone, Ltd., Edinburgh. Price 25s.

The second edition of Dr. Coope's book will be welcomed by all those students who were unfortunate enough to fail to get a copy of one of the printings of his first edition.

There is little change in this edition save for some alteration in the description of the anatomy of the bronchi, and the correction of all but one of the printing errors.

The anatomy of the bronchial tree is a matter much in the foreground of contemporary discussion; Dr. Coope has contrived to present this difficult region with great simplicity by using some excellent diagrams. Amongst his other diagrams are some to show differential area of pulmonary collapse; these are a great help, for they make a rather complicated subject childishly simple.

It would be tedious to index the entire virtues of this book, but another point worth recording is that there is a section about the natural history of each disease in the appropriate chapters. This is an important consideration for most students see diseases only at certain stages, and can have but a poor idea of the terrors from which early treatment will divert a patient.

For those who have not seen a copy of this book it should be explained that it is probably one of the best textbooks in medicine that has yet been produced. The scholarly and simple language in which it is written serve as a standard by which others may be judged, and the whole manner of approach to disease has much that may be carried in one's thoughts to other parts of the body.

The only criticism to be made concerns the printing of X-rays as positives. Surely it would be more useful to have them as they are seen in clinical work?

THE CLINICAL PICTURE OF THYROTOXICOSIS, by Peter McEwan. Oliver & Boyd, Edinburgh. 1948. Pp. xii+127. Price 15s.

This small book on a special subject is wholly admirable. It is full of interest for the consultant as well as for the general practitioner, and it should help, if it is widely read, to disseminate many truths about thyroid disease which are still very imperfectly recognized. The author has analysed the death rate from thyrotoxicosis and has found that there was a startling rise in the figures which reached their peak in 1936, since when there has been a rapid fall. The rise he is inclined to attribute to the hand of the surgeon, following the publication of Joll's monograph in 1932; the subsequent fall partly to the increasing use of medical treatment. The author, being a surgeon, has no anti-surgical bias, and he uses the facts to point to the conclusion that it is of great value to have

some degree of specialisation in the surgery of thyrotoxicosis. But the necessary preliminary to this ideal is to have a widespread knowledge of the real clinical picture, so that the disease may be recognized in the early stages and receive the appropriate treatment whether medical or surgical. Too often the "atypical" clinical picture is misinterpreted, and innumerable patients still reach the stage of auricular fibrillation before the diagnosis is made. The author therefore examines each symptom in its relation to the whole, and drives home the importance of recognizing the disease in the absence of one or more of the cardinal signs—or those that were supposed to be cardinal when clinical recognition was dominated by the conception of "exophthalmic goitre" or "Graves's disease" as it was originally described.

The book is well written and produced, though it is to be regretted that so important a book could not have been published at a lower price. Books of 600 pages are advertised on the wrapper at the same price.

DIETETICS IN GENERAL PRACTICE, by L. Cole. 2nd edition, 1948. Staples Press, Ltd., London. pp. 160. Price 8s. 6d.

This little volume surveys diet in relation to disease, and its simple, rational approach to the problem makes it a useful book for everyday use.

THE UNIVERSE IN THE MAKING—A Biochemical Approach, by J. E. R. McDonagh, F.R.C.S., 1948. London: Chatterton. Pp. 174. Price 7s. 6d.

I am not familiar with any of his previous publications, but on reading this one I am bound to admit that the author is an original thinker. He attempts to crystallize theories about the Universe, which he defines as the "Whole," and the predominating characteristic of the whole, which he calls "Activity"—termed by most scientists "Energy." His approach is focussed on tissue protein, the function of which he claims, is "to attract the food, store it, and radiate it to the structures in plants, and to the tissues and organs in animals and man. Any deterioration in the quality of the food compels the protein to function as the host's main defensive mechanism against attack by physical, chemical and microbial agents." The author maintains "that there is only one disease and what are considered to be diseases are noen other than its various manifestations."

Ingenious diagrammatic schemes are given. I doubt, however, whether the majority of Biochemists will agree with some of his explanations, e.g., the hyper-sensitiveness of certain individuals to aspirin.

The electronic configuration of benzene (Formula I, p. 151) is totally misleading.

For the more inquiring reader a short but useful Bibliography is included.

H. G. R.

TEXTBOOK FOR MIDWIVES, by Wilfred Shaw J. & A. Churchill Ltd., London. Pp. 689+viii. Price 12s. 6d.

It is the belief of the author that the future status of midwives should be, and will be, greatly improved beyond what it is at present. For this reason, therefore, he has written a textbook to help them attain a standard intermediate between that

of the trained nurse and the practitioner, designing the work more on the lines of the text-book used by medical students. Experience of teaching pupil midwives and appreciating their difficulties has probably played an important part in making the results of his efforts such a success.

Midwifery, like most other branches of medicine, is a difficult subject to learn from a book, but Dr. Shaw has written clearly and simply, and has refrained from dwelling too long on theoretical and controversial points.

The first few chapters deal with the anatomy and physiology of the female generative organs, together with the early embryology of the human ovum and foetal circulation. Ante-natal care is considered in detail, followed by management of the normal labour and puerperium. The latter half of the book deals with the abnormalities of pregnancy, labour, and the puerperium, and here the author clearly indicates the complications which require the doctor to be summoned to the case, and the methods of treatment which he may employ. The care of the new-born infant is described, and the closing chapters briefly outline the history of midwifery, and consider the relationship of the midwife to the doctor.

The book is amply and accurately illustrated, well-indexed, and contains a glossary, in order that the more junior pupils using the work as a standard of reference may come to understand new terms. Typographical errors are extremely few, but that on page 258, giving the calorific value of one gram of carbohydrate as 1.1C, should certainly receive correction in future editions.

The teaching is sound and is founded on personal experience.

This book may be warmly commended to student midwives who have a real interest in the subject, to those studying for the Teachers' Diploma, and as a work of reference for experienced midwives.

PRACTICAL BIOLOGY FOR MEDICAL AND INTERMEDIATE STUDENTS, by C. J. Wallis. 2nd edition. William Heinemann Ltd., London. Price 21s.

A new edition of this book has recently been published. The author has revised and enlarged the text; and most of the illustrations, taken from other books in the first edition, have been replaced by new ones drawn by the author.

Although the book is fairly comprehensive, covering almost any subject a 1st year student might wish, or be required to know, in its details it is not satisfactory. The instructions and descriptions are frequently inadequate, and the facts sometimes erroneous. In particular, the author's lack of knowledge of the anatomy of the rat, and of Embryology is inexcusable.

TREATMENT OF SOME CHRONIC AND "INCURABLE" DISEASES, by A. T. Todd. 2nd edition. 1947. John Wright, Bristol. Pp. 324.

This book has been revised after ten years, and much new data and fresh matter has been added.

This book is unusual in that the author does not try to sidestep the awkward issues of the chronic patient and the "doomed" patient, but instead goes straight for those problems with the praiseworthy idea of showing how much suffering may be eradicated or at least diminished. He presents

much that will not be found in the treatment sections of ordinary textbooks, and has added in this edition chapters dealing with the chronic mental illnesses.

Those who believe that there is more to medicine than diagnosis and immediate treatment will gain much from a study of this book.

THE TREND OF NATIONAL INTELLIGENCE. The Galton Lecture for 1946, by Godfrey Thomson, D.C.L., Ph.D., D.Sc., Bell Professor of Education, University of Edinburgh. Pp. 35. Price 1s. 6d.

PSYCHOLOGICAL APPROACHES TO THE BIOGRAPHY OF GENIUS, by Lewis M. Terman, LL.D., Ph.D., Sc.D., Emeritus Professor of Psychology, Stanford University. Pp. 24. Price 1s. 6d. Both published 1947, by Eugenics Society and H. Hamilton Medical Books.

These are the third and fourth of a series of occasional papers on Eugenics, the second of which, "Intelligence and Fertility," by Sir Cyril Burt (1946), has already been reviewed in this Journal.

The theme of Professor Thomson's paper is his conviction that there is a negative correlation (about -0.25) between the "intelligence" of a child of 11 years and the size of the family of which he or she is a member. He relates this "to the later marriages of intelligent people, their restraint in producing fewer children, and the inheritance of their intelligence by their offspring." He cautiously discusses how he arrived at this correlation, that is the quantitative connection between intelligence and fertility, and touches on its causes. Thus there is a section on whether these are environmental or genetic followed by a reminder that whichever they are it is a serious matter for the nation. After emphasis of the need for direct experiment, Professor Thomson ends his paper by considering the branch of psychology concerned with the factorial analysis of human ability and its bearing on eugenics. His last paragraph reaffirms his conviction that intelligence, or the power of thinking abstractly, is steadily being "lost to Europeans by the selecting power of the differential birth rate." Those who possess intelligence tend to have fewer children than those who are stupid.

In the second paper Professor Terman describes two pieces of American research on the

development of "superior intellectual ability." In the first of these the mental development of 300 eminent individuals was traced backward to childhood; material was assembled about each from their biographies. Three psychologists estimated independently the lowest I.Q. required for the recorded childhood achievements and assessed the value of the evidence on which the I.Q. was based. The average of these three estimates was used in stating the results. For the 300 persons the I.Q. ranged from 100 to 200 and averaged 155, i.e., more than three times the standard error above the mean of the general population. The mean for philosophers was highest (170) with poets, novelists, dramatists and revolutionary statesmen next (160). The lowest was for soldiers (125) with artists (140) and musicians (145). The mean for scientists (155) was that of the mean of the whole group. These results, despite the inadequacies of the data, probably warrant the conclusion that "the genius who achieves highest eminence is one who intelligence tests would have identified as gifted in childhood." Unfortunately the converse is not true. Much is dependent on time and place of birth and other chance factors.

The second experiment gives more satisfaction. The development of more than 1,300 intellectually superior subjects has been followed in a forward direction from childhood to early maturity. The experiment was begun in 1922 when a school population of 250,000 was sifted to find children with an I.Q. of 140 or more, and it is hoped to continue the follow up at least until 1970. The superior intellectual ability was also associated not only with superior personality and character but with superior physique. The 1,300 were re-tested in 1928, 1936, 1940 and 1946 and already the figures have indicated that, in comparison with the general population the rates of mortality, insanity and divorce were low while the suicide rate was above the average. By 1946, 85 per cent. of either sex had married and had produced more than 1,500 children—not enough to maintain the stock. The sex ratio of these offspring was 111 boys to 100 girls and their average quality was "superior." The author's conclusion is worth quoting: "Enough has already been learned to demonstrate that children of I.Q. 140 or above are potentially a nation's most precious asset."

STUDENTS' UNION COUNCIL MEETING FOR JUNE

Points of general interest arising were:—

1. Status of Students under National Health Service Act

The Ministry of National Insurance has not yet decided the status of students under the Act. The National Insurance Advisory Committee is at present considering the question and a decision is expected in the near future.

2. Club Honours

At an informal gathering of Club Secretaries, amended conditions for the reward of Honours were proposed. "Honours shall be awarded to members of outstanding merit at the discretion

of the various club committees providing that such members shall have played in at least half of the matches of the club during two seasons and shall have played in at least two series of cup-ties or the equivalent thereof.

These criteria will be submitted to a Special General Meeting and will be incorporated in the Constitution, if ratified.

3. B.M.S.A.

Two members of the Union will attend the B.M.S.A. conference at Edinburgh and will report back to the Council.

Copies of the Constitution of the B.M.S.A. are to be studied by officers of the Union and a deci-

sion will be made at the next meeting as to whether a B.M.S.A. representative should be invited to address the student body.

4. Catering Company

The Senior Secretary and the Financial Secretary have been elected, *ex officio*, Directors of the

reorganised Company. Dr. Scowen is also a Director representing student interests.

5. Hard Courts at Chislehurst

The Executive Committee of the College has approved the estimate for the construction of two hard tennis courts at Chislehurst.

MEDICAL GROUP OF THE ROYAL PHOTOGRAPHIC SOCIETY

The Medical Group of the Royal Photographic Society held their first exhibition at the Society's Headquarters from Monday, May 24th to Saturday, May 29th.

It was of particular interest, following as it did the recent division of opinion which has been noted in the medical press, namely, the criticism levelled at the expansion of hospital photographic departments.

This exhibition must have convinced many people that this expansion is not unwarranted and that

the potentialities of this work in the field of medical records and teaching are enormous.

A catalogue of the exhibits would be out of place here, but mention must be made of a picture of a glomerulus on a vast scale which effectively demonstrates the technical skill which is an integral part of this branch of photography.

If the exhibition was representative, then it is in the specialist branches of dermatology and ophthalmology that photography comes into its own. It is to be hoped that this was the first of a long series of such exhibitions.

SPORT ATHLETIC CLUB

SPORTS DAY

The Athletic Club would like to take this opportunity of expressing its sincere thanks for all the help and co-operation it received in the running of Sports Day on June 5th.

The day was a great success and we hope that all who came along enjoyed themselves as much as those who took part.

A full list of results and a more detailed account of the occasion will appear in the next issue of the JOURNAL.

At the recent A.G.M. of the Athletic Club the following officials were elected for the coming year.

President: MR. H. B. STALLARD, O.B.E., F.R.C.S.

Captain: J. I. BURN.

Vice-Captain: D. C. MORGAN.

Hon. Secretaries: P. D. MATHEWS,

J. A. MENON.

LONDON UNIVERSITY CHAMPIONSHIPS. Saturday, May 15th. MOTSPUR PARK.

Bart's acquitted itself reasonably well in the championships—although unfortunately we were unable to turn out a truly representative team owing to illness and other pressing engagements, which coincided with the event. Heats were run off on the Wednesday, and the finals were decided on the Saturday in front of a large crowd, at Motspur Park.

Imperial won for the second year in succession by a huge margin (with 105 points), but Bart's gained six places from last year to finish third (42 points); 14 points behind Middlesex Hospital, who were second.

Scoring positions in the finals were gained by D. Morgan (3rd in 440 yards, and 2nd in 440 yards hurdles); Matthews (4th in 120 yards hurdles, 5th in three-quarter mile steeplechase, 6th in the mile); Burn (3rd in 1 mile, 5th in 880 yards); Khurshid (3rd in the shot putt, 5th in the discus); Menon (3rd in 3 miles); Rosser (3rd in 120 yards hurdles); A. John (4th in the shot putt), and Nielsen (5th in pole vault).

BART'S V. BARCLAYS BANK V. WESTMINSTER BANK at NORBURY, Tuesday, 4th May.

Although we were missing a number of our first string runners, including Arthur Wint, whose brilliant running against Paris University thrilled all who saw it, the first match of the season was successful in all respects. The Hospital won with 89 points against Barclays' 64 points and Westminster's 45.

The grass track was rather slippery as the result of a day's rain, but the match itself was held in perfect weather, and considering that it is still early in the season a number of very respectable times were returned. No doubt inspired by the presence of both our President and trainer, six out of the ten events were won by Bart's, du Heaume scoring a notable double in the Discus and Weight.

Menon won the 3 miles after a thrilling duel with a member of Barclays, breaking the tape two feet in front of him. Glanvill was third in this event after an extremely brave run considering that qualified life leaves him little time for training. Another thrilling finish was witnessed in the 1 mile, again only two or three feet separating the first two runners. Although he was unable to run in his usual event, there being no hurdlers in the Banks' teams, Rosser won the high jump at 4ft. 11ins. and was narrowly beaten in the 220 yards. Isacelles, jumping for only the second time this season, cleared 18ft. 8½ins. in the long jump, and should improve greatly with training. We do need more athletes for this and similar events, however.

Perhaps the most thrilling race of the evening was the last, where the essence of team work was exhibited by Fildes and Morgan. The event was the 440 yards, and with a great sprint Fildes led to the 220 mark. He slackened here, as did the rest of his unwily opponents, and Morgan, who at this stage was lying 5th, was able to come up to win with moderate ease.

RESULTS.

100 yds.	2nd, D. C. Morgan.	6th, E. M. Rosser.
	Winner's time—11.2 secs.	
220 yds.	2nd, E. M. Rosser.	4th, P. Fildes.
	Winner's time—25.4 secs.	
440 yds.	1st, D. C. Morgan.	4th, P. Fildes.
	Winner's time—57 secs.	
880 yds.	2nd, J. I. Burns.	4th, D. C. Morgan.
	Winner's time—2 mins. 8.2 secs.	
1 mile.	1st, J. I. Burns.	5th, P. D. Mathews.
	Winner's time—4 min. 44.2 secs.	
3 miles.	1st, J. Menon.	3rd, M. E. Glanvill.
	Winner's time—16 mins. 5.4 secs.	
High jump.	1st, E. M. Rosser.	2nd, B. H. du Heaume.
	Height—4 ft 11 ins.	
Discus.	1st, B. H. du Heaume.	2nd, J. Nielsen.
	Distance—75 ft. 5 ins.	
Weight.	1st, B. H. du Heaume.	2nd, J. Nielsen.
	Distance—32 ft. 5 ins.	
Long jump.	2nd, B. Lascelles.	4th, P. Fildes.
	Distance—18 ft. 10 ins.	

G. I. B.

CRICKET CLUB

MAY 8TH. VS. OLD MILLHILLIANS. AWAY. RESULT: WON BY 72 RUNS.

Bart's batting first, were soon in difficulties against the left-arm slow bowling of A. R. N. Carter, and 4 wickets were down for 42 runs. However, a partnership between Tomlinson and Mellows, which realised 70 for the fifth wicket, changed the whole complexion of the game. Tomlinson, a trifle lucky at times, hit no less than 15 boundaries in his forceful and invaluable 73. Facing a total of 143 the home side were all out for 71 on a wicket offering some assistance to bowlers. Hick, Aubin and Clappen all bowled very well, and shared the wickets between them. SCORES.

Bart's 143 (Tomlinson 73, Carter 7—62). Old Millhillians 71 (Hick 3—32, Aubin 3—16, Clappen 4—13).

MAY 9TH. VS. R.N.V.R. CLUB. HOME. RESULT: WON BY 171 RUNS.

The feature of the match was a brilliant third-wicket partnership between Cairns (133) and May (103 not out), which realised 209 runs. On a beautiful day Cairns demonstrated the beauties of orthodox stroke-play with crisp cover drives and subtle glides to leg, while May went quietly and serenely on to an equally meritorious century. Altogether the batting was a delight to watch.

Faced with an unenviable task the R.N.V.R. batsmen soon found the wiles of P. G. Haigh too much for them. But for a brave innings by Cane they would have been in a sorry state. Haigh, who obtained an incredible number of l.b.w. decisions, bowled very well indeed on a wicket which offered him no assistance. SCORES.

Bart's 276—4 declared (Cairns 133, May 103 not).

R.N.V.R. Club 105 (Haigh 7—36).

MAY 15TH. VS. MIDDLESEX HOSPITAL. HOME. RESULT: WON BY 7 WICKETS.

A most enjoyable match was played against our friendly rivals Middlesex Hospital on our ground, while the Second XI joined battle on their ground.

BOAT CLUB

CHISWICK REGATTA.

A crew, entered for the Junior Eights, suffered a severe set-back three days before the race, when J. Caplan sustained a broken ankle. R. V. Smith took his place in the boat and the crew came to the stake-boats opposed to Thames Tradesmen and Middlesex and Mortlake R.C. on the Surrey Bank. Taken unawares by the start, Bart's crew were two lengths down to the Tradesmen and one to Mortlake. They then rallied and held on grimly and slowly began to creep up on Mortlake as they approached Quintin B.C. Chiswick Road Bridge was shot with Bart's three-quarters of a length behind and going up well. Both crews made a great effort in the last hundred yards but Bart's were not to be denied and forced their bows up to draw with Mortlake for second place. The crew, as a whole, showed great tenacity and aggressiveness and Chorley steered an irreproachable course.

G. M.

Thanks to a fifth-wicket partnership of 98 between Wardill (66) and Askham (43), Middlesex scored 174, and would surely have amassed a larger total but for the accurate and tireless bowling of J. S. Vazifdar.

J. D. W. Tomlinson was again in excellent form with a faultless 88 not out, this time contenting himself with 10 boundaries, and the necessary runs were scored for the loss of 3 wickets. SCORES.

Middlesex 174 (Wardill 66, Askham 43, Vazifdar 7—63).

Bart's 176—3 (Tomlinson 88 not, Clappen 31). MAY 16TH. VS. ROMANY C.C. HOME. RESULT: WON BY 8 WICKETS.

A strong Romany batting side was put out on an easy wicket by good bowling and fielding for 175.

A very sound, undefeated century by Tomlinson, with good support from Biddell and May, enabled Bart's to hit the runs off with the loss of 2 wickets. SCORES.

Romany 175 (A. C. Gould 75).

Bart's 177—2 (Tomlinson 103 not, Biddell 31, May 30 not).

MAY 17TH. VS. GERRARDS CROSS C.C. AWAY. RESULT: WON BY 14 RUNS.

In the annual Whit-Monday match against Gerrards Cross, Bart's batted first and owed much to a sound innings of 62 by P. B. Biddell.

The home side started well, but good bowling by J. A. Clappen enabled the Hospital to win an exciting match by 14 runs. SCORES.

Bart's 161 (Biddell 62, Clappen 22, Pinnock 6—41).

Gerrards Cross 147 (Clappen 4—22).

MAY 22ND. VS. CROFTON PARK C.C. HOME. RESULT: LOST BY 85 RUNS.

The team suffered its first defeat of the season, when nothing seemed to go right.

After the visitors had declared at tea-time the Bart's batting collapsed miserably. Every team has

an occasional off-day, and this was the day for Bart's. SCORES.

Crofton Park 173—2 dec. (Bishop 66). Bart's 88 (Pinkett 6—31).

MAY 23RD. VS. BUCCANEERS. HOME. RESULT: WON BY 36 RUNS.

Bart's started off disastrously, but picked up well to score 152, with Aubin top-scorer.

Some brilliant bowling by D. F. Aubin, who had the distinction of obtaining a hat-trick, and some slip-catches very well taken by H. B. Ross, accounted for the Buccaneers, despite a brave 9th wicket partnership of 65 by Gordon and Morris. SCORES.

Bart's 152 (Aubin 33, Clappen, 25, Vazifdar 23). Buccaneers 116 (Gordon 47 not, Aubin 7—50).

ANNOUNCEMENTS

BIRTH

GIPPS.—On January 11th, 1948, in Brisbane, Australia, to Mr. and Mrs. R. de V. Gipps, a daughter (Annette), sister for Jennifer.

CHANGE OF ADDRESS

Charles D'Oyly Grange, Esq., O.B.E., F.R.C.S., from 2, Lancaster Road, Harrogate, to Brick House, West Kingston, nr. Littlehampton, Sussex.

EXAMINATION RESULTS

UNIVERSITY OF LONDON

Special Second Examination for Medical Degrees,

Anderson, R. J. D.
Apthorp, G. H.
Bapty, A. A.
Barnes, J.
Beattie, A. O. C.
Birch, G.
Bowers, K. E. J.
Briggs, J. H.
Brown, B. St. J.
Burn, J. I.
Carroll, D. S.
Cohen, M.
Collimore, H. W. M.
Dadswell, J. V.

Manning, G. E.
Mathews, P. D.
Mercer, M. H.
Montagnon, J. L.
Montgomery, B. K.
Morgan, D. C.
Mortiboys, W. H.
O'Brien, M. J. C.
D. R. M. P. B.
Parrish, J. A.
Pichall, G.
Price, M. G.
McKinna, C.

March, 1948

Rushton, D. H.
Schneider, J.
Sims, A. J.
Smith, D. P. O.
Taylor, W. N. A.
Thomas, G. E. M.
Trevan, A. C.
Watson, L. P. E.
White, W. T.
Wilkinson, B. R.
Williams, D. K.
Wise, M.
Wyatt, H. J.

Third (M.B., B.S.) Examination for Medical Degrees,

Honours

Teck-Kam, N. N. L. (Distinguished in Surgery)

Pass

Amos, J. A. S.
Brierley, D. S. N.
Brooke, C. O. S. B.
Colebourne, K. W.
Colley, R. O. N. G.
Corsi, E. L.

Curtin, A. P.
De Vitre, H. R.
Drake, P. H.
Eyre, P. A.
Felix-Davies, D. D.
Glenister, T. W. A.

Hearn, C. E. D.
Hill, D. W.
Holland, H. W.
Holby, M. C.
Lonsdale, D.
O'Neill, B. C. H.

Pine, R. S.
Popert, A. J.
Shepphard, J. G. H.
Thompson, J. M.
Timmis, P.
Whiteley, M. M.

Supplementary Pass List

Part I

Batten, K. L.
Buri, R.
Butcher, P. J. A.
Davies, H. F.
Dower, G. E.
du Heaume, B. H.

Finer, B. L.
Gai, P. N.
Goulden, A. W. G.
Jenkins, A. V.
Leverson, J. C. S.
Mendel, David

Morgan, D. J. R.
Newman, W. T.
Partington, M. W.
Rees, E. G.
Reiss, B. B.
Rossdale, D.

St. John, J. M. S.
Stanley, H. W.
Taylor, D. G.
Taylor, G. B.
Thomas, O. G.
Weller, J. A.

Part II

Begley, M. D.
Canti, G.
du Heaume, B. H.

Fisher, K. J.
Franklin, C. B.
Gai, P. N.

Goulden, A. W. G.
Jones, A.

Leverson, J. C. S.
Wright, W. J.

Part III

Butcher, P. J. A.
Chapman, P. J. C.

Davies, T. D. L.
Heighway, J. D.

Hindle, J. F.

Rickham, P. P.

ROYAL COLLEGE OF PHYSICIANS

At a meeting of the college held on April 29th, 1948, the following were elected to the Fellowship:

Latter, K. A. McMenemey, W. H.
Diploma in Tropical Medicine and Hygiene, March, 1948
Jopling, W. H.



KEROCAIN

(PROCAINE HYDROCHLORIDE KERFOOT)

LOCAL ANAESTHESIA AT ITS BEST

Procaine Hydrochloride in an exceptionally pure and reliable form, conforming to standards considerably more stringent than those of the B.P. Prepared under ideal conditions and the strictest analytical control. Always specify KERFOOT

THOMAS KERFOOT & CO. LTD., Vale of Bardsley, Lancs.

K.11a



KERFOOT'S BACTERIOLOGICAL SUGARS

ARABINOSE . CELLOBIOSE . DULCITOL
DEXTRINE (Prep. by precipitation)
DEXTROROSE (Crys. Anhydrous) . LACTOSE
GALACTOSE . INOSITOL . INULIN
LEVULOSE . MALTOSE . MANNITOL
RAFFINOSE . RHAMNOSE . SORBITOL
SACCHAROSE . SORBOSE . XYLOSE

Prepared under ideal conditions which ensure the utmost possible degree of chemical purity.

Descriptive Leaflet sent on request.

Thomas Kerfoot & Co. Ltd., Vale of Bardsley, Lancashire

K24

Intelligence Service

In those fields of therapeutics where there is greatest activity it is inevitable that standard textbooks are sometimes unable to keep pace with important new developments. The medical student who wishes to keep abreast of such developments but cannot spare the time to consult original publications will often find that the publications issued by manufacturers of new drugs are of considerable value.

Medical students are cordially invited to communicate with us whenever they feel we might be of help. Write, or 'phone lLford 3060, ext. 99 or 100.

TRADE MARK

'THALAZOLE'

BRAND

phthalylsulphathiazole

in common with its succinyl analogue, is only slightly absorbed from the gastro-intestinal tract. It is distinguished from the latter drug by its greater bacteriostatic activity and its more prolonged activity in the presence of watery diarrhoeas.

'THALAZOLE' is used in the treatment of the acute phase of bacillary dysentery, the cure of the convalescent carrier state, the treatment of symptomless carriers and for prophylaxis in those exposed to infection. It is effective for these purposes, not only in Shiga and Flexner infections, but also in Sonne infection, against which sulphaguanidine is relatively ineffective. It is also used in surgery of the intestinal tract, both before and after operation for the prophylaxis and treatment of peritonitis, faecal fistula and wound infection of patients undergoing such operations as resection of the rectum and of the colon.

Fuller information is available on request.



M&B Medical Products manufactured by

MAY & BAKER LTD.

distributors

PHARMACEUTICAL SPECIALITIES (MAY & BAKER) LTD. DAGENHAM

4771

THE MEDICAL PROTECTION SOCIETY, LTD.

FOUNDED 1892

President: SIR ERNEST ROCK CARLING, F.R.C.P., F.R.C.S., F.F.R.

ASSETS EXCEED
£120,000
ANNUAL
SUBSCRIPTION £1
ENTRANCE FEE 10/-

No entrance fee to those joining within 12 months of registration.

Established for the protection of the individual and collective professional interests of practitioners.

Members receive advice and assistance in all matters affecting the practise of their profession and are afforded **UNLIMITED INDEMNITY** against costs and damages in cases undertaken on their behalf.

Estates of deceased members are similarly protected.

Full particulars and application form from:

The SECRETARY,
VICTORY HOUSE, LEICESTER SQUARE, W.C.2
Phone: GERrard 4814 and 4553

H. K. LEWIS & Co. Ltd.

Medical Publishers and Booksellers

BOOKSELLING DEPARTMENT A large stock of textbooks and recent literature in all branches of Medicine and Surgery available.

FOREIGN DEPARTMENT Select stock available. Books not in stock obtained to order under Board of Trade Licence.

SECOND-HAND DEPARTMENT Large stocks of recent editions. Old and rare books sought for and reported. 140 GOWER STREET, LONDON, W.C.1

LENDING LIBRARY Annual Subscription from **ONE GUINEA**
PROSPECTUS post free on application.

Bi-monthly list of **NEW BOOKS** and **NEW EDITIONS** added to the Library post free regularly.

LIBRARY CATALOGUE revised to December 1943, Demy 8vo pp. viii + 928. 25s. net (to Subscribers, 12s.6d.); postage 9d. SUPPLEMENT to December 1946 Demy 8vo pp. viii + 176. 5s. net (to Subscribers, 2s.6d.); postage 4d.

H. K. LEWIS & Co. Ltd., 136 GOWER STREET, LONDON, W.C.1
Telephone: EUSon 4282 (4 lines) Telegrams: Publicavit, Westcent, London

When **superficial pain** is the problem . . .

Pain and pruritus are common denominators of so many everyday accidents and affections . . . a pointer to the wide scope for 'Anethaine' Ointment.

Minor burns, anal fissures, insect stings and most skin diseases are conditions in which 'Anethaine' Ointment brings welcome and rapid analgesia. The ointment is particularly effective in relieving the extreme discomfort of haemorrhoids and may be safely prescribed for the patient's personal application.

'Anethaine' Ointment is of the 'non greasy' type and contains 1 per cent amethocaine; applied to the skin or mucous membrane, it is effective within a few minutes and maintains analgesia for at least two hours. 'Anethaine' Ointment is clean and pleasant to use and is easily washed off the skin or clothing.

GLAXO

ANETHAINE OINTMENT

(Brand of Amethocaine). In ½ oz. tubes.



GLAXO LABORATORIES LTD · GREENFORD · MIDDLESEX · BYRON 3434

AT LAST!

GENUINE

BRITISH MADE

RECORD SYRINGES

GUARANTEED EQUAL TO BEST PRE-WAR QUALITY

Look for the "FLAME" Brand

SYRINGES ONLY

- 1 c.c.	7/-	Each
2 c.c.	8/-	"
3 c.c.	12/6	"
10 c.c.	14/6	"
20 c.c.	17/-	"

NEEDLES HYPODERMIC - - - 7/- Doz.
INTRAMASCULAR - - - 10/- "
EXPLORING - - - 15/- "

As in use at St. Bartholomew's and many other London Hospitals.

Telephone—
Gerrard 3185/2313

W. H. BAILEY & SON, LTD.

45 OXFORD STREET & 2 RATHBONE PLACE, LONDON, W1
Manufacturers of Surgical Instruments, Appliances and Hospital Furniture

Telegrams—
"Bayleaf," London

REPAIR EXCHANGE SERVICE

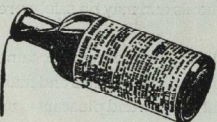
Reconditioned Syringes in exchange for parts of broken syringes

SUPPLIED IMMEDIATELY

The antiseptic and
antipruritic principle in
WRIGHT'S COAL TAR SOAP



The unique preparation, Liquor Carbonis Detergens, was first introduced by Wright's in 1862. It isolates, from the inert non-therapeutic substances, the valuable antiseptic and antipruritic agents known to be in Coal Tar. Since its introduction Liquor Carbonis Detergens has achieved a high place in dermatological practice, and is repeatedly chosen as the foremost medicament for skin diseases.



The continuous application of new methods in research and manufacture makes Wright's Liquor Carbonis Detergens today a product improved both in appearance and antiseptic value. This preparation gives Wright's Coal Tar Soap its renowned health giving qualities. Soothing to the tenderest skin, and thorough in its cleansing, Wright's is in every way the safest toilet and nursery soap for daily use.



Wright's COAL TAR SOAP
IDEAL FOR TOILET AND NURSERY

WHITBREAD'S

ALE

&

STOUT

IN BOTTLE — ON DRAUGHT

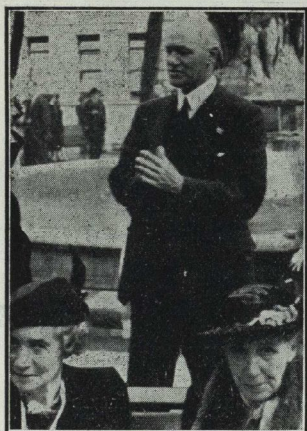
THE
**MUNDESLEY
SANATORIUM**
NORFOLK.

Resident Physicians :

S. VERE PEARSON, M.D. (Cantab.),
M.R.C.P. (Lond.)
E. C. WYNNE-EDWARDS, M.B. (Cantab.),
F.R.C.S. (Edin.)
GEORGE H. DAY, M.D. (Cantab.)

Terms from 10½ guineas weekly

For all information apply the Secretary :
The Sanatorium, Mundesley, Norfolk



"and some fell upon stony ground..."

from

Candid Camera

Price 2/6 Post Free 2/9

Obtainable from the Manager of the
Journal

'LOREXANE' CONCENTRATE

*The New Parasiticide
for Pediculosis Capitis*

'Lorexane' Concentrate contains in solution 1% of the pure gamma isomer of benzene hexachloride (the active constituent of 'Gammexane' products), a powerful parasiticide.

Diluted with four parts water, it produces a fine suspension which is highly effective against pediculosis capitis, and does not irritate or harm the scalp.

A single application is sufficient to eradicate head-lice. One teaspoonful of 'Lorexane' to a tablespoonful of water is usually enough to cover the scalp.

'Lorexane' Concentrate is odourless, clean, pleasant to handle, and easily prepared for use.

Issued in containers of 50 c.c. and 500 c.c.

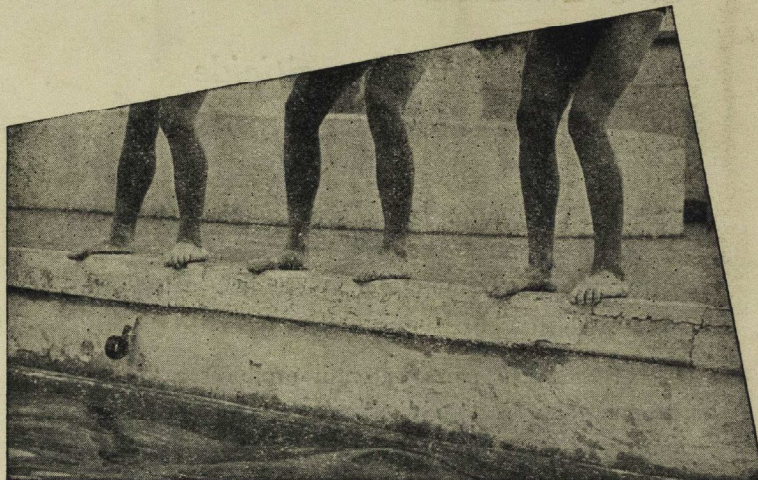
IMPERIAL CHEMICAL [PHARMACEUTICALS] LTD.

(A subsidiary company of Imperial Chemical Industries Ltd.)

MANCHESTER



Where do you find athlete's foot?



Users of communal swimming pools can be protected against this widespread infection by the use of 'Mycil', the new fungicide developed in the B.D.H. Research Department.

'Mycil' is effective both in prevention and treatment and is conveniently presented as 'Mycil' Ointment and 'Mycil' Dusting Powder. Descriptive literature on request.

'MYCIL'

MEDICAL DEPARTMENT
THE BRITISH DRUG HOUSES LTD. LONDON N.1
TELEPHONE: CLERKENWELL 3000 TELEGRAMS: TETRADOME TELEX LONDON

Myc/E/5

SBHMS/PB/1/55

8/12

**SAINT
BARTHOLOMEW'S
HOSPITAL
JOURNAL**



AUGUST 1948

VOL. L II

No 7

CONTENTS

Editorial	110	—Tenacitas Scientifica (J. A. W.); Truth in Medicine (A. Norton- Hill); The Journal Cover (H. Corsi. "Third Chip." C. Martin- Doyle); Art and Medicine (C. Hart)	119
The Drama of the Acute Abdomen, by Mr. Reginald M. Vick ...	111	In Our Library—No. XII. The Writings of Sir Ronald Ross, by John L. Thornton, Librarian ...	120
Obituary: Miss Annie N. Massy ...	115	Book Reviews	122
Anorexia Nervosa, by Dr. E. B. Strauss	116	Students' Union Council Meeting for July	124
St. Bartholomew's Hospital Golfing Society	117	Sport—Athletic Club, Cricket Club, Swimming Club	124
Correspondence— —The War Memorial Fund (J. Paterson Ross, R. Bodley Scott, A. H. Hunt)	118	Announcements	126
		Examination Results	127

- The same high standard of security and service which characterises "Car & General" Motor Policies applies to every other class of business transacted by the Company. A 'phone call (WHItchall 6161) or a postcard will bring you full information by return.

PERSONAL
ACCIDENT
BURGLARY
GOLFERS
Comprehensive
Home
FIRE

CAR & GENERAL INSURANCE CORPORATION LTD.
83 PALL MALL, LONDON, S.W.1

The Chas. H. Phillips Chemical Co. Ltd

For many years the Chas. H. Phillips Chemical Company has devoted its special resources to perfecting a range of antacid products for the alleviation of hyperacid conditions in patients of all ages.

These preparations by their consistently high quality have earned the confidence of the Medical Profession, and by their proved efficacy have gained wide acceptance from men and women in all walks of life.

An antacid dentifrice, the development of which has provided a parallel activity of the company, has gained similar support, and is recommended to young and old alike by the majority of the Dental Profession.

The Chas. H. Phillips Chemical Company is resolved rigidly to maintain those high standards which have built up through the years a reputation of which they are justly proud.

'MILK OF MAGNESIA' (Regd.)

The ideal antacid sedative for acute and chronic dyspepsia.

'Milk of Magnesia' is invaluable for securing rapid control of nausea and biliousness. It possesses mild laxative properties which ensure elimination of toxic degradation products.

'PHILLIPS' DENTAL MAGNESIA' (Regd.)

Used daily as a mouthwash, 'Milk of Magnesia' affords invaluable protection against caries and erosion by combating the destructive influence of the acid-producing bacilli.

Phillips' Dental Magnesia is the only tooth paste containing 'Milk of Magnesia.'

'MILK OF MAGNESIA' TABLETS

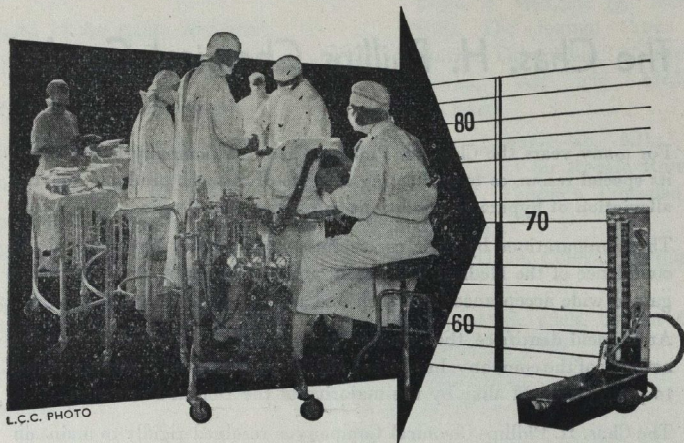
A highly convenient and readily accepted method of securing effective alkalization in those instances where treatment must be maintained at frequent intervals throughout the day.

'MIL-PAR' (Regd.)

This antacid lubricant—a skilfully prepared combination of liquid paraffin and 'Milk of Magnesia'—is indicated in chronic constipation and acid indigestion due to disorder of the alimentary tract.

1, WARPLE WAY, LONDON, W.3

A P R E S S O R D R U G F O R



L.C.C. PHOTO

S U R G I C A L E M E R G E N C I E S

'METHEDRINE' is an efficient pressor agent with a rapid and sustained action. In circulatory depression or impending shock during operations under general or spinal anaesthesia, a single injection is usually sufficient to restore blood-pressure to normal levels and to maintain it for several hours.

Some indications: Low blood-pressure, vasomotor collapse or impending shock during operation. To maintain blood-pressure during spinal anaesthesia. Traumatic shock (as addition to saline, plasma or blood transfusion). Narcotic or coal-gas poisoning. Circulatory asthenia. Obstetric shock.

'METHEDRINE' BRAND

Injection of
d - N - Methylamphetamine
Hydrochloride

Issued in ampoules
containing

30 mgm. in 1.5 c.c.

for intramuscular,
subcutaneous or
intravenous injection.

Boxes of 6 and 25

'Methedrine' BRAND

INJECTION OF d-N-METHYLAMPHETAMINE HYDROCHLORIDE



BURROUGHS WELLCOME & CO. (The Wellcome Foundation Ltd.) LONDON

casting the burden of **PERNICIOUS ANAEMIA**

EXAMEN LIVER EXTRACT is

painless on injection.

proteolysed: preliminary enzyme digestion of the raw liver sets new standards of efficiency in extraction of the active principle.

potent: infections needed only once every 14 days in treatment of relapse and once every 3 or 4 weeks in maintenance.

protein-free: 'liver sensitization' is exceptionally rare.

standardized: optimum response thus assured.

inexpensive: average cost is four shillings per 1 cc.

fully active in cases with subacute combined degeneration; though, when such neurological complications occur, more frequent injections may be needed.

EXAMEN

1 cc. doses restore the normal blood picture
1 cc. ampoules: boxes of 2 and 6
5 cc. vials: boxes of 1 and 5

GLAXO LABORATORIES LTD., GREENFORD, MIDDLESEX BYRON 3434

'Benadryl'

An Anti-allergic and Antispasmodic Agent

Benadryl is a synthetic compound which belongs to a distinct pharmacological group having a specific anti-histamine action. Extensive clinical studies have shown that Benadryl affords relief in a variety of allergic manifestations, including hayfever, urticaria, contact dermatitis and serum reactions. It is also effective in relieving the spasm of smooth muscle, such as may occur in dysmenorrhoea, etc. Benadryl is administered orally and, in responsive conditions, it exerts a beneficial effect within a few hours. The most striking results reported have been in the control of symptoms associated with hayfever and urticaria. Benadryl is issued in bottles of 50 capsules each containing 50 mgm., also as an elixir containing 10 mgm. per fluid drachm. (4 c.c.).

A booklet will be sent on request.

PARKE, DAVIS & COMPANY
50, BEAK STREET, LONDON, W.1
Laboratories: Hounslow, Middlesex Inc. U.S.A., Liability Ltd.

**A SINGLE* SUPPLEMENT
FOR SAFER PREGNANCY**

Pregnavite

CLINICAL USES

To improve the nutritional state where circumstances prevent consumption of all the protective foods required: to prevent hypochromic anaemia.

Indications in the history of previous pregnancies: toxæmia, previous premature births, inability to breast feed, and dental caries.

*The recommended daily dose provides: vitamin A 2,000 i.u., vitamin D 300 i.u., vitamin B₁ 0.6 mg., vitamin C 20 mg., vitamin E 1 mg., nicotinamide 25 mg., calc. phosph. 480 mg., ferr. sulph. exsic. 204 mg., iodine, manganese, copper, not less than 10 p.p.m. each.

SUB-FERTILITY

while demanding the fullest investigation if treatment is to be successful, may indicate a need for full supplies of the dietary factors concerned in reproduction. Of these, the natural forms of vitamin E, present in whole wheat germ oil, are known to be of the first importance.

FERTILOL

is stabilised and standardised wheat germ oil containing 3 mg. vitamin E per capsule. One to three capsules daily suffice for most cases. The vitamin is best utilised when given by mouth and treatment should in most cases be continued for several months. In pregnancy, the earlier treatment is begun the better.

References:—Shortage of space precludes list of references, but full documentation may be obtained on application to Medical Dept.

Vitamins Limited
Upper Mall, London, W.6



ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

Vol. LII

AUGUST, 1948

No. 7

THE NEW MOLOCH

FOR centuries the Individual has stood on the pedestal, without question supreme; to-day he lies in the dust, kicked there unceremoniously by a new and alien philosophy. "And none so poor to do him reverence," said Anthony of fallen Cæsar. The Individual is not so desolate; he still has many adherents, but their strength is being sapped in blind efforts to grapple with the shadowy successor on the pedestal.

The gardener in "Sylvie and Bruno" might well be one of them.

"He looked again and saw it was

A double Rule of Three.

'And all its mystery,' he said,

'Is clear as day to me.'

Meaningless, incomprehensible "Double Rule of Three," as vague as an ectoplasmic manifestation; and yet it has a certain air of efficiency about it, it has a scientific ring, and if stared at for long enough, becomes more and more reasonable, until it produces an effect similar to that on the gardener, and all its mystery becomes clear as day.

The magic lies in the numbers, which exert a hypnotic action on the mind, dulling the critical faculty. Numbers have come to assume an importance of their own. From being useful accessories, they have become principals; from being relative they have become absolute in their own right. Numbers are the shadowy Moloch which has replaced the Individual on the pedestal.

In no other way is it possible to explain why a sycophantic public will greedily swallow the morsels offered them by statisticians of dubious qualification, who are prepared to produce figures proving or disproving anything which happens, at the particular moment, to require proof or dis-

proof. The priests of Diana the huntress were adept in the art of producing ambiguous statements. Their modern equivalents no longer trouble to be ambiguous; the oracular advice they give so bemuses the readers that even flat contradictions are accepted with equanimity.

Why have numbers, regardless of their meaning or value, come to assume such power over the mind?

The answer is partly to be found in the public conception of Science (spelt with a capital S and thus imbued with magic properties).

Since the time of Francis Bacon a gigantic machine has been built up, only capable of dealing with numbers. This is physical science, which is inherently incapable of interpreting the unit or individual without reference to his environment. By observing the behaviour of ten thousand units in a given situation, it may be possible to predict with great accuracy that a certain number will do one thing, and the rest will do something else; faced with one of these units in isolation, not all the calculating machines in the world can predict how it will react.

Pavlov's dogs were unpredictable, in spite of everything. Periodically, even the most timid ones, bored with listening to bells and with watching yellow triangles, would amuse themselves by reducing the furniture and fittings of the experiment room to matchwood. These were then labelled "neurotic" and sent to the country.

The individual gene is unpredictable. Schrödinger has pointed out, that if genes do in fact consist of single molecules or of small aggregates of them, as is now thought to be

the case, chemical laws, based on the study of millions of molecules, will not be applicable to their individual behaviour.

Because the unit is not susceptible of analysis, it has gradually and unconsciously come to be regarded as "unscientific," an opprobrious term, implying that it is not quite nice. The Individual has fallen.

Numbers on the other hand, because of their importance to the scientific machine, have always been respectable. Now they are more than that; they have come to be respected.

The modern audience, at a performance of Henry V, stirs uneasily when the casualty figures are given for the battle of Agincourt. Ten thousand French lie slain, but the English dead are only twenty-eight. Not all the grandeur of the scene nor splendour of the words can still the thought that Shakespeare is overstepping the mark a bit, that

THE DRAMA OF THE ACUTE ABDOMEN

A clinical lecture delivered on January 16th, 1948.

By MR. REGINALD M. VICK

THE term "acute abdomen" is so well understood that I imagine it requires little definition.

From the point of view of a surgeon, the term really means that a patient has been seized with acute abdominal pain, so severe in most cases as to constitute an abdominal catastrophe, so serious that urgent surgery is called for to save the patient's life.

In many ways, this type of surgery is the cream of all surgery. The surgeon is called to a patient, who is acutely ill, suddenly ill. He has to diagnose the condition quickly and to make a decision, which may well be a matter of life or death to the patient, and he has to get on quickly with the job.

I have called my lecture "The drama of the acute abdomen" and it is very true to say that the development of the signs and symptoms of the various conditions about which I want to talk is real drama. I think that we all like a spot of drama in our rather dreary lives now and again. That may be a partial explanation of the series of world wars, but they are being a bit overdone.

Some people look for their drama to the theatre or to the films, some seek it in blood

he is treating the laws of probability a little high-handedly.

And yet when the comparison is not so simple, when the numbers are counted by millions and not by tens, when comprehension of them is limited, how gullible does that same audience become, how eager to accept the advice of the priests. Such is the power of the new Moloch and such is the danger.

Until the time comes when the public possesses a critical faculty, equal to that of the professional scientist, until they can look numbers in the face without succumbing to their spell, the Individual will stay downtrodden. Far off though it be, that time will come.

The cup of disillusionment is long and deep and bitter, but it will be emptied to the dregs. They have started drinking; they will continue.

sports such as shooting, fishing or Rugger. Some provide it for themselves by a series of affairs of the heart before they settle down to married life: some are satisfied with thrillers. But a surgeon in busy practice can find it in his own work. Of all the types of surgery that one does, this is certainly the most satisfying. It is surgery of quick decisions and actions, of surprises sometimes and of quick returns.

The motto of acute abdominal surgery has been and always should be "Quick in and quicker out." Let us start with a simple example; a patient stricken down absolutely suddenly with a perforated duodenal ulcer. He may never have been really ill. He is often quite suddenly seized with a violent abdominal pain, which is so severe that he may fall down in the street. When he comes to Hospital, he will be collapsed. And, unless he is efficiently dealt with, he will die. If he is operated upon, after his shock has been combated, he may well be sitting up reading the paper the next morning.

No one can say that that is not a very satisfactory culmination of a grave abdominal happening.

Now to deal in more detail with some classical examples. Let us take, first of all, the commonest of all acute abdominal conditions,

APPENDICITIS.

No one knows what the appendix is for. It has even been said that it has been provided by an all-seeing Providence for the benefit of struggling surgeons. That may well be, for in days gone by struggling surgeons certainly did deserve some consideration from the higher authorities.

The pathological conditions, which come under the heading of acute appendicitis do provide scope for careful diagnosis and treatment.

Sometimes the development may be acute indeed. A man aged about 45 coming home from his suburban station was seized with severe abdominal pain while walking up the slope. The time was 3.30 p.m. and at 7 p.m. I opened his abdomen and found a ruptured appendix and early peritonitis. Next day, to all practical purposes, he was out of danger.

The condition is, of course, not usually as ultra-acute as this. But in quite an ordinary case the patient may be taken ill in the night and his appendix may have leaked before breakfast.

The diagnosis is not difficult. The patient begins to look ill. If a child, say, a boy aged ten, within an hour or two the clean tongue of childhood has begun to fur.

The temperature rises but not very much—to about 99° or 100°. The pulse rises in proportion. Vomiting is likely to occur at the beginning of the attack but does not continue, unless peritonitis supervenes.

The abdomen moves poorly in its lower part, and gentle palpation will reveal the typical acute tenderness at McBurney's point.

Do remember how to palpate the acute abdomen. It is a good thing for a doctor to have a kind heart but it is essential that he should have a warm hand when palpating a tender abdomen. Start in the right hypochondrium, pass to the left down to the L.I.F. and then come quietly over to the R.I.F. Don't lean on the patient's abdomen. If you do, you won't find out anything and, if you are really hamhanded, you may even do harm.

This is the picture of a classical case. It is not difficult to diagnose. The treatment is surgery as soon as it can be arranged. It

is not a matter of minutes but of hours. No one can guess what is happening inside and the sooner the appendix is out the better.

I do not propose to go into the details of the operation. The chief guiding principle in operating upon such a patient is to be gentle and not to waste time.

Most appendicectomies are quite simple. But now and again one comes across a case which may be most difficult. If you get into real difficulties, don't hesitate to enlarge the incision so that you can see exactly what you are doing. Remember the old adage: "It is better to be measured for an abdominal belt than a coffin." That simple saying has often comforted a surgeon because most surgeons loathe making long incisions.

One last thing about acute appendicitis. Don't join the waiting school. Get the appendix out as soon as ever you can in every case, when you have diagnosed the condition.

Of course, if the inflammation is settling down or a lump has formed when you first see the patient, that is different, for when a lump is present you are not looking at a case of acute appendicitis but one of the sequelae, PERFORATION OF A DUODENAL ULCER.

Here is another condition, which may develop with dramatic suddenness. The patient is more often a man than a woman. He is usually tall and thin, often a hard worker—not uncommonly a doctor, who has just settled in a new practice, or a garage proprietor, who has just bought a roadside garage. They neither of them have regular meals. They are always up and down answering the telephone or dashing out in their cars, the doctor rushing round filling patients up with medicines and the garage man rushing out and filling cars up with petrol. And then often without any prodromal signs or symptoms Fate, or whoever looks after these things, strikes him down.

He gets a most violent pain in the upper abdomen with intense shock. He may collapse in the street. His temperature falls rapidly and sometimes does not register on the thermometer. He develops the facies Hippocratica with drawn cheeks and the risus sardonicus, his mouth drawn down with pain. A cold sweat breaks out on his forehead. His pulse rises up to 120 or even higher.

On examination, in the early stages, the abdomen shows a board-like rigidity. It is

drawn in, or "carinated" like the keel of a boat, and it has stopped moving. When you are examining such a patient, this is one of the occasions, amongst others, when you should go down on your knees. Look across the patient's abdomen and you will see that it is not moving.

When you palpate his abdomen, you will find the typical board-like rigidity especially in the upper part. You may be able to elicit *disappearing* liver dullness and that settles it. It means that a hollow viscus has perforated and gas is escaping into the peritoneal cavity.

This again is not a difficult condition to diagnose. The first treatment is to combat the shock by all means at your disposal. Do not give the patient morphia, until you have diagnosed the perforation and got the patient to sign the operation and anaesthetic form.

A very interesting development in this accident is that very often the shock passes off even without morphia after a few hours. This is probably due to the fact that the initial shock is due to the sudden gush of stomach contents into the peritoneal cavity. The peritoneum may temporarily accustom itself to its abnormal content but soon the shock returns.

In order to emphasize this happening, one of the surgical bibles on which some of you depend for your grounding in surgery quoted a case where a man perforated a duodenal ulcer, then got married in the quiescent period and, subsequently, had his perforation sewn up. This was an unfortunate interpolation in the book as some students got the idea that marriage was the treatment for a duodenal perforation. It was not recorded when this unusual marriage was consummated.

First of all, the shock must be treated. Then the abdomen is opened in its upper part near the perforation. The hole is closed by a purse string suture covered by drawing stomach wall over it and, possibly, omentum. No elaborate toilet of the peritoneal cavity is indicated. In early cases, no drainage is required, unless there is gross contamination. If the operation is performed, six hours (or more) after the perforation, or much fluid has escaped, a suprapubic drain is inserted and the patient is, of course, nursed in the Fowler position.

These emergencies, if caught early, do better than most. I once came across an unusual treatment. A Scottish doctor per-

forated and went home and took two double whiskies. He subsequently stated that he felt the whisky run like molten lead out of the hole and down his mesenteric gutter into the R.I.F. And certain it is that when we opened his abdomen we were gassed by the fumes of alcohol, but his chosen antiseptic did its work.

You may have read lately of a new treatment for perforation by passing a stomach tube, clearing out the stomach, putting in a Ryle's tube, giving the patient morphia, giving fluid by rectum and not operating. This treatment may be safe, if the patient is in skilled hands and under expert supervision but would certainly be fraught with considerable danger under any other circumstances. And when one realizes that most of these patients treated by expert surgery do very well indeed, this line of treatment cannot often be advisable or, indeed, necessary.

(If you do feel it wise to mention this method of treatment in your examinations, be ready to quote chapter and verse for it. It is not, as you may imagine, that your examiners have not heard about it; they usually keep up to date, and most examiners are practising surgeons with any number of successful sutures of perforations to their credit).

I wonder how many of you realise what happens, if these patients with perforations are not operated upon. After 24 hours the patient's chance may be gone. The peritonitis is fully established and his resistance is on the downgrade. He becomes more and more shocked and colder and colder. And the time may arrive, when he is so ill that no operation can be done.

It is unusual to see such cases in these days, and is much more usual to see patients alive and kicking very soon after surgery has come to their aid.

RUPTURED SPLEEN.

Another dramatic happening. A Winchester man out for a walk on a Sunday afternoon; a very innocent occupation for a Winchester man. He is just getting over a stile. A dog makes a rush at him. He slips and falls, striking his lower left ribs on the stile. He has rather severe pain. He reports to the sick house.

The Matron being a sensible woman — some Matrons are — puts him to bed, though he is not ill. Three hours afterwards, he collapses. His pulse becomes very rapid, his temperature falls and he has abdominal

pain. Soon he becomes very white and very anxious; he has deep sighing respirations; he has a left-sided dullness in his peritoneal cavity. His spleen has ruptured and blood is pouring into his abdomen.

A surgeon is rushed to the Hospital. He is started on a drip transfusion. He is given Morphia. His shock diminishes. His abdomen is opened and is found to be full of blood. The surgeon passes his fingers into the abdominal cavity and grasps the splenic artery. The blood transfusion is run full out. The spleen is removed. And in 24 hours he is out of danger. And there are no ill effects. Another exciting emergency and another life-saving operation.

ACUTE INTESTINAL OBSTRUCTION BY A BAND.

A young man who, perhaps, has had acute appendicitis in days gone by and has had no operation. He has been one of the lucky ones so far but he has developed intra-abdominal adhesions.

One day—and it is indeed an unfortunate day for him—a loop of small intestine slips under one of these adhesions and gets caught. He has violent abdominal pain. This soon stops but so does the movement of his bowel. He has complete intestinal obstruction.

He develops absolute constipation. He ceases to pass either faeces or flatus. He is given a couple of enemata to establish this fact. But his surgeon knows his job. He fills him up with chlorides. He passes a Ryle's tube and empties the stomach, and keeps it empty—thus mitigating the danger of vomiting under anaesthetic.

An anaesthetic is given—often a spinal—the abdomen is opened. In the right iliac fossa is found a small adhesion, like a bit of string, right across the bowel. This is divided and the bowel leaps up, happy in its release, and its contents rush past the place where the dam has been. There is no gangrene and next day the patient is a well man.

Picture what happens, when such a patient is neglected. The obstruction is complete and not only is the lumen obstructed but the blood supply of the bowel is cut off. Gangrene supervenes. The patient pours the vomit from his stomach, his duodenum, and even lower down. He becomes toxic and shocked. He becomes dehydrated. Even the whole armamentarium of modern surgery and all the known methods of combating shock and toxæmia will not save him.

VOLVULUS.

Another type of acute abdomen but with a difference. A woman, aged 60, has trouble with her bowels. Many women have. There are many signs which differentiate the sexes, but one of the most striking is that most men have their bowels open regularly once or twice a day, whereas many women find their bowels troublesome and have to "take something," and that "something" is not by any means always successful.

This old lady finds that her bowel has ceased to work normally, and she begins to blow up. And she really does blow up. If you ever see a patient so distended that it would appear that he or she is going to burst—think of a volvulus. Her sigmoid has twisted. It has formed a blind loop. It cannot empty itself and gas is collecting in it apace. Up and up goes her belly and soon it is a booming drum. She is admitted to Hospital and given enemata. They don't work. The surgeon opens her abdomen with a small incision but large enough to get his hand in. His assistant passes a large rectal tube and, if her luck is in, the surgeon can guide it into the distal end of the volvulus. There is a loud explosion and down goes the abdominal bulge. The volvulus is untwisted and treated, and all is well.

I once operated upon an old lady, who had twisted her volvulus six times. She knew that a further operation was indicated because her abdomen became so distended that she could not see over the edge of her box at the Opera. This is an example of a grave abdominal happening of a less acute character.

I would like to mention one more abdominal emergency and, perhaps the most thrilling of them all.

ACUTE INTUSSUSCEPTION OF INFANTS.

The child is between nine months and two years of age. It is more often a boy and sometimes the eldest son, the "flower of the flock." He is a fine baby and has often just been weaned. And then a day of grave anxiety dawns. The child begins to get severe colicky pains. He is doubled up and screams.

One portion of his small intestine has started to swallow another. The pains become more and more frequent and the child becomes ill. He may even go to sleep between the paroxysms and wake up with a scream.

The doctor is called in and, if he knows his job and suspects intussusception, he must not go away until he has made a diagnosis or got the boy into Hospital. For, if this condition is allowed to develop, the bowel will go further and further, carrying its blood supply with it and obstructing the vessels. Gangrene will take place and the cleverest surgeon in the world cannot save the patient.

As soon as the condition is diagnosed—and the sooner the better—the abdomen is opened by a small incision below the umbilicus. The intussusception is reduced and the child is well. Everybody is overjoyed and another child is saved to fight its way through this distracted world.

And what have you learnt by what I have told you? One thing obviously—it is more fun to be a surgeon than a physician. If you

want to have exciting surgical experiences and satisfying ones—do emergency surgery.

Most abdominal emergencies are reasonably easy to diagnose. But don't get conceited. If you do, one day you will make a howler. And you are responsible for the lives of men and women.

If you are an ordinary man, one howler will help you. If you are becoming conceited, you may require more than one howler to bring you down. But down you will come one day for certain.

May I end with a word or two of advice.

If you go in for surgery, don't become too specialized. Vary your surgery as much as you can. And, if you should one day become eminent—although Sisters, House Surgeons and Dressers may bow down before you, do remember that you are but human.

OBITUARY

MISS ANNIE N. MASSY

ON May 29th, 1948, a great Bart's Sister retired after thirty-two years' service, and on the same night passed peacefully from amongst us.

Right up to her last day at Hill End, we, who knew her there, saw the same upright, grey-haired figure go about her work, tirelessly, with infinite patience and good humour. It seems she must always have been like that, just as we remembered her in Abernethy in the days of Girling Ball. Far back in the time of C. B. Lockwood and d'Arcy Power, they say, she was yet the same, just as forthright and ready to speak her mind to anyone if the matter of a patient's well-being required that truth should be spoken. St. Bartholomew's represented her ideal of all that her life stood for, and her patients were her children, each to be nursed very carefully, and also to be mothered according to his lights, and corrected only when enthusiasm to get better outstripped wisdom. Not one but loved her dearly, and many there were who came back to her ward long after leaving hospital, as boys return to their old school.

Most of her life was spent in Surgical Wards, and many were the great men who learned wisdom at her feet in their resident

days; many the members of the Staff who were always glad to listen to her considered opinions, derived from true experience.

The war took her to Hill End, where she adapted herself remarkably to difficult circumstances and new scenes. In her last months, among the Service and Ex-service patients and casualties of F.F.2. Ward, she came, even more than before, to be regarded as one above the ordinary pettiness and selfishness of life.

In the week before she left—and of this at least we can be thankful—everyone took the opportunity of expressing appreciation for her life and work. Presentations were made from the Staff of St. Bartholomew's and from her friends, past members of the hospital, from all over the world; others came from the Nursing Staff, and one, particularly, from all the friends she had made in nine years at Hill End.

She passed from these unsettled times, mourned by all as one who had stood primarily for St. Bartholomew's and its traditions, for truth and devotion to duty. The hospital is the poorer for her death, but inestimably richer for the inspiration and example that she left behind.

R. S. H.

ANOREXIA NERVOSA

By DR. E. B. STRAUSS

It is wise in descriptive medicines, as in every other branch of empirical science, to start with clear-cut definitions. If that rule had been more carefully observed in dealing with the clinical entity known as *anorexia nervosa*, there would not have been so many unproductive discussions as to whether the condition can occur in males, whether it can be accompanied by vomiting, whether amenorrhoea must invariably be a cardinal symptom, and the like. To begin with a self-limiting definition, then: *Anorexia nervosa is a condition which occurs only in adolescent or young females of asthenic physique, who are virgines intactae. The cardinal symptoms of the disorder are abolition of the desire to eat and of the menstrual functions.*

An anorexia which depends on psychogenic pain or dyspepsia, on nausea or vomiting, is best termed hysterical anorexia, even if consequent malnutrition or avitaminosis lead to amenorrhoea, in the case of females. An apparently similar loss of appetite occurring in young males suggests schizophrenia (most often), hysteria, or Simmond's Disease.

In anorexia nervosa, the patient complains of *nothing*. She says that she is (and she appears to be) enjoying perfect health. There is no pain, no nausea, no vomiting (unless the patient is forced to eat), no fatigue. The patient will go cheerfully and actively about her work, until she resembles a famine victim; but she will not eat, nor will she menstruate. The immunity from intercurrent infections and from the more serious complications of malnutrition and avitaminosis reminds one of the good health enjoyed by Yogi fasters. It is the relatives who complain, not the patient; and rightly, for if the patient be not treated she will die.

The condition aetiologically and psychopathologically, is related more to the group of the schizophrenias than to the hysterias; in fact many patients who start with classical anorexia nervosa end up with unequivocal schizophrenia. It would be desirable to substantiate and elaborate this somewhat controversial statement, but such an essay would be out of place in an encyclopaedic manual of *treatment*.

In terms of general psychopathology, it

may be said that anorexia nervosa represents a most profound (largely unconscious) denial of the most fundamental human instincts and dispositions—growth, change, reproduction, social responsibility, life itself. Psychological analysis frequently shows that this perversion of the vital instincts, which manifests itself psychosomatically in so dramatic a way, depends on a deep-seated revulsion against the author of her being—the patient's mother. It is to be noted that this hatred of one or both parents is also characteristic of certain types of schizophrenia.

The treatment of anorexia nervosa demands great sacrifices from the physician and loyal nursing co-operation. At a certain level, it is a battle of wills between the patient and the doctor—one which the doctor cannot afford to lose. The patient must be treated away from home, and preferably by an unfamiliar doctor, trained in psychiatry. She must occupy a separate room or be screened from other patients. It is important to cut the patient off from all communication with relatives and friends for a month or six weeks, at the end of which time she should be taking a normal diet without protest or discomfort. The patient must be kept in bed.

For the first few days meals must be very small in bulk, and frequent, and consist of quite ordinary food (i.e., no special "invalid" food). On the first day 4-ozs. of milk every two hours throughout the day. Increase it to 6-ozs. on the second, and on the third day add a thin slice of bread and butter to each meal. Add 2-ozs. of milk to each meal, until by the fourth or fifth day, she is taking three pints of milk in the twenty-four hours and several ounces of bread and butter in addition. From then onwards it is usually easy by degrees to progress to a normal diet. By the end of a fortnight, the patient should be taking three ordinary meals with the addition of three or four pints of milk a day. This fattening process should continue until the patient has reached what is adjudged to be her correct physiological weight, proper regard being paid to her phobia of becoming *too fat*.

During the whole of this phase of treatment the patient must be watched, by a firm, but kindly, nurse, while she is taking her food, no matter how long she dawdles over it. The anorexia nervosa patient may go to extreme lengths in secreting or disposing of her food, rather than eat it, exhibiting considerable skill in legerdemain. She must also be discreetly prevented from making herself vomit up her feeds. It is wise to discourage her from going to the lavatory for some little time after a meal; it may even be necessary at first for the nurse to accompany her patient to the closet. The patient appears to tolerate such tactful supervision with surprisingly little resentment.

Intensive analytical and re-educative psychotherapy is absolutely essential for successful treatment. Four one-hour psychotherapeutic sessions per week are necessary, if the best results, with freedom from relapses, are to be obtained. The type of

(Reprinted from "The Index of Treatment"; Wright, Bristol. 1948)

ST. BARTHOLOMEW'S HOSPITAL GOLFING SOCIETY

The Summer Meeting of the Society was held at the Addington Palace Golf Club on June 16th. Twenty-two members attended. The weather was good and the course was looking at its best. Winners in the competition were:

SINGLES (under handicap, against bogey).

Gordon Watson Cup—Dr. R. Moore Paterson—2 up.

Runner up—Dr. N. C. Oswald—all square.

Last nine holes—Dr. M. B. McIlroy and Dr. W. A. Bourne—all square.

Sealed holes—Mr. J. G. Milner and Dr. A. R. Anderson—1 up.

FOURSOMES (9 holes, under handicap, against bogey).

Dr. A. R. Anderson and Dr. M. B. McIlroy; Dr. G. Graham and Dr. A. L. Frazer;

psychotherapy will naturally depend on the convictions of the practitioner. It is usually desirable for psychotherapy to continue for some time after the patient is symptom-free—preferably under out-patient conditions.

In these days of "physical" methods of treatment in psychiatry, there will be a great temptation to try for quick results by resorting to modified insulin therapy and injections of ovarian hormones. The writer is persuaded that this is an unwise measure. Such attempts to force the issue do violence to the psychic structure, and are not without danger, especially when skilled psychotherapy is not regarded as the most important feature of treatment.

A properly treated anorexia nervosa patient should never relapse, nor should she have any future difficulty in accepting with the whole of her being the full implications of adult femininity.

Dr. C. A. Francis and Dr. W. J. Hanbury—tied with score of 2 down.

Sealed holes—Dr. H. F. Brewer and Dr. G. W. Hayward—1 down.

An attractive silver cigarette box for the best scratch bogey score, to be competed for annually, was presented to the Society by Sir Harold Gillies. It was won on the first occasion by Mr. J. O. Milner and Dr. A. R. Anderson who tied with a score of 3 down on bogey.

The Autumn meeting of the Society will be held at the Moor Park Golf Club on Wednesday, September 15th. The Society is open to all qualified Bart.'s men and any who would like to join are invited to send in their names to Dr. H. V. Morgan, one of the Secretaries, St. Bartholomew's Hospital, E.C.1.

THE JOURNAL

Mr. J. M. L. Gilks has been appointed Assistant Editor.

Contributions for the JOURNAL should reach the Editor by the first Tuesday of the month for inclusion in the ensuing issue.

CORRESPONDENCE

WAR MEMORIAL FUND

The Editor, St. Bartholomew's Hospital Journal.

Sir,

Some months ago you published, over the signatures of the Chairman of the Medical Council and the Dean, a letter setting out proposals for a War Memorial for St. Bartholomew's Hospital Medical College. You will recall that this was to consist first of a memorial tablet, bearing the names of those who fell in the War, to be erected within the Hospital, and secondly, of a fund to be subscribed and devoted to the education of orphans of St. Bartholomew's men who gave their lives.

It is believed that subscriptions would be forthcoming with greater readiness if it were possible to state the approximate total sum desired. Before this can be done, it is necessary to discover the Fund's possible commitments. The enclosed Roll of Honour, as far as we can discover, includes the names of all St. Bartholomew's men who fell in the War; we invite notice of any omissions. It is not easy to find which of those whose names appear on this Roll left children for whom help from the proposed Fund might be welcome. We should be grateful to your readers for any information they can give.

Yours faithfully,

J. PATERSON ROSS, *Chairman.*

RONALD BODLEY SCOTT,

ALAN H. HUNT, *Secretaries.*

Saint Bartholomew's Hospital Medical College War Memorial Fund.

St. Bartholomew's Hospital Medical College, 25th June, 1948.

ROLL OF HONOUR

ROYAL NAVY

J. C. BALLANTYNE	R. L. HALL	D. A. PROTHERO
J. D. BANGAY	B. F. JACKSON	K. E. O. RINGDAHL
H. DE L. N. DAVIS	P. G. JEFFRIES	R. D. ROPER
C. D. D. DE LABILLIERE	A. B. KENNEDY	D. L. SANDES
T. G. EVANS	LL. G. LLOYD	T. P. STOREY
H. E. D. GALE	A. L. PHILLIPS	J. M. WEDDERSPOON
C. J. S. GREEN		

ARMY

I. N. BLUSGER	R. G. FOUCAR	G. A. RICHARDS
C. CAMPION	E. C. FOUNTAINE	J. T. ROBINSON
D. T. CARR	H. GAVURIN	J. A. SANDILANDS
S. CONWAY	S. M. HATTERSLEY	F. G. A. SMYTH
I. R. DAVIES	R. E. K. LEVICK	J. R. O. THOMPSON
J. F. FISHER	C. L. LEWIS	A. H. WAYMOUTH
W. B. FOSTER	J. G. McMENAMIN	R. WELPLY

ROYAL AIR FORCE

J. A. ATWILL	J. GAUVAIN	G. T. E. SODEN
A. F. BALDWIN	F. P. SCHOFIELD	G. R. D. TAIT

TENACITAS SCIENTIFICA

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

I feel compelled to take up my pen again to answer your correspondent, Mr. Harvest; such close and subtle reasoning as his demands an equal reply. I fear, however, that the editorial office may be just a little disappointed with those "great guns" presented in its support, which disclose themselves as but the merest pop-guns whose report is scarcely heard across the Square, even with a following wind.

Of course there is truth in what Mr. Harvest says—but not much.

Agreed that science is concerned with "the relation of observed events," why, then, does he at once proceed to ignore the matters of relationship and to consider but a single fact, and a "commonplace" one at that? For a fact can be neither "noteworthy" nor "relevant" when torn thus rudely from its moorings which alone gives it meaning. As for its being scientific or the reverse *per se* no sane person would try to qualify it in this way—and neither did I, as Mr. Harvest could so easily have discovered. Science lies not within a single fact but in the relationship between facts; how unfortunate that this point should be deemed unworthy even of mention.

In the last paragraph, after some most useless information about a notable scientist, is posed the question . . . "Who but an artist could have described Virchow's Smooth Atrophy of the Tongue?" I can make no suggestion. Unless the answer is, perhaps, Mr. Harvest.

Yours faithfully,

J. A. W.

The Abernethian Room,
St. Bartholomew's Hospital,
July 4th, 1948.

TRUTH IN MEDICINE

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

After observing the habits of the Ladies and gentlemen of the Medical College, might I suggest, with duly deferential reverence, that something might be a little wrong?

"Rhazes" would have us believe that "truth in medicine is a goal one cannot attain."

One thousand years of patient endeavour have done nothing to disprove this statement, and unfortunately the occupation of trying, somewhat feverishly, to attain, leaves no time to sit back and discover the distance travelled.

Surely this knowledge is not the sum total of medicine; is there not something more—something which defies rationalising? Would not a more philosophical approach make us conscious of the limitations of our art, make us appreciate "the still, sad music of humanity"?

We have applauded the actors and scene-shifters of Life long enough. Is it not time we sought the Author, Himself?

Yours, etc.,

A. NORTON-HILL.

St. Bartholomew's Hospital Medical College,
Charterhouse Square,
June 1st, 1948.

THE JOURNAL COVER

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

Thank you for reproducing the late Eric Gill's design beneath Dr. Cusack's concise letter. Dr. Cusack says the design is beautiful, I find it ridiculous. But I am prepared to learn why it is beautiful, and be educated into a better appreciation of beauty, if Dr. Cusack would kindly make an effort to explain the finer points of the design to such as me.

Meanwhile, it may make it easier for him if I indicate the incongruities which excite my mirth; the female symbolical of human suffering is typical of the arty-intellectual; just the type that would *not* seek help in the arms of a religious order. Medically she suggests the neurotic snag; not for such did Rahere found his Hospital. Finally, the physiognomy of the monk does not satisfactorily symbolise the founder of an institution which has lived (not without glory) for eight centuries, and may yet live for many more to come.

May I suggest an alteration. This year, 1948, is a good deal more important for "health" than was 1123. In commemoration, let us replace, for one year, the figure representing the mediaeval minister to the suffering poor by a figure representative of the minister of the New Health. But if we do this, let us give him something better to look at.

Yours truly,

H. CORSI.

95, Harley Street, W.1.
July 5th, 1948.

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

"He who pays the piper calls the tune."

To alter the cover design will cost something; those who would like a different design should pay for the change.

As an old Bart's man, I should be happy to pay towards a sketch by Hanslip Fletcher, or some other artist, depicting the Archway or The Square.

Possibly a majority of subscribers would prefer the design described by M. A. Cusack as "beautiful."

An appeal for subscriptions for one or two selected designs would show you which design had the approval of the majority of your subscribers.

Yours faithfully,

THIRD CHIP.

July 3rd, 1948.

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

Regarding the cover design for the BART'S JOURNAL: I would like to point out that the spate of objections to it in 1937 came not from the pruders, but from those of us who have a sense of the ludicrous (not to mention the ribald!)

When I try to consider the design in detail the whole thing appears too funny for words: Why should a monk apparently suffering from proptosis be so concerned with a girl with a headache? Why is it necessary for a girl who wishes to consult a monk about her headache to strip naked?

ART AND MEDICINE

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

In his most interesting article on Art and Medicine, M. J. Clarke-Williams describes Andreas Vesalius as the "one great exception—a supreme artist and a brilliant anatomist." It is incredible that no reference was made to Leonardo da Vinci, his greater predecessor.

Leonardo's pre-eminence was recognised—possibly for the first time—one hundred years ago by Knox, in his "Great Artists and Great Anatomists." Plates comparing the work of Vesalius and Leonardo, and demonstrating the latter's superiority, are given in Osler's "Evolution of Modern Medicine," 1921.

Yours faithfully,

C. MART.

The Abernethian Room,
St. Bartholomew's Hospital,
July 4th, 1948.

IN OUR LIBRARY—No. XII.

THE WRITINGS OF SIR RONALD ROSS

By JOHN L. THORNTON, Librarian.

ALTHOUGH the only books in the Library by Sir Ronald Ross are his *Report on the prevention of malaria in Mauritius*, 1908, his *Memoirs*, 1923, and his *Studies on malaria*, 1928, this seems an opportune time to draw attention to the fact. This year we celebrate the fiftieth anniversary of his proof that the mosquito is responsible for the transmission of malaria, and in his own words: "The twentieth of August ought to be observed as a day of rejoicing, in India at least, by the public."

Sir Ronald's *Studies on malaria* contains mainly autobiographical material, with bitter comments on the difficulties he was forced to overcome through apathy on the part of government officials, but it does show the development of our knowledge of malaria in modern times. Ronald Ross was born at Almora, in the Himalayas, on May 13th, 1857, three days after the outbreak of the Indian Mutiny, and in 1863 was sent to school in England. He entered Bart's in 1875, qualifying M.R.C.S. in 1879, and L.S.A. in 1881, upon which he followed the example of his father and joined the Indian Medical Service, being appointed to the Madras Branch. During the first seven

years of his service Ross spent most of his leisure in the study of mathematics, poetry and literature, but then decided to investigate malaria. Up to that time it was considered that malaria was caused by "poisonous exhalation from marshes." In 1883 Albert Frceman Africanus King (1841-1914) published a paper suggesting that mosquitoes were responsible for the transmission of malaria, and in November, 1880, Charles Louis Alphonse Laveran (1845-1922) first saw the malarial parasite, discovering that malarial fever is produced by minute animal parasites living in the blood corpuscles of sufferers, and afterwards called *Plasmodia*. Camillo Golgi (1844-1926), Ettore Marchiafava (1847-1935), Angelo Celli (1858-1914) and Dmitriy Leonidovich Romanovsky (1861-1921) were among the many other research workers who contributed to the subject. Ross commenced his studies about 1889, and in 1894 when on leave in England (Sir) Patrick Manson demonstrated to him specimens of the parasites discovered by Laveran. (It is interesting to note that Ross had been introduced to Manson by A. A. Kanthack (1863-1898), and had previously studied bacteriology under E. E.

Klein (1844-1925), both of this Hospital.)

Ross's duties as an army doctor took him to Secunderabad, where he continued his studies under great difficulties, owing to the lack of books, laboratory facilities and equipment. He corresponded regularly with Manson, who encouraged him, but his removal to Bangalore interrupted Ross's work, until he was able to take a vacation. On his return to Secunderabad, Ross discovered on August 20th and 21st, 1897, in the stomach tissue of two mosquitoes, cells possessing pigment-granules resembling the pigment-granules of the malaria-parasites. He wrote telling Manson of this, but before obtaining confirmation of his work was ordered away to Kherwara on duty. Ross had also spent his leisure from May 13th, 1895, to August 20th, 1897, in experimental work, entirely at his own expense, but early in 1898, due largely to the influence of Manson, he was sent to Calcutta for special duty under the Director-General for a period of six months. Continuing his work on malaria, Ross published the results of his studies, but attracted little attention, except adverse criticism, especially from Gassi, who asserted that priority was his.

In March, 1899, Ross came to England, and was appointed Lecturer on Tropical Medicine at the School of Tropical Medicine, Liverpool, which was formally opened on April 22nd by Lord Lister. During the vacations Ross went to Freetown to investigate the control of malaria there, and also paid visits to Ismailia, Panama, Greece, Mauritius, India, Russia, Spain and Cyprus. In 1908, he was made a Companion of the Bath, at the end of that year became a full professor in University College, Liverpool, and to crown his achievements, received the Nobel Prize for Medicine.

At the end of 1912 Ross resigned his position at Liverpool to commence practice in London, but the outbreak of the Great War saw his appointment as Consulting Physician in Tropical Diseases to the Hospitals for Indian Troops in England. He was sent to Alexandria and Salonika in 1915, and again visited Salonika two years later.

On two occasions Ross had petitioned the Chancellor of the Exchequer for compensation, in view of his outstanding work, but received no monetary reward. He had been created K.C.B. in 1911, K.C.M.G. in 1918, and foreign countries had also recognised his achievements. Among his honours were those of Officier de l'Instruction Publique, France (1913); Officier de l'Ordre de Leopold II, (1906); Hon.M.D. (Stockholm and

Athens); LL.D. (Aberdeen); and D.Sc. (Dublin and Leeds).

The Ross Institute and Hospital for Tropical Diseases was opened on July 15th, 1926, Sir Ronald Ross becoming Director. He had not finished travelling, for he visited Ceylon, Malaya and Calcutta, where he attended the inauguration of a monumental arch commemorating his work, and bearing a medallion portrait. In 1929 the Ross Award Fund realised over £15,000 to assist Sir Ronald and Lady Ross in their declining years, but Lady Ross died in 1931. On September 16th, 1932, Sir Ronald Ross died in the Institute, at Putney.

Sir Ronald Ross received honours from many medical societies throughout the world, and at his death numerous obituaries praised his outstanding contributions to the study of malaria. He was the author of several poetical works and novels, and for some time editor of *Science Progress*. His scientific reports and papers are widely scattered throughout periodical literature, and a selection of those available in the Library is appended. (We do not possess his book *The Prevention of Malaria*, 1911, or his poetry and novels.)

"Observations on a condition necessary to the transformation of the malaria crescent." *Brit. Med. J.*, 1897, I, pp. 251-55; "On some peculiar pigmented cells found in two mosquitoes fed on malarial blood." *Brit. Med. J.*, 1897, II, pp. 1786-88; "The role of the mosquito in the evolution of the malarial parasite." *Lancet*, 1898, II, pp. 488-9; "Inaugural lecture on the possibility of extirpating malaria from certain areas by a new method." *Lancet*, 1899, II, pp. 1-4; "Malarial fever." *Med. Annual*, 1900, pp. 342-57; "Note on the bodies recently described by Leishman and Donovan." *Brit. Med. J.*, 1903, II, pp. 1261-2; "Further notes on Leishman's bodies." *Brit. Med. J.*, 1903, II, p. 1401; "The anti-malaria experiment at Mian Mir." *Brit. Med. J.*, 1904, II, pp. 632-5; "An address on the logical basis of the sanitary policy of mosquito reduction." *Brit. Med. J.*, 1905, I, pp. 1025-9; "Researches on malaria. (Being the Nobel Medical Prize Lecture for the year 1902, delivered at Stockholm on December 12th)." *J. Roy. Army Med. Corps*, 4, 1905, pp. 450-74; 541-79, 705-40, which was also translated into French, German and Italian; "Observations on the principle of repeated medication for curing infections." *Brit. Med. J.*, 1921, II, pp. 1-4; and "The treatment of malaria in Britain." *Practitioner*, 1925, II, pp. 301-11.

BOOK REVIEWS

RECENT ADVANCES IN SURGERY, by H. C. Edwards. 3rd edition, 1948. Pp. 437. J. & A. Churchill, Ltd., London. Price 24s.

For the third edition of this popular surgical book, Mr. H. C. Edwards has succeeded Sir Heneage Ogilvie as editor. The form and size of the original work are preserved and in the small compass of about 400 pages new developments in surgery are reviewed. The difficulty of remaining well-informed over the whole field amidst the current welter of publications from every quarter needs no emphasis, and the author of the new edition, by helping towards this end, does an immense service to both postgraduate students and practising surgeons.

In a general section on the healing of wounds, shock, and antibacterial therapy, the editor summarizes the lessons learned during the recent war. The need for preserving skin, adequate incisions through the fascia, and the meticulous removal of foreign and devitalized material is stressed. Recent studies of the constitutional factors involved in wound healing are also reviewed.

The account of recent developments in the surgery of the alimentary canal and abdomen is particularly valuable. It covers the new techniques for repairing congenital defects of the oesophagus, resection of the oesophagus for cancer, vagotomy, pancreatico-duodenectomy, and portacaval anastomosis for portal hypertension. The surgery of ulcerative colitis, Crohn's disease, and rectal carcinoma is also discussed.

The sections on thoracic surgery, neurosurgery, and radiotherapy in malignant disease, written by Mr. R. C. Brock, Mr. D. W. C. Northfield and Sir Stanford Cade respectively, are all excellent. The first and last, especially, can be recommended to general surgeons in search of clear and succinct accounts of developments in these special fields.

The anticoagulants and the surgery of the blood vessels have lately come into prominence and are well dealt with, as are the treatment of carcinoma of the breast and prostate with sex hormones, and the new retro-pubic approach for prostatectomy.

It is, however, curious that the restoration of blood loss in major surgery should be tucked away in a chapter on post operative care and given less space than the use of growth-promoting substances, such as peanut oil, for wounds. It is perhaps no exaggeration to say that the greatest of all recent advances in surgery is the infusion of blood during operation in sufficient quantity to prevent the blood volume from falling. The author's advice that "a pint of blood given as the operation is being concluded should . . . be a routine measure" hardly constitutes clear recognition of a fundamental principle. It is also regrettable that in several of the chapters the text is marred by inaccuracies in spelling and grammar, the more so because the chief and difficult task of reviewing clearly in a short space such a wide field has been accomplished admirably. The book satisfies an undoubted need especially on the part of men returning from the services and is bound to have a ready sale.

SURGERY: A Text-book for Students, by C. A. Pannett. 2nd Edition, 1947. Pp. 769. Hodder & Stoughton, London. Price 27s. 6d.

This concise introduction to surgery, now in its second edition, is the product of a single teacher and expresses his own views. It adheres strictly to the objective laid down in the Preface, which should bring joy to the heart of any student, namely "to present the facts of general surgery in as few words as possible." This objective is excellently achieved in plain and readable English, in large type liberally interspersed with the author's diagrams and illustrations. The material is on the whole well set out. No references to other reading are given.

To be positive is to be dogmatic. The very definiteness of the work, perhaps its chief value, entails some unqualified statements on which there is not general agreement.

However this may be, a working hypothesis is of more value than many vague speculations, provided it is recognised as such. This is not always made clear.

Students of surgery will find that this book provides a valuable and readable approach to the subject.

THE ROMANCE OF MEDICINE, by John Hayward, M.D. 2nd edition reprinted, 1947. George Routledge and Sons, Ltd., London. Pp. 286. Price 7s. 6d.

The perception of romance, it is said, is one of those attributions without which we suffer spiritual death. But to those of us in the Medical profession, the incorrigible way in which the general public romanticises medicine is enough to drive us to crabbed materialism. Not quite, however, for there is something about medicine, even if it is not all Bedside Fights with Death or Dramatic Kitchen Table Surgery, which catches the imagination of all who can still find "time to stand and stare."

And it is this faculty which Dr. Hayward exploits in his book, not in any meretricious way, but with propriety and a sense of balance. He has amplified talks and lectures which he gave for the King Edward VII Hospital Fund for London, in order generally to stimulate interest in hospitals, and also to attract possible entrants to the Medical and Nursing professions. He describes every manner of medicine, and there is little of importance in recent medical history which he does not mention. That a book of this size does not degenerate into a desiccated catalogue of hard preserved facts is a tribute to Dr. Hayward's skill in presenting his material.

To those at school whose thoughts are turning towards a medical career, this book will be of great help, and indeed, for anyone who wishes briefly to survey the path of recent medical progress, here is a source of information at once accurate and pleasant to read. The last century has seen perhaps the greatest time of fertility in medical progress that has ever been and Dr. Hayward's book recounts the fascinating story in a most admirable manner.

CHRONIC STRUCTURAL BACKACHE DUE TO LOW BACK STRUCTURAL DERANGEMENT, by R. A. Roberts. Pp. 105, 137 illustrations. H. K. Lewis, London. Price 45s.

This study of what Dr. R. A. Roberts terms "Chronic Structural Low Backache," began merely with an attempt to explain radiological appearances not previously recorded, namely those indicating defective ossification in the pars Interarticularis of the Lumbar vertebrae. The pars Interarticularis is not easy to locate radiologically nor to describe in words. Wendell Scott has described it as "a strategic connecting point in the neural arch and for that reason subjected to great stresses and strains." It is situated between the superior and inferior articular processes. Laterally it joins the base of the transverse process. It is only on the neural canal aspect that it is continuous with the pedicle and lamina. It is, therefore, an important pivotal centre in the architecture of the Lumbar vertebrae for the interaction of the powerful muscles and ligaments of the region.

The defects in ossification which Roberts describes are those which are found in Spondylolisthesis but hitherto have not been widely recognised when there has been no actual "slipping" of the lumbar vertebrae. Oblique views of the lumbar and especially the lumbo-sacral areas are essential if the defect is to be identified radiologically. Using a proper technique the incidence of defects in the pars interarticularis in "normal" backs varies between five and ten per cent. Roberts agrees with other investigators that the translucent areas and hair-line cracks which characterise this lesion are of the same nature as the "March fractures" and "fatigue fractures" which are met with in other bones. The old explanation of Spondylolisthesis as being due to the failure of two ossific centres to fuse, should probably be discarded.

Roberts illustrates and emphasises his anatomical points by many very good radiographic studies and diagrams, and the book achieves its maximum value with this section.

In spite of a clear demonstration of radiological anomalies, the explanation of the symptoms of "chronic structural low backache" still hangs fire on a vague ligamentous and muscular pathology, with such terms as "adhesions" and "chronic strain" well in evidence. The author agrees that many of the explanations of "low backache" have little radiological, anatomical or surgical evidence to support them.

Unfortunately the concluding chapters deteriorate into something of a diatribe against Specialists in general and Psychiatrists in particular. As Roberts himself says on p. 73 the radiologist with his unfortunate remoteness from routine clinical examinations, is not ideally qualified to present the chronic structural low backache problem as a clinical entity.

W. D. C.

THE JUBILEE SCRAPBOOK OF THE ROYAL ARMY MEDICAL CORPS, 1898-1948. Compiled by the R.A.M.C. Association. Gale and Polden, Aldershot, 1948. Pp. 40. Price 2s. 6d.

This scrapbook includes sketches, yarns and reminiscences of the inauguration and subsequent work of the Royal Army Medical Corps. It has

been produced to mark the R.A.M.C. Golden Jubilee, and should be enjoyed by all who are interested in this regiment. All profits from the sale of this publication are in aid of the R.A.M.C. War Memorial Fund.

MINOR SURGERY, by R. J. McNeill Love 3rd Edition. Pp. 413, with 221 illustrations. H. K. Lewis, London. Price 22s. 6d.

There exists a body of practitioners who complain that students today are spoon-fed; no objection should be raised providing the spoon is in competent hands. One may indeed, as they advocate, learn by one's mistakes; but avoidable blunders are expensive tuition. Some learn as readily by careful practice; for experience to be valuable need not necessarily be one's own.

In this handbook Professor McNeill Love has made available a part of his extensive surgical experience. Readers cannot fail to be impressed by the principles of exact observation which this book fosters, for it is made clear that it is only after careful observation of a large number of cases that the author has expounded his methods; where these methods involve a departure from usual practice, the younger practitioner will be reassured by this wealth of experience.

The appearance of a new edition of this work will be welcomed especially by those who are faced for the first time with the responsibility of emergency surgery and minor operations. In addition to a discussion of more general problems of minor surgery, which are considered from every aspect, there are chapters on the Eye, Ear and Nose; Fractures and Dislocations; and Anaesthetics. The chapter on Genito-Urinary surgery is by Mr. A. W. Badenoch.

PATHOLOGICAL HISTOLOGY, by R. F. Ogilvie, with 260 photomicrographs in colour. Pp. 447. 3rd edition. E. & S. Livingstone, Edinburgh. Price 37s. 6d.

Whether or not coloured illustrations are a valuable aid to the study of histology will continue to be debated. It is certain, however, that many students will welcome the re-appearance of this work, for it is not only a useful guide for the practical microscopist, but is also a valuable aid to the student who must perforce revise without a microscope of his own.

The disadvantage from which such colour photomicrographs suffer is that they only show features which can easily be identified in a normal microscope preparation. The finer points of cell details tend to be obscured in colourplate reproductions.

This edition has been largely re-written, and brought up to date. The text has been increased, and some of the colour plates have been replaced. Fifteen new plates have been added. The new edition is attractively produced, and maintains the high standard set by its predecessors.

LECTURES TO NURSES, by M. S. Riddell, revised by M. E. Hitch. Faber & Faber, London. Price 16s.

This book is pleasant to handle and easy to read. The information it contains is as up-to-date as is possible in a changing medical world. A great deal of material has been compressed into a small space without sacrificing style, but the division into first, second and third year lectures is artificial and could not be followed in practice.

AN ATLAS OF ANATOMY, by J. C. Boileau Grant. 2nd edition, 1947. Pp. 496. Ballière Tindall and Cox, London. Price 55s.

This is the second edition of an outstanding contribution to anatomical literature. It contains 591 superb illustrations which depict the structures of the body region by region in the same order as the student displays them by dissection. This edition contains 20 new illustrations and in its compilation colour has been freely used. The large majority of the illustrations have been made by using photographs as the basis on which the pictures are built up by an artist. There is no doubt that this method introduces a considerable degree of accuracy in size and detail.

Not the least attractive of the illustrations are the diagrams which are original, ingenious and instructive. The legends are written with great skill to bring out salient points but are not, of

course, intended to be exhaustive. Another attractive feature of the book is illustrations in every section of common abnormalities of structure, and yet another, the number of pictures drawn from specimens viewed from angles which are not often used in anatomical illustration. If any section of the book were selected for special commendation that on the head and neck would probably be chosen, especially the illustrations of the parotid bed, the pterygoid region and the deep course of the internal jugular vein. The detailed anatomy of the intimate structure of the brain and spinal cord are not dealt with in this volume.

It is hardly necessary to add that no atlas of anatomy can ever replace the detailed examination of actual specimens by dissection but in these days when subjects for dissection are scarce, books such as this are likely to be in considerable demand.

STUDENTS' UNION COUNCIL MEETING FOR JULY

The following points of general interest were discussed:—

1. *Position of Students under the New National Insurance Scheme.*

A reply was received from the Ministry of National Insurance stating that full-time medical students would not be required to pay contributions under the National Insurance Act, as long as they were continuing their studies; they would at the same time be given the opportunity of contributing if they so wished.

Students over 18, should have applied for contribution cards on Form C.F.6.

A student who undertook paid work during vacations would be required to pay contributions in the same way as other persons in employment.

The Secretary was asked to write to the Ministry to obtain a clear ruling on:

- (i) The position of the medical student with regard to medical benefits.

- (ii) The position of married students under the Act.

The Secretary was also asked to ascertain whether students should register with the Hospital physician responsible for Students' Welfare.

2. *Guy's Hospital Social.*

A letter had been received from the Secretary of Guy's Hospital Students' Union extending an invitation to 50 Bart.'s students to visit Guy's on Thursday, November 25th.

The programme, starting at 4.30 p.m., would include a choice of two entertaining lectures, a tour round the Hospital, dinner costing 3/- per student, table-tennis and squash matches, and finishing up with a dance.

The invitation has been accepted and notices will be posted later.

3. *Rifle Club.*

The Rifle Club is to be revived and an attempt is to be made to regain the use of the Rifle Range.

SPORT

We offer our congratulations to the Athletic Club on winning the Inter-Hospitals Shield.

ATHLETIC CLUB

Match v. Westminster v. L.S.E. Wednesday, 19th May, Chislehurst.

This was our most enjoyable match of the season, and incidentally resulted in our one and only defeat.

The track was in perfect condition and the results on the whole were good, though once again our dearth of sprint runners was very apparent.

Westminster were victorious mainly due to the outstanding performances of one of the "chiefs," Dr. Organe, who scored 20 of their points.

RESULTS (Bart.'s positions).

100 yds.—Morgan, 2nd. Winning time, 10.6 secs.
220 yds.—
440 yds.—Morgan, 1st. Winning time, 54.4 secs.
880 yds.—Burn, 1st. Winning time, 2 min. 4.6 secs.
1 mile—Burn, 1st. Winning time, 4 min. 41 secs.

3 miles—Menon, 1st. Winning time, 15 min. 46 secs.

120 yds. Hurdles—
High Jump—John, 1st. Rosser, 3rd. Winning height, 5 ft. 3 ins.

Long Jump—Lascelles, 3rd. Winning distance, 20 ft. 8 ins.

Pole Vault—Nielsen, 2nd. Winning height, 7 ft. 9 ins.

Shot putt—John, 1st. Du Heaume, 2nd. 32 ft. 11 ins.

Discus—Du Heaume, 3rd. Winning distance, 93 ft. 9 ins.

Javelin—Du Heaume, 3rd. Winning distance, 124 ft. 5 ins.

TEAM RESULTS:

1. WESTMINSTER	47 points.
2. BART.'S	43 points.
3. L.S.E.	29 points.

Match v. St. Mary's Hospital. Wednesday, 2nd June, Chislehurst.

1. BART'S 59 points.
2. ST. MARY'S 42 points.

In this match Khurshid won the Shot Putt with the best putt this season of 34 ft. 8 ins. He also won the Discus with a good throw of 99 ft. 4 ins. A. John won both High Jump (5 ft. 1 in.) and Javelin (122 ft. 5 ins.).

The Relay team, consisting of Lascelles, Fildes, Morgan and Matthews, was an easy first.

Match v. Shaftesbury Harriers. Wednesday, 9th June, Chislehurst.

Although a number of our runners were representing the London University on this day, the match v. Shaftesbury resulted in another victory.

A. John again completed the double, this time in the Javelin (140 ft. 7 ins.) and Long Jump (19 ft. 0 ins.). Dormer ran two very good half miles (one in the relay), and Fildes won the 440 (36.4) and was 1st equal in the 100, although in this event the time was on the slow side (11 secs).

RESULT—

1. BART'S 52 points.
2. SHAFTESBURY 43 points.

SPORTS DAY

Saturday, June 5th, Chislehurst.

Although the weather was fine, we did not get as large a crowd at Chislehurst as we had anticipated. Those who did make their way to the ground, however, were treated to an afternoon of very interesting running and jumping, the competition being very keen this year and hence some extremely close finishes occurring.

We were all looking forward to seeing Arthur Wint running on our own ground and commiserate with him for his recent run of illness and injury. We wish him every success in the forthcoming Olympic Games.

The results were far superior to those of previous years, and we have to thank the energetic work of our trainer, Mr. J. Drewer, for this. The amicable spirit of Sports Day still prevailed, however, and a thoroughly good time was had by competitors and spectators alike.

We were treated to a delightful speech by Mr. Reginald Vick and Mrs. H. B. Stallard presented the prizes most graciously.

Finally, on behalf of the Athletic Club, I should like to thank over again all those many gentlemen and ladies who made Sports Day possible.

RESULTS—

- 100 yds.—1. D. C. Morgan; 2. P. Fildes; 3. M. N. Khurshid. Time, 10.4 secs.
220 yds.—1. D. C. Morgan; 2. W. Wilkinson; 3. I. Batcy. Time, 25 secs.
440 yds.—1. D. C. Morgan; 2. P. Fildes; 3. A. M. Baker. Time, —
880 yds.—1. A. S. Wint; 2. J. I. Burn; 3. A. Dormer. Time, 2 min. 6 secs.
1 mile—1. J. I. Burn; 2. J. A. Menon; 3. P. Matthews. Time, 4 min. 37 secs.
3 miles—1. J. A. Menon; 2. J. I. Burn; 3. P. Matthews. Time, 15 min. 56 secs.
120 yds. Hurdle—1. L. Corbett; 2. E. M. Rosser; 3. P. Matthews. Time, 17.2 secs.

High jump—1. G. Pithall; 2. A. John; 3. L. Corbett. Height, 5 ft. 2 ins.

Long Jump—1. A. John; 2. W. Wilkinson; 3. M. N. Khurshid. Distance, 20 ft. 10½ ins.

Pole Vault—1. J. Nielsen; 2. A. John; 3. — Height, 7 ft. 0 ins.

Shot Putt—1. M. N. Khurshid; 2. B. H. du Heaume; 3. A. John. Distance, 33 ft. 8 ins.

Discus—1. B. H. du Heaume; 2. M. N. Khurshid; 3. A. John. Distance, 101 ft. 0 ins.

Javelin—1. P. Matthews; 2. A. John; 3. B. H. du Heaume. Distance, 127 ft. 2½ ins.

Relay—1, Yellow (Morgan, Menon, Clulow, Wilkinson); 2, Preclinicals. Time, 1 min. 40 secs. (record).

CRICKET CLUB

June 12th v. Riddell's Rovers. Home. Won by 63 runs.

A jovial game, this, and an exciting one. An uninspired start was made when both Bart's opening batsmen were back in the pavilion before some of their optimistic colleagues had donned their white flannels. However, I and May set about putting matters right with a partnership of 91. Third favoured the long handle and delighted both eye and ear with some lusty hitting, including a mighty on-drive for 6.

The match reached a fitting climax when, despite loud shouts of "Tomlinson" from all the fielders, E. G. Goff refused to be dissuaded from taking a well-judged catch to win the match in the last over of the day.

Scores.

BART'S—162-8 dec. (Third, 52; Tomlinson, 38 not out; May, 38.)

RIDDELL'S ROVERS—99. (Tomlinson, 3-11.)

June 14th v. Hornsey. Away. Drawn.

Bart's, batting on a wet wicket, lost 3 wickets for 20 runs, but Tomlinson and Vazifdar added 40 and the innings progressed steadily, with a sound 53, in difficult conditions, by Tomlinson as the highest individual score.

At the close of play Hornsey had lost 6 wickets and owed everything to Cooper, who made 102 out of 149, a truly magnificent performance.

Scores.

BART'S—196. (Tomlinson, 53; Aubin, 35; Mellows, 30; Clappen, 24.)

HORNSEY—149-6. (Cooper, 102 not out.)

June 19th v. Horlicks. Home. Drawn.

Our visitors, batting first on an easy wicket, declared rather late with 153-5.

The home side lost wickets in an attempt to force the pace of scoring along, but could not quite get the runs in time. May played altogether convincingly for his 78 not out.

Scores.

HORLICKS—153-5 dec. (Hartley, 83.)

BART'S—120-5. (May, 78 not out.)

June 20th v. H.Q. Eastern Command. Away. Won by 8 wickets.

Home team batted first. Whitting, though a little inaccurate at times, bowled some good balls and took five wickets. The Bart's fielding was below standard, but Eastern Command were dis-

missed for 118 runs. We then saw some delightful batting by Tomlinson and Morgan in an unbroken partnership during which Morgan demonstrated his supreme confidence in the ultimate outcome of the match by refusing to take a second run on all but the rarest occasions.

Scores.

H.Q. EASTERN COMMAND—118. (Whitting, 5-38.)

BART'S—121-2. (Tomlinson, 68 not out; Morgan, 36 not out.)

June 26th v. Nomads. Home. Drawn.

With a weakened side the Bart's team could only muster 130 runs on an easy wicket, and this due largely to an invaluable 30 not out by Haigh.

The Nomads started very well, but lost wickets in their fight against the clock. The match ended in feverish excitement: two wickets fell in the last over and stumps were drawn with the score at exactly 130, and their last pair in; a fitting end to a most enjoyable match. Clappen bowled very well.

Scores.

BART'S—130. (Haigh, 30 not out; Clappen, 21.)

NOMADS—130-8. (Clappen, 5-35.)

June 27th v. North Kent Wanderers. Home. Won by 6 wickets.

Aubin, developing a good deal of pace off the wicket, was too good for the North Kent Wanderers, who were dismissed for a total of 90.

After a bad start—a phenomenon not unknown to the Bart's team—Taylor and Mellows settled down comfortably, and Taylor was particularly severe on the slow bowlers in an excellent innings.

Scores.

N. KENT WANDERERS—90. (Aubin, 5-24.)

BART'S—95-4. (D. Taylor, 47 not out; Mellows, 23.)

July 3rd v. Royal Dental and Charing Cross Hospitals. Won by 7 wickets.

The visitors started batting comfortably enough against the Bart's opening bowlers, but J. A. Clappen bowled very well indeed and the last six batsmen failed to score. The Bart's opening partnership realised 52, and the match was won easily.

Scores.

R.D. & CHARING CROSS—67. (Clappen, 4-12.)

BART'S—68-3. (Third, 30; Moyes, 24.)
P. D. M.

ANNOUNCEMENTS

MARRIAGE

WATTS-LAMBERT.—On June 5th, 1948, at the Priory Church of St. Bartholomew the Great, London, E.C.1, Richard William Ernest Watts, M.B., B.S., to Joan Ellen Maude Lambert, M.R.C.S., L.R.C.P.

DEATHS

ROBB.—On July 12th, at Quarrylands, Exeter, William Austin Robb, M.D., F.R.C.P.

TATCHELL.—On June 1st, Percy Tatchell, M.R.C.S., L.R.C.P., of 29, Barkston Gardens, London, S.W.5.

SWIMMING CLUB

The Annual Swimming Sports were held on Friday, 11th June. Mrs. Reginald Vick presented the prizes, after receiving a bouquet from Miss Anne McKane. In thanking the Club for the honour shown her, she wished them every success in the future. After a vote of thanks by the Captain of Swimming, F. Dunn, the President, Mr. Viek, congratulated the Club on a very successful evening's sport. He pointed out that it was a unique occasion, in that it was the first time women students and nurses had taken part, and that it was our first gala during the twenty-five years that he had been President. In conclusion he hoped that the Club would continue to expand its activities and receive the greater support that it deserved.

The results were:—

MEN—

44 yds. Breaststroke.

1. B. S. T. Brown. 2. R. J. Anderson. 33.8 secs.

44 yds. Freestyle.

1. F. Dunn. 2. W. G. Holland. 27.0 secs.

66 yds. Freestyle.

1. F. Dunn. 2. M. D. Brydson. 42.0 secs.

Plunging.

1. F. Dunn. 2. R. V. Smith. 53 ft. 1 inch.

Diving.

1. J. L. M. Corbett. 2. F. Wilson.

(After a re-dive.)

44 yds. Backstroke.

1. T. A. Duffy. 2. J. L. M. Corbett. 35.4 secs.

WOMEN—

44 yds. Breaststroke.

1. Miss A. Kilgour. 2. Miss A. Casson. 41.3 secs.

44 yds. Freestyle.

1. Miss M. Martin. 2. Miss J. Drysdale-Anderson. 37.6 secs.

44 yds. Backstroke.

1. Miss M. Noon. 2. Miss A. Kilgour. 43.8 secs.

Diving.

1. Miss J. Drysdale-Anderson. 2. Miss A. Kilgour.

Relay—was won by Team "A" captained by F. Dunn.
G. C.

EXAMINATION RESULTS

UNIVERSITY OF CAMBRIDGE

FINAL M.B. EXAMINATION

Part I: Surgery, Midwifery and Gynaecology

Boulton, T. B.
Dench, P. G. R.
Douglass, D. J.

Harris, J. R.
Lavy, G. A. D.
Millard, J. L.

Thompson, B. E. L.
Wilson, H. L. J.

Easter Term, 1948

FINAL M.B. EXAMINATION

Part II: Principles and Practice of Physic, Pathology and Pharmacology

Eberlie, W. J. D.
Keynes, W. M.
McGrigor, R. B.

Middleton, H.
Page, G. W.
Peebles, I. C.

Stanley Smith, G.
Williams, R. D.

Easter Term, 1948

CONJOINT BOARD

FIRST EXAMINATION

Anatomy

Austin, S.
Dickman, H. R.

Physiology

Ladell, R. C. H.

Pharmacology

Brest, B. I.
Jones, N.

McDonald, I. R.

Middleton, G. W.

June, 1948

McDonald, I. R.

Morrison, B. A.

Smyly, D. P.

Thomas, W. C. T.

PRE-MEDICAL EXAMINATION

Physics

Mears, G. W. E.

Biology

Brewerton, M. E.

Mears, G. W. E.

Menage, J. A.

June, 1948



Fig. 1

Case History

G.H.H. Aged 38. Dock Labourer. Injured his left shin whilst at work. On attending the clinic he had a deep traumatic ulcer surrounded by an inflamed area of skin . . . no varicose veins. (Fig. 1.)

Treatment. August 9th, 1946.—Jelonet was applied to cover the ulcer and inflamed area, and a pad of cotton-wool to cover the ulcer only. The leg was bandaged from toes to knee with Viscopaste. (Fig. 2.)

August 23rd, 1946.—The inflamed area was redressed with Jelonet covered by strips of Ichthopaste. A well-bevelled adhesive sponge rubber pad was applied to cover the ulcer, and the leg firmly bandaged with Elastoplast.



Fig. 2

Sept. 13th, 1946.—After liberally painting with calamine in oil, covered with Ichthopaste, a large pad of cotton-wool was placed to cover the ulcer and the leg again firmly bandaged with Elastoplast.

October 4th, 1946.—Ulcer healed. (Fig. 3.)

October 18th, 1946.—Patient discharged to work. **Comment.** Although initial bandaging with Viscopaste resulted in marked improvement, there was not sufficient pressure as was evident on August 23rd when, although the ulcer was reduced in size, there was pronounced granulation tissue. This resolved rapidly with concentrated compression beneath sponge rubber with the additional support of Elastoplast. (August 23rd and September 13th.)

Details and illustrations above are of an actual case. T. J. Smith & Nephew, Ltd. Manufacturers of Jelonet, Viscopaste, Ichthopaste and Elastoplast are privileged to publish this instance, typical of many, in which their products have been used with success, in the belief that such authentic records will be of general interest.

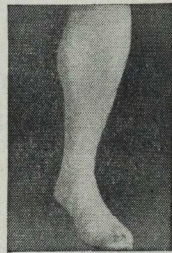


Fig. 3



Hay Fevers CAN be relieved

Many cases of hay fevers which have hitherto proved resistant to all forms of therapy, can now benefit from the symptomatic relief afforded by 'ANTHISAN' TRADE MARK

BRAND
pyranisamine maleate

available in containers of 25 and 500 x 0.05 gramme .

and 25, 100 and 500 x 0.1 gramme tablets

and

boxes of 6 and 25 x 2 c.c. ampoules

of a 2.5 per cent. solution



manufactured by **MAY & BAKER LTD.**

distributors

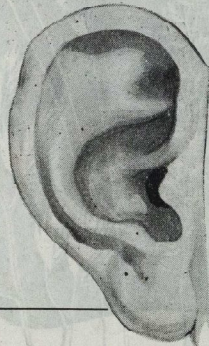
PHARMACEUTICAL SPECIALITIES (MAY & BAKER) LTD. DAGENHAM

CHRONALGICIN

(Benger)

EAR DROPS
for

CHRONIC SUPPURATIVE
OTITIS MEDIA



Relieves Congestion	Removes Debris
Controls Infection	Promotes Drainage
Destroys Odour	Eliminates Discharge

Combines Urea, Ephedrine, Silver Proteinates, Phenyl Mercuric Nitrate for effective action.

In acute otitis media
"AURALGICIN" (Benger)
is indicated.

Further information can be obtained from our Medical Department:
BENGER'S LIMITED, HOLMES CHAPEL, CHESHIRE

H. K. LEWIS & Co. Ltd.

Medical Publishers and Booksellers

BOOKSELLING DEPARTMENT A large stock of textbooks and recent literature in all branches of Medicine and Surgery available.

FOREIGN DEPARTMENT Select stock available. Books not in stock obtained to order under Board of Trade Licence.

SECOND-HAND DEPARTMENT Large stocks of recent editions. Old and rare books sought for and reported. 140 GOWER STREET, LONDON, W.C.1

LENDING LIBRARY Annual Subscription from **ONE GUINEA** PROSPECTUS post free on application.

Subscriptions at Special Rates for Students at the Medical Schools in London and the Provinces. Terms on application.

THE LIBRARY CATALOGUE revised to December 1943, Demy 8vo pp. viii + 928. 25s. net (to Subscribers, 12s. 6d.); postage 9d. SUPPLEMENT to December 1946 Demy 8vo pp. viii + 176. 5s. net (to Subscribers, 2s. 6d.); postage 4d.

Bi-monthly list of **NEW BOOKS** and **NEW EDITIONS** added to the Library, sent post free to subscribers.

H. K. LEWIS & Co. Ltd.,

136 GOWER STREET, LONDON, W.C.1

Telephone: EUSton 4282 (4 lines)

Telegrams: Publicavit, Westcent, London

A sound Policy

That is a very apt description of our Supplementary Units Policy. It gives complete protection up to the age of say 50 on exceedingly favourable terms; if, before the age of 45, you wish to convert to a whole life or endowment policy you can do so but, in the meantime you have obtained substantial protection at low cost. For instance a healthy life aged 30 next birthday need only pay an annual premium of

£11 5s. 0d. to effect a Policy for £1,000

We shall be glad to send you full details on request.

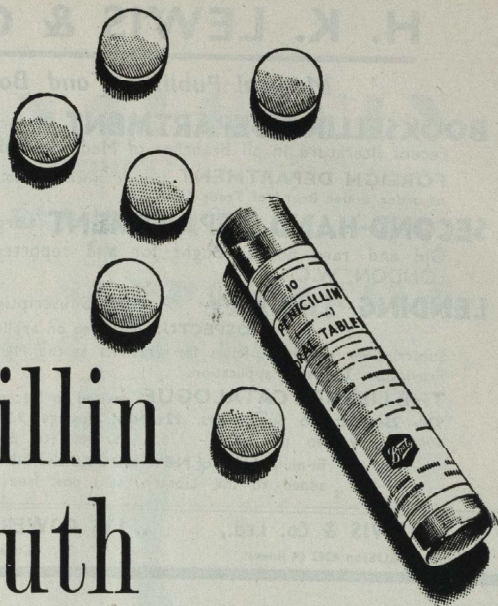


*Supplementary
Assurance*

CLERICAL, MEDICAL & GENERAL LIFE ASSURANCE SOCIETY

Chief Office: 15, St. James's Square, London, S.W.1. Tel. Whitehall 1135


Penicillin by mouth



ALTHOUGH penicillin is the most effective of antibacterial agents, it has presented one disadvantage ever since it came into clinical use. In mild infections, especially, the practitioner has found it irksome to have to administer penicillin by injection. Penicillin Oral Tablets (Boots) have been prepared to overcome this difficulty. Each tablet is buffered with 1 gm. of sodium citrate and contains 50,000 units of Calcium Penicillin.

Penicillin

CALCIUM
SALT



oral tablets

50,000 UNITS

Packed in tubes of 10 tablets. Price 11/6d. per tube (net to Medical Profession).

Literature is available from the Medical Department.

BOOTS PURE DRUG COMPANY LIMITED NOTTINGHAM ENGLAND.

A Trufood Product of Repute

HIGH PROTEIN FOOD "PROSOL" Brand

To meet the dietary requirements in the treatment of Cœliac Disease, Sprue and other conditions where A HIGH PROTEIN/LOW FAT DIET IS INDICATED.

"Prosol" Brand High Protein Food presents the notably high content of 63% first class protein with the low fat content of 1%.

Protein/Fat/Carbohydrate Ratio

1.0 : 0.02 : 0.42

1 OZ. OF POWDER CONTAINS

Vitamin B ₁ (Aneurine Hydrochloride)	0.25 mg.
Vitamin B ₂ (Riboflavine)	0.375 mg.
Nicotinic Acid 2.5 mg.	Calcium 235 mg.
	Phosphorus 250 mg.

Fuller details supplied on request to:

TRUFOOD LIMITED (Dept. BHJ. 1),
BEBINGTON, WIRRAL, CHESHIRE

TFP 300/1089

AT LAST!

GENUINE

BRITISH MADE

RECORD SYRINGES

GUARANTEED EQUAL TO BEST PRE-WAR QUALITY

Look for the "FLAME" Brand

SYRINGES ONLY	-	-	-	1 c.c.	1/-	Each
				2 c.c.	8/-	"
				5 c.c.	12/6	"
				10 c.c.	14/6	"
				20 c.c.	17/-	"

NEEDLES HYPODERMIC	-	-	-	7/-	Doz.
INTRAMASCULAR	-	-	-	10/-	"
EXPLORING	-	-	-	15/-	"

As in use at St. Bartholomew's and many other London Hospitals.

Telephone—**W. H. BAILEY & SON, LTD.** Telegrams—
Gerrard 3185/2313 45 OXFORD STREET & 2 RATHBONE PLACE, LONDON. W1 "Bayleaf," London
Manufactures of Surgical Instruments, Appliances and Hospital Furniture

REPAIR EXCHANGE SERVICE

Reconditioned Syringes in exchange for parts of broken syringes

SUPPLIED IMMEDIATELY

THE MUNDESLEY SANATORIUM NORFOLK.

Resident Physicians :

S. VERE PEARSON, M.D. (Cantab.),
M.R.C.P. (Lond.)

E. C. WYNNE-EDWARDS, M.B. (Cantab.),
F.R.C.S. (Edin.)

GEORGE H. DAY, M.D. (Cantab.)

Terms from 10½ guineas weekly

For all information apply the Secretary :
The Sanatorium, Mundesley, Norfolk

AT
YOUR  SERVICE

The Name & Fame of "Blakes"

HOSPITAL EQUIPMENT

We have a Ministry of Pensions contract to supply all Hospitals with Trusses, Belts, Elastic Hosiery and Rubber Urinals.

We are also in a position to supply Hospital Theatre equipment, Ward Accessories, Surgical Dressings, Fittings, etc.

The sole aim of our organisation is to give efficient service and satisfaction to our clients, whether for large orders or for single articles.

Fittings by experienced fitters at your Hospital or at any of our 35 branches.

BLAKE'S *Medical Stores Ltd*

Head Office: 8 SUNNYHILL ROAD, LONDON, S.W.16
Tel: STR 0738 and 35 branches throughout the country

'TRILENE'

A safe and valuable anaesthetic

'Trilene' is now universally accepted as a safe and valuable anaesthetic for most operations. It can be used for induction or maintenance, or for maintenance with curare.* Notable advantages are the small quantities needed, the rapidity of recovery and the absence of vomiting and other unpleasant after-effects.

'Trilene' has also been used with great success to produce safe and reliable analgesia.

* An abstract of a report on these uses in over 40,000 cases is available.

Literature and further information will be supplied on request from your nearest I.C.I. office:—

London, Bristol, Manchester, Glasgow, Edinburgh, Belfast and Birmingham.

**IMPERIAL CHEMICAL
[PHARMACEUTICALS] LIMITED**

(A subsidiary company of Imperial Chemical Industries Ltd.) MANCHESTER



For sustained attack on threadworms

Diphenan is unsurpassed in its suitability for use in the prolonged and intensive treatment which is necessary in resistant cases of threadworm infestation. Diphenan, prepared in the B.D.H. laboratories, possesses all the characteristics desirable for prolonged administration — it is available in tablets each containing 0.5 gm., which are non-staining, odourless, virtually tasteless and free from toxic effects.

Descriptive literature on request.

DIPHENAN

B.D.H.

MEDICAL DEPARTMENT

THE BRITISH DRUG HOUSES LTD. LONDON N.1
TELEPHONE: CLERKENWELL 3000 TELEGRAMS: TETRADOME TELEX LONDON

Diphn/E/15

SBHMS/PR/1/55

9/12

**SAINT
BARTHOLOMEW'S
HOSPITAL
JOURNAL**



SEPTEMBER 1948

VOL. L II

No 8

CONTENTS

Editorial 128	Visiting Day, St. Bartholomew's Hospital, by W. P. Robins, A.R.W.S. ... 134
Anorexia Nervosa, by A. W. Spence, M.D., F.R.C.P. 129	The Life and Works of John Abernethy (Part I), by N. Alan Green ... 135
Twopence more, and up goes the donkey! by G. Haverfordwest 131	Book Reviews 137
Presentation to Miss E. M. Constable 132	Recent Papers by Bart.'s Men ... 139
Correspondence—Art and Medicine (M. J. Clarke-Williams); The Journal Cover (M. K. Cusack) 132	Sports Day photographs 140
St. Bartholomew's Hospital Women's Guild 133	Sport—Athletic Club 142
	Announcements 143
	Examination Results 143

★ **Books for the New Session** ★

HUMAN PHYSIOLOGY

By F. R. WINTON, M.D., D.Sc. and L. E. BAYLISS, Ph.D. **25s.**
Third Edition. 248 Illustrations.

EXPERIMENTAL PHYSIOLOGY FOR MEDICAL STUDENTS

By D. T. HARRIS, M.D., D.Sc., F.Inst. P. **Fourth Edition. 18s.**
257 Illustrations.

MICRO-ANALYSIS IN MEDICAL BIOCHEMISTRY

By E. J. KING, M.A., Ph.D., D.Sc. 10 Illustrations. **10s. 6d.**

HUMAN EMBRYOLOGY

By BRADLEY M. PATTEN, M.A., Ph.D. 466 Illustrations **45s.**
53 in Colour.

CHEST EXAMINATION : The Correlation of Physical and X-ray Findings in Diseases of the Lung

By R. R. TRAIL, M.C., M.D., F.R.C.P. **Third Edition. 12s. 6d.**
109 Illustrations.

THE ACUTE INFECTIOUS FEVERS

By A. JOE, D.S.C. M.D., F.R.C.P., D.P.H. 5 Charts and 24 Plates. **18s.**

A SHORT TEXTBOOK OF SURGERY

By C. F. W. ILLINGWORTH, C.B.E., Ch.M., F.R.C.S. (Ed). **Fourth Edition. 12 Plates and 227 Text-figures. 30s.**

A TEXTBOOK OF SURGICAL PATHOLOGY

By C. F. W. ILLINGWORTH, C.B.E., Ch.M., F.R.C.S. (Ed), and B. M. DICK, M.B., F.R.C.S. (Ed). **Fifth Edition. 306 Illustrations. 42s.**

DISORDERS OF THE BLOOD :

Diagnosis, Pathology, Treatment and Technique

By Sir LIONEL WHITBY, C.P.O., M.C., M.D., F.R.C.P., D.P.H., and C. J. C. BRITTON, M.D., D.P.H. **Fifth Edition. 15 Plates, 10 in colour, and 71 Text-figures. 30s.**

THE ESSENTIALS OF MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS

By R. H. MICKS, M.D., F.R.C.P.I. **Fourth Edition. 18s.**

Books by WILFRED SHAW, M.D., F.R.C.S., F.R.C.O.G.

TEXTBOOK OF MIDWIFERY

Second Edition. 4 Plates and 235 Text-figures. 21s.

TEXTBOOK OF GYNÆCOLOGY

Fifth Edition. 4 Plates and 292 Text-figures. 25s.

TEXTBOOK FOR MIDWIVES

223 Illustrations. **12s. 6d.**

RECENT ADVANCES IN ANAESTHESIA AND ANALGESIA : Including Oxygen Therapy

By C. LANGTON HEWER, M.B., B.S., M.R.C.P., D.A. (Eng.). **Sixth Edition. 149 Illustrations. 21s.**

RECENT ADVANCES IN PATHOLOGY

By G. HADFIELD, M.D., F.R.C.P., and L. P. GARROD, M.A., M.D., F.R.C.P. **Fifth Edition. 60 Illustrations. 21s.**

CHEMICAL METHODS IN CLINICAL MEDICINE

By G. A. HARRISON, M.D., F.R.I.C. **Third Edition. 5 Coloured Plates and 120 Text-figures. 40s.**

PRINCIPLES OF HUMAN PHYSIOLOGY (Starling)

By C. LOVATT EVANS, D.Sc., F.R.C.P., F.R.S. **Ninth Edition. 668 Illustrations (7 in colour). 40s.**

BIOCHEMISTRY FOR MEDICAL STUDENTS

By W. V. THORPE, M.A., Ph.D. **Fourth Edition. 36 Illustrations. 18s.**

SYNOPSIS OF REGIONAL ANATOMY

By T. B. JOHNSTON, C.B.E., M.D. **Sixth Edition. 17 Illustrations. 18s.**

PROGRESS IN CLINICAL MEDICINE : A Symposium by various authors.

Edited by RAYMOND DALEY, M.A., M.D., M.R.C.P., and H. G. MILLER, M.D., M.R.C.P., D.P.M. 15 Plates and 22 Text-figures. **21s.**

MINOR SURGERY

(HEATH, POLLARD, DAVIES, WILLIAMS.) **Twenty-third Edition. Revised by C. FLEMMING, O.B.E., M.Ch. F.R.C.S. 209 Illustrations. 14s.**

THE SCIENCE AND PRACTICE OF SURGERY

By W. H. C. ROMANIS, M.A., M.B., F.R.C.S., and PHILIP H. MITCHNER, C.B., C.B.E., M.D., M.S., F.R.C.S. **Eighth Edition. Vol. 1: General Surgery Vol 2: Regional Surgery 620 Illustrations. Each volume 25s.**

PATHOLOGY :

An Introduction to Medicine and Surgery

By J. H. DIBLE, M.B., F.R.C.P., and T. B. DAVIE, M.D., F.R.C.P. **Second Edition. 395 Illustrations (8 in Colour) 40s.**

A TEXTBOOK OF BIOCHEMISTRY For Students of Medicine and Science

By A. T. CAMERON, C.M.G., D.Sc., F.R.I.C., F.R.S.C. **Sixth Edition. 3 Plates and 25 Text-figures. 18s.**

SYNOPSIS OF HYGIENE (Jameson and Parkinson)

By G. S. PARKINSON, C.B.E., D.S.O., M.R.C.S., D.P.H., Assisted by KATHLEEN M. SHAW, M.B.E. **Ninth Edition. 16 Illustrations. 28s.**

CHILD HEALTH AND DEVELOPMENT A Symposium by Specialist Contributors

Edited by RICHARD W. B. ELLIS, O.B.E., M.D., F.R.C.P. 5. Illustrations. **18s.**

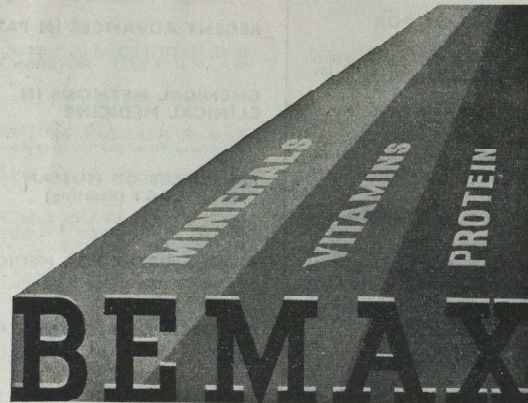
INSURANCE
for
YOUR HOME

The "Car & General" comprehensive "Home" Policy includes FIRE, BURGLARY, DOMESTIC SERVANTS and many other risks incidental to a home.

CAR & GENERAL INSURANCE CORPORATION LTD.
83 PALL MALL, LONDON, S.W.1

☐ A 'phone call (WHitehall 6161) or a postcard will bring by return full details of the comprehensive "Home" Policy, or any other in which you are interested.

What do you look for
in a dietary supplement ?



The nutritional factors:

vitamins (per oz.)	B ₁ - 0.45 mg. B ₂ (riboflavine) 0.3 mg.	nicotinic acid - 1.7 mg. B ₆ - 0.45 mg. B ₁₂ - 8.0 mg.
protein, minerals, etc.	protein (first-class—see below) - 30% carbohydrate - 39% fat - 8.3% mineral salts* 4.5%	water 5% fibre 2% iron 2.7 mg. per oz. copper 0.45 mg. per oz.

		fresh weight basis	16% N basis
essential amino acids	arginine	2.5%	8.3%
	histidine	0.9%	3.0%
	lysine	1.8%	6.0%
	tryptophane	0.3%	1.0%
	phenylalanine	0.9%	3.0%
	cystine	0.3%	1.0%
	methionine	0.5%	1.6%
	threonine	1.2%	4.0%
	leucine	2.1%	7.0%
	isoleucine	1.3%	4.3%
	valine	1.6%	5.3%

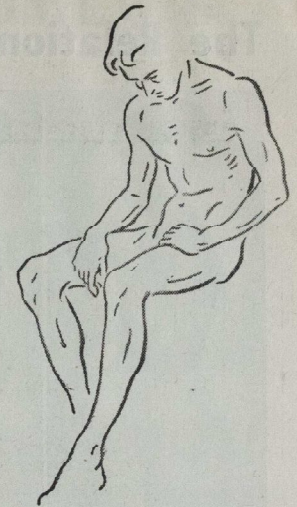
This advertisement, including the analyses, is copyright

"Vitamin Therapy its uses and limitations," 42 pp. with therapeutic index, may be obtained on application to Medical Dept.45G

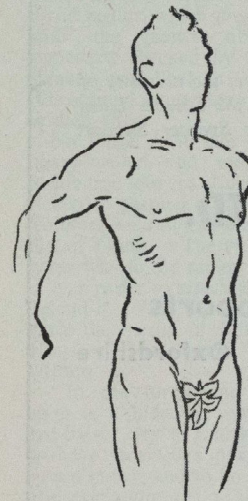


Vitamins Limited
Upper Mall, London, W.6

**NEW TREATMENT
FOR ASTHMA**



Relatively free from the undesirable cardiovascular and other side-effects of adrenaline injections, 'Neo-Epine,' a recently-developed homologue of adrenaline, possesses marked advantages in the treatment of bronchial asthma. It may be given sublingually or by oral spray. The drug has been found to be an effective substitute for adrenaline. Superior to ephedrine, it does not cause sleeplessness. Literature and samples on request.



'NEO-EPININE'

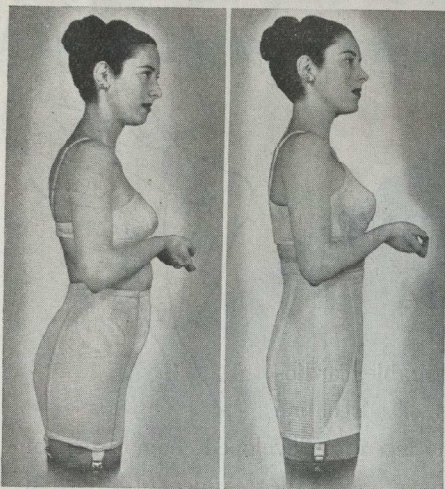
ISOPROPYLnorADRENALINE SULPHATE

'Tabloid' brand compressed products for sublingual administration, each containing 20 mgm., in bottles of 25 and 100. Spray Solution, containing 1 per cent of drug, in bottles of 10 c.c.



BURROUGHS WELLCOME & CO. (The Wellcome Foundation Ltd.) LONDON

The Relation of Posture to Health



At left: Woman with lordotic type of posture without proper support.

At right: Same woman in Spencer Body and Breast Supports designed especially for her after a description of her body and posture had been recorded — and 25 measurements taken.

A SPENCER SUPPORT induces spontaneous posture improvement and is therefore suggested as an adjunct to the doctor's treatment of postural symptoms.

Each Spencer Support is individually designed, cut and made for each patient. Thus, an accurate correlation of abdominal and back support is effected. This modifies an abnormal pelvic tilt, thereby improving posture without restricting natural muscle activity.

With the abdominal organs supported in position favourable to better functioning, circulation of blood through the abdomen improves and backache caused by faulty posture is relieved — and often averted.

BEWARE OF IMITATIONS. *Spencer (Banbury) Ltd. regret the necessity of issuing warning to beware of copies and imitations. Look for the Spencer Label stitched in the Spencer Support to ensure that it is a genuine Spencer Support and not a so-called copy.*

SPENCER (BANBURY) LTD.

Consultant Manufacturers of

Surgical and Orthopaedic Supports

Spencer House - Banbury - Oxfordshire

BRANCH CENTRES

London, Liverpool, Glasgow, Leeds,
Edinburgh, Manchester, Bristol, etc.

Trained Fitters available throughout the Kingdom

Suppliers to Hospitals throughout the Kingdom under the National Health Service Act of 1946.

s. B. /9/48

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

Vol. LII

SEPTEMBER, 1948

No. 8

THE JOURNAL COVER

To enter the arena of art criticism at all is a dangerous undertaking; to shamble in thinking that Paul Klee is a film director and del Sarto a light wine is to carry a death warrant, signed and sealed, in the right hand. The public, little Cæsars all, wait with baited breath and thumbs turned down, for the final stroke to be given.

This is as it should be, for those who presume to criticize must expect in turn to be criticized, and while it is true that the more torrid insults, which used to be hurled about with the greatest abandon, have been somewhat checked by the laws relating to slander and libel, it is equally true that ridicule and innuendo are just as devastating in their effect.

No longer is it safe to call someone "a hoary-headed and toothless baboon" as Swinburne did of Emerson, or "a pitiful ricketty, gasping, staggering, stammering Tomfool—a despicable abortion," as Carlyle did of Lamb. The two-handed sword has given way to the rapier.

It is easier to attack a work of art than to defend it. Who, for instance, would care to extol the merits of Millais' "Christ in the House of His Parents" after Dickens had written:—

"In the foreground of the carpenter's shop is a hideous, wry-necked, blubbery red-haired boy in a nightgown, who appears to have received a poke playing in an adjacent gutter, and to be holding it up for the contemplation of a kneeling woman, so horrible in her ugliness that (supposing it were possible for any human creature to exist for a moment with that dislocated throat) she would stand out from the rest

of the company as a monster in the vilest cabaret in France or the lowest gin-shop in England."

With this brief introduction designed to throw our position into relief, we feel it incumbent on us to defend the design for the cover of the *Journal*, executed by the late Eric Gill and inherited by us as a sort of primæval sin, and to reply to the Dickensian broadside of Messrs. Corsi and Martin-Doyle whose letters on this subject were published in the last number of the *Journal*.

Certainly the comparison of the design with Earl Haig's horse is unwarrantable, for while the monk and his friend might, it is true, grace the pages of Boccaccio's *Decameron* more appropriately than the august cover of the *Journal*, they form, nevertheless, a harmonious ensemble, which is more than can be said for the legs of Earl Haig's horse.

The line of the cut is very fine, as is also the chiaroscuro. Furthermore, the general assumption that the unclad figure in the design is female is not borne out by the evidence. The presence of such a markedly prominent thyroid cartilage must surely outweigh the dubious delineation of the breast, and dispose of the allegations regarding Siberia.

As for the "manicured" fingernails, a simpler explanation is provided by the irrefutable fact that 1123 preceded the mass-production of nail-scissors by some seven centuries.

Having thus summarily dealt with the æsthetic objections of Drs. Martin-Doyle and Corsi, it is necessary to execute a hurried *volte-face* and explain to Dr. Cusack why the design will not be replaced on the Cover.

In 1938, when the old block of the Henry VIII gateway had become worn out, Mr. Gill was asked to execute a new design for the cover. This was published, without prior reference to the Students' Union Council, and the latter asked that it should be withdrawn. After some controversy it was decided to hold a referendum; the voting was heavy and the majority upheld the decision of the Council. This is still binding.

A few months later Brother Stephen's Seal appeared on the cover and has remained ever since. It provides a sober and traditional setting for the *Journal*, looks well

ANOREXIA NERVOSA

By A. W. SPENCE, M.D., F.R.C.P.

THE clinical features of anorexia nervosa were first described by Sir William Gull in 1868. He originally termed it "apepsia hysterica," but later, in 1874, changed the name to anorexia nervosa. He considered it to be due to a morbid mental state. Since then British clinicians have recognised that this is true and that the condition is a manifestation of hysteria. Dr. Strauss, in his article in the last number of the *Journal*, shows how it is best termed hysterical anorexia and has given an account of the treatment of these patients.

The endocrine manifestations in anorexia nervosa, such as amenorrhoea, low blood pressure, low basal metabolic rate and genital atrophy, are of interest. It is because of these that the condition is frequently confused with the emaciation which occurs in Simmonds's disease, a condition which is extremely rare in young unmarried women. In fact, on the Continent, anorexia nervosa is not recognised as a clinical entity, but is said to be due primarily to hypopituitarism and is therefore referred to as "pituitary emaciation." Many of the cases reported in the literature as Simmonds's disease are typical examples of anorexia nervosa. It is true that the symptom-complex of anorexia nervosa and Simmonds's disease is often indistinguishable. Even loss of sexual hair

on the yellow-tinged paper, is in harmony with the type and can offend no-one.

To replace it with another design would be expensive, and the results might be less pleasing. It is the opinion of the Publications Committee that no change at the moment is desirable. The possibilities of commissioning a sketch or woodcut for the cover will, however, be investigated and the alternatives considered. If a sufficient body of opinion then favours a change, the matter can be proceeded with.

Copies of Mr. Eric Gill's design for the cover may be obtained on application to the Manager for 2s. 6d. each. The number is limited.

may occur in anorexia nervosa, but far less frequently than in Simmonds's disease. More usually there is a downy hirsuties. Lethargy and somnolence characterise Simmonds's disease, whereas in anorexia nervosa patients usually exhibit surprising activity.

That the conditions are separate entities is supported by the following observations: (1) There is always in anorexia nervosa an initial psychological factor. (2) It has been shown conclusively by Professor Sheehan that most cases of Simmonds's disease which come to autopsy show evidence of necrosis of the anterior pituitary, which is the result of hæmorrhage and collapse at delivery, and that therefore Simmonds's disease, unassociated with a previous history of this type, is very unusual. (3) The amenorrhoea of anorexia nervosa can be explained on psychological grounds and (4) anorexia nervosa is cured by psychological methods without the administration of endocrine products, which indeed have little or no effect on the disease.

The following case was sent to me as one of Simmonds's disease and I will quote it as an example of the mistakes that are made in all good faith: A girl, aged 19, complained of loss of appetite, loss of weight and lack of energy. Her periods began at the age of

13 and were never very regular. At the age of 16 while she was working for an examination they stopped. A year later she took up work which she did not like and her appetite began to fail. Hair began to grow downwards over her jaw and the back of her neck. During the next two years she lost 3½ stone in weight, it having fallen from 9 to 5½ stone. During this period she had been seen by a London gynæcologist of repute because of her amenorrhoea, several London physicians because of her loss of weight, had received deep x-ray treatment to "stimulate her ovaries" and various forms of expensive glandular therapy, all to no avail. When I saw her she was extremely emaciated, weight 5½ stone, slight downy hirsuties on the face, limbs and trunk, the skin was cold and dry, pulse 60 of poor volume, systolic blood pressure 90, diastolic doubtful. Diagnosis anorexia nervosa. With appropriate treatment which did not include any hormone therapy, she gained 2½ stone in weight in three months and her periods returned.

The occasional appearance of amenorrhoea before anorexia has been brought forward as evidence of its origin being primarily in the pituitary. The type of statement which one meets from time to time is the following: "It is clear that in the older girl amenorrhoea develops before anorexia which helps to explain the pituitary origin of the disease." That psychological upsets such as an emotional disturbance and even far milder ones such as a change of environment may cause amenorrhoea is well known. The secretion of the pituitary hormones is probably controlled to some extent by nerve centres situated in the hypothalamus and clinical evidence has been produced to show that the regularity of the menstrual cycle probably depends on the passage of nervous impulses from a nerve centre in the hypothalamus to the anterior pituitary. This centre may be influenced by stimuli from the higher centres. This psychogenic amenorrhoea is sometimes referred to as the pituitary shock syndrome. As a result of this secondary failure of pituitary secretion, the output of pituitary gonadotrophins is diminished, which is reflected in diminished secretion of ovarian hormones. This deficiency will cause amenorrhoea and in time even uterine hypoplasia.

A contributory cause of deficiency of anterior lobe function is inanition, because a similar picture occurs in starvation. How a

reduction of food intake produces pituitary insufficiency is not understood. It has been suggested that there exists a central mechanism, possibly in the hypothalamus, which adjusts the body to a lower intake of food by inhibiting the action of the anterior pituitary. Attention has been drawn to the similarity of the effects of hypophysectomy and vitamin E deficiency and on these grounds it has been concluded that vitamin E is necessary for the normal function of the anterior pituitary. In this regard it should be mentioned that evidence of vitamin deficiency in this condition is extremely rare.

It would appear that when loss of appetite has persisted for a few days these patients no longer feel hungry. Hunger depends on the muscular contractions of the empty stomach, but after a few days of fasting hunger contractions cease. It has been shown that hunger is related to a fall in the level of the blood sugar. Partial starvation leads to a decreased glucose tolerance. Since hunger contractions are dependent on a low level of the blood sugar, they will cease at the higher fasting level, which is the result of the impaired tolerance, and consequently hunger will not be felt. This state of affairs sometimes occurs in girls who have considerably reduced their food intake in order to become slim. In time they may become as emaciated as a patient with anorexia nervosa. "Slimming" has been cited as a cause of anorexia nervosa, but this is not strictly true since the anorexia which results in these patients is not of a psychogenic or hysterical origin.

The treatment of anorexia nervosa is on the psychological grounds that have been described by Dr. Strauss. Gastric lavage and forced feeding with the stomach tube have been recommended, but these procedures or even the threat of carrying them out are contraindicated, since treatment of this type is too dramatic and is one she may even enjoy. For a similar reason drugs should be avoided, for it is a mistake to let these patients think that they need special treatment. The administration of glucose and insulin was advised in the past but the results were not striking. Treatment of the amenorrhoea with oestrogens is unnecessary because they do not establish normal menstrual rhythm in these patients. Menstruation will subsequently occur spontaneously when the mental state of the patient is improved.

TWOPENCE MORE, AND UP GOES THE DONKEY!

By G. HAVERFORDWEST
(pronounced, Harvest)

YOUR indefatigable contributor — indefatigable, that is, in the sense of impigerous rather than assiduous*—will now endeavour to show that wars led to games and, by implication, that games lead to wars. He has heard much talk of the imminence of the Third World War, has noted the Olympic Games and is concerned to associate the two.

May I remind your readers — if, indeed, they ever knew it—that, originally, the Olympic Games grew out of two facets of the ancient Greek's character: his passion for sport and his perpetual readiness for war. This association was brought about because special training for unarmed combat was as important a part of the education of every youth in ancient Greece as was instruction in the use of the recognised weapons of the time; your readers, those of them who are old enough, will recall that at one time during the recent international fracas there was much talk of training for unarmed combat.

The chief athletic exercises practised by the Grecian youth for this purpose fell into three main classes developing, respectively, strength of body, of leg and of arm. To the first class belonged boxing and wrestling, to the second running and jumping, to the third throwing the discus and the javelin. The last five of these exercises for boxing was not included—formed the Pentathlon, a combination of five sporting events which was particularly designed to suit the all-round militiaman of those days, its purpose being to produce, not a specialised athlete, but a man who combined strength with general skill and agility.

Wrestling, which is the oldest of all sports, was undoubtedly the favourite with the Greeks who took as much interest in the technique of the game as we do in the manner in which a grand slam is bid or a century compiled. Instruction in the art and science of wrestling began at school, the various manoeuvres, grips, and throws being taught on a system of progressive difficulty; we know that textbooks were used because fragments of such a manual have been preserved. Their method of wrestling was very similar to our own and such throws as the "flying marc,"

*That's got the boys hopping mad—they don't know what it means!

the "heave" and the "cross-buttock" were well known to them; as in Britain, too, so in Greece each district had a style of its own: this helped to preserve it from the encroachments of professionalism (which ruined nearly every other sport, especially boxing) and to maintain its popularity with the people.

Boxing began to lose its popular appeal when, about two thousand four hundred years ago, the sphairai, which were gloves made of hard leather having projecting, cutting edges, superseded the melichai, which were strips of soft leather wound round hands and arms. When, later, these in turn gave place to the Roman caestus, which was covered with iron and had spikes over the knuckles, the game became too dangerous for amateurs and, owing to the increased importance of defence and mere weight, too slow to be popular as a spectacle.

Theocritus, who must have been "Our Boxing Correspondent," reports a boxing match in which he shows the advantage of science over mere strength: "... then Amycus (heavy-weight) came on furiously making play with both hands, but Pollux (light-weight) smote him on the point of the chin as he charged (straight left) maddening him the more, and the giant confused the fighting (i.e., he tried to "mix it") laying on with all his might and going in with head down... but the son of Zeus stepped now this side, now that and hit him with both fists in turn (left and right hook) and checked his onslaught in spite of his monstrous strength; like a drunken man he reeled beneath the hero's blows and spat out the red blood, while all the princes shouted together (? ring-side seats trying to make last-minute bets) ..."

The two sports of boxing and wrestling were combined in what was known as the Pankration, which was almost the same as our "all-in" wrestling. Only biting and gouging were forbidden—but were frequently attempted—every other conceivable manoeuvre being allowed: you might catch your opponent by his toes and throw him back-

*As every schoolboy knows — shades of Macaulay—the fight ended in a victory for Pollux who landed a smashing blow between his opponent's eyes and split his forehead open.

wards, or dislocate his foot, kick him in the belly, twist his arm, break his fingers or strangle him, and you could pick him up by his ankles and batter his head on the ground. The referee did his best to control the fight with a light rod.

Many Greek writers, Pindar amongst them, considered the Pankration to be the finest of all contests: an early English translation from Heliodorus runs: "... by lifting up his hands he overthrew him in a heape and casting himself under his arme pittes gryped his gorbelly

with much a doo and forced him with his heeles to fall on his knees and then leapt on his backe and clasping his feete about his privie parts made him stretch out his legges wherewith he did stay up himselfe and pulled his armes over his head behinde him and laid his bellie flatte upon the earth."

And so on, up to the modern series of Olympic games, in which series 100 per cent. have been followed by some sort of war somewhere, which must be statistically significant—or mustn't it?

PRESENTATION TO MISS E. M. CONSTABLE

On July 16th, 1948, a presentation was made by the Light Blue Firm to Miss E. M. Constable on her retirement after twenty-seven years as male ward-sister (in Lucas & Rees-Mogg wards at Bart.'s, and ME2 ward at Hill End.)

Contributions were received from fifty-eight persons, including present and former chiefs, chief assistants and housemen.

The gift consisted of a mahogany tea trolley-table with an inscribed metal plaque bearing the signatures of members of the

honorary staff with whom Miss Constable has worked. She was also given a cheque for a considerable sum, the presentation being made by Mr. Reginald M. Vick who, in happy phraseology, recalled Miss Constable's loyal and devoted service to the Light Blue Firm.

Miss Constable has especially asked that her "great appreciation of a really wonderful gift" should be recorded in the Bart.'s Journal, and she states that in due course she will be writing to all subscribers.

CORRESPONDENCE

ART AND MEDICINE

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

I am grateful to Mr. C. Hart for drawing attention to my omission of Leonardo da Vinci in my article on "Art and Medicine." In such an article, whose subject is so extensive and whose length must be limited due to shortage of paper, a selection only of the material available is possible. I therefore set myself the rule in the part relating to medical subjects in art that only those pictures which may be seen in London would be considered. The second part was devoted to a consideration of how art may be an aid in the study and teaching of Medicine. Into neither of these two categories do the works of Leonardo da Vinci seem to fit conveniently.

Leonardo da Vinci was an artist by profession and as such he naturally studied human anatomy as an aid to the accurate representation of the human body. He went further than most of his contemporaries in that he drew dissections of the human body in addition to "life studies." These anatomical drawings are not to my knowledge in this country, unless there be some either in that part of the British Museum which is still closed to the public or in the large collection of his drawings in Windsor Castle. They do not, therefore, fall within the limits of the first part of my article.

Perhaps an exception should have been made in the case of this artist, but might one not be blamed then for omitting "The anatomical lecture of Professor Joan Deyman" by Rembrandt v. Rijn in the Ryks Museum? The omission of Leonardo da Vinci from the second half of the article was perhaps less excusable. It seemed to me that his anatomical drawings would be ill-placed here, for they were not drawn for the teaching of medicine (though they could be used admirably for this purpose) but were merely artistic subjects for Leonardo's pen, and constituted part of his training and practice as an artist.

His principal occupation, besides being an artist, was as an engineer and architect first at the court of Ludovico Sforza at Milan, and later after many wanderings, at the Vatican, under the patronage of Pope Leo X's younger brother Giuliano de'Medici. At no time could Leonardo da Vinci be described as an anatomist. Because Anna Zinkeisen spent the war painting beautiful pictures of pathological specimens, it does not follow that she is a pathologist. Versalius, on the other hand, was primarily an anatomist and also a supreme artist in addition. An unique combination of gifts, without precedent before 1514 as far as I know.

Yours faithfully,

M. J. CLARKE-WILLIAMS.

Woodville, Addlestone,
Surrey.

Aug. 2nd, 1948.

THE JOURNAL COVER

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

I have not got the time, nor have you the paper to reply in detail to the correspondence in the August number of the *Journal*.

The education of Dr. Corsi's aesthetic sense is, obviously, a formidable task. And even though he makes some suggestions as to how it may be made more easy I am not going to embark on it. I had not stopped to think why I considered this engraving beautiful. And, now, having stopped I find it difficult to say why—but I am quite sure that I do so consider it. A discussion into this matter would lead us into far fields and at the end of the journey Dr. Corsi would, probably, be still quite unconvinced. His letter suggests that he may possibly gain some "improvement" from the perusal of such a book as "The Approach to Painting," by Thomas Bodkin (Collins, London, 8s. 6d.). I hasten to add that I am well aware that Gill's work is not a painting. It would seem to be necessary to add that neither is it a photograph.

And that remark obviously leads to C. Martin-Doyle's letter. One question he does not pose, but I feel sure it bothers him, is this—Why is the

point of the monk's hat so sharp that it stuck through the top of the picture? Dr. Martin-Doyle's difficulty is that he cannot see the wood-cut for the trees. The young lady came to Bart.'s obviously complaining of headache; whether due to gin in Bloomsbury or typhoid in the City I do not know. Neither did Rahere. But he was a good Bart.'s man and he was not satisfied to examine merely the head when a patient came complaining of headache.

The alternative suggestions are good and should be considered. I am in entire sympathy with "Third Chip's" pro-Fletcher leanings. Hanslip Fletcher did an excellent sketch of the Fountain which appeared in *The Sunday Times* on 13th May, 1934. But I doubt if it would stand reduction to a size suitable for the cover. (Is it, by the way, available in a form suitable for framing?)

There is, Sir, implicit in these letters the idea that a change in the cover is necessary. In my view, it would be difficult to make a change that would not be an improvement.

Yours truly,

M. K. CUSACK.

St. Mary Street,
Dungarvan.

27th July, 1948.

ST. BARTHOLOMEW'S HOSPITAL WOMEN'S GUILD

The Thirty Seventh Annual General Meeting of the St. Bartholomew's Hospital Women's Guild was held in the Great Hall on Thursday, 24th June, 1948, at 3 p.m. The Lady Ismay was in the Chair and 100 members present, including representatives of other Teaching Hospitals. Among our members were Lady Ball, Mrs. Bodley Scott, Miss Carpenter, Mrs. Coltart, Mrs. Rupert Corbett, The Hon. Mrs. E. R. Cullinan, Miss Dey (Matron), Mrs. Donne, The Hon. Mrs. Geoffrey Evans, Mrs. Frankis Evans, Mrs. Hamblen-Thomas, Mrs. Chas. Harris, The Lady Ismay, Mrs. Geoffrey Keynes, Lady Langdon Brown, Iris, Lady Lawrence, Lady Loch, Mrs. Eda Layton, M.B.E., The Lady Man-croft, Mrs. Guest Mathews, Mrs. Paget-Cooke, Mrs. Paterson Ross, Lady Rutherford, Mrs. Sinclair, Lady Turnbull and Mrs. Alexander Werth.

Lady Ismay opened the proceedings by issuing a warm welcome to our visitors and expressing pleasure at seeing so many members present. It was sad to think that this was the last meeting under the old régime as from the 5th July we should be placing the results of our hard work in other hands. It was also the last occasion on which we should meet the Hon. Mrs. Geoffrey Evans as Chairman of the Executive Committee.

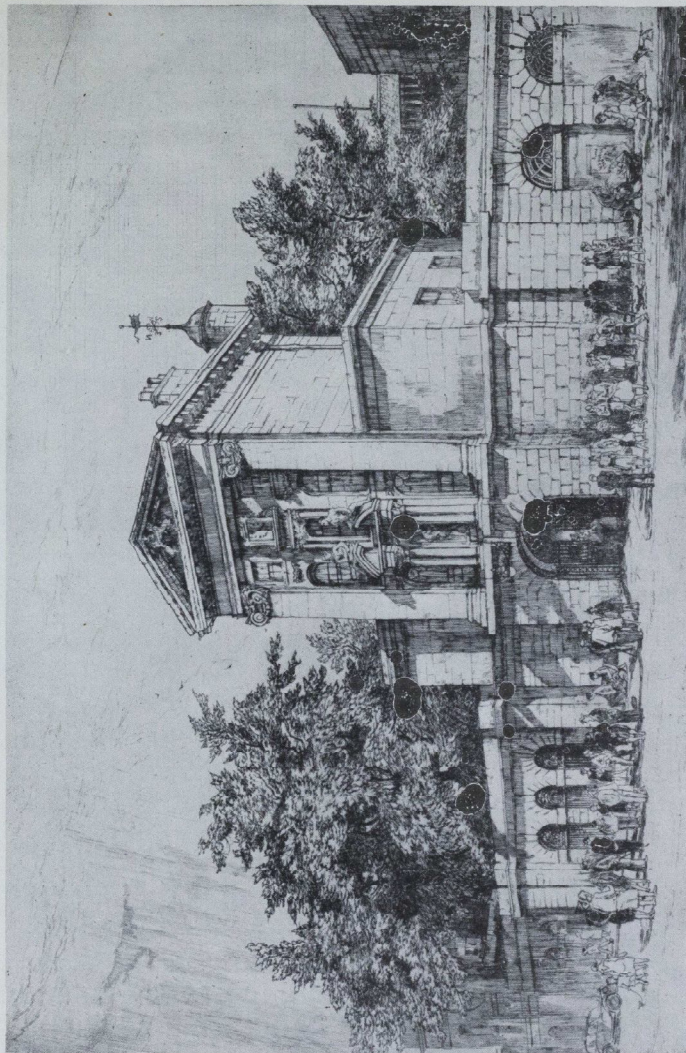
The attention of members was drawn to the display of needlework and knitted garments sent in by the various work parties; also to the trolley laden with goods for sale in the wards, and to the Junior Oxygen Box which the Guild had bought for the Children's and Maternity Wards, all of which were on view in the Hall.

The Busy Bees have been revived this year and it is hoped will soon be flourishing actively again. Mrs. Bodley-Scott is the Chairman and Mrs. Simon the Hon. Treasurer and Secretary.

The Hon. Mrs. Geoffrey Evans was presented by Lady Ismay with a red leather blotter stamped with her initials and the Hospital crest on her retirement as Chairman of the Executive Committee after 24 years in office on the Committee in various capacities. This had been subscribed for by members of the Executive Committee and some members of the Women's Guild with whom she had worked in the past.

Mr. Carus Wilson addressed the members on the subject of the New Health Bill and its effect on our Hospital in the years to come. He could not speak too highly on the Hospital Treasurer's efforts with the Ministry in striving to retain all we had been successful in achieving in the past and in keeping our endowments, Samaritan Funds, etc. The Ministry was now anxious for the Women's Guild to continue to support the funds and provide comforts for the patients which the new Health Service could not give. He said that the Women's Guild was one of the greatest undisclosed assets of the Hospital, and could save immense sums of money which would otherwise have to be spent by the Ministry. He ended on a note of appreciation for all the Women's Guild had done for hospital staff and patients alike.

A vote of thanks to Mr. Carus Wilson was proposed by Mrs. Habart and seconded by Mrs. Spence, and the meeting adjourned for tea at 4 p.m.



VISITING DAY, ST. BARTHOLOMEW'S HOSPITAL
by W. P. Robbins, A.R.W.S.

THE LIFE AND WORKS OF JOHN ABERNETHY

The Wix Prize Essay for 1948

By N. ALAN GREEN.

THE union of barbers and surgeons which occurred sometime in the fourteenth century was in some respects very superficial, for surgeons always held themselves apart as a body distinct from the barber-surgeons and the barbers. However, there was always a certain depressing effect as a result of this system on the teaching of subjects such as anatomy and surgery. The dissolution of this union in 1745 was accompanied by the foundation of private schools, later superseded by courses of lectures in these subjects given in individual hospitals. Men such as John Hunter, Sir William Blizard, Astley Cooper and John Abernethy figured greatly in this upward trend. The work of Abernethy at St. Bartholomew's Hospital is well-known, and although he cannot claim to be the founder of the Medical School, by his lectures in Anatomy, Physiology, Surgery and Pathology, he established the reputation of the Hospital as being one of the greatest teaching establishments in the British Isles.

There is some doubt concerning the exact family history of John Abernethy, and, indeed, of his early life. The Abernethy family observed April 3rd, 1764, as the date of his birth, although it has been suggested that Abernethy did not know the exact date himself. The register of St. Stephen's Church, records his christening under the date of April 24th, 1765:

*Abernethy, John, son of
John and Elizabeth.*

Therefore, if the first date is correct, he was not christened until a year after his birth; this apparently was a common practice in those days.

The christian name "John" seems to have been a family favourite; for a John Abernethy was a missionary to Scottish settlers in Northern Ireland, at Brigh, and later at Moneymore and Coleraine. In the year 1680 a son was born and was duly christened "John." This son was the only survivor of a family of children who fell victims to an epidemic of measles, and later he went over to Scotland with his mother to complete his education. Like his father he became famous as a preacher, in later years publishing many of his sermons.

Of his family, we are concerned with another "John," the father of the Abernethy who became so famous in the medical world. His early life was spent in Ireland, and his upbringing, no doubt, led him to choose an Irish wife. He married Elizabeth, the daughter of Henry and Margaret Weir of Antrim. This John Abernethy was a merchant by trade, and when he came over to England he entered into partnership with a Mr. Donaldson in Rood Lane, near Fenchurch Street. Two sons and three daughters were produced in this marriage, the first son, James, following in his father's footsteps to become a merchant. He was born in Ireland before his father came over to England, and probably spent part of his childhood there, since he possessed a very strong Irish accent. Both James and his brother John shared a great liking for the works of Shakespeare, being able to repeat many speeches by heart.

Even in his very early days John Abernethy showed signs of individuality and of great ability to learn. His first taste of school-life was in Lothbury where he attended as a day scholar and learned the principles of grammar. At the age of nine, in 1773, he started his five years of education at Wolverhampton Grammar School, under the headmastership of Dr. William Robertson. There were two other masters, both clergymen.

On his arrival, Abernethy was placed in a class with three other boys, William Thacker, Walter Acton Mosely and William Thomas. William Thacker, in letters to George Macilwain¹, gives the best description of John at this time; he is reported to have been "careless in his dress, but not slovenly." Invariably Abernethy came top of the class, being very studious and also quick to learn anything new. He had a fair knowledge of Latin and Greek, but that did not prevent his using "cribs" in the latter subject on odd occasions—until he was caught in the act. One day he had to do some Greek Testament translation before Dr. Robertson, and started off in fine style, referring to a "crib" in the form of a Greek Testament with a Latin version on the other

side. The headmaster was evidently quick in noticing a certain irregularity in his delivery, and, finding the cause of this hesitation, immediately levelled the unfortunate victim "with the earth." Whether to excuse these lapses or not, Abernethy insisted that in certain subjects he had a "punctum saturationis," beyond which anything new he learned pushed out an equivalent amount of previous knowledge!

Whilst at Wolverhampton he gained the friendship of a boy by the name of Timmins, to whose home he paid frequent visits. Timmins' father says of Abernethy "he was a sharp boy, a very sharp boy, and a very passionate one, too." William Thacker also speaks of the hastiness and impetuosity of Abernethy's manner, but adds, "it was soon over and forgotten."

Writing and Arithmetic were not taught at the Grammar School, and so Abernethy and Timmins used to attend the school of Miss Ready in King Street, Wolverhampton. In later years, Miss Ready happened to be in London and called upon her former pupil. He received her with great kindness, and introduced her to Mrs. Abernethy as "a lady who has boxed my ears many a time."

His memories of Wolverhampton were very pleasant ones, although he must have been subjected to a rigid discipline at school. When he had established his practice in London many years afterwards, patients often came from Wolverhampton to consult him. He would ask them about all his old friends, saying, "Come, sit down, and tell me who's alive and who's dead." After running through the names of many of the old families he knew, he would add, "Ah, I cannot forget Wolverhampton!"

The choice of profession for a boy leaving school at this period rested with his father. Fortunately for the medical profession Abernethy's wish to become a lawyer was never realised. He never bemoaned the fact that his choice had been refused, but remarked that if his wish had come true he "would have known every Act of Parliament by heart." This statement was no exaggeration, for once when a friend was dining at his house he gave proof of his brilliant memory. The friend had composed some long verses as a birthday greeting to Mrs. Abernethy, and after he had recited them everyone except Abernethy applauded the effort. "Ah," he said smilingly, "that is a good joke.

now, your pretending to have written those verses." The friend was obviously annoyed that the origin of his verses should be doubted, and insisted that he had written them himself. To end the joke, Abernethy repeated the verses without a mistake, claiming that he had once learnt them by heart!

At this time, a young man embarking on a medical career was bound as an apprentice to a surgeon at the Hospital, on the receipt of a sum of money in the region of five hundred guineas. To a certain extent this was advantageous to the apprentices, for they "obtained a prescriptive right to the reversion of their master's places at the hospital, and thus arose a bad system of in-breeding which was not broken on the Surgical side of St. Bartholomew's until Sir James Paget was elected assistant surgeon without having been apprenticed to a hospital surgeon, and without having served the intermediate stage of house-surgeon."²

In the year 1779, at the age of fifteen, Abernethy was apprenticed to Charles Blicke, a surgeon at St. Bartholomew's. Blicke had a large practice in the City, and lived in St. Mildred's Court, near the Mansion House. During this time, Abernethy lived with Blicke, and quickly formed an opinion of his master's character. In particular the young apprentice disliked the mercenary outlook of the surgeon, and in later years would say of him: "Sir Charles was at his house in the country, where he was always on the look out for patients." Blicke's operative technique seems to have been very satisfactory, but he always omitted to investigate the cause of the failure or success of his treatment. Even at this early stage this indifference seemed wrong to Abernethy's enquiring mind, and he admits to having nearly ruined his health as a boy, by eating a diet of oranges and raw vegetables in a research into the effects of diet on the function of the kidneys and the alimentary system. Sir Norman Moore remarks rather cynically that Blicke's "chief claim to remembrance is that Abernethy was his apprentice."³

As an apprentice he was allowed to attend lectures given by Mr. Percival Pott, who was then a surgeon at the Hospital. However, Anatomy was not taught at Bart.'s at this time, and Abernethy used to attend the London Hospital where Dr. Maclaurin and Sir William Blizard—and later Blizard alone—lectured. The impression Sir William made on the mind of the young student must

have been very deep and enduring, for at the beginning of a series of lectures delivered to the Royal College of Surgeons in 1814, Abernethy quotes him: "Let your search be after truth, be eager and constant. Be wary in admitting propositions to be facts before you have submitted them to the strictest examination. If after this you believe them to be true, never disregard or forget any one of them, however unimportant it may at that time appear..." Blizard was a very sympathetic operator, a bad lecturer, but an excellent teacher. The manner in which his lectures were delivered did not discourage Abernethy; for one of his fellow-students observed that he was for the most part reserved, seldom associating with any of the other students, but sitting in some place or corner by himself, diligently intent on the business of the lecture. Sir William soon noticed a certain individuality in him, and employed him to prepare the specimens for the lecture; there is little doubt that this practice in dissection stood Abernethy in good stead in later years.

As a student he did not read as much as some of his contemporaries, but none thought more deeply. This is borne out by

his relationship with John Hunter, who was also lecturing at this time. Abernethy used to attend these lectures, and would question Hunter on points arising out of his views. In time Hunter invited Abernethy to his house, and so a friendship between the two men was started.

The reward of his early labours came in 1787, when on July 15th he was appointed Assistant-Surgeon to St. Bartholomew's. When Percivall Pott retired from his position as Surgeon to the Hospital, Charles Blicke took his place, and James Earle moved from the post of Assistant Surgeon to that previously occupied by Blicke. Of the four applicants for the vacancy of Assistant-Surgeon, John Franklin and John Heavyside withdrew, leaving the Governors to vote between John Abernethy and Valentine Jones. Abernethy was elected to the post by fifty-three votes to twenty-nine, and so gained the position he was destined to hold for twenty-eight years.

¹George Macilwain, F.R.C.S., "Memoirs of John Abernethy."

²A quotation from "A Short History of Saint Bartholomew's Hospital," by Sir D'Arcy Power.

³A quotation from Sir Norman Moore's "History of Saint Bartholomew's Hospital."

To be continued.

BOOK REVIEWS

RECENT ADVANCES IN ANÆSTHESIA AND ANALGESIA, by C. Langton Hewer. 6th Edition. J. & A. Churchill Ltd. 1948. Price 21s.

This admirable book needs no introduction to our readers, for the previous edition and its gifted author are well known to all Bart.'s men.

In this 6th Edition much new matter has been included. There is a new method of investigating the toxicity of inhalation anaesthetics on the liver. Reference is made to the electro-cardiographic changes occurring during inhalation anaesthesia. Even electro-narcosis is mentioned, as is also the mechanism of respiratory changes occurring due to inhalation anaesthesia.

Two new ethers are dealt with — Metopryl and Isopryl. The mechanism of direct laryngoscopy has been dealt with excellently, both in the text and in the diagrams. A description is given of spirulators for controlled respiration, and new work is mentioned on the subject of pulmonary embolism. The chapter on the ethers is excellent and exhaustive. There is also a particularly illuminating chapter upon explosive risks. There is, however, one sentence in which the author says, "It is estimated that a slight leak in a closed system will not result in explosive risk at a distance exceeding one foot from the Lead." This should be stressed, for the author knows of a

case in which a disastrous explosion occurred owing to a surgeon using the diathermy apparatus in a thyroid operation, when a closed circuit was being used.

A new chapter has been written on the subject of Curare, and that of local anaesthesia has been considerably enlarged. This now includes brachial plexus block and fractional caudal analgesia as well. Another chapter which deserves mention is that of collapse and resuscitation. Every anaesthetist should read this.

There are thirty-four (34) new illustrations and many of the old ones have been re-drawn with advantage. There are over 1,400 references—truly a monumental work on the part of the author. He mentions the use of alcohol by the rectum for post-operative sedation. He states that in America one pint of Port has been recommended as a slow infusion through an enema can. This may be very effective, but what a waste of good Port!

It is with satisfaction that we note the author's staunch conservative principles, for he is not to be turned aside from the old and familiar cubic centimetre to a lilt of the millilitre.

We can unhesitatingly recommend this book and at the price of one guinea it is cheap.

F. T. E.

"**THE SHAKESPEARE CIRCLE**," by C. Martin Mitchell. Cornish Brothers, Ltd., Birmingham. Price 12s. 6d.

In the past, "Dr." John Hall (1575-1635) has claimed a place in history only because of his marriage in 1607 to Susanna Shakespeare, the poet's elder daughter. Dr. Mitchell, in his book, "The Shakespeare Circle," sets out to prove that John Hall was a great physician and worthy of a place in the history of Medicine. John Hall was born in Bedfordshire and of his early childhood little is known except that he was the favourite and trusted child of his father, William Hall, who it seems reasonable to assume was also a doctor. In his will William Hall leaves John all his "bookes of physicks," but his "bookes on astropome and astrologie whatsoever... with his bookes on Alchimy" he leaves to his servant Matthew Morris, since his son John "will have nothing to do with these things." John Hall matriculated from Queens' College, Cambridge, when fourteen years old, in the same year as his elder brother Dive. John received his B.A. in 1593 and his M.A. four years later. He then spent some time in France, probably at the University of Montpellier, to which, like Padua, Leyden and Heidelberg, the wealthier physicians often went for further clinical training. It is strange that with his intellectual achievements John Hall did not proceed to his M.D. degree. Dr. Mitchell suggests that owing to his eagerness to start practising medicine he could not bear to wait the required number of years before the University could give him his doctorate. Also, being a very strong churchman, he may have preferred an English Ecclesiastical Licence, for the Bishops and Archbishops were empowered to grant medical degrees at that time. That he was licenced and duly qualified is borne out by the fact that throughout his life he consulted with his colleagues on equal terms. "Dr." John Hall came to Stratford-on-Avon aged twenty-five and quite soon, as his practice grew, it is believed that he purchased "Hall's Croft," a spacious house with a large walled-in garden. It was here that he lived, even after his marriage, until he moved to "New Place."

But what do we know of John Hall as a man? Amongst the plethora of biographies, histories and commentaries in the Shakespeariana, there are few which present us with people in whom we can believe and with whom we can sympathise. Far too many authors use a purely scientific approach to their subject, thereby doing their best to destroy the life in the subject and produce just another leaf from a desiccated history book. The approach should be that of the humanitarian, who shows us a portrait of a man reflected in the mirror of his friends. Dr. Mitchell approaches his subject in this way and, so that we may appreciate the atmosphere in which Dr. Hall lived, he tells us of John Hall's friends, the Qmney's, the Greene's, and many others; of the social, political and church background of the age; and the circle of people with whom he was associated. John Hall was a skilful physician, well liked and trusted by his patients, who were by no means confined to Stratford-on-Avon. He was absorbed in his work and at the same time an ardent Protestant, inflexible in his beliefs, and a churchwarden. Later in his life he became

an irascible and pig-headed old man and involved himself in deep-rooted church quarrels. Dr. Mitchell believes that this change of temperament was due to persistent overwork and recurrent attacks of bubonic plague, which it seems certain was the cause of his death. He is buried alongside Shakespeare in the chancel of the Holy Trinity Church. His tombstone proclaims him "Medica Celeberrimus arte."

The book is well produced and contains thirteen illustrations, some of which are from Gerard's "Herball" published in 1597. Particularly interesting are the signatures of John Hall, his wife and daughter. The book would, however, be improved by the inclusion of an index and bibliography.

M. J. C. W.

HANDBOOK OF PRACTICAL BACTERIOLOGY. A guide to Bacteriological Laboratory Work, by T. J. Mackie and J. E. McCartney. 8th edition. Pp. 724. E. & S. Livingstone Ltd., Edinburgh. Price 25s.

This new edition of Mackie and McCartney's Handbook of Practical Bacteriology, the eighth in twenty-three years, has been completely revised, and the material which for convenience appeared in the appendices in the two war-time editions, has now been incorporated in the appropriate chapters. As a result the format has changed, but the book is still a convenient size for everyday reference. It is divided into three parts. The first is an introduction dealing with the general biology of bacteria and immunity in relation to practical bacteriology. The second part is devoted to bacteriological technique, and the third describes bacteria and viruses of medical interest, and the bacteriological diagnosis of diseases caused by them.

For medical students this book is an excellent work of reference, and containing a great deal of information in a relatively small space, it should continue to be, like its predecessors, a standard guide to bacteriologists and laboratory technicians. **HUMAN PHYSIOLOGY**, by F. R. Winton and L. E. Bayliss. 3rd edition. 1948. J. & A. Churchill, Ltd., London. pp. 592. Price 25s.

There are many admirable features about this book. It aims at, and succeeds in, providing a general background to human physiology without bogging down the reader in a morass of detail. Furthermore, stress is throughout laid on the functional integrity of the body. Finally it assumes that the reader is a rational being, capable of active and constructive thought, and not merely a passive receptacle for "facts."

The new edition has been brought up-to-date and the number of contributors increased. The lay-out is pleasing and the illustrations good.

It can be highly recommended for the first year student.

MAN AND ANIMALS. A manual of nutrition, by B. Dawes. Longmans, Green & Co., London, 1947. Price 7s. 6d.

A competent and well-balanced account of the major constituents of diet, and how they are used in the living body.

The facts are accurately presented, and the views expressed (with the exception of those on protein structure) are up-to-date.

This little book is a good introduction for the prospective student of biochemistry to the study of nutrition.

RECENT PAPERS BY BART'S MEN

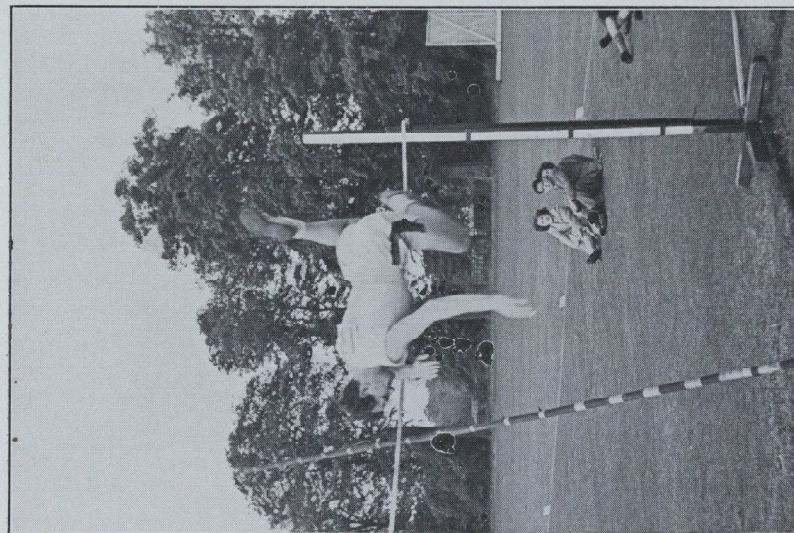
- ANDREWES, C. H. (and others). Vaccination against influenza A. *Lancet*, June 26th, 1948, pp. 978-82.
- ARCHER, H. E. () Reducing substances in the urine of pregnancy and the early puerperium. *Lancet*, April 10th, 1948, pp. 558-9.
- BETT, W. R. The practice of medicine 80 years ago. *Practitioner*, 161, July, 1948, pp. 34-8. Some thyroid pioneers. VI. Thomas Blizard Curling (1811-1888). *Med. Bookman & Hist.*, 2nd April, 1948, pp. 159-60; VII. Eugen Baumann (1846-1896). *Ibid.*, 2nd May, 1948, pp. 215-6; VIII. Sir James Berry (1860-1946). *Ibid.*, 2nd June, 1948, pp. 257-9.
- BOURNE, GEOFFREY. Cardiac symptoms and signs in general medical diseases. *Newcastle Med. J.*, Feb., 1948, pp. 68-72.
- BOVD, A. M. Treatment of deep peripheral thrombo-phlebitis by paravertebral sympathetic block. *Clin. J.*, 77, May-June, 1948, pp. 84-9.
- BURROWS, H. JACKSON. Fatigue fractures of the fibula. *J. Bone & Joint Surg.*, Vol. 30B., May, 1948, pp. 266-79.
- COHEN, E. LIPMAN. Erythrosis pigmentosa peribuccalls. *Brit. J. Derm.*, 60, June, 1948, pp. 203-211.
- *CUNNINGHAM, GEORGE I. Intestinal lesions in malignant hypertension. *Brit. Med. J.*, June 5th, 1948, pp. 1075-7.
- DARMADY, E. M. Traumatic uraemia. *J. Bone & Joint Surg.*, Vol. 30B, May, 1948, pp. 309-319.
- EVANS, W. G. and PICCIOTTO, G. Chromophobe adenoma of the pituitary. *Brit. J. Radiol.*, Vol. 23, July, 1948, pp. 330-336.
- *FINZI, N. S. Development of radiology — a review of 50 years' progress. *Brit. J. Radiol.*, Vol. 22, March, 1948, pp. 105-8.
- FLETCHER, C. M. Pneumoconiosis of coal miners. *Brit. Med. J.*, May 29th—June 5th, 1948, pp. 1015-1022, 1065-74.
- GILLIES, SIR HAROLD, and HARRISON, R. J. Congenital absence of the penis. *Brit. J. Plastic Surg.*, Vol. 1, April, 1948, pp. 8-28.
- GORDON, MERVYN. Is rheumatism a virus disease? *Lancet*, May 8th, 1948, pp. 697-701.
- HARRISON, R. J. The changes occurring in the ovary of the goat during the estrous cycle and in early pregnancy. *J. Anat.*, Vol. 82, April, 1948, pp. 21-48.
- , See also GILLIES, SIR HAROLD, and —
- HEWER, C. LANGTON. Anaesthesia for thoracic surgery. *Ann. Roy. Coll. Surg.*, Vol. 2, June, 1948, pp. 314-320.
- HOGG, J. CECIL. Modern treatment in general practice. Treatment of mastoiditis and its complications. *Med. Press*, April 7th, 1948, pp. 301-305.
- JONES, F. AVERY. The full-time specialist. *Lancet*, March 20th, 1948, pp. 433-6.
- KEELE, KENNETH D. Angiocardiography in diagnosis of congenital heart disease. *Proc. Roy. Soc. Med.*, Vol. 41, June, 1948, pp. 373-6.
- , The pain chart. *Lancet*, July 3rd, 1948, pp. 6-8.
- *KENNAWAY, SIR ERNEST L. Cancer of penis and circumcision in relation to incubation period of cancer. *Brit. J. Cancer*, Vol. 1, Dec., 1947, pp. 335-344.
- MCINDOE, SIR ARCHIBALD. Deformities of the male urethra. *Brit. J. Plastic Surg.*, Vol. 1, April, 1948, pp. 29-47.
- MCKENNA, R. M. B. Allergy to tattooing. *Practitioner*, Vol. 160, June, 1948, pp. 471-2.
- *—, Atopic and allergic disturbances of the skin. *Ibid.*, Vol. 160, May, 1948, pp. 339-346.
- MAINGOT, RODNEY. Floss-silk lattice repair for inguinal hernia. *Lancet*, June 5th, 1948, pp. 861-3.
- NASH, D. F. E. Local fascial repair of femoral hernia. *Lancet*, April 17th, 1948, pp. 598-9.
- *NICOL, W. D. Robert Burton's Anatomy of melancholy. *Post. Grad. Med. J.*, Vol. 24, April, 1948, pp. 199-206.
- OLDFIELD, JOSIAH. The storage of life. *Med. Press*, March 24th, 1948, pp. 269-70.
- OSTLERE, GORDON. See, RAIT-SMITH, B., and —
- PICCIOTTO, G. See, EVANS, W. G., and —
- *POSEL, M. M. Radiological case book XXIV. *Clin. Proc.*, Vol. 6, December, 1947, p. 405.
- *RAIT-SMITH, B. and OSTLERE, GORDON. Anaesthesia in cardiac surgery. *Lancet*, May 1st, 1948, pp. 674-6.
- ROVEN, R. W. Recent advances in the surgical treatment of cancer. *Ulster Med. J.*, May, 1948, pp. 34-43.
- , Secondary malignant disease of the heart. *Brit. J. Cancer*, Vol. 2, March, 1948, pp. 1-7.
- ROBINSON, A. M. The excretion of 17-kestosteroids in men of different age group, with special reference to prostatic cancer. *Brit. J. Cancer*, Vol. 2, March, 1948, pp. 13-16.
- ROSS, J. PATERSON. Plastic surgery in the training of a surgeon. *Brit. J. Plastic Surg.*, Vol. 1, April, 1948, pp. 4-7.
- TURNEK, J. W. ALDREN. Spinal cord lesions in cerebrospinal fever. *Lancet*, March 13th, 1948, pp. 398-401.
- , (with M. J. PARSONAGE). Neuralgic amyotrophy. *Lancet*, June 26th, 1948, pp. 973-8.
- VINCE, A. A. P. Démonstration sur le développement de l'Axolotl. *Le Volume du XIII^e Congrès International de Zoologie*. Section IV. Embryologie comparée et expérimentale. Paris, 1948.
- *WEBER, F. PARKES. General and local dysplastic or dystrophic excess or lack—and other dysplastics—of the subcutaneous fat and subcutaneous tissue. *Med. Press*, March 17th, 1948, pp. 238-9.
- , The necrobiotic nodules of the rheumatoid arthritis type with remarks on rheumatoid arthritis. *Ibid.*, June 2nd, 1948, pp. 484-6.
- WITTS, L. J. (and others). Normal red-cell survival in man and woman. *J. Path. & Bact.*, Vol. 59, October, 1947, pp. 519-532.

*Reprint deposited in the Library.

SPORTS DAY



Finish of the Half-mile.



Nielsen and the Pole Vault.



B. H. du Heaume throwing the Discus.



The Relay finish.

SPORT

We offer our congratulations to A. S. Wint on winning the 400 metres and coming second in the 800 metres in the Olympic Games.

ATHLETIC CLUB

BART'S v. MIDDLESEX. Chislehurst, 16.6.48.
This proved a valuable pointer to the "not so far away" championships—ending most unsatisfactorily in a draw. It also proved to be a personal triumph for A. N. Wright who, cajoled into turning out at the last moment, scored the greatest number of points and with a desperate throw in the javelin (the last event), averted certain defeat for Bart's.

RESULTS

100 yds. 2nd, P. Fildes. 3rd, D. C. Morgan.
Winner's time—10.8 secs.
220 yds. 2nd, B. Lascelles. 3rd, Davies.
Winner's time—24.2 secs.
440 yds.—1st, D. C. Morgan. 4th, P. Fildes.
Winner's time—56.4 secs.
880 yds. 1st, J. Dormer. 4th, P. Matthews.
Winner's time—2 mins. 7.8 secs.
1 mile. 1st, J. I. Burn. 2nd, J. A. Menon.
Winner's time—4 mins. 43.8 secs.
3 miles. 1st, Menon. 3rd, P. Moyes. 4th, M. Glanville.
120 yds. hurdles. 3rd, D. C. Morgan. 4th, A. N. Wright.
Winner's time—18.8 secs.
High Jump. 3rd, Matthews. 4th, Wright.
Winner's height—5 ft. 2 ins.
Long jump. 3rd, Wright. 4th, Lascelles.
Winner's distance—19 ft. 1½ ins.
Shot. 2nd, B. Du Heaume.
Winner's distance—35 ft. 11 ins.
Discus. 2nd, B. Du Heaume.
Winner's distance—92 ft.
Javelin. 1st, Wright. 3rd, Du Heaume.
Winner's distance—126 ft. 2 ins.
Relay. Bart's—1st. (Lascelles, Fildes, Morgan, Dormer).
Middlesex—2nd.
Result.
1st. Bart's: Middlesex. 63 points.
3rd. St. Mary's. 11 points.

UNITED HOSPITALS CHAMPIONSHIPS.
Motspur Park. Saturday 26th June, 1948.
This was indeed Bart's day. Victory followed victory and it was a fitting end to a triumphant occasion that it should be Mrs. Stallard who presented the Championship Shield and prizes.
After the heats on the preceding Wednesday, London were leading with Bart's and Middlesex equal second. Middlesex took the lead early on the Saturday following their victories in the 100 yards and High Jump, but the advent of the middle distance and A. S. Wint saw a reversal of positions and Bart's took the lead. It soon became obvious that the shield was to go to one of three Hospitals, namely Bart's, London, Middlesex, but the result was in the balance until the last few events, and with the relay finally clinching the issue.

Bart's gained six individual titles. In the 440 and 880, Wint ran magnificently, setting up new

records for both distances. His long stride and seemingly effortless style delighted all who watched. Incidentally Bart's has always predominated in the 880 yards. Before Wint, G. A. Beck held the record (set up in 1938), and he in turn broke that set up by Mr. Stallard in 1923.

In the 1 mile Bart's had 1st and 2nd in J. I. Burn and J. A. Menon, the positions being reversed in the 3 miles. Both times were within a few seconds of the existing records.

E. M. Rosser gained a popular victory in the 120 hurdles; and in the relay, Arthur Wint increased the lead which was given to him by Rosser, Morgan and Lascelles to win by 60 yards.

Morgan, although busy with his secretarial duties found time to score a 4th in the 440 yards (his time bettering the record), and 2nd in the 440 hurdles. J. Dormer ran his best race to date to finish 3rd in the 880, and Matthews ran well in the 440 hurdles to gain 4th place. He also finished 4th in the javelin.

In the field events, Du Heaume and Khurshid dominated the picture. The former scored 2nd place in the discus, 4th in the hammer, 5th in the shot and was a foremost member of the tug-of-war team which gained a worthy 2nd place. Khurshid was 3rd in the discus and 4th in the shot.

Finally we must not forget J. Nielsen's very gallant effort in the pole-vault. He improves more and more every time he attempts this hazard and we expect great things in the future.

This was Bart's first victory for 15 years, and we hope it is to be the first of many.

RESULTS.

1st. Bart's—86 points.
2nd. Middlesex—78 points.
3rd. London—76 points.
4th. Guy's—60 points.

Individual Results:

440 yds.—1st, A. S. Wint. 4th, D. C. Morgan.
Winner's time—49.0 secs.
880 yds. 1st, A. S. Wint. 3rd, J. Dormer.
Winner's time—1 min. 57.6 secs.
1 mile. 1st, J. I. Burn. 2nd, J. A. Menon.
Winner's time—4 mins. 30.6 secs.
3 miles. 1st, J. A. Menon. 2nd, J. I. Burn.
Winner's time—15 mins. 43 secs.
120 hurdles. 1st, E. M. Rosser.
Winner's time—17.6 secs.
Weight. 4th, M. N. Khurshid. 5th, B. H. du Heaume.
Hammer. 4th, B. H. du Heaume.
Discus. 2nd, B. H. du Heaume. 3rd, M. N. Khurshid.
Pole-vault. 5th, J. Nielsen.
440 yds. hurdles. 2nd, D. C. Morgan. 4th, P. D. Matthews.
Javelin. 4th, P. D. Matthews.
Tug-of-War. 1st. London. 2nd, Bart's.
Relay (mile medley). 1st Bart's (Morgan, Lascelles, Rosser, Wint).
Winning time—3 mins. 43.2 secs.

ANNOUNCEMENT

DEATH

BUCKLAND. On June 5th, in Dunedin Hospital, New Zealand, Harry Buckland, aged 41.

EXAMINATION RESULTS

UNIVERSITY OF OXFORD

2nd B.M. EXAMINATION

Medicine, Surgery & Midwifery

Cotes, J. E. Evans, H. A. Leslie, W. G. H.

Trinity Term, 1948

Platt, J. W.

CONJOINT BOARD

FINAL EXAMINATION

June, 1948

Pathology

Burns, H. J.	Hawkes, P. H. R.	Reckless, M.	Yerburgh, J. G. O. W.
Chesover, I.	Lloyd, E. A. C.	Rossdale, D.	
Coombs, G. A.	Orr-Hughes, K.	Vazifdar, J. S.	

Medicine

Begley, M. D.	du Heaume, B. H.	Lindon, R. L.	St. John, J. M. S.
Chapman, P. J. C.	Graham-Stewart, J. C.	McIntyre, J. W. R.	Taylor, G. B.
Coombs, G. A.	Hindle, J. F.	March, N. C.	Venn, P. H.
Davies, H. F.	Lawrence, N.	Newman, W. T.	Weller, M. A.

Surgery

Begley, M. D.	Douglass, D. J.	Jenkins, A. V.	Rees, E. G.
Bennett, J. F.	Dower, G. E.	McIntyre, J. W. R.	Rossdale, D.
Butcher, P. J. A.	Gai, P. N.	Mendel, David.	Venn, P. H.

Midwifery

Batt, B. J.	Crook, R. A.	Hooper, E. R. S.	Shattock, F. M.
Batten, K. L.	Evans, C. M. W.	Jenkins, A. V.	Singh, B.
Begley, M. D.	Ffooks, O. O. F.	Kazantzis, G.	Timmins, W. L.
Bhandari, N. P.	Graham-Stewart, J. C.	Lloyd, E. A. C.	Wainwright, A. J.
Brandreth, T. K.	Harris, J. W. S.	Mendel, Dennis.	Wallis, F. P.
Burns, H. J.	Hathaway, A. E.	Morley, D. F.	Willson, F.
Capstick, N. S.	Hobbs, J. J. B.	Reckless, M.	Yerburgh, J. G. O. W.

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

Begley, M. D.	Douglass, D. J.	Lawrence, N.	Mendel, David.
Butcher, P. J. A.	Dower, G. E.	Lindon, R. L.	Rees, E. G.
Chapman, P. J. C.	Gai, P. N.	McIntyre, J. W. R.	Venn, P. H.
Davies, H. F.	Hindle, I. F.	March, N. C.	Weller, M. A.

ROYAL COLLEGE OF SURGEONS

Subject to the approval of the Council of the R.C.S. at a meeting held on June 11th, 1948, the following are entitled to the Diploma of Fellow:—

Ardagh, J. W.	Faulkner, T.	Phillips, J. H. C.	Stephens, J. P.
Banaji, P. B.	Griffiths, E.	Pullen, W. J.	Ward, B. A.
Bhargava, K. P.	Loosemore, T. G. E.	Skelley, R. I. R.	Wood, W. S.
Elmhirst, E. M.	Murphie, C. I.	Solley, R.	

SOCIETY OF APOTHECARIES OF LONDON

FINAL EXAMINATION

Pathology, Bacteriology and Forensic Medicine

Whittall, J. D. June, 1948

Medicine

Lapage, S. P. Whittall, J. D.

S. P. Lapage, having completed the Final Examination, is granted the Diploma of the Society.

TRADE MARK

'ANTHISAN'

BRAND

mepyramine maleate

a recent advance in the treatment
of allergic conditions

'ANTHISAN' is a substance with a powerful antihistaminic activity and of low toxicity. An increasing number of clinical reports justify its use in the treatment of serum sickness, angio-neurotic oedema, hay fever, vasomotor rhinitis and allergic skin conditions.

Further information is available from
our Medical Information Department



Intelligence Service

In those fields of therapeutics where there is greatest activity it is inevitable that standard textbooks are sometimes unable to keep pace with important new developments. The medical student who wishes to keep abreast of such developments but cannot spare the time to consult original publications will often find that the publications issued by manufacturers of new drugs are of considerable value. Medical students are cordially invited to communicate with us whenever they feel we might be of help. Write, or 'phone ILFord 3060, ext. 99 or 100.


M&B Medical Products manufactured by

MAY & BAKER LTD.

distributors

PHARMACEUTICAL SPECIALITIES (MAY & BAKER) LTD. DAGENHAM

Some ethical products of the House of



BENGER

AURALGICIN A new treatment for otitis media incorporating the principles of decongestion osmosis with remedial analgesia. Available in 12.5 and 50 ml. bottles.

BENERIC A new low-molecular peptone for non-specific desensitisation in cases of migraine, asthma, skin allergies and hay fever. Available in boxes containing 5 ampoules of 5 ml. each.

FERRIVENIN A stable and non-toxic solution of saccharated oxide of iron for the intravenous treatment of all cases of refractory hypochromic anaemia and other patients showing intolerance to oral iron therapy. Supplied in 5 ml. ampoules, each containing 100 mg. of elemental iron. Available in boxes of 5, 10 and 50 ampoules.

CASYDROL ORAL: A mixture of amino acids, polypeptides and lactose derived from fat-free whole milk and meat protein. INTRAVENOUS: A protein hydrolysate preparation containing 5% glucose. Indicated in all cases of protein depletion.
(Marketed jointly with GENATOSAN LTD.)

EXTOMAK Desiccated hog's stomach preparation for oral administration in cases of pernicious anaemia, sub-acute combined degeneration of the spinal cord and kwashiorkor.

CHRONALGICIN Ear drops for the treatment of Chronic Suppurative Otitis Media. Combines Urea, Ephedrine, Silver Protinate and Phenyl Mercuric Nitrate for effective action. Available in bottles of 25 ml and 100 ml.

Literature, etc. from
BENGER'S LTD., HOLMES CHAPEL, CHESHIRE

K24

KERFOOTS



BACTERIOLOGICAL SUGARS

ARABINOSE . CELLOBIOSE . DULCITOL
DEXTRINE (Prep. by precipitation)
DEXTROSE (Crys. Anhydrous) . LACTOSE
GALACTOSE . INOSITOL . INULIN
LEVULOSE . MALTOSE . MANNITOL
RAFFINOSE . RHAMNOSE . SORBITOL
SACCHAROSE . SORBOSE . XYLOSE

Prepared under ideal conditions which ensure the utmost possible degree of chemical purity.

Descriptive Leaflet sent on request.

Thomas Kerfoot & Co. Ltd., Vale of Bardsley, Lancashire



KEROCAIN

(PROCAINE HYDROCHLORIDE KERFOOT)

LOCAL ANAESTHESIA AT ITS BEST

Procaine Hydrochloride in an exceptionally pure and reliable form, conforming to standards considerably more stringent than those of the B.P. Prepared under ideal conditions and the strictest analytical control.

Always specify KERFOOT

THOMAS KERFOOT & CO. LTD., Vale of Bardsley, Lancs.

K 114

ARNOLD

W. E. LE GROS CLARK'S Practical Anatomy

xvi + 470 pages, 251 illustrations, many in colour.
25s. net.

"This book will be welcomed by readers and students alike and will undoubtedly have the success which it deserves in this and subsequent editions."—*British Medical Journal*.

TEN TEACHERS' Midwifery

Eighth Edition. Edited by CLIFFORD WHITE, FRANK COOK and Sir WILLIAM GILLIATT. viii + 560 pp., 247 illus., 4 X-Ray plates. 20s. net.

This book, the joint work of ten well-known teachers at the principal London Hospitals, has taken an established place as one of the best and most reliable text-books on Midwifery in the English language.

JOHN H. EWEN'S Mental Health

A practical guide to disorders of the mind. 266 pp. Fully illustrated with case histories. 42s. 6d. net.

"A knowledge of no better 'concise account' of mental illness... well produced and in every way a credit to British psychiatry."—*Journal of Mental Science*.

W. H. NEWTON'S Introduction to Physiology

280 pages, 113 illustrations. 7s. 6d. net.

"Clear, pleasantly written, and well illustrated, his book will bring home to the student, coming fresh to physiology, much that he would otherwise understand only after months of formal lectures."—*The Lancet*.

HUTCHISON'S Food and the Principles of Dietetics

Revised by V. H. MOTTRAM, M.A., and GEORGE GRAHAM, M.D., F.R.C.P. Tenth Edition. xxviii + 728 pp., 28 illustrations. 21s. net.

The revised edition of this standard work on dietetics contains a new chapter on the Processing and Storage of Food.

KEITH SIMPSON'S Forensic Medicine

viii + 335 pages, 114 illustrations and 2 coloured plates. 16s. net.

"The subject-matter is presented in such a way that it not only holds the interest and rivets the attention of the reader from start to finish, but communicates to him something of the author's own enthusiasm for the science of which he is so distinguished an exponent."—*Medico-Legal Journal*.

Complete Catalogue and descriptive leaflets on request.

Edward Arnold & Co.
41 MADDOX STREET, W.1

MEDICAL INSURANCE AGENCY

LONDON:

B.M.A. House, Tavistock Square, W.C.1

Chairman: Dr. James Fenton, C.B.E.,
M.D., M.R.C.P., D.P.H.

Manager: A. N. Dixon, A.C.I.I.

EDINBURGH:

6 Drumsheugh Gardens

Hon. Secretary: Henry Robinson, M.D., D.L.

Manager for Scotland: R. C. Fergusson.

The Medical Insurance Agency is able to obtain for members the best possible terms for ALL classes of Insurance.

LIFE ★ SICKNESS ★ MOTOR
HOUSEHOLD ★ EDUCATION

LOANS for the purchase of
HOUSES and MOTOR CARS

Consult your own Agency and secure independent and unbiased advice,
plus a substantial rebate.

Similar facilities are offered to the Dental Profession

A new approach to the relief of pain

TETRAETHYLAMMONIUM salts were found in 1945 to block the transmission of nerve impulses through the autonomic ganglia, and they have been employed diagnostically in selecting patients for sympathectomy suffering from peripheral vascular disease.

Tetraethylammonium Bromide may be used therapeutically to give relief from pain in peripheral vascular disorders, causalgia and post-herpetic neuralgia.

Injection of T.E.A.B.-Boots Supplied as a 10 per cent. solution for intravenous or intramuscular injection:—Boxes of 12 x 1 c.c. ampoules 8/1½, boxes of 12 x 5 c.c. ampoules 12/3½ (Prices net to the Medical Profession).

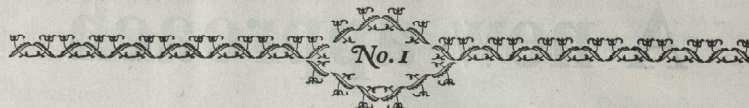
Tetraethylammonium Bromide-Boots

Further information on request to the Medical Department

BOOTS PURE DRUG COMPANY LIMITED, NOTTINGHAM



PLAIN TALKS ON INFANT FEEDING



Taken for Granted

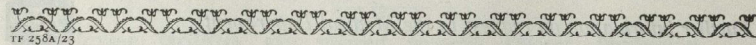
When for any reason the mother is unable to feed her child from the breast, is it not too easily taken for granted, by her busy and often hard-driven advisers, that cow's milk, in one form or another, is a satisfactory substitute—cow's milk of course with modification? The point to emphasise here is the *modification*. Cow's milk being more plentiful is bound to be our basic and principle substitute. But cow's milk is intended by nature to be the food of the calf, and it is not to be expected that the finer mechanism of the human infant can take what the coarser and faster-growing calf can take. The young human stomach cannot cope with the quantity or the toughness of the casein in cow's milk. Simply to dry the cow's milk and add vitamins is not enough. A scientific and precise modification is required. The constituents of cow's milk must be scientifically broken down and reconstituted so that the percentages of components are as near as possible to the percentages found in the mother's milk. Not only this, but the components must be

reconstituted in a state so refined that the infant can assimilate them easily. This delicate adaptation of cow's milk to make it suitable for the human child has been successfully achieved in Humanised Trufood. Trufood has approximately the same quantities of fat, carbohydrate and protein as human milk. *But*—and this is the important fact—the greater part of the insoluble casein in cow's milk which causes the child most trouble in digestion has been removed, and the quantity of soluble proteins is increased. This is one of the reasons why we are able to say that Humanised Trufood is *the nearest to human milk*—and also why, when they realise the difference, so many doctors recommend it.

In later advertisements we propose to explain other reasons and we venture to hope that doctors and others concerned with infant feeding will do us the honour of re-examining this important matter. Literature giving detailed information can be obtained by writing to Trufood Ltd. (Dept.), Bebington, Wirral, Cheshire.

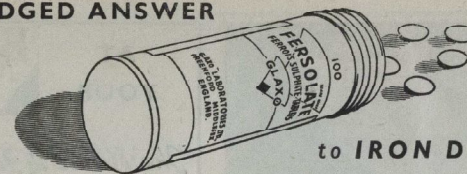
Issued by the Makers of Trufood—

NEAREST TO MOTHER'S MILK



TX 258A/23

ACKNOWLEDGED ANSWER



to IRON DEFICIENCY

Day-to-day evidence from the practitioner's surgery supports the finding made in field investigations that iron-deficiency anaemia is particularly common in this country. Whatever the cause of the condition, the simple administration of Fersolate Tablets provides the successful treatment—iron by mouth supplying the *acknowledged* answer to iron-deficiency anaemias. Even the severest case normally responds to the recommended dose of three Fersolate Tablets daily. Haemoglobin regeneration occurs at the rate of 1 to 2 per cent. daily and frequently the patient's *general* well-being is dramatically improved.

Each sugar-coated tablet contains 3 grains of esiccated ferrous sulphate and the 'trace' minerals copper and manganese. In the dispersing sizes of 1,000 and 5,000 tablets, the preparation is known as TAB. FERR. SULPH. CO. N.W.F. Glaxo.



GLAXO LABORATORIES LTD., GREENFORD, MIDDLESEX. BYRON 3434

GENUINE
BRITISH MADE

RECORD SYRINGES

GUARANTEED EQUAL TO BEST PRE-WAR QUALITY
Look for the "FLAME" Brand

<p>SYRINGES ONLY - - - 1 c.c. 7/- Each 2 c.c. 8/- " 5 c.c. 12/6 " 10 c.c. 14/6 " 20 c.c. 12/- "</p> <p>NEEDLES HYPODERMIC - - - 1/- Doz. INTRAMASCULAR - - - 10/- " EXPLORING - - - 15/- "</p> <p><small>As in use at St. Bartholomew's and many other London Hospitals.</small></p>	<p style="text-align: center;">REPAIR EXCHANGE SERVICE</p> <p style="text-align: center;">Reconditioned Syringes in exchange for parts of broken syringes</p> <p style="text-align: center;">SUPPLIED IMMEDIATELY</p>
--	---

W. H. BAILEY & SON, LTD. Telegrams—
 Telephone— 45 OXFORD STREET & 2 RATHBONE PLACE, LONDON. W1 "Bayleaf," London
 Gerrard 3188/2313 Manufacturers of Surgical Instruments, Appliances and Hospital Furniture



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.

Wright's
COAL TAR SOAP

IDEAL FOR TOILET AND NURSERY

WRIGHT, LAYMAN & UMNEY LTD · SOUTHWARK · LONDON · S.E.1



AT
YOUR  SERVICE

The Name & Fame of "Blakes"

HOSPITAL EQUIPMENT

We have a Ministry of Pensions contract to supply all Hospitals with Trusses, Belts, Elastic Hosiery and Rubber Urinals.

We are also in a position to supply Hospital Theatre equipment, Ward Accessories, Surgical Dressings, Fittings, etc.

The sole aim of our organisation is to give efficient service and satisfaction to our clients, whether for large orders or for single articles.

Fittings by experienced fitters at your Hospital or at any of our 35 branches.

BLAKES Medical Stores Ltd

Head Office: 8 SUNNYHILL ROAD, LONDON, S.W.16
Tel: STR 0738 and 35 branches throughout the country

WHITBREAD'S

ALE

&

STOUT

IN BOTTLE — ON DRAUGHT

THE
**MUNDESLEY
SANATORIUM**

NORFOLK.

Resident Physicians :

S. VERE PEARSON, M.D. (Cantab.),
M.R.C.P. (Lond.)
E. C. WYNNE-EDWARDS, M.B. (Cantab.),
F.R.C.S. (Edin.)
GEORGE H. DAY, M.D. (Cantab.)

Terms from 10½ guineas weekly

For all information apply the Secretary :
The Sanatorium, Mundesley, Norfolk

INTRAVENOUS ANAESTHESIA

with

'KEMITHAL' SODIUM

'Kemithal' Sodium (sodium cyclohexenyl-allylthiobarbiturate) is a new ultra-short-acting intravenous anaesthetic, evolved in the I.C.I. Research Laboratories.

In extensive clinical trials, 'Kemithal' Sodium has proved to be a highly efficient and satisfactory agent for basal hypnosis and for surgical anaesthesia of short or prolonged duration.

Having a relatively high therapeutic quotient, 'Kemithal' Sodium effects anaesthesia without undue respiratory depression. A number of workers have commented upon the reduced incidence of laryngeal spasm with 'Kemithal' Sodium.

Literature on request.

'Kemithal' Sodium is issued in ampoules of 1 gramme and 2 grammes in boxes of 5 and 25, with or without sterile distilled water in ampoules of 10c.c. and 20c.c. respectively; ampoules of 5 grammes 'Kemithal' Sodium are also available in boxes of 5.

IMPERIAL CHEMICAL [PHARMACEUTICALS] LTD.

(A subsidiary company of Imperial Chemical Industries Ltd.)

MANCHESTER





eight minutes to go . . .

Doctors today find that a large number of their patients complain of constant tiredness, of 'finding everything too much', of 'feeling generally run down'. Cases of debility and lassitude caused by present-day conditions are becoming increasingly prevalent. For these conditions 'Vibelan' is of particular value. It counteracts B vitamin deficiencies, containing as it does the principal members of the B group in the balanced proportions which are necessary for effective utilisation of proteins, fats and, more especially, carbohydrates. Each tablet contains vitamin B₁ 0.5 mg., riboflavine 0.75 mg., and nicotinamide 7.5 mg., in a yeast extract base. Four tablets provide the normal daily requirement of these vitamins. 'Vibelan' is available in bottles of 50 tablets.

Further details are available on request.

'Vibelan'

VITAMIN B COMPOUND B.D.H.

MEDICAL DEPARTMENT
THE BRITISH DRUG HOUSES LTD. LONDON N.1
TELEPHONE: CLERKENWELL 3000 TELEGRAMS: TETRADOME TELEX LONDON

Vib/B/518

SBHMS/PB/1/55

10/12

**SAINT
BARTHOLOMEW'S
HOSPITAL
JOURNAL**



OCTOBER 1948

VOL. L II

№9

CONTENTS

Editorial 144	Select Observations, by M. J. Clarke-Williams 153
British Anti-Lewisite (BAL), its Discovery and Medical Applications, by V. P. Whittaker, M.A., D.Phil 145	Students' Union Council Meeting for August 157
Wessex Rahere Club 149	St. Bartholomew's Hospital Christian Union 157
Abernethian Society 149	Book Reviews 158
Correspondence—The <i>Journal</i> Cover (H. G. A., W. Johnson); The First Year (K. M. S.); Medical Consultations (G. Fagg); Bart.'s Cricketers (R. Murray Barrow) 150	Sport — Athletic Club, R.U.F.C., Cricket Club 159
	Announcements 160
	Examination Results 161

New and Standard Books

TEXTBOOK OF GYNAECOLOGY

By WILFRED SHAW, M.A., M.D., F.R.C.S., F.R.C.O.G.
Surgeon-in-charge Obstetrical and Gynaecological Department,
St. Bartholomew's Hospital.
NEW (FIFTH) EDITION.
4 Coloured Plates and 292 Text-figures. **25s.**

By the same Author :

TEXTBOOK OF MIDWIFERY. *Second Edition.*
4 Plates and 235 Text-figures. **21s.**

TEXTBOOK FOR MIDWIVES. 223 Illustrations. **12s. 6d.**

RECENT ADVANCES IN ANAESTHESIA AND ANALGESIA

By C. LANGTON HEWER, M.B., B.S., M.R.C.P., D.A. (Eng.) *Sixth Edition.* 149 Illustrations. **21s.**

RECENT ADVANCES IN PATHOLOGY

By G. HADFIELD, M.D., F.R.C.P., and I. P. GARROD, M.D., F.R.C.P. *Fifth Edition.* 60 Illustrations. **21s.**

CHEMICAL METHODS IN CLINICAL MEDICINE

By G. A. HARRISON, M.D., F.R.I.C. *Third Edition.* 5 Coloured Plates and 120 Text-figures. **40s.**

MANUAL OF OBSTETRICS (Eden & Holland's)

Ninth Edition. Revised and re-written by ALAN BREWS, M.D., M.S., F.R.C.S., F.R.C.O.G. 36 Plates (12 coloured) and 399 Text-figures. **42s.**

BIOCHEMISTRY FOR MEDICAL STUDENTS

By W. V. THORPE, M.A., Ph.D. *Fourth Edition.* 36 Illustrations. **18s.**

ELEMENTARY PHYSICS.

By G. STEAD, M.A., D.Sc., F.Inst.P. *Seventh Edition.* 435 Illustrations. **15s.**

A SHORT TEXTBOOK OF SURGERY

By C. F. W. ILLINGWORTH, C.B.E., Ch.M., F.R.C.S. *Fourth Edition.* 12 Plates and 227 Text-figures. **30s.**

THE ESSENTIALS OF MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS

By R. H. MICKS, M.D., F.R.C.P.I. *Fourth Edition.* **18s.**

A SYNOPSIS OF REGIONAL ANATOMY

By T. B. JOHNSTON, C.B.E., M.D. *Sixth Edition.* 17 Illustrations. **18s.**

PROGRESS IN CLINICAL MEDICINE: A Symposium by various authors.

Edited by RAYMOND DALEY, M.A., M.D., M.R.C.P., and H. G. MILLER, M.D., M.R.C.P., D.P.M. 15 Plates and 22 Text-figures. **21s.**

A HANDBOOK OF OPHTHALMOLOGY

By H. NEAME, F.R.C.S., and F. A. WILLIAMSON-NOBLE, F.R.C.S. *Sixth Edition.* 12 Plates, containing 46 Coloured Illustrations, and 189 Text-figures. **21s.**

THE QUEEN CHARLOTTE'S TEXT-BOOK OF OBSTETRICS

By Members of the Clinical Staff of the Hospital. *Seventh Edition.* 4 Coloured Plates and 285 Text-figures. **28s.**

MINOR SURGERY (Heath, Pollard, Davies, Williams)

Twenty-third Edition. Revised by C. FLEMMING, O.B.E., M.Ch., F.R.C.S. 209 Illustrations. **14s.**

PATHOLOGY: An Introduction to Medicine and Surgery

By J. H. DIBLE, M.D., F.R.C.P., and T. B. DAVIE, M.D., F.R.C.P. *Second Edition.* 395 Illustrations. **48s.**

A TEXTBOOK OF BIOCHEMISTRY For Students of Medicine and Science

By A. T. CAMERON, C.M.G., D.Sc., F.R.I.C., F.R.S.C. *Sixth Edition.* 3 Plates and 25 Text-figures. **18s.**

CHILD HEALTH AND DEVELOPMENT

By Various Authors. Edited by RICHARD W. B. HULLIS, O.B.E., M.D., F.R.C.P. 50 Illustrations. **18s.**

THE M.B., B.S. FINALS 1932-45

By F. MITCHELL-HEGGS, M.B., F.R.C.S. *Third Edition.* **8s. 6d.**

THE MICROSCOPE: Its Theories and Applications

By J. H. WREDDEN, F.R.M.S. With an historical introduction by W. E. WATSON-BAKER, A.Inst.P., F.I.S., F.R.M.S. 298 Illustrations. **21s.**

THE PRACTICE OF INDUSTRIAL MEDICINE

By T. A. LLOYD DAVIES, M.D., M.R.C.P. 8 Diagrams. **15s.**

INSURANCE

for your home | **for yourself**
The "Car & General" Comprehensive "Home" Policy includes FIRE, BURGLARY, DOMESTIC SERVANTS, and many other risks incidental to a home

In these days a "Car & General" Personal Accident Policy is more of a necessity than ever before

CAR & GENERAL
INSURANCE CORPORATION LTD.
83 PALL MALL, LONDON, S.W.1

J. & A. Churchill Ltd., 104 Gloucester Place, London, W.1

H. K. LEWIS & Co. Ltd.

Recently Published. Eighth Edition—Parts 1 and 2. With Illustrations (Many Coloured). Demy 8vo Cloth Bound.

A SHORT PRACTICE OF SURGERY

By HAMILTON BAILEY, F.R.C.S.Eng., and R. J. McNEILL LOVE, M.S.Lond., F.R.C.S.Eng.,
Surgeon, Royal Northern Hospital Surgeon, Royal Northern Hospital, etc.

In order to keep the material as up to date as possible, it has been decided to issue this edition in 5 parts. Present day difficulties and delays in production entail a considerable gap between the written word and the printed text. The price of the complete work is 52s. 6d. net. The parts are not sold separately. They are bound in cloth and will appear at intervals of two or three months.

With 3 Coloured Plates and 323 other Illustrations. Royal 8vo. 45s. net

TEXTBOOK OF OBSTETRICS

By G. I. STRACHAN, M.D., F.R.C.P.Lond., F.R.C.S.Eng., F.R.C.O.G., Professor of Obstetrics and Gynaecology, Welsh National School of Medicine; Gynaecologist, Cardiff Royal Infirmary, etc.

ELEMENTARY PATHOLOGICAL HISTOLOGY

By W. G. BARNARD, F.R.C.P. Second Edition. With 181 Illustrations, including 8 coloured, on 54 plates. Crown 4to Reprinted with additional matter. 12s. 6d. net; postage 7d.

OBSTETRICS AND GYNAECOLOGY

A Synoptic Guide to Treatment
By E. M. W. DOBBIE, M.A., M.B., D.M.R.E., F.R.C.S.
With Illustrations. Demy 8vo. 20s. net; postage 9d.
Ready This Month

THE DIAGNOSIS OF THE ACUTE ABDOMEN IN RHYME

By "ZETA" Profusely illustrated by PETER COLLINGWOOD. Crown 8vo. 5s. 6d. net; postage 4d.

MINOR SURGERY

By R. J. McNEILL LOVE, M.S.Lond., F.R.C.S.Eng. Third Edition. Thoroughly revised. With 221 Illustrations. Crown 8vo. 22s. 6d. net; postage 9d.

A GUIDE TO THE SURGICAL PAPER

With Questions and Answers
Second Edition. Fcap 8vo. 6s. net; postage 2d.

HUMAN HISTOLOGY

A Guide for Medical Students
By E. R. A. COOPER M.D., M.Sc., with a Foreword by F. WOOD JONES, F.R.S., F.R.C.S. Second Edition, with 9 coloured plates and 257 illustrations in the text. Demy 8vo. 27s. 6d. net; postage 9d.

Eighth Edition. With 8 Coloured Plates and 212 Illustrations in the Text. Demy 8vo. 21s. net; postage 9d.

COMMON SKIN DISEASES

By A. C. ROXBURGH, M.D., F.R.C.P., Emeritus Physician for Diseases of the Skin, and Lecturer on Diseases of the Skin, St. Bartholomew's Hospital

Recently Published. Third Edition. With 323 Illustrations (21 Coloured) in Plates and in the Text. Crown 4to. 45s. net.

THE ANATOMY OF THE EYE AND ORBIT

Including the central connections, development and comparative anatomy of the visual apparatus.
By EUGENE WOLFF, M.B., B.S.Lond., F.R.C.S.Eng., Ophthalmic Surgeon, Royal Northern Hospital, etc., author of "A Pathology of the Eye"

Recently Published. Fifth Edition. With 126 Illustrations. Demy 8vo. 25s. net; postage 9d.

TREATMENT BY MANIPULATION IN GENERAL AND CONSULTING PRACTICE

By A. G. TIMBRELL FISHER, M.C., F.R.C.S.Eng., Orthopaedic Specialist to Rheumatic Unit, St. Stephen's Hospital; formerly Hunterian Professor of the Royal College of Surgeons

LANDMARKS AND SURFACE MARKINGS OF THE HUMAN BODY

By L. BATHE RAWLING M.B., B.C., Cantab. Eighth Edition. B.N.A. Terminology. British Edition. With 36 Illustrations. Demy 8vo. 9s. net; postage 7d.

BLIND INTUBATION AND THE SIGNS OF ANAESTHESIA

By J. U. HUMAN, M.R.C.S., (Eng.), L.R.C.P. (Lond.), L.D.S., R.C.S. (Eng.), Third Edition. With 60 Illustrations. 10s. net; postage 4d.

PRACTICAL HISTOLOGY FOR MEDICAL STUDENTS

By D. T. HARRIS, D.Sc., M.D. Fourth Edition. With 2 plates (1 coloured). Crown 4to. 12s. 6d. net; postage 7d.

KETTLE'S PATHOLOGY OF TUMOURS

Revised and rewritten by W. G. BARNARD, F.R.C.P., and A. H. T. ROBB-SMITH, M.A., M.D., M.B., B.S. Fully illustrated with original drawings and photographs. Third Edition. Demy 8vo. 21s. net; postage 9d.

Lewis's Publications are obtainable of all Booksellers

London: H. K. LEWIS & Co. Ltd. 136 Gower Street, W.C.1
Telephone: EUSton 4282 (5 lines) (Established 1844).



INTRODUCING

Nitrogen Mustard Hydrochloride- Boots

A POWERFUL cytotoxic agent which in carefully controlled dosage acts selectively against cells showing increased proliferative activity. Clinical trials have shown that the intravenous injection of Nitrogen Mustard Hydrochloride will reduce the tumour masses in cases of Hodgkin's disease that have become resistant to X-rays, and will bring about a fall in the white cell count in some cases of chronic myelogenous leukaemia. It is also of value in the reticuloses and in some cases of lymphosarcoma.

Boxes of 10 x 10 mg. rubber-capped vials, 13/4½ (Net to the Medical Profession.)

Further information will gladly be sent on request to
the Medical Department

BOOTS PURE DRUG CO. LTD. NOTTINGHAM ENGLAND



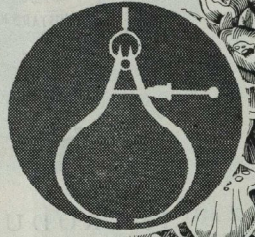
S.28.

THREE ADVANTAGES

over Digitalis Leaf

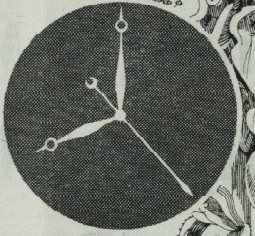
1

PRECISION
OF DOSAGE



2

UNIFORM....
SPEEDY
ABSORPTION



3

REDUCED RISK
OF
TOXIC EFFECTS



DIGOXIN

'B.W. & CO.'

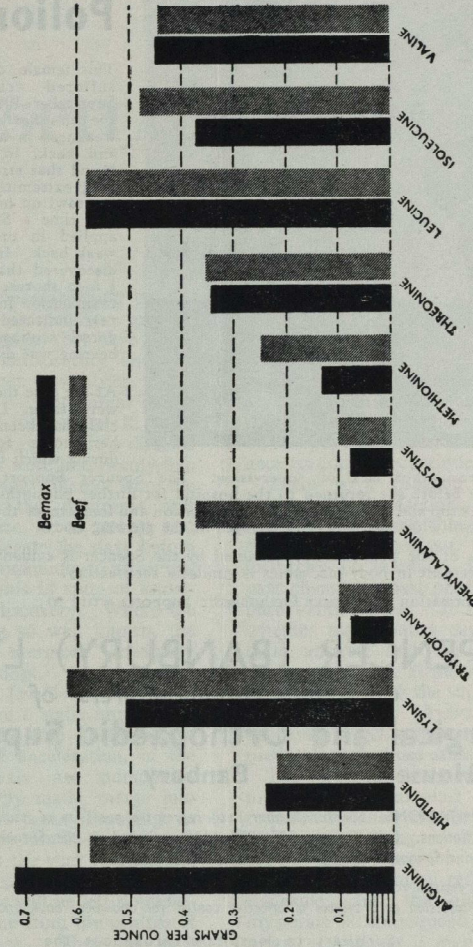
BURROUGHS WELLCOME & CO.



(THE WELLCOME FOUNDATION LTD.) LONDON

What is a "first-class" protein?

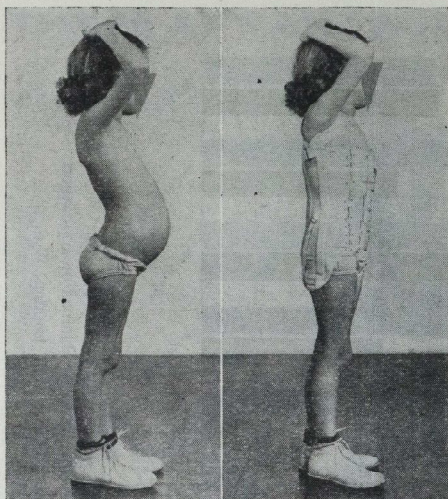
Compare the essential amino acids of beef and Bemax



Full documentation and/or clinical sample of Bemax may be obtained on application to Medical Dept. 48 G. Vitamins Limited, Upper Mall, London, W.6.

This announcement, the chart and the analyses are copyright.

A Spencer Support as an Aid to Treatment of Poliomyelitis



This female child, aged 6 years, suffered acute poliomyelitis September 1946. In March 1947 she was flexible but had extreme weakness in all four extremities and back. In July 1947 it was found that strength had increased in all extremities and she was able to crawl on hands and knees. At this time a Spencer Support was applied in order to protect the weak back. In August 1947 it was discovered that the left leg was $\frac{1}{2}$ inch shorter than the right, and examination in November of that year indicated a beginning of left dorsal scoliosis, and all weight bearing was discontinued.

At the time the above photographs were taken (February 1948) the child had been under treatment at her home for several months during which time she was freely

ambulatory because of lack of supervision. The Spencer Support shewn above was applied shortly before she returned to the hospital for further physiotherapy. The Support has elastic gores top and bottom to assist in respiration and freedom of the lower extremities. The lacers shewn allow for necessary changes in the growing body.

The correction of the postural line obtained by the Spencer is evident in the photograph above. Improvement in body mechanics is similarly satisfactory.

For further information of Spencer Orthopaedic Supports write to:

SPENCER (BANBURY) LTD.

Consultant Manufacturers of

Surgical and Orthopaedic Supports

Spencer House - Banbury - Oxfordshire

BEWARE OF IMITATIONS. Spencer (Banbury) Ltd. regret the necessity of issuing warning to beware of copies and imitations. Look for the SPENCER LABEL stitched in the Spencer Support and ensure that it is a genuine Spencer Support and not a so-called copy.

Spencer copyright designs are original and distinctive and for more than 20 years have been recognised by the Medical Profession as a symbol of effective control for abdomen, back and breasts.

Suppliers to Hospitals throughout the Kingdom under the National Health Service Act of 1946

Trained Fitters available throughout the Kingdom

Copyright: Reproduction in whole or in part is prohibited except with the written permission of S(B)Ltd.

s.n. 110/48

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

Vol. LII

OCTOBER, 1948

No. 9

CHANGE

For the generation now embarking on the study of science, and of medicine in particular, the startling changes that have taken place during the last half-century and the enormous advances that have been made seem in a way unreal — not unreal in the sense of achievement, but unreal in their close proximity to the present. It is difficult to visualize what wards were like twenty-five or fifty years ago and how different were the diagnoses made, and the treatment and prognoses given. There is a strong and natural tendency to relegate the days before penicillin and the sulphonamides to an almost antediluvian era, and this in spite of knowledge of the dates of discovery. Where the historical aspect is not so well known, the "was, is, and shall be evermore" mentality is even more easy to adopt.

The knowledge of a few dates, the names of a few great men give a static impression; they cannot provide the true kaleidoscopic picture of advance, of acceleration, of the ever-shortening intervals as momentous discoveries, painstakingly made, merge into each other and into the past. Teaching, as yet, does not sufficiently emphasize this rate of change, and there is the very real danger, unless they become mentally acclimatized to this speed, that students will be left floundering after they have gone from the centres of teaching and of advance. They are, as it were, like runners in a relay race and should be moving at full speed when they grasp the baton or some of the advantage will be lost and they will be left behind.

Appreciation of the rapidly changing ideas and broadening outlook of the science can only be provided by study of its history; the

latter is essential if a true understanding of contemporary medicine is to be reached, and is even more so if full benefit is to be gained from future discovery.

The course of progress is headlong. Since accretion of knowledge is approximately proportional to the number of those engaged in research, and since the latter is increasing, acceleration will continue.

There is a constant trend to explain matter and its reactions in more and more fundamental terms; this is the slow but inevitable move down Auguste Comte's hierarchy of sciences, down past biology, past chemistry, past physics to the realm of pure mathematics. It remains to be seen whether mathematics can provide the ultimate answer, and the ultimate positivist truth. Medicine, at the moment, appears to be passing through the stage of chemistry and entering that of physics. The important problems, which are being solved to-day, are predominantly those at the level of chemistry.

The more fundamental the problems, the more fundamental must be the instruments required for their elucidation. Thus mitosis and cancer belong to the realm of physics rather than that of chemistry, to the realm of the quantum rather than that of the molecule, and the elucidation of their mysteries is consequently so much farther away. And yet it may not be so distant.

Fifty years have not elapsed since the work of Mendel became known to the world or since human chromosomes were numbered; what may the next fifty not bring?

The first animal hormone was discovered forty-five years ago. To-day the science of endocrinology has reached the stage when it

is apparent that the human mind will be incapable of visualizing hormonal interrelations where so many variables are involved, without the aid of mathematical symbols, although there is still a very long way to go before sufficient is known about these variables for mathematical integration to serve any useful purpose. And yet, but forty-five years have passed and the accumulation of fact is already enormous; what may the next forty-five not show?

It is the extraordinary acceleration of scientific and technological progress which has occurred and is now occurring, that makes it difficult to reject even the most

Wellsian flights of fancy as being impossible of accomplishment, not in some remote and distant age, but within the life span of those now living. From this there emerge two considerations. Firstly a knowledge of the history of medicine is as important as knowledge of any other medical subject, if the student is to be prepared repeatedly to change his outlook. Secondly, it must be realized that the training of a doctor is like the laying of a foundation. This foundation must be broad enough and resilient enough to be able to bear the massive stones that will later be thrust upon it, as the edifice of medicine towers higher and yet higher.

BRITISH ANTI-LEWISITE (BAL)

ITS DISCOVERY AND MEDICAL APPLICATIONS

By V. P. WHITTAKER, M.A., D.PHIL.

BAL, or British Anti-Lewisite, to give it its full name, is an arsenical antidote which was discovered in the Department of Biochemistry, Oxford, during the war, in connection with defensive research against the arsenical war gases. These gases, of which lewisite ($\text{Cl}_2\text{CH}:\text{CH}:\text{AsCl}_2$) is the best known, are really liquids; a drop on the skin is rapidly absorbed producing erythema, vesication and ultimately necrosis at the site of contact. The arsenic thus absorbed into the body then exerts a systemic toxic effect, and intercurrent infection and "shock" may also occur as with thermal burns. British Anti-Lewisite not only detoxicates any free arsenic by combining with it to form a relatively non-toxic compound which is ultimately excreted; it also reverses the combination of the arsenic with the tissue acceptors and can thus prevent the consequences of contamination if applied up to one hour after this has occurred.

Like many wartime discoveries, BAL has been found to have a useful peace-time application in the treatment of arsenical poisoning due to causes other than contamination with arsenical vesicants, and also to other forms of metal poisoning. A clinically important kind of arsenical poisoning is that which sometimes occurs as a complication of arsenotherapy. A persistent exfoliative dermatitis is the commonest sign; agranulocytosis and encephalopathy also occur. BAL can alleviate all these conditions, and this has been its chief clinical application so far. (1, 2, 3.)

The discovery of BAL was no mere accident; it was the result of a planned biochemical research of a type that is increasingly being employed to solve medical problems. It is, therefore, worth while to sketch briefly the stages through which the work passed to a successful conclusion.

Ever since Loewi & Navratil showed that the parasympathomimetic effect of eserine could be accounted for by its strongly inhibitory effect on the enzyme cholinesterase, instances have been accumulating of the way in which interferences with normal physiological function can be traced to the blocking of some enzyme process. A well-known example, and perhaps the first to be fully worked out, is the relation between beri-beri and pyruvate oxidation unravelled by Peters and his colleagues in Oxford⁽⁴⁾. Pyruvic acid is an important intermediate in the oxidation of carbohydrate in animal tissues, and from its oxidation most tissues receive a considerable part of their energy requirements. If the enzyme system which oxidises pyruvic acid ("pyruvic oxidase") is interfered with in any way, the tissues are unable to obtain energy in normal amounts and serious physiological dysfunction results. One of the ways of interfering with pyruvate oxidation is to deprive an animal of vitamin B₁, since a derivative of this vitamin (cocarboxylase) is an essential component of the enzyme system. The syndrome of vitamin B₁ deficiency then makes its appearance and—significantly—pyruvic acid accumulates in the blood.

This example is a useful one because interference with pyruvate oxidation is also believed to be the basis of arsenical poisoning. With the previous experience of vitamin B₁ deficiency to guide them, Peters, Sinclair and Thompson⁽⁵⁾, in trying to find a biochemical explanation of arsenical poisoning showed that "pyruvate oxidase" was again very seriously interfered with by concentrations of arsenic which caused no appreciable inhibition of other systems. The mechanism of this interference was, however, quite different from that operating in vitamin B₁ deficiency. It was due to the ability of arsenic to react with one or more of the protein components of the enzyme system. It is able to do this because these proteins contain a number of thiol (-SH) groups which are essential for the proper functioning of the protein in the enzyme system but which readily combine with arsenic to give a "protein-thioarsinite" which is no longer effective.

The next step was to find out just how arsenic combined with thiol groups and whether simple compounds containing thiol groups could free the "essential" protein thiol groups from the encumbering arsenic and permit them to function again. Stocken and Thompson⁽⁶⁾ showed that arsenic combined with two neighbouring thiol groups in proteins to give a ring compound (Fig. 1.) and that simple organic compounds containing two thiol groups could free the protein thiol groups from the arsenic. This situation is summarized in Fig. 1.

Next, animal and human tests showed that dithiols could reverse the toxic effects of lewisite in vivo⁽⁷⁾, and increase the elimination of arsenic from the organism⁽⁸⁾.

Further experiments showed that BAL could detoxify representative therapeutic arsenicals both in vitro and in vivo^(9, 3), and that its antidotal effect extended to other metals⁽¹⁰⁾.

A point of interest in connection with Fig. 1 is the number of carbon atoms which can separate the two -SH groups of the dithiol before it ceases to be therapeutically active. There is evidence that the antidotal efficiency falls off when this number is 4 or 5, but rises again until 11 or 12 carbon atoms have been inserted⁽¹¹⁾. This provides further evidence for the ring theory.

BAL is thus a simple organic dithiol which was selected from several possible antidotes on account of its favourable physical and physiological properties.

Arsenical Dermatitis

The possible clinical use of BAL was early realised, and was hastened as a result of the frequent occurrence of complications following the introduction of the "massive" type of arsenotherapy during the war. Of these a severe and prolonged generalized exfoliative dermatitis is the most troublesome.

The first recorded cases in which BAL was successfully used to treat arsenical dermatitis were those reported by Longcope⁽¹²⁾ where the dermatitis was due to contamination during manufacture with phenarsazine chloride, an arsenical smoke. Later Eagle⁽¹³⁾ in America and the Oxford team in this country applied it to dermatitis resulting from arsenotherapy, over 70 cases, drawn from all over the country, having been fully reported by the latter workers^(14, 9).

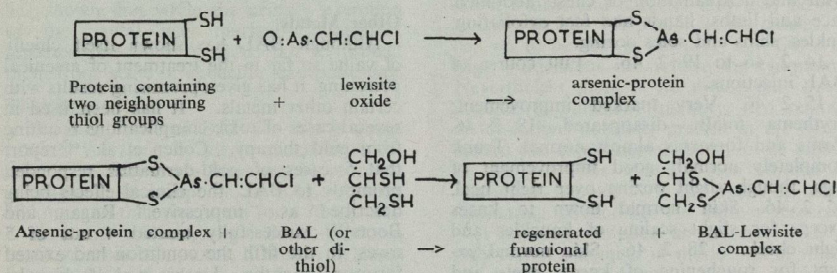


FIG. 1

At first, BAL was applied in the form of an ointment to unaffected areas of the skin, but later Eagle used intra-muscular injection of a 10% solution in peanut oil and benzoyl benzoate. In this country, a 5% solution is preferred, and BAL is now available commercially in this form. The usual course of treatment comprises four injections of 2 ml. of solution on the first day, two injections on the second, third and fourth days and one injection on the fifth and sixth days.

The following is a typical case selected at random from the second series studied by Carleton *et al.*⁽²⁾.

Female, aged 22, Housewife. No previous skin diseases, no family history of allergy.

History. 14.11.45—6.12.45, neosphenamine 1.8 gm. and bismostab 3 ml. 30.12.45, complained of a few irritating spots on hands and feet. Treated with benzoylbenzoate. 1.1.46, Generalized papulo-erythematous rash affecting all areas except face, with oedema of hands, feet and ankles. Given Ca gluconate, ascorbic acid and hesperidin daily. Skin treated with 2% phenol in calamine lotion until 14.1.46. Condition gradually deteriorating.

Condition on Examination. 28.1.46. Generalized desquamative erythrodermia. Exfoliation of hands, forearms, legs and feet. Oozing behind ears, below eyes and on hands and feet. Fissuring of hands, fingers, feet, toes and behind ears. Skin of abdomen thick and rough. Secondary infection under control. Temperature, 99°F.

28.1.46 to 1.2.46. Full course of BAL.

Progress. 1.2.46. Condition better; no erythema of trunk and face; toes and soles of feet oozing slightly. 14.2.46. During previous 10 days patient had relapsed and was showing a generalized erythema again with fine desquamation of chest, abdomen, face and limbs; hands and feet exfoliating; ankles, shins and soles oozing.

14.2.46 to 19.2.46. Full course of BAL injections.

15.2.46. Very marked improvement; erythema totally disappeared. 18.2.46. Arms and forearms almost normal. Trunk completely normal; good improvement of legs, though slight oozing over right heel. 25.2.46. Skin normal down to knees except for slight scaling of knuckles and right cheek. 28.2.46. Skin normal except for roughening of knees, heels and knuckles of left hand; slight crusting and des-

quamation over tibiae; fine scaling of scalp and of small area below left clavicle. Scratch marks in left iliac fossa.

Table 1 summarizes three series of cases treated by BAL injections. In none of these was there opportunity for observing untreated cases as controls, but some idea of the course of the condition in the absence of BAL injections is given by Davies's⁽¹³⁾ account of cases occurring at his hospital from 1929-1941, and by the unpublished observations of Williams and of Bolton quoted by Carleton *et al.*⁽¹⁾. It will be seen that whereas the mean duration of dermatitis in 135 cases which had received neosphenamine was 62.5 days (weighted mean from Davies's data), the corresponding mean duration in one of the treated series was 38.9 days, while the mean number of days which elapsed from the first injection of BAL to complete or almost complete recovery was 23.8 and 21.5 in the two English trials. The American results appear even better, but the initial severity of the dermatitis in their cases may, on average, have been less.

Accurate assessment of clinical trials of this type is notoriously difficult, but it has been stated that 50-70% of cases are definitely benefited, and some respond dramatically.

Encephalopathy and Blood Dyscrasias

Eagle⁽²⁾ states that in 55 cases of encephalopathy caused by intensive arsenotherapy, of which 40 were either convulsing or in coma at the time of administration of BAL, 44 cases recovered within a week. Of the 11 fatalities, 5 received treatment 9-72 hours after the onset of convulsions or coma and in 1 other case the treatment was inadequate. In 10 out of 11 cases of arsenical agranulocytosis, the white count reached normal in 7 days.

Other Metals

Although BAL has shown itself chiefly of value so far in the treatment of arsenical poisoning, it has given promising results with certain other metals. It has been used in several cases of toxic complications resulting from gold therapy. Cohen *et al.*⁽¹⁴⁾ report that 5 cases of gold-dermatitis responded promptly to BAL, the clinical effects being described as "impressive." Ragan and Boots⁽¹⁵⁾ successfully treated 4 out of 5 cases; in the fifth the condition had existed for over 2 months. Lockie *et al.*⁽¹⁶⁾ describe two cases in which the complications were

TABLE I
Summary of results with arsenical dermatitis

No. of cases	No. of cases successfully treated	mean	Duration of dermatitis (days)		No. of days from first injection of BAL to complete or almost complete recovery.		Investigator.
			range	range	mean	range	
<i>A. Untreated cases.</i>							
135	—	62.5	not stated	—	—	—	Davies ⁽¹³⁾
5	—	55	28-102	—	—	—	Williams ⁽¹⁾
2	—	89	60-118	—	—	—	Bolton ⁽¹⁾
<i>B. Treated cases.</i>							
18	16	38.9	5-90	23.8	3-45	—	Carleton <i>et al.</i> ⁽¹⁾
44	37	—	—	21.5	6-46	—	Carleton <i>et al.</i> ⁽²⁾
51	41	—	—	13	—	—	Eagle ⁽⁸⁾

thrombocytopenic purpura and granulocytopenia respectively; "spectacular recovery" occurred in each instance. There is evidence, however, that any improvement in the arthritis may not always be maintained after the gold has been eliminated by BAL.

Longcope and Luetscher⁽¹⁷⁾ have investigated 26 cases of acute mercury poisoning. Twenty-five of these responded promptly to BAL. In eight of these cases about 0.5 gm. of mercuric chloride had been swallowed; massive BAL therapy brought about recovery in 2-3 days. In 7 cases in which about 1 gm. of mercury had been taken, 6 recovered and in the remaining 10, all of which recovered, the initial dose of mercury had been between 1.5 and 20 gm. The authors emphasize the need for intensive therapy in acute cases like these.

BAL has so far not been successfully applied to lead poisoning. Several series of experiments with animals have been unsuccessful; thus a recent study with rabbits⁽¹⁸⁾ has shown that while the urinary excretion of the metal was markedly increased, repeated injections of BAL fail to protect them from acute or subacute lead poisoning.

Toxicity

The LD₅₀ dose of BAL for rats is about 115-120 mg./kg.; in severe metal intoxication its toxicity may, however, be reduced. A single 2 ml. ampoule of BAL contains 100 mg. and thus represents for a 70 kg. man a dose of 1.43 mg./kg. BAL produces transient toxic symptoms, however, in doses between 3 and 5 mg./kg.; single doses up to 8 mg./kg. have been given to normal sub-

jects. These produce headache and other subjective symptoms, lachrimation, salivation, nausea and vomiting and raised blood pressure, but the subject returns to normal after a few hours. No interference with renal function has been observed either clinically or experimentally, but increased toxic effects were noted in animals with hepatic damage⁽¹⁹⁾.

The reason for the toxicity of BAL is not yet known, but there is probably no simple explanation. At least two factors must be taken into account: the flooding of the organism with -SH groups which may affect the -SH and -S-S groups in proteins, and the formation of metal complexes with cations involved in certain enzyme systems⁽²⁰⁾ or in the composition of body fluids; moreover BAL is possibly further metabolised and in part excreted in a conjugated form⁽²¹⁾. A recent study⁽²²⁾ points out that the transient toxic symptoms caused by doses of BAL of between 1 and 6 mg./kg. resemble those of latent tetany, and suggests they may be due to Ca⁺⁺ or Mg⁺⁺ depletion of the tissues. It has yet to be shown, however, that Ca⁺⁺ or Mg⁺⁺ injections can relieve the symptoms. Nevertheless there is no doubt that BAL, injected in sufficient quantity, can remove metal cations normally present in the body; indeed the experimental depletion of metals in this way has already been studied in relation to copper^(23, 25) and opens up many fascinating possibilities for further research.

It has been implied above that BAL is only one of a number of dithiols all of which are potential antidotes. It was originally developed for skin inunction and it is not in

all respects an ideal drug for injection. It is not very soluble in water, its toxicity precludes really massive therapy in severe cases and its occasional lack of success (as for example with lead) may be due to the insolubility and toxicity of certain of its derivatives. A derivative of BAL, "BAL-Intrav," has now been developed^(24, 25, 26) which is extremely soluble in body fluids and non-toxic even in high doses. Unfortunately this substance has not, as yet, progressed beyond the experimental stage.

- (1) Carleton, A. B., Peters, R. A., Stocken, L. A., Thompson, R. H. S. and Williams, D. I., *J. Clin. Invest.* 25, 497 (1946).
- (2) Carleton, A. B., Peters, R. A. and Thompson, R. H. S., *Q. J. Med.* 41, 49 (1947). *Lancet* 2, 497 (1947).
- (3) Eagle, H., *J. Ven. Dis. Inform.* 27, 114 (1946).
- (4) Peters, R. A., *Lancet*, 1, 1161 (1936).
- (5) Peters, R. A., Sinclair, H. M. and Thompson, R. H. S., *B. J.* 40, 516 (1946).
- (6) Stocken, L. A. and Thompson, R. H. S., *B. J.* 40, 529 (1946).
- (7) Stocken, L. A. and Thompson, R. H. S., *B. J.* 40, 535 (1946).
- (8) Stocken, L. A. and Thompson, R. H. S., *B. J.* 40, 549 (1946).
- (9) Stocken, L. A., Thompson, R. H. S. and Whittaker, V. P., *B. J.*, 41, 47 (1947).
- (10) Thompson, R. H. S. and Whittaker, V. P., *B. J.* 41, 342 (1947). Stocken, L. A., *ibid* 358.

WESSEX RAHERE CLUB

The next dinner of the Club will be held at the Royal Hotel, Bristol, on Saturday, 16th October at 7 p.m.—7.30 p.m. Although organised for old Bart's men living in the counties of Somerset, Gloucestershire and Wiltshire, any other Bart's men who find themselves able to attend will be welcomed. The Secretary will be grateful if all who wish to come to the dinner will let him know by Monday, 11th October, at the latest.

ABERNETHIAN SOCIETY

153rd Session 1948-1949.

Meetings to be held October-December, 1948

- Thursday, October 14 Mr. Geoffrey Keynes on "Blood Transfusion and the Historical Approach." October 28. Medical Films.
- November 4. Dr. R. M. B. MacKenna on "Meanderings on the Third Floor."
- November 18. Dr. Cuthbert Dukes on "The Origin and Spread of Intestinal Tumours."
- December 2. Debate, the motion being that: "This House is in favour of the Legalisation of Human Artificial Insemination as a method of bringing about pregnancy unattained or unattainable by ordinary sexual union between husband and wife."
- December 11. Viscount Addison on "Life in Parliament."

The Meetings on October 14th and December 11th will take place in the Anatomy Lecture Theatre, Charterhouse Square: the rest will be held in the Clinical Lecture Theatre.

- (11) Whittaker, V. P., *B. J.* 41, 56 (1947).
- (12) Longcope, W. T., Luetscher, J. A., Wintrobe, M. M. and Jager, V., *J. Clin. Invest.* 25, 528 (1946).
- (13) Davies, A., *J. Roy. Nav. Med. Serv.* 29, 153 (1943).
- (14) Cohen, A., Goldman, J. and Dubbs, A. W., *J.A.M.A.* 133, 749 (1947).
- (15) Ragan, C. and Boots, R. H. *J.A.M.A.* 133, 752 (1947).
- (16) Lockie, L. M., Norcross, B. M. and George, C.W., *J.A.M.A.* 133, 754 (1947).
- (17) Longcope, W. T. and Luetscher, J. A., *J. Clin. Invest.* 25, 557 (1946).
- (18) Germuth, F. G. and Eagle, H., *J. Pharm.* 92, 347 (1948).
- (19) Cameron, G. R., Burgess, E. and Trenwith, V. S., *B. J. Pharmacol.* 2, 59 (1947).
- (20) Webb, E. C. and van Heyningen, R., *B. J.* 41, 74 (1947).
- (21) Spray, G., *B. J.* 41, 362 and 366 (1947).
- (22) Russell, B., Green, B. and Wand, L. G. R., *Lancet*, (2) 169 (1948).
- (23) Mandelbrote, B., *B.Sc. Thesis*, Oxford (1947). Mandelbrote, B. and Thompson, R. H. S., *Brain* (in press).
- (24) Danielli, J., Danielli, M., Frazer, J. B., Mitchell, P. D., Owen, L. N. and Shaw, G., *B. J.* 41, 325 (1947).
- (25) McCance, R. A. and Widdowson, E. M., *Nat.* 157, 837 (1946), McDonald, I., *ibid.*
- (26) Wetherall, M., *Brit. J. Pharmacol.* 3, 137 (1948).

(B.J. = Biochemical Journal)

CORRESPONDENCE

THE JOURNAL COVER

(We print below an open letter on this subject.)

My dear Corsi,

It is, I suppose, too long ago for you to recall the Whistler v. Ruskin Action-at-law, as recorded in the artist's "The Gentle Art of Making Enemies," in which the Attorney General asked Whistler: "Do you think, now, that you could make me see the beauty of that picture?" And Whistler's reply: "No! Do you know I fear it would be as hopeless as for the musician to pour his notes into the ear of a deaf man" (laughter).

I can understand your aversion to certain features of the Eric Gill design—to the unpleasantly ill-favoured faces of the monk and of the girl and the girl's ungainly figure. Neither the physiognomy nor the attitude of the monk, as you suggest, symbolize the traditional idea of the saintly Rahere. All, I agree, making it unsuitable for the *Journal*.

Nevertheless, I feel that there is something to be said for the "beauties" of the design. As a striking contrast of the two simple media of deep black and clear white, it is a clever piece of artistic craftsmanship. See how the large black mass of the monk's hood and gown balances the white of the female figure on the opposite side, and the cunning way in which the black mass is relieved by white lines and lettering, as is the white area by black patches and black lettering. Then there is the intriguing "pattern" of the design, made up of long sweeping curves. Two long curves enclose the figures: one down over the back of the monk from the tip of the hood; the other, also from the tip of the hood, but down over the tip of her thumb, her head, his hand and her arm to the tip of the elbow below.

The internal pattern is made up of other long curves, such as, for one example of many, that which begins as the white line dividing the hood from the gown, and is continued along the lower border of his arm, her head and his thumb towards the letter E. The lines (black and white) of the drawing are all firm and bold, without niggling or hesitation, such as should delight a surgeon or any other craftsman. One minor pleasing detail is in the way that the tip of the hood and that of the elbow just jut over the line of the oval frame thus breaking its conventional severity.

There are other beauties I might mention did I not feel that my already rash attempt may appear ill-contrived and unconvincing. The more artless drawing of the Smithfield entrance gate which formerly adorned the cover of the *Journal* satisfied hospital history, sentiment and propriety.

Why not return to it?

Yours sincerely,

H. G. A.

August 11th, 1948.

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

May I contribute, at some length, to the correspondence over the *Journal* cover?

Dr. Corsi is prepared to be educated into a better appreciation of beauty. This appreciation is an intensely personal process. The feeling of beauty can

only be aroused when that which is beautiful⁽¹⁾ is appreciated by a mind capable of feeling beauty; these two things are complementary and the feeling of beauty is not independently in either. A third factor, empathy, is postulated, which supplied by the mind and applied to that which is beautiful, arouses in that mind the feeling of beauty—the whole process being that of appreciation. The term empathy was first used in aesthetics by Lipps who defined it as "the objectivated enjoyment of self." Its constitution is variable, it is the individual aspect of the process of adaptation. According to Bullough⁽²⁾ "In a general way adaptation implies, positively, the attending to the various aspects presented by the object (either spontaneously or by an act of involuntary attention) and the opening of all the channels of reminiscence, associations, historical and technical knowledge, inferences, emotional resonances, organic sensations, etc., in so far as they may impart an adequate meaning to the object and lead to an adequate interpretation of it on the lines predetermined by the artist. Negatively it involves the cutting out of all irrelevant trends of thought, extra-aesthetic points of view and suppression of useless or disturbing dispositions." From this we may infer that appreciation is a function, the result of which is variable for different people and for a given person at different times (as the total of knowledge, experience and constitution varies) but which is inevitable for a given person at a given moment. We also infer that there are likely to be as many variations in appreciation as there are appreciators since the empathetic response will not be the same for two persons. (This may not be quite true for certain forms of abstract art. The line of beauty of Hogarth may have universal appeal. Certain proportions and colours may arouse a constant response, but experimental aesthetics shows these expectations to be of only limited validity. Thus Fechner found that a majority were satisfied by the golden section (1:1.618) many by the proportions 1:1 and 1:3 and few by other proportions. Bullough found the response to colour variable and postulated four types of judgment—objective, physiological, associative and character. The majority of plastic works of art are so complex that the complex responses of two persons are unlikely to be identical⁽³⁾. Because of this variation it seems impossible to designate any one response as best. (It may be suggested that the response of the artist is best but because of his association of the acts of creation with appreciation, his response is of a different character to, and incomparable with, the appreciation of a simple beholder). Since the term, better, implies an advance towards that which is best and since there is no best response to the act of appreciation, the term better may not properly be used in qualification of appreciation.

These arguments may seem tedious, but I have applied them only because the type of comparison in terms of goodness implied by Dr. Corsi seems to me to represent an attitude of mind which threatens the widespread enjoyment of beauty of all kinds. Those who "understand modern art" and despise the "less fortunate" who do not and

those who pour abuse on contemporary work and dismiss as quasi-intellectual fops those who have no love of the "grand style" represent the extreme outcome of such an attitude, setting up artificial and unwarrantable standards which condense the breadth of their own natural, individual, pleasure.

Art derives from two sources⁽⁴⁾, a principle of form derived from the organic world⁽⁵⁾, objective and universal it is a function of perception, and a principle of origination, peculiar to man and a function of imagination. These principles are compounded differently by various artists. Blake wrote "All Forms are Perfect in the Poet's Mind, but these are not Abstracted nor Compounded from Nature but are from Imagination."⁽⁶⁾ The more the artist calls upon imagination the less will be the material for positive adaptation available to the observer. It follows that a knowledge of the beliefs and the circumstances of the life of the artist and repeated acquaintance with the manifestations of his daimon will supply the key to the apparent mystery of his expression. By the application of this knowledge the appreciator may increase, quantitatively, his pleasure. Some art has so much of the personal idiom of the artist and the enjoyable appreciation of it is so esoteric a phenomenon, that its force is that of creation and not of appreciation. It is not, therefore, bad art but a different, private art. Some art is expressed within artificial boundaries (e.g., Greek Sculpture) and a knowledge of the ideals of the artist is useful to the full love of the work. Some art is to be actively, intellectually studied and its beauty is the kind of beauty to be found in a thread of perfect reasoning—it is a different kind of art not properly compared in terms of goodness with other kinds. By understanding the mechanism of adaptation a picture may be approached and a maximum amount of pleasure obtained. By negative adaptation associations which give rise to a feeling of incongruity may be dismissed. (In this respect it is interesting that circa 200 A.D., because fashions in hairdressing changed rapidly, some busts were provided by the Roman sculptors with removable marble wigs).⁽⁷⁾ The process of adaptation normally occurs unconsciously and for this reason I believe it best to approach most art in a submissive rather than a critical frame of mind and I sometimes feel that my small knowledge of artistic criticism has blunted the keenness of my pleasure.

Some of the criticisms of Doctors Corsi and Martin-Doyle may be answered to my satisfaction (though they may be still unanswered for others). Dr. Corsi finds inappropriate the physiognomy of Gill's Rahere. Personally I find it reminiscent of the rather formalised profiles portrayed by early Christian painters (e.g., Two Apostles by Aretino Spinello and many Italian triptychs—the style persisting occasionally to about the 15th century). Since this style was largely used in the representation of holy persons the association is a happy one and carries into the design something of the quality of an apt quotation. Dr. Martin-Doyle finds the hands distracting—I rather miss his point—it might be humorous were the nails abnormal, but they are not. Let him examine the hands of "The Dead Christ" by Crivelli, of S. Thomas in "The Madonna of the Girdle," by Matteo di Giovanni, of S. Peter from "Ss. Peter and Dorothy," by Master of S. Bartholomew⁽⁸⁾, and consider

whether his criticism does not lose point in the ubiquity of such "errors" and certainly let him examine the right hand of the figure on the present Journal cover. He also objects to the nudity of the woman on the grounds of incongruity, but to me it is quite reasonable. She has the nakedness of pain, she shows the female form with its associations of frailty—the white of her skin contrasts with the black robes of the monk and the outline of the nude figure gives certain advantages over the draped in the composition of design. He objects to the "embrace" which seems to me protective rather than erotic. Dr. Corsi objects to the "arty-intellectual" woman, but the downswEEP of the forehead and nose, the angulated arms contrasting the broad angle of the monk's arm and replying to the peak of his hood make the figure at once compact with pain and downswEEP with submission.

It may be argued that these points are small and artificial—but so, to me, seemed the criticisms—they seemed more motivated by wit and mischief than by a desire to find beauty in the design, and because I believed the design to be enjoyed without active reasoning its rational justification seems as shallow as its ungentle reception.

I do not, myself, desire greatly that the design should appear on the *Journal* cover because although it might be loved by some, it would, I am sure, offend others, and whilst it would be good to have a fine cover enjoyed by all, it is not right that some readers should have pleasure at the expense of the sensibilities of others.

Yours faithfully,
WILLIAM JOHNSON.

*The Abernethian Room,
Hill End Hospital, St. Albans.
August 8th, 1948.*

Notes—

- (1) The term "that which is beautiful" is perhaps unsatisfactory and is used in the sense of that which is perceived and which can under suitable circumstances inspire the feeling of beauty in the perceiver. It has been used in the interest of simplicity.
- (2) Bullough—*Brit. J. Psych.* XII, 92-99.
- (3) For further information and references see article on experimental aesthetics by H. S. Langfield in *Encyclopaedia Britannica*.
- (4) Herbert Read *Education through Art*, Faber & Faber, p. 35.
- (5) Man's happiness, his flaunting honey'd flower of soul,
is his loving response to the wealth of Nature.
Beauty is the prime motive of all his excellence,
his aim and peaceful purpose.
—Robert Bridges—"The Testament of Beauty."—Oxford, 1929. Lines 120-123.
- (6) *Life of William Blake*, by Alexander Gilchrist—*Everyman*, p. 271. (Blake's notes on Reynolds's Discourses. Brit. Museum Library).
- (7) L. Goldscheider—*Roman Portraits*—Phaidon, p. 8.
- (8) see *Hands from pictures in the National Gallery*—printed for the trustees, London, 1946, plates 10, 16 and 20. Other plates are also of interest in this context.

THE FIRST YEAR

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

It is now twelve months since Charterhouse opened its monastic precincts to women students for the first time.

Bart's first preclinical women students! How ominous those words sounded to our ears, when we were welcomed last October by the chairman, Sir George Aylwen. Great must have been the apprehension, yet it was evident that there had been much forethought and every possible facility was made available to us. Luxurious cloak rooms had been prepared, and the gates and doors of Charterhouse were flung wide to welcome us. Our fears were indeed no less than those of the staff and students already installed there, but they were soon banished, as we trust were theirs. We have enjoyed every moment of our life at Charterhouse and only hope that we have fulfilled all expectations.

We would like to thank the Dean and the College Council, the Professors and their Teaching staffs, the secretaries, the laboratory assistants and all those who have been so kind and patient in administering to our female whims, and last but not least our fellow male students who have taken us into their midst as true colleagues. We would also like to thank all those responsible for the excellent sports facilities which are now available at Chislehurst.

In conclusion we would say to the women students who are entering Charterhouse for the first time this October: Have no fears, for you will have no regrets. You have come to the right place.

Yours faithfully,

K. M. S.

*The Medical College,
Charterhouse Square. July 22nd, 1948.*

MEDICAL CONSULTATIONS

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

Since qualification I have often thought of our training at Bart's, and considered that the Thursday afternoon entertainment known as Medical Consultations was most valuable. These Consultations were stopped during the War, and if they have been restarted I wonder whether they are conducted in the same spirit as formerly.

We had the great good fortune of having Lord Horder as one of the senior Physicians present at these consultations, at which a case would be presented, and then, starting with the most junior member of the staff and working upwards, each would have his say. The more the disagreement the more we enjoyed it, and Lord Horder was a past master of the art of destructive criticism and of pouring ridicule on the suggestions of others.

On one occasion there was the strange case of a man who was suddenly struck by an excruciating pain in the left leg, which, after a few moments gave way to a similar though more persistent pain in the other leg. In due course the second limb went gangrenous and was amputated above the knee. Dr. Cullinan suggested that an embolus, probably from the left auricle, had hovered at the bifurcation of the aorta, like Hamlet not knowing

which course to take, and after obstructing the blood flow to one limb had finally descended the other. Lord Horder, in a manner that would have done credit to the best Council for the Prosecution, asked whether such a fantastic story could possibly be accepted, and I think that on the whole the Jury was influenced by his rhetoric.

A year or two later, when in the P.M. room, I saw a corpse with the right leg amputated, and the left leg gangrenous, and it proved to be the very same case. When the aorta was opened an impressive sight met our gaze. The vessel was grossly atheromatous, and dangling from an ulcer was a thrombus about three inches long, reaching right down to the bifurcation.

Dr. Cullinan's suggestion was by far the nearest to the truth, though this story is really by the way. These Consultations taught us that even the Great can have wide divergences of opinion, and that we should take nothing as Gospel truth, but think and observe for ourselves. To succeed in achieving this end there must be plenty of repartee and the Great must be rude to each other, otherwise they will not play to a packed house. If the discussion is polite and restrained, those who do turn up are in danger of falling asleep. Things may be different now, but this certainly was the case in pre-war days, when we were allowed to drift about in the monastic atmosphere (now, I gather, sullied by the intrusion of female students) and absorb what we would. The entertainment had to be good between three and four or we preferred to drink tea, and any lesson to be well learnt had to be hammered into our thick skulls.

Thus I feel strongly that Medical Consultations, in their old form, should be an integral part of the life of the Hospital, and should be held at a time when as large a number of the physicians as possible can give their support.

I am, Sir, yours faithfully,

GRAHAME FAGG.

*38, Richmond Park Road,
East Sheen, London, S.W.14. Sept. 4th, 1948.*

BART'S CRICKETERS

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

In the article on W. G. Grace in your July number, I do not see any reference to Dr. Grace, the son of Dr. E. M. Grace and nephew of W. G.'s, who was a contemporary and fellow player with me in the Bart's C.C. of 1910. In July, 1938, returning from a holiday in Cornwall, and coming by car, my way lay close to Thornbury, Glos., where the Grace family practised.

As a devotee of the great game I was delighted to find a game in progress and what is more that Dr. Grace and his son were on the field.

A spectator told me that the doctor had just made 50 and hit a ball over the pavilion.

Needless to say I stayed to see the game out and had the pleasure of renewing my acquaintance with the doctor. I met another son at the Wrekin College, Wellington, playing against a side of Staffordshire Gents., of which I was then a playing member.

Yours faithfully,

R. MURRAY BARROW.

*Mansion House,
Stone, Staffordshire. August 6th, 1948.*

SELECT OBSERVATIONS

By M. J. CLARKE-WILLIAMS.

"Select Observations on English Bodies of Eminent Persons in Desperate Diseases. First written in Latin by Mr. John Hall, Physician; After Englished by James Cook, Author of the Marrow of Chirurgery.

To which is now added, an hundred like Counsels and Advices, for several Honorable persons; with all the Several Medicines and Methods by which the several cures, by the blessing of God, were effected; and they be of great use to several Practitioners in Physick and others: By the same Author.

In the Close is added, Directions for drinking of the Bath-water, and Ars Cosmetica or Beautifying Art: by H. Stubbs, Physician at Warwick.

London, Printed for Willium Marshall at the Bible in Newgate Street, 1683."

The first one hundred and eighty-two Observations are notes on cases treated by John Hall, a physician at Stratford-on-Avon at the end of the sixteenth and during the first half of the seventeenth centuries. The last eighteen Observations, the Counsels, the Directions for drinking of the Bath-water and the Ars Cosmetica, being the work of James Cook and others, we will disregard for the purposes of this article. We are primarily concerned here with the medical writings of "Dr." John Hall (1575-1635), who married William Shakespeare's eldest daughter Susanna in 1607. John Hall studied at Queen's College, Cambridge, obtaining his B.A. in 1593, and, though he never took his M.B., he must have been qualified to practice as a doctor by Bishop's or Archbishop's licence, because throughout his life he was wont to consult fellow members of the profession on equal terms. He set up practice in Stratford-on-Avon at "Hall's Croft" in 1600. His practice was not confined to Stratford, often he had to ride to Northampton, Ludlow, and other distant towns to treat his patients. He was evidently frequently called in as a second opinion, and despite the title of the work, he describes cases from all classes of society. He has, of course, a bias towards those who can sport a title or who are in service in a titled household! He seems to have been very popular with his patients both rich and poor. Several patients appear in more than one Observation, recording their different illnesses.

"Mrs. Chandler of Stratford-upon-Avon, aged 34," was suffering from "Long sickness, and great Flux of her Courses, falling into an ill habit of Body"; and two years later:

"Mrs. Chandler of Stratford-upon-Avon, aged 36, five days after Labour,

fell into an Erratick Fever, with horror, heat, and shaking often day and night."

Baron Compton, who is severally described as "Earl of Northampton"; "President of Wales"; and "The Most Illustrious Lord, Lord William Compton" appears no less than five times complaining of various ailments from a "bitter pain by the heat of urine" to a "swelling of the Face arising from Rheum." John Hall took a personal interest in his patients and several of the case histories contain comments on the patients. "The Lady Jenkinson (fair, pious, chaste)"; "Mrs. Brown, young, of a very good habit of Body"; "The only Son of Mr. Holy-oak (which framed the Dictionary)"; after Lord William Compton had been "troubled with a Distillation from the Head to the Gums" John Hall records "And so he was perfectly cured, so that he rode with King James in his Progress into Scotland"; and similarly "My Lady Rainsford (beautiful, and of a gallant structure of Body)"—an almost unprofessional interest in his patients!

Their religion, too, was a matter of interest to the doctor, and although a very strict Anglican himself, he treated all his patients whether Roman Catholic or Anglican with the same care. He describes the case of "Brown, a Romish Priest, labouring of an Ungarick Feaver, in danger of Death," . . . here follows details of the treatment . . . "By these beyond all expectation the Catholick was cured." John Hall was not jealous of another doctor's advice and in cases where a second opinion was called in, he records the second doctor's prescriptions with the detail that he does his own. "The Lord of Northampton, aged about 29" having been treated "with happy success" by John Hall for his complaint, "That night being restless, he sent for Dr. Clayton from Oxford" after

which the drugs used by Dr. Clayton are recorded and "By these all the Tumors were removed and he cured." The illnesses in John Hall's own family are also recorded:

"Mrs. Hall of Stratford, my Wife, being miserably tormented with the Cholick, was cured as followeth:" she was purged, "yet the pain continued, being but little mitigated; therefore I appointed to 'inject' a pint of Sack made hot" and "To her Stomach was applied a Plaster . . . With one of these Clysters I delivered the Earle of Northampton from a grievous Cholick."

"Elizabeth Hall, my only Daughter, was vexed with Tortura Oris, or the Convulsion of the Mouth," . . . here follows details of the treatment . . . "After the use of these, the former form of her Mouth and Face was restored" . . . "Jan. 5, 1624. In the beginning of April she went to London, and returning homewards, the 22nd of the said Month, she took cold, and fell into the said Distemper on the contrary side of the face; before it was on the left side, now on the right;" . . . more details of treatment . . . "Thus was she delivered from Death, and deadly Diseases, and was well for many years. To God be praise."

John Hall treated both his wife and his daughter himself, and indeed when he fell ill himself he tried for a time to treat the illness, but as it became worse "Then my wife sent for two Physicians . . . my Friends." He records that "About the 57th year of my age, August 27, 1632, to Septemb. 29, I was much debilitated with an immoderate Flux of the Hemorrhoids . . ." Then follows a serious illness during which he was very feverish and suffered from severe toothache and delirium, from which by use of multifarious remedies he was cured. During the course of the Observations, which are not arranged in any particular order either chronologically or by subject, John Hall refers to several authorities, who recommended similar lines of treatment to that used in the case being described; among these are Thonerus, Riverius, Eugal, Senertus and Forestius.

John Hall undoubtedly specialised in the treatment of Scurvy, which was very prevalent in England in the seventeenth century. And there is no doubt that it was a serious illness, often proving fatal. There are a large number of cases of Scurvy described, of which the following two are typical:

"The eldest Son of Mr. Underhil of Loxley, aged about 12, having laboured the summer before of a malign Spotted-fever, after fell into the Measles, of which he was cured Jan. 1, 1634. Being sent for to him, I found him grievously afflicted with the Scurvy; on the right side he had a Tumor without Discoloration, so that I judged there was a Tumor of the Liver. He was grown as lean as a Skeleton, was Melancholy, with black and crusty Ulcers appearing in the legs. He had a loathing of Meat, a disposition to Vomit, and an Erratick Feaver; his Urine was red, as in a burning Feaver, yet without thirst or desire to drink. The Pulse was small, weak, and unequal, scarcely to be perceived with the Finger; all Signs of a confirmed Scurvy. His parents were very earnest with me to cure him; I told them, I would do my utmost to do it, but it would require some time, and it would be difficult."

Similarly:

"Mrs. Mary Talbot, Sister to the Countess, a Catholick, fair, was troubled with the Scurvy, with swelling of the Spleen, erosion of the gums, livid spots of the thighs, Pain of the Loins and Head, with Convulsion and Palsy of the Tongue; her Pulse was small and unequal, her Urine was troubled and thick. The Countess asked me whether there were any hopes of life? I answered, Yes, if she would be patient and obedient, although her Scurvy was confirmed."

The dread in which Scurvy was held is well illustrated by the conversation quoted at the end of each of these excerpts. The treatment which John Hall gave for Scurvy varied in detail from case to case, but the general line that he adopted was:—"R. Garden Scurvy—grass, 4 handfuls². Water Cresses, Brooklime, each 2 handfuls. Juniper berries bruised, 1 handful. Wormwood, $\frac{1}{2}$ handful. Boyl them in sufficient quantity of new Beer to four gallons, of which make Beer." This antiscorbutic drink might have been quite efficacious as it must have contained a fair amount of Vitamin C.

Urinary disorders were commonly seen and John Hall noted a large number of cases and their treatment.

"Butler of Stratford, from gentle motion of his Body, was much troubled with pissing blood, which came in abundance, with Pain in the Kidneys; his Urine was so hot that it very much tormented

him, especially about the Prepuce" . . .
"To his back were applied Plates of Lead, full of holes, moistened with Vinegar."

In the seventeenth century only one venereal disease was recognised—Gonorrhœa—and this treatment with plates of lead was the usual one prescribed for it. John Hall also records its use for "Abundance of the Whites," "Flux of Semen and Night Pollutions," which were probably other symptoms of venereal disease.

"One of Northampton, aged about 65, was much troubled with the heat of Urine, and Strangury, with an Ulcer in the neck of the Bladder." . . . "All this while he wore Plates of Lead much perforated, and often changed to his Back." . . . "For many days a Leaden Pipe was put into the Yard, and there kept (which was anointed with Ung. Rubrum) as long as he could. His Cods being tumified, were anointed with Unguent. de Minio." . . . "Thus was he freed from the heat of his Urine. But now being vexed with a virulent Gonorrhœa, he took the following Powder for ten days: R. Sarsaparilla 1½ oz. Bark of Guaiacum ½ oz., Cinamon 2 scruples, 5 grs., Sena 2 drams. Dodder, Hellebore root, each 1 dram, fine Sugar 2 ozs. Mix them, and make a Pouder. Dose 1½ ozs." . . . "And by this he became well. But after riding to London (by what occasion I know not) it broke forth again, where he had the advice of Doctor Harvoy." . . . "After this, being hurt with the forcing in a Pipe to remove a Caruncle by a Chirurgion, he again relapsed, and never was cured."

"William Clavel, troubled with a virulent Gonorrhœa, and extreme heat of Urine, having been under another's hands for a month without Profit, was cured with the following Remedies in fifteen days space." . . . "By the use of the Decoction of Sarsaparilla he was very well purged, and delivered altogether from the pains of the Loins, and the heat of Urine in four days, and by the use of the Electuary he was altogether cured of his Gonorrhœa."

Menstrual disorders are frequently mentioned, especially symptoms arising around the menopause and at childbirth.

"Julian West, aged 53, troubled with an immoderate flux of her Courses" . . . "Of this Decoction take 1½ oz. morning and night for three days, which emptied her Body from ill humors."

"Mrs. Barnes of Tolton, being troubled with the overflowing of her Courses, a month after Birth, was cured only by the following Remedy: R the Shavings of Hartshorn, ¼ dram, taken in drink, in the morning for four days. She felt present ease and was altogether restored and cured."

At the 'end of "Observ. XVI." of the "Second Century," John Hall lays down this classification of Gastro-Intestinal troubles, which formed a large part of his practice, as indeed they form a large part of any G.P.'s practice.

"Observe well, 1. If there be a good Digestion, and not the like separation, then there is a Dysentery. 2. If there be Separation and not Digestion, then it is Lientery. 3. If neither Separation, nor Digestion, there is present a Diarrhea. If the matter in the Stomach be putrified, then there is a Flux of the Belly, with various colour."

Piles, from which John Hall himself suffered, are severally described as "Arse-gut fallen out," "Hemorrhoids" and "falling out of the Fundement." The usual treatment for them was a hot "Camomel" fomentation to the Anus "as hot as could be endured," manual reduction and then leeches were applied to the veins. Many sufferers from "Cholick" are described, but no attempt is made to differentiate the colic into the different types which are referable to different abdominal organs. "Ascarides, or little Worms in the Fundament" were even more common than at the present time.

"Dixwel Brunt of Pillerton, aged 3 years, had a Tumor of the Navil, out of which broke five long worms out of a little hole like a Fistula; the Nurse pulled out four dead, but the fifth was somewhat alive, the fore part not moving, the hinder part stirred, as witnessed the Nurse, Father, Mother and Maid."

"Richard Wilmore of Norton, aged 14, vomited Black worms, about an inch and half long, with six feet, and little red heads;" . . . "The next day after his Father brought some wrapped up in Paper, they crept like Earwigs, and were very like, save in colour." . . . after an emetic . . . "This gave seven vomits, and brought away six Worms, such as I never beheld or read of."

Malaria was very common in England in the seventeenth century and we find mention

of it in Shakespeare's "The Life of Henry the Fifth"; Mistress Quickly, the hostess of the inn in Eastcheap, describes the last illness of Falstaff in these words: "As euer you come of women, come in quickly to Sir Iohn: A poore heart, hee is so shak'd of a burning quotidian Tertian, that is is most lamentable to behold. Sweet men, come to him." The play was written in 1598. John Hall had many cases of malaria which are recorded in his "Observations."

"Mr. Drayton, an excellent Poet, labouring of a Tertian, was cured by the following: R the Emetick Infusion 1 oz. Syrup of Violets, a spoonful: mix them. This given, wrought very well both upwards and downwards."

Sundry lesser complaints are also recorded and many positively revolting forms of treatment employed.

"Mr. Wilson, . . . being grievously vexed with a Rheum in his Eyes," was purged and then "Outwardly was applied to the Forehead and Temples the following Plaster" which contained among other things "Dragon's Blood, 2 drams" . . .

"Upon the Eyes were applied Whites of Eggs well beaten in Rosewater and Women's Milk."

"Mr. Powel of Ludlow, aged 50, having an Ophthalmia, accompanied with a continual Defluxion, so that his whole face was excoriated, neither could he endure to see the light," . . . also had a plaster applied, among the ingredients of which were "Frankincense, Myrrh, each 1½ drams. Dragons blood, 1 dram" . . .

It is interesting to note that in "Whites Pharmacopœia" (1792) the use of "Sanguis Draconis" is said to be for "Hæmorrhage, uterine with alum. Externally in Empl. Thuris Comp. It now gives place to a more efficacious gum-resin, called Kino."

"Mary Wilson, aged 22, afflicted with a Hectick Feaver, with a Cough, obstructions of her Courses, and Weakness, was thus cured: There were appointed Meats boiled, as Veal, Hens, Capons, fed either with Barley, or crammed with Past made of Barly Meal; Frogs, Snails and River-Crabs were also exhibited; by this she got flesh."

One hopes that the Frogs and Snails were exhibited to the hens and capons and not to Mary Wilson!

"Talbot, the First-born of the Countess of Salisbury, aged about one year, being

miserably afflicted with a Feaver and Worms, for that Death was only expected," . . . here follows details of the treatment . . . "And thus he became well in three days, for which the Countess returned me many thanks, and gave me a great Reward."

"Cooper Marit of Pebworth, aged 48, perceived vapours or wind ascending from her Feet into the Stomach, and so ill, that she could scarce be kept from swooning," . . .

"Robert Sartor^s of Stratford upon Avon, aged about 34, fell into a violent bleeding at the Nose, which intermitted for four hours, and returned again, was stopt as followeth: I caused Tents made of new Cloth, often dipp'd in Frog-spawn in March, and dried, to be put up his Nostrils."

"Lydia Trap, the Daughter of Mr. Trap, aged about two years, labouring of a burning Feaver, want of sense and motion in some parts, and the Worms, insomuch that Death was daily expected" . . . Among the treatments we find that "To the region of the Heart was applied this: R Old Treacle, 1 dram. Pouder of Piony root, ½ dram. make a Plaster. About her Neck she wore round slices of the same Root; and the Pouder of the same Root was strewed upon her Head."

During John Hall's own illness "Then was a Pigeon cut open alive, and applied to my feet, to draw down the vapours; for I was often afflicted with a light Delirium." And lastly:

"John Emes of Alcester, aged 15, was cured of pissing in bed thus, R the Wind-pipe of a Cock dried, and made into powder, and with Crocus Martis given in These were the days of multiple medicines, a rear Egg every morning."

several containing as many as ten to fifteen ingredients. Treatment appears to have consisted in purging the patient first, and while he was undergoing the effects of the aperient, to apply the real or accepted cure. John Hall does not record the cases of many, who either succumbed to the treatment or for whom the treatment was not beneficial; so that a superficial glance at his "Select Observations" would give the impression of an hundred per cent. cure rate. The book is arranged in two "centuries," but the second hundred was not completed by John Hall and we find that James Cook, the

translator, has added this note at the end of the "Observ. LXXXII." of the "Second Century": "Thus have I dispatched what I had of the Author; and if I add any more to compleat the Century, I hope it will not be offensive." Throughout the observations Dr. Cook has sparsely added his own comments, which range from an alternative line of treatment of his own to:

"Wife (whether of the Author, which is most probable, or of the Man that went before, or of some other, I know not, because not mentioned) was troubled with the Scurvy . . . Febr. 9, 1630."

This 1683 edition is the second edition of the translation of John Hall's work, which is in itself a proof of its popularity as a reference book for the profession. And I think the fact that Dr. Cook bothered to obtain John Hall's case notes, translate them, and publish them is indicative of the esteem in which John Hall's opinion was held. Dr. Cook has included an index entitled "An alphabetical Table of Diseases and Medicines" which, although the page numbers are occasionally misleading, certainly increases the value of the book as a work of reference. At the commencement of the Observations proper we find "Health is from

the Lord. Cures Historical and Empirical experienced on Eminent Persons in several Places," which I think may very possibly have been the title of John Hall's case book. In the "Preface to the Reader" James Cook quotes Dr. Stubbs, the author of the "Ars Cosmetica," as having said "not many months before he died": "We must study all ways possible to find out and appoint Medicines of cheap rate, and effectual; for Money is scarce, and Country-People poor." I do not think that John Hall could have wished for a better motto for his book.

NOTES.

1. The word "inject" is used throughout the work to mean "administer."
2. For convenience in printing, quantities are given in modern symbols.
3. I wonder if this "Doctor Harvov" is the famous Dr. William Harvey, M.D. (1578-1657), who discovered the circulation of the blood, was Physician to King James I, and was a Physician to St. Bartholomew's Hospital?
4. I quote from the First Folio of Shakespeare's Plays, printed in 1623.
5. This I believe is a mistranslation from the Latin by Dr. Cook, and should read "Robert, tailor of Stratford upon Avon . . ." Sartor is such an unlikely surname, and the description of the man would be in keeping with John Hall's comments on many other of his patients. The "Tents made of new Cloth" would have been readily-available in a Tailor's shop also.

STUDENTS' UNION COUNCIL MEETING FOR AUGUST

Points of general interest arising were:—

1. *St. Bartholomew's Fair.*
A Sub-Committee was formed to consider whether it would be possible and desirable to hold a St. Bartholomew's Fair on August 24th, 1949.
2. *Amendment to Constitution.*
An amendment was accepted to be brought before the General Meeting. It stated that any elected member of Council who was dismissed from the Council for being absent on three successive occasions, without a satisfactory excuse, should not be eligible for re-election.

ST. BARTHOLOMEW'S HOSPITAL CHRISTIAN UNION

The Secretary presents the following summarised report of the past year's activities. Almost every day the Union met, for prayer during the lunch interval or for other meetings noticed below.

Freshmen were introduced to the Union at tea in the Library on 2nd October, 1947, when Mr. J. P. Hosford, M.S., F.R.C.S., took the chair and Dr. Martyn Lloyd Jones gave an inspiring address.

Monthly Church Services for students were held by the Vicar, Canon E. F. Donne, in St. Bartholomew's-the-Less on the first Wednesday in the month at 9.25 a.m. and these continue monthly.

On Fridays at lunch-time, addresses on the impact of Christianity on life included those by a lady missionary who crossed into forbidden Tibet, by members of the professional units' staff, by an eminent psychiatrist and by a variety of otherwise experienced Christians.

Two coloured sound films, "God of Creation" and "God of the Atom," attracted big audiences; this modern method of presenting truth provoked much interest in those problems, unresolved except by Christian faith, set between the ultra-microscopic wonders of minute organisms and the macroscopic marvels of astronomic bodies calculated to be in number as the grains of sand of this earth.

Discussion groups held on Tuesdays at lunch-time helped to solve students' problems under the guidance of Holy Writ.

Medical missions formed the basis for some meetings, and Mr. Fletcher Lunn, F.R.C.S., of the C.M.S. Hospital, Cairo, was adopted as the Union's Missionary for prayerful support.

Participation in the activities of the London Inter-Faculty Christian Union and the Inter-

Varsity Fellowship was enjoyed by members throughout the year.

The Constitution of the Union was brought up to date by a General Meeting. At the Annual General Meeting in April, the following were elected to serve for next year:—

President, Peter H. Simmons. Dep. President, Gains Davies. Secretary, Peter F. M. Warlow. Treasurer, Denis Bartlett. Prayer Sec., R. J. D. Anderson. Missionary Sec., Andrew C. Cox. Committee Members, Murray G. Taylor and E. Nottidge.

BOOK REVIEWS

GARDINER'S HANDBOOK OF SKIN DISEASES, revised by J. Kinnear. Pp. 250. 5th edition. E. & S. Livingstone, Ltd., Edinburgh. Price 15s.

The appearance of a new edition of this handbook is welcome in view of its well deserved popularity among students. After allowing this handbook to be reprinted twice, Dr. Kinnear has subjected it to thorough revision; as a result, it is readable, up-to-date and lavishly garnished with 80 illustrations and 20 colour plates.

This work is reasonably complete and authoritative, but is especially suitable for the beginner; the more advanced student who requires a reference book for revision will occasionally be baulked by rambling sentences and personal reminiscences. However, this does not detract from the book's interest, and we have no hesitation in recommending it as a useful introduction to the study of dermatology.

A POCKET GYNAECOLOGY, by S. G. Clayton. J. & A. Churchill Ltd., London. Pages iii and vii. Price 7s. 6d.

This is a new book, and should be welcomed

by many students, especially those already acquainted with similar works in the same series.

By economy of words, the author has condensed the facts essential for examination purposes into a little over one hundred pages.

The first three chapters are allotted to the anatomy, physiology, embryology, and congenital abnormalities of the female genital tract.

The rest of the book deals with common gynaecological disorders.

In the section on backache in women, the author's opening sentence is worthy of note: "A woman with backache usually has something wrong with her back."

The final chapter is devoted to drug and hormone therapy, and the common gynaecological operations. Pen-sketches are employed from time to time to illustrate the text.

The book is eminently readable, well set out, and sturdily bound. As a quick reference book, however, it could have been more adequately indexed. It should prove valuable to students requiring a pocket-sized work for revision purposes.

ST. BARTHOLOMEWS HOSPITAL DRAMATIC SOCIETY

WILL PRESENT

"THE BUSMAN'S HONEYMOON"

by

DOROTHY L. SAYERS

at

THE CRIPPLEGATE THEATRE

on

4TH & 5TH NOVEMBER 1948

at 7-30 p.m.

TICKETS: 7/6 5/- 3/6 2/6 1/6

FROM: HON. SEC. DRAMATIC SOCIETY,
ABERNETHIAN ROOM,
ST. BARTHOLOMEWS HOSPITAL.

SPORT

ATHLETIC CLUB

A RETROSPECT OF 1948

This has been a successful and happy season for the Club, culminating in winning the United Hospitals Championship Shield for the first time since 1934.

A welcome feature was the number of newcomers to the Club, although the Preclinical members of the Hospital still appear somewhat shy in coming forward and demonstrating their athletic prowess to us. Perhaps next year. . . ?

Outstanding was of course Arthur Wint, and to this brilliant athlete we extend our heartiest congratulations for his achievements in the Olympic Games. A great favourite with a discerning and critical crowd Wint did all that was expected of him, and his running in the 400 and 800 metres will go down in the History of Athletics as examples of classic and beautiful running.

G. Davies, A. E. Dormer, A. John and B. Lascelles were also making their debut with the Club this summer, and proved themselves to be invaluable members. Dormer is a very strong runner as his performance in the U.H. Championships showed.

Much of the Club's success has been due to the untiring efforts of Mr. A. H. Drewer whose coaching sessions on Tuesday evenings were extremely valuable, if somewhat brutal and conducive to many a stiff limb.

It is always difficult to mention by name those whose efforts merit such flattery. Wint's running was always brilliant; D. C. Morgan after a somewhat shaky start ran some magnificent races; and J. Menon confirmed his success of last winter over the country by winning most of his 3-mile runs when and how he pleased. We congratulate the latter on being awarded his London University team colours for Cross-Country.

The following were awarded colours for the season:

Honours Colours—awarded A. S. Wint, B. H. du Heaume.

Re-awarded—J. I. Burn, J. A. Menon, D. C. Morgan.

Team Colours—awarded A. E. Dormer, P. Fildes, A. H. John, B. Lascelles.

Results

Matches 8: Won 6, Lost 1, Drawn 1.
3rd in L.U. Championships.
1st in U.H. Championships.

CROSS COUNTRY

The season commences with social runs from the United Hospitals Hare and Hounds H.O. at the Dysart Arms, Petersham, on Saturday, October 2nd (2.45 p.m.), and Saturday, October 9th.

All those interested are asked to contact either of the Hon. Secs. (P. D. Matthews and J. A. Menon.)

Dates to remember are:

Oct. 23rd. U. H. Handicap.

Nov. 20th. U.H. v. Dublin (at Dublin).

Dec. 11th. L.U. Championships.

Feb. 5th. Barts v. Bristol U. (at Bristol).

March 12th. Kent-Iguges Championships.
J. I. B.

R. U. F. C.

This season the club is running four sides and will provide games for all those who wish to play rugby for the Hospital. Trials have already been held and the first match was played on September 25th, but preclinicals should note that further trials will be held on Wednesday, October 6th, and Saturday, October 9th, at the Bart's Ground, Foxbury, Chislehurst; all players, especially preclinicals, are urged to turn out for either one or both of these trials.

Officers of the Club for season 1948-49 are as follows:—

President: Dr. E. F. Scowen.

Captain: P. D. Moyes.

Vice-captain: W. H. Wilkinson.

Hon. Secretary: J. L. M. Corbet.

Hon. Treasurer: A. M. Baker.

Preclinical Representative: B. D. Hick.

CRICKET CLUB

July 9th v. St. Thomas's Hospital. Chislehurst. Won by 3 wickets.

The hospital beat St. Thomas's in the 2nd round of the Hospital Cup by three wickets, in the second replay, having narrowly escaped defeat in the previous game. St. Thomas's batted first and, except for a partnership of 62 by Morison and Faulkner-Lee fared poorly against steady bowling on an unhelpful wicket. Bart's started poorly, losing a wicket in the first over but fine batting by Vazifdar, and May in an invaluable stand of 114 for the third wicket put the issue beyond doubt, although three wickets were unnecessarily thrown away before Aubin scored the winning run.

Scores:—St. Thomas's Hospital 152 (Faulkner-Lee 40, Vazifdar 4-20).

St. Bart's Hospital 153-7 (Vazifdar 87, May 38).

July 10th v. Emmanuel College, Cambridge.

Away. Won by 6 wickets. Emmanuel won the toss and, batting first, were put out for 91, only Mouldsdale showing any real resistance against the hostility of Vazifdar and the guile of Clappen and Ross.

Bart's lost 4 wickets for 49 before Clappen, by excellent forcing cricket, and ably abetted by Chapman, carried the hospital to victory.

Scores:—Emmanuel College 91 (Vazifdar 4-33, Mouldsdale 30). St. Bart's 97-4 (Clappen 44 not out).

July 11th v. Rabbits C.C. Home. Drawn.

Scores:—Rabbits 169-9 dec. (Abbott 59, Tomlinson 4-34). Bart's 18-1.

July 17th v. Finchley C.C. Home. Drawn.

Scores:—Finchley 173-7 dec. (Hanley 38, Tomlinson 4-48). Bart's 18-1.

July 24th v. Public Schools Wanderers. Home. Won by 177 runs.

The captain having at last received his opposite number with the coin, Bart's batted first for a change and rattled up a good score by forceful cricket. Haigh did a Bedser, Tomlinson repeated his performance of last year, and May only missed his 50 because the skipper wanted a drink.

When the P.S.W. batted, seven consecutive maidens were bowled by Clappen and Haigh—the best bowling seen at Chislehurst for a long time. Aubin

also did not waste a ball, and Morgan had the misfortune to have three catches dropped. Apart from these lapses the fielding was good, Haigh setting the example with an excellent slip catch.

Scores:—Bart's 216-2 dec. (Tomlinson 110 not out. May 48 not out, Haigh 40). P.S.W. 39 (Aubin 4-5, Clappen 3-9).

August 2nd v. Holloway Sanatorium. Away. Drawn.

Scores:—97 (Tomlinson 33, Waterhouse 21 not out. Clark 8-41). Holloway did not bat.

J.D.W.T.

NOTTS TOUR

August 14th v. Forest Amateurs. Won by 10 wickets.

The first match of the tour proved to be a resounding victory, with the name of Clappen figuring largely in the score book and the local papers: besides taking six wickets he made two catches—a fine performance. In reply to a total of 54, Vazifdar and Biddell scored the necessary runs with great skill and confidence.

Scores:—Forest Amateurs 54 (Clappen 6-21; Vazifdar 3-12; Haigh 1-3). Barts, 58-0. (Vazifdar 37 not out; Biddell 1 not out).

August 15th v. Mitre C.C. Lost by 121 runs.

After having five Mitre wickets down for 36 runs, Bart's let the match slip out of their hands. Mitre scored 187 and Bart's could only muster 66. Aubin and Vazifdar caught the eye of the reporter and Ross the eye of the opposition. For the rest, the less said the better.

Scores: Mitre C.C. 187 (Vazifdar 4-47; Aubin 3-39). Bart's 66 (Vazifdar 17).

UNIVERSITY EXAMINATION
POSTAL INSTITUTION

17, RED LION SQUARE, LONDON, W.C.1
Over 50 years' experience

POSTAL COACHING FOR ALL
MEDICAL EXAMINATIONSSOME SUCCESSES GAINED BY OUR
STUDENTS:

Final Qualifying Exams. 1901-1947	1327
M.R.C.P. (London) 1901-1947	427
Primary F.R.C.S. (Eng.) 1901-1947	411
Final F.R.C.S. (Eng.) 1901-1947	308
F.R.C.S. (Edin.) 1901-1947	110
M.D. (Lond.) 1901-1947	454
M. and D. Obst. R.C.O.G. 1936-1947	123
D.A. 1936-1947	143
D.C.H. 1936-1947	96
M.D. by Thesis	Many Successes

MEDICAL PROSPECTUS, LIST OF TUTORS, Etc.,
on application to: THE SECRETARY, U.E.P.I.,
17, RED LION SQUARE, LONDON, W.C.1.
(Telephone HOLBORN 6313)

August 16th v. Edwinstow C.C. Won by 4 wickets.

A sporting declaration by the opposing skipper enabled Bart's to obtain a victory by four wickets in an exciting game.

Scores: Edwinstow C.C. 110-6 dec. (Clappen 2-6; Haigh 2-31). Bart's 115-6 (Tomlinson 33; Mayes 22 not out).

August 17th v. Derbyshire County Police. Drawn.

Bart's declared at tea-time, but were robbed of a possible victory by rain. Aubin and Vazifdar provided some excellent hostile bowling, undoubtedly the finest attacking bowling by the hospital side this season.

Scores: Bart's 99-5 dec. (Tomlinson 32; Biddell 26). Derby Police 29-6 (Aubin 3-13; Vazifdar 3-15).

August 18th v. Notts City Police. Won by 62 runs.

The last match of the tour provided a fitting end to five most enjoyable days in and around Nottingham. The play was of a high order and a notable victory was gained over a side containing three men who have played for Nottinghamshire. Excellent batting by Tomlinson and Biddell was followed by good bowling by Aubin, Vazifdar and Haigh, backed up by keen fielding from the whole side.

Scores:—Bart's 177-8 dec. (Tomlinson 67; Biddell 48). Notts Police 115 (Aubin 3-23; Vazifdar 3-26; Haigh 2-37).

The cricket club is indebted to Mr. Tomlinson for arranging the Notts Tour. Thanks to his great hospitality and his untiring efforts it was a wonderful success. We beg to express our gratitude for a most enjoyable week.

P.D.M.

ANNOUNCEMENTS

DEATHS

Andrew. On July 29th at Brighton, George Andrew, F.R.C.S. Aged 96.

Cunning. On July 29th at Reigate, Joseph Cunning, F.R.C.S. Aged 76.

Hounsfeld. On August 6th at Stoke Bishop, Bristol, Maurice Coupland Hounsfeld, M.B., Ch.B. (Cantab.). Aged 43.

Roberts. On August 25th at Ottershaw, James Ernest Helme Roberts, O.B.E., M.D. (Lond.), F.R.C.S., Consulting Surgeon to St. Bartholomew's Hospital.

APPOINTMENT

Magnus. Dr. H. A. Magnus, M.D., has been appointed to the Chair of Morbid Anatomy tenable at King's College Hospital Medical School.

CHANGE OF ADDRESS

Framley. Dr. A. B. Framley's address is now "Cedar Cottage," Alfriston, Sussex.

EXAMINATION RESULTS

UNIVERSITY OF LONDON

M.D. EXAMINATION

Branch I (Medicine)			July, 1948
Andrews, R. H.	Cooper, C. F.	Terry, R. B.	Walters, F. J. H.
Cates, R. N.	MacDougall, I. P. McL.	Monckton, G.	
Branch V (Hygiene)		Branch VI (Tropical Medicine)	
Roden, A. T.		Harold, J. T.	

M.S. EXAMINATION

Branch I (Surgery)	July, 1948
Murley, R. S.	

SPECIAL SECOND EXAMINATION FOR MEDICAL DEGREES

			July, 1948
Beale, I. R.	Durell, M. N.	Jarvis, H. C. M.	Smith, G. C.
Blake, A. S.	Evans, E. W.	Johnson, R. J. R.	Sproull, A. M.
Butcher, R. H. G.	Fallows, L. G.	Leigh, I. G. G.	Venables, P.
Caplan, J.	Goodspeed, A. H.	Lumley, P. W.	Waddy, G. W.
Chitty, W. A.	Green, A. N.	Marsh, G. W.	Waterhouse, J. P.
Connell, P. H.	Gretton, A. H.	May, A. G.	Watkins, D.
Courtenay, P. H. E.	Hambling, M. H.	Morrison, B. A.	Weston, T. E. T.
Cracknell, D. D.	Harrises, E. H. L.	Moynahan, A. R.	Whittard, B. R.
Dodson, J. W.	Hodgson, D. C.		

SPECIAL FIRST EXAMINATION FOR MEDICAL DEGREES

			July, 1948
Bailey, R. D.	Davies, A. P.	Marshall, L. J.	Standing, E.
Biddell, P. B.	Hennessy, D. B. E.	Martin, R. M.	Thompson, S. G.
Bird, G. C.	Hill, D. A.	Mears, G. W. E.	Ullmann, H. A.
Bunting, J. S.	Langdon, L.	Pearce, J. F.	Viner, J.
Chandler, M. R.	Mackay, A.	Rose, M. H. G.	Walker, L.
Chester, B. K.	Marker, H. R.	Ryan, H. S. S.	Wint, A. S.
Cook, W. A.			

The following External Candidate has completed exemption from First Medical.
Shute, F. J. A.

The following Higher School Candidates have qualified for exemption from First Medical.
Livingstone, V. C. Need, R. E. Vickery, C. M.

ROYAL COLLEGE OF PHYSICIANS

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

			July, 1948
Adams, J. C. L.	Blanshard, T. P.	Jenkins, B. A. G.	Monckton, G.
Aronson, R. P.	Brown, K. P.	Martlew, R.	Wigglesworth, R.
Bates, D. V.			

ROYAL COLLEGE OF SURGEONS

At the Primary Examination held in July, 1948, the following were successful:—

Benall, H. H.	Jacobs, H. B.	Oliver, J. E.	Todd, I. P.
Fison, L. G.	Lawrance, K.	Shepherd, E.	Walker-Brash, R. M. T.
Hadfield, G. J.	Monks, P. J. W.		

R. C. P. AND R. C. S.

Diploma in Anaesthetics			June, 1948
Ballantine, R. I. W.	Hosford, M. D. C.	Pope, E. S.	
Diploma in Laryngology and Otology			June, 1948
Fulton, I. N.			
Diploma in Medical Radio-Diagnosis			April, 1948
Stewart, J. M.	Thomson, I. L. G.	Weber, G. N.	
Diploma in Public Health			June, 1948
Fluker, J. L.	Jepson, L. F.	McConachie, J. W.	

Intelligence Service

In those fields of therapeutics where there is greatest activity it is inevitable that standard textbooks are sometimes unable to keep pace with important new developments. The medical student who wishes to keep abreast of such developments but cannot spare the time to consult original publications will often find that the publications issued by manufacturers of new drugs are of considerable value. Medical students are cordially invited to communicate with us whenever they feel we might be of help. Write, or 'phone ILFord 3060, ext. 99 or 100.

..... for sleeplessness ^{trade mark} 'SONERYL' the original brand of butobarbitone provides the ideal hypnotic for all cases of insomnia whether of mental or physical origin. It is rapid in action producing a natural dreamless sleep within half an hour, which is maintained from six to eight hours.

..... where sleeplessness is associated with pain

^{trade mark} 'SONALGIN' brand butophen with codeine combines the hypnotic properties of 'Soneryl' with the analgesic actions of codeine and phenacetin and is of particular value in the relief of pain in such conditions as dysmenorrhoea, neuralgia, myalgia fibrositis and migraine.

Supplies: 'Soneryl' tablets in containers of 12, 25, 100 and 500 x gr. 1 (0.1½ Gm.)

'Soneryl' suppositories in boxes of 5,

each containing gr. 3, gr. 5, or gr. 10 of the active product

'Sonalgin' tablets butobarbitone gr. 1 (0.065 Gm.),
codeine phosphate gr. 1/6 (0.011 Gm.),
phenacetin gr. 3½ (0.227 Gm.).

containers of 25, 100 and 500

M&B Medical Products



manufactured by

MAY & BAKER LTD.

distributors **PHARMACEUTICAL SPECIALITIES (MAY & BAKER) LTD. DAGENHAM**

Some ethical products of the House of

BENGER

AURALGICIN A new treatment for otitis media incorporating the principles of decongestion osmosis with remedial analgesia. Available in 12.5 and 50 ml. bottles.

BENERIC A new low-molecular peptone for non-specific desensitisation in cases of migraine, asthma, skin allergies and hay fever. Available in boxes containing 5 ampoules of 5 ml. each.

FERRIVENIN A stable and non-toxic solution of saccharated oxide of iron for the intravenous treatment of all cases of refractory hypochromic anaemia and other patients showing intolerance to oral iron therapy. Supplied in 5 ml. ampoules, each containing 100 mg. of elemental iron. Available in boxes of 5, 10 and 50 ampoules.

CASYDROL ORAL: A mixture of amino acids, polypeptides and lactose derived from fat-free whole milk and meat protein. INTRAVENOUS: A protein hydrolysate preparation containing 5% glucose. Indicated in all cases of protein depletion. (Marketed jointly with GENATOSAN LTD.)

EXTOMAK Desiccated hog's stomach preparation for oral administration in cases of pernicious anaemia, sub-acute combined degeneration of the spinal cord and kwashiorkor.

CHRONALGICIN Ear drops for the treatment of Chronic Suppurative Otitis Media. Combines Urea, Ephedrine, Silver Proteinate and Phenyl Mercuric Nitrate for effective action. Available in bottles of 25 ml and 100 ml.

Literature, etc. from
BENGER'S LTD., HOLMES CHAPEL, CHESHIRE



Making Tracks for WINTER SPORTS?

Too true—he wouldn't miss them for anything—they are the one high spot that makes the Winter worth while. And he can have ten really grand days in Switzerland for as little as £31/14/0 and still have over two pounds a day out of the basic £35, to spend on this and that!

It really is a good proposition.

Why not get the whole story for yourself?

Call or write for Winter Sports programme, which covers resorts in Switzerland, France, Italy, Austria, Norway and Sweden.

INITIATION PARTIES AT KANDERSTEG
Inclusive price £52 : 10 : 0

INTERMEDIATE SKI-ING PARTIES
AT SCHEIDEGG from £39 : 18 : 6

COOK'S WORLD TRAVEL SERVICE

THOS. COOK & SON LTD., Dept. HOL/1/GK, Berkeley Street, London, W.1. or Branches.



Fig. 1

CASE HISTORY

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

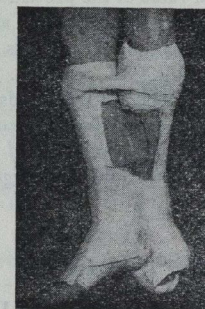


Fig. 2

Persistent Post-traumatic SKIN ULCERATION

A cross-leg flap graft and immobilisation
with Gypsona

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



Fig. 3

PLAIN TALKS ON INFANT FEEDING

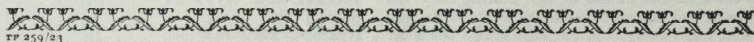
No. 2

What 'Humanised' Really Means

The adjective 'Humanised' has been attached to Trufood for reasons that will bear examination and satisfy the scientific mind. The approximation to human milk which has been achieved in Trufood is amazingly close. The difference between them in character and content is very slight. In fat content they are equal (both 3.4). In protein, Trufood has slightly more (1.8 as against 1.3). In carbohydrate Trufood has 6.3 while human milk has 6.9. This equalisation has been achieved mainly by building up the soluble proteins and cutting down the casein—the factor in cow's milk which gives the baby's digestion so much trouble. As to character, the similarity between Humanised Trufood and Mother's Milk is equally impressive. The Trufood curd is soft and easily digestible—as in Mother's Milk. Indeed, under laboratory test, it is difficult to detect any difference, while in the matter of amino-acids—the nutritional value of the protein—Trufood matches Mother's Milk in grouping and percentages. In all respects, it can be scientifically proved that Humanised Trufood is by far the nearest approximation to Mother's Milk yet achieved. And this scientific proof is confirmed by the experience of thousands of babies; they get the same nourishment and the same digestive contentment as they do from Mother's Milk. *Literature giving detailed information can be obtained by writing to Trufood Ltd. (Dept. BHJ), Bebington, Wirral, Cheshire.*

Issued by the Makers of Trufood—

NEAREST TO MOTHER'S MILK



TP 259/23

AT LAST!

GENUINE

BRITISH MADE

RECORD SYRINGES

GUARANTEED EQUAL TO BEST PRE-WAR QUALITY

Look for the "FLAME" Brand

SYRINGES ONLY	-	-	1 c.c.	7/-	Each
			2 c.c.	8/-	"
			5 c.c.	12/6	"
			10 c.c.	14/6	"
			20 c.c.	17/-	"

NEEDLES HYPODERMIC	-	-	1/-	Doz.
INTRAMASCULAR	-	-	10/-	"
EXPLORING	-	-	15/-	"

As in use at St. Bartholomew's and many other London Hospitals.

REPAIR EXCHANGE SERVICE

Reconditioned Syringes in
exchange for parts of
broken syringes

SUPPLIED IMMEDIATELY

Telephone—
Gerrard 3185/2313

W. H. BAILEY & SON, LTD.

45 OXFORD STREET & 2 RATHBONE PLACE, LONDON. W1
Manufacturers of Surgical Instruments, Appliances and Hospital Furniture

Telegrams—
"Bayleaf," London

E. & S. LIVINGSTONE, LTD. Medical Publishers

EDINBURGH and LONDON

PRESENT A SELECTION OF THEIR LATEST BOOKS FOR STUDENTS

EMERGENCIES IN MEDICAL PRACTICE

Edited by C. ALLAN BIRCH, M.D., F.R.C.P. 278 pp. 113 Illustrations.

25s.

THE MODERN MANAGEMENT OF GASTRIC AND DUODENAL ULCER

Edited by F. CROXON DELLER, M.D., M.R.C.P. 000 pp. 57 Illustrations.

20s.

MANUAL OF PUBLIC HEALTH: HYGIENE

Third Edition. By J. R. CURRIE, M.D., LL.D., M.A., F.R.C.P., D.P.H., and A. G. MEARNS, B.Sc., M.D., D.P.H., F.R.S.E. 742 pp. 212 Illustrations, some in Colour.

35s.

DISEASES OF THE CHEST

Described for Students and Practitioners

Second Edition. By ROBERT COOPE, M.D., B.Sc., F.R.C.P. 588 pp. 165 Illustrations.

25s.

TEXTBOOK OF ANAESTHETICS

Seventh Edition. By R. J. MINNIT, M.D., D.A., and JOHN GILLIES, M.C., M.B., F.R.C.S.E., D.A. Demy 8vo. 560 pp. 229 Illustrations.

30s.

Please write for a copy of complete illustrated catalogue

THE
**MUNDESLEY
SANATORIUM**
NORFOLK.

Resident Physicians :

S. VERE PEARSON, M.D. (Cantab.),
M.R.C.P. (Lond.)
E. C. WYNNE-EDWARDS, M.B. (Cantab.),
F.R.C.S. (Edin.)
GEORGE H. DAY, M.D. (Cantab.)

Terms from 10½ guineas weekly

For all information apply the Secretary :
The Sanatorium, Mundesley, Norfolk

**SUPPLEMENTARY
UNITS**
help the young man
over the
Financial Stile!



FOR LESS THAN £1 PER
MONTH (ranking for Income
Tax Relief) . . . a healthy life
aged 30 can secure life cover of
£1,000 carrying with it valuable
conversion rights.

CM&G

**Supplementary
UNITS POLICY**

**Clerical, Medical & General
Life Assurance Society**

Chief Office:

15 St. James's Square, London S.W.1

Telephone: WHIttehall 1135

AT
YOUR  SERVICE

The Name & Fame of "Blakes"

HOSPITAL EQUIPMENT

We have a Ministry of Pensions contract to supply all Hospitals with Trusses, Belts, Elastic Hosiery and Rubber Urinals.

We are also in a position to supply Hospital Theatre equipment, Ward Accessories, Surgical Dressings, Fittings, etc.

The sole aim of our organisation is to give efficient service and satisfaction to our clients, whether for large orders or for single articles.

Fittings by experienced fitters at your Hospital or at any of our 35 branches.

BLAKE'S *Medical Stores Ltd*

Head Office: 8 SUNNYHILL ROAD, LONDON, S.W.16
Tel: STR 0738 and 35 branches throughout the country

personal
approach to winter protection



In the vitamin alphabet 'A' and 'D' are the recognised initials of protection. (Yet those who know this best often fail to turn their knowledge to *personal* advantage). Adexolin Capsules provide these vitamins in a convenient form for adults, each capsule yielding 4,500 i.u. of vitamin A and 900 i.u. of vitamin D; the normal routine is one or two daily from October onwards, with a larger dosage if infection threatens—for example, when the onset of a cold is suspected. For infants and children Adexolin Liquid provides an equally sound and economical routine, fortifying the body's resistance to infection through the *natural* mechanisms.

GLAXO

ADEXOLIN

Capsules: 4,500 i.u. vitamin A, 900 i.u. vitamin D per capsule. In tins of 25 and 100
Liquid: 12,000 i.u. vitamin A, 2,000 i.u. vitamin D per cc. In 14 cc. and 2 oz. bottles

GLAXO LABORATORIES LTD., GREENFORD, MIDDLESEX. BYRON 3434

Just Published

**MODERN METHODS
of
INFANT MANAGEMENT**

Edited by R. W. F. COLLIS, MA, MD, FRCP, FRCP, DPH. With the Collaboration of NINIAN McI. FALKNER, MD, ScD, FRCP, FRCOG, P. C. D. MacCLANCY, LRCP & SI, DCh, and M. MORAN, SRN.

A practical handbook on baby care and management from ante-natal care to the end of the first year. Chapters include Ante-Natal Care; Construction of Labour; Management of New-born Baby; Technique of Breast Feeding; Artificial Feeding; Principles and Problems of Infant Feeding and Dietetics; Congenital Abnormalities; Blood and Skin Conditions; Some Minor Surgical Conditions, etc. Crown 8vo. 300 pages, 70 illustrations. 17s. 6d. net.

WM. HEINEMANN · MEDICAL BOOKS · LTD · 99 GT. RUSSELL ST. LONDON WCI

Available now

TEXTBOOK OF BACTERIOLOGY
Fifth Edition.

By R. W. FAIRBROTHER, MD, DSC, FRCP. 480 pages. Illustrated. 17s. 6d.

INTRODUCTION TO BIOCHEMISTRY
Third Edition.

By W. R. PEARON, MA, ScD, MB. Revised printing. 570 pages. 22s. 6d.

TEXTBOOK OF HISTOLOGY Fourth Edition.
By E. E. HEWER, DSC. Reprint. 393 Illustrations, including microphotographs. 21s.

THE RHESUS FACTOR Fifth printing.
By G. FULTON ROBERTS, MA, MB, BCh, MRCS, LRC. Paper covers. 48 pages. 3s. 6d.

CARDIOVASCULAR DISEASES
Second Edition.

By DAVID SCHERF, MD, FACP, and L. J. BOYD, MD, FACP. Revised and enlarged. Illustrated. 63s.

By the same Authors—
CLINICAL ELECTROCARDIOGRAPHY

Revised and with new illustrations. 444 pages. 364 illustrations. 30s.

PRACTICAL HANDBOOK of PSYCHIATRY
By LOUIS MINSKI, MD, FRCP, DPM. 128 pages. 6s.

BAILLIERE BOOKS

Especially Recommended

BUCHANAN'S

Manual of Anatomy (Including Embryology. Revised and largely rewritten by F. WOOD JONES, D.Sc., F.R.S., F.R.C.S.
7th Ed. Pp. viii + 1616 847 Ills. 48 plates 45s.

TREDGOLD'S

Textbook of Mental Deficiency
7th Ed. Pp. xvi + 534 45 plates 30s.

NICOLE'S

Psychopathology
A Survey of Modern Approaches.
4th Ed. Pp. xii + 268 15s.

MACKENNA'S

Diseases of the Skin
Revised and enlarged by R. M. B. Mackenna, M.A., M.D., M.R.C.P. (Lond).
4th Ed. Pp. xiv + 557 46 Coloured plates, 168 Illustrations. 25s.

BERGEY'S

Manual of Determinative Bacteriology.

A Key to the Identification of Organisms of the Class Schizomycetes. Edited by Robert S. Breed.
6th Ed. Greatly enlarged. Pp. xii + 1032. 82s. 6d.

ROSE & CARLESS'

Manual of Surgery.

Edited by Sir Cecil Wakeley, K.B.E. and J. B. Hunter, C.B.E.
17th Ed. Pp. 1766. 1100 Ills. 30 Coloured plates. (2 vols.) 35s.

WHITLA'S

Dictionary of Treatment

Including Medical and Surgical Therapeutics. Edited by R. S. Allison, M.D. and C. A. Calvert, M.B., B.Ch., F.R.C.S.I.
8th Ed. Pp. 1294. 31s. 6d.

FRAZER'S

Manual of Embryology

2nd Ed. Pp. x + 524 289 Ills. 31s. 6d.

NEW EDITIONS IN THE

STUDENTS' AID SERIES

Aids to ANAESTHESIA

2nd Ed. Pp. 323 85 Ills. 7s. 6d.

Aids to EMBRYOLOGY

4th Ed. Pp. 189 45 Ills. 5s.

Aids to PATHOLOGY

9th Ed. Pp. 339 14 Ills. 7s. 6d.

Aids to ORGANIC CHEMISTRY

3rd Ed. Pp. 135 4s. 6d.

Aids to OPHTHALMOLOGY

10th Ed. Pp. 274 6s. 6d.

OTHER SUBJECTS in the Series include Anatomy, Bacteriology, Inorganic Chemistry, Diagnosis and Treatment of Diseases of Children, Dermatology, Materia Medica, Dispensing, Medical Diagnosis, Histology, Medicine, Obstetrics, Surgery diagnosis and treatment of Venereal Diseases, etc.

LOCAL ANTISEPSIS

with

'AVLON'

MILD SILVER PROTEINATE B.P.C.

Mild Silver Proteinate is well known as an effective bactericide which can be applied in solution to mucous membranes without causing irritation or damage to sensitive tissues. Its clinical uses include the treatment of ophthalmic infections, vaginitis and urethritis, infections of the nose and throat, etc. The 'Avlon' product is characterised by its relatively low hygroscopicity and ease of solubility—factors which are particularly advantageous in the preparation of solutions.

'Avlon' brand Mild Silver Proteinate is issued in containers of 25 grammes.

Literature and further information available on request from your nearest I.C.I. Office—London, Bristol, Manchester, Glasgow, Edinburgh, Belfast and Birmingham.

IMPERIAL CHEMICAL [PHARMACEUTICALS] LTD.
(A subsidiary company of Imperial Chemical Industries Ltd.) MANCHESTER



Ph.240

*for topical
application
in allergic
dermatoses*

'Benadryl', the potent antihistamine agent and antispasmodic, is now available for topical application as a cream containing 2 per cent of the drug in a specially prepared water — miscible base.

'Benadryl' Cream may be used either alone or to supplement oral or parenteral therapy. In the treatment of atopic or contact dermatitis and erythema multiforme it has additional value as an antipruritic, reducing the erythema, oedema and pruritus met with in these conditions.

'Benadryl' Cream has also been found to be of benefit in the treatment of some cases of pruritus ani, pruritus vulvae, neuro-dermatitis, bee-stings and insect bites.

It is supplied in 1-oz. collapsible tubes.

'Benadryl' Cream

PARKER, DAVIS & CO., HOUNSLOW, MIDDLESEX
Inc. U.S.A., Liability Ltd

*In the field
of
Endocrinology*

The B.D.H. range of sex hormones includes products for the treatment of all forms of gonadal deficiency. By specifying B.D.H. the prescriber ensures treatment with substances of a consistently high therapeutic standard and un-failing reliability.

Literature on the subject will be forwarded on request.

ANDROGENS

Testosterone Propionate B.D.H.
Methyl-testosterone B.D.H.

ŒSTROGENS

'Estigyn' (Ethinyl œstradiol B.D.H.)
Œstroform
Dienœstrol B.D.H.
Stilbœstrol B.D.H.
Stilbœstrol-D.P.
Hexœstrol B.D.H.

PROGESTOGENS

Progestin B.D.H.
Ethisterone B.D.H.

GONADOTROPHINS

Gonan
Serogan

MEDICAL DEPARTMENT

THE BRITISH DRUG HOUSES LTD. LONDON N.1

TELEPHONE: CLERKENWELL 3000 TELEGRAMS: TETRADOME TELEX LONDON

SHor/E/185

SBHMS/PB/1/55

78 11/12

SAINT
BARTHOLOMEW'S
HOSPITAL
JOURNAL



NOVEMBER 1948

VOL. L II

No 10

Vertical barcode-like markings at the bottom center of the page.

CONTENTS

Editorial 162	Students' Union Council Meeting for October 170
Insomnia, by Dr. E. B. Strauss, D.M., F.R.C.P. 163	The Life and Works of John Abernethy (<i>Part II</i>), by N. Alan Green 172
Obituary—Mr. J. E. H. Roberts ... 169	Abernethian Society 178
13th Decennial Club 170	Book Reviews 178
Correspondence — Medical Consultations (Sir Charles Gordon-Watson); The <i>Journal</i> Cover (Dr. George Graham; Dr. Henry Corsi); Christmas Shows (Ian Jackson and J. C. Pittman) ... 170	Princess Tsahai Memorial Hospital Fund 180
	Sport—Lawn Tennis Club, R.U.F.C., Cricket Club 180

**INSURANCE
for
YOURSELF**

In these days a
Personal Accident
Policy is more of
a necessity than
ever before

Full information regarding the "Car & General" Personal Accident Policy will be sent without obligation. The same high Standard of security and service which characterises "Car & General" Motor Policies applies to every other class of business transacted by the Company.

CAR & GENERAL
INSURANCE CORPORATION LIMITED
83 PALL MALL, LONDON, S.W.1

**What do you look for
in a dietary supplement ?**



The nutritional factors:

vitamins (per oz.)	B ₁ - 0.45 mg. B ₂ (riboflavine) 0.3 mg.	nicotinic acid - 1.7 mg. B ₆ - 0.45 mg. E - 8.0 mg.
protein, minerals, etc.	protein (first class—see below) - 30% carbohydrate - 39% fat - 8.5% mineral salts* 4.5%	water - 5% fibre - 2% □ iron 2.7 mg. per oz. □ copper 0.45 mg. per oz.
	essential amino acids	
	arginine 2.5% .. 8.3%	
	histidine 0.9% .. 3.0%	
	lysine 1.8% .. 6.0%	
	tryptophane 0.3% .. 1.0%	
	phenylalanine 0.9% .. 3.0%	
	cysteine 0.3% .. 1.0%	
	methionine 0.5% .. 1.6%	
	threonine 1.2% .. 4.0%	
	leucine 2.1% .. 7.0%	
	isoleucine 1.3% .. 4.3%	
	valine 1.6% .. 5.3%	

This advertisement, including the analyses, is copyright "Vitamin Therapy—its uses and limitations," 42 pp. with therapeutic index, may be obtained on application to Medical Dept. 453

Vitamins Limited
Upper Mall, London, W.6



The Chas. H. Phillips Chemical Co. Ltd

For many years the Chas. H. Phillips Chemical Company has devoted its special resources to perfecting a range of antacid products for the alleviation of hyperacid conditions in patients of all ages.

These preparations by their consistently high quality have earned the confidence of the Medical Profession, and by their proved efficacy have gained wide acceptance from men and women in all walks of life.

An antacid dentifrice, the development of which has provided a parallel activity of the company, has gained similar support, and is recommended to young and old alike by the majority of the Dental Profession.

The Chas. H. Phillips Chemical Company is resolved rigidly to maintain those high standards which have built up through the years a reputation of which they are justly proud.

'MILK OF MAGNESIA' (Regd.)

The ideal antacid sedative for acute and chronic dyspepsia.

'Milk of Magnesia' is invaluable for securing rapid control of nausea and biliousness. It possesses mild laxative properties which ensure elimination of toxic degradation products.

'PHILLIPS' DENTAL MAGNESIA' (Regd.)

Used daily as a mouthwash, 'Milk of Magnesia' affords invaluable protection against caries and erosion by combating the destructive influence of the acid-producing bacilli.

Phillips' Dental Magnesia is the only tooth paste containing 'Milk of Magnesia.'

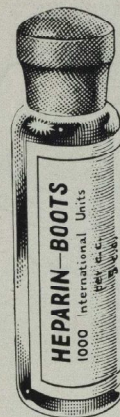
'MILK OF MAGNESIA' TABLETS

A highly convenient and readily accepted method of securing effective alkalization in those instances where treatment must be maintained at frequent intervals throughout the day.

'MIL-PAR' (Regd.)

This antacid lubricant—a skilfully prepared combination of liquid paraffin and 'Milk of Magnesia'—is indicated in chronic constipation and acid indigestion due to disorder of the alimentary tract.

1, WARPLE WAY, LONDON, W.3



HEPARIN

BOOTS

*the natural
anticoagulant*



HEPARIN is the granular substance present in the mast cells in the walls of the vascular and reticulo-endothelial systems.

Heparin is a powerful, non-toxic anticoagulant without cumulative effects, which can be safely administered in large doses. It is the only safe anticoagulant for use outside hospital

practice, and has been used extensively for the prophylaxis and treatment of thrombosis.

Heparin-Boots is supplied as a sterile solution in 5 ml. rubber-capped bottles (1,000 and 5,000 I.U. per ml.)

Further information will be gladly sent on request to the Medical Department.

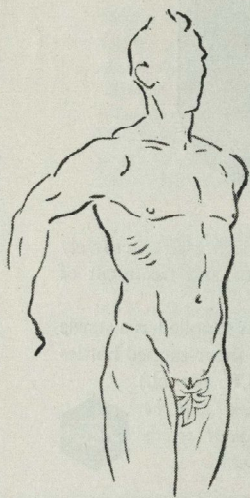


BOOTS PURE DRUG COMPANY LIMITED, NOTTINGHAM ENGLAND

S-22

NEW TREATMENT FOR ASTHMA

Relatively free from the undesirable cardiovascular and other side-effects of adrenaline injections, 'Neo-Epine,' a recently-developed homologue of adrenaline, possesses marked advantages in the treatment of bronchial asthma. It may be given sublingually or by oral spray. The drug has been found to be an effective substitute for adrenaline. Superior to ephedrine, it does not cause sleeplessness. Literature and samples on request.



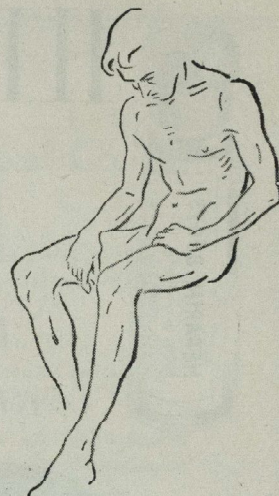
'NEO-EPININE'

ISOPROPYL^{NOV}ADRENALINE SULPHATE

'Tabloid' brand compressed products for sublingual administration, each containing 20 mgm., in bottles of 25 and 100. Spray Solution, containing 1 per cent of drug, in bottles of 10 c.c.



BURROUGHS WELLCOME & CO. (The Wellcome Foundation Ltd.) LONDON



course of action against chilblains

Three or four months may yet pass before the chilblain season is at its height. But active anticipation of the wintry weather can make the future a great deal brighter for those inveterate chilblain cases.

Started now, a daily routine of four Ostocalcium Tablets will make an essential contribution towards the healthy capillary circulation so vital in withstanding the cold.

Ostocalcium exerts a controlling influence on the permeability of the capillaries, preventing the exudation of fluid into the tissues that causes the characteristic swelling and inflammation. And the Ostocalcium formula takes full account of the need for vitamin D in calcium therapy, each tablet containing 500 i.u. of the vitamin with 125 milligrams of calcium.

GLAXO
OSTOCALCIUM TABLETS

In bottles of 50 and tins of 100

GLAXO LABORATORIES LTD · GREENFORD, MIDDLESEX · BYRON 3434

FOURTH EDITION

JUST PUBLISHED

HANDBOOK OF MEDICINE FOR FINAL YEAR STUDENTS

by G. F. WALKER, M.D., M.R.C.P., D.C.H.

Price 25/- net

EXTRACTS FROM REVIEWS OF PREVIOUS EDITIONS

"We are so enthusiastic about the book that we cannot but say to our colleagues: 'Whatever hundreds of medical books you have, get this one.'"—*South African Medical Journal*.

"This little book is designed primarily for the benefit of the final year students in medicine, but is well adapted also for the use of internes, specialists, and practitioners who find themselves in need of a 'refresher.' It meets this need very adequately."—*Canadian Medical Association Journal*.

"It lays especial stress upon the more important common conditions and upon various clinical matters almost disregarded by the average student. It shows him what will be important to him as a qualified man and wastes no time in perpetuating clinical myths."—*St. Mary's Hospital Gazette*.

"This individual little book will satisfy yet others who need an once a rapid summary of clinical medicine and a stimulus to keep awake while reading."—*University College Hospital Magazine*.

"Should be of great value to the final year student, who needs to have this knowledge clearly and concisely tabulated in the foreground of consciousness."—*King's College Hospital Gazette*.

"Will be welcomed by a large number of medical students preparing for their various qualifying examinations."—*The London Hospital Gazette*.

"Few will quarrel with Dr. Walker's choice of material; the vast majority of common and important diseases are included, and no space is wasted on clinical rarities."—*St. Bartholomew's Hospital Journal*.

"Originality and sound perspective have raised this book out of the ranks of the synopses, while a grasp of the essential has enabled the writer to cover the wide range of medicine in remarkably short space. We enjoyed the breakaway from the classical textbook style, the approach to the subject from the clinical aspect."—*Charing Cross Hospital Gazette*.

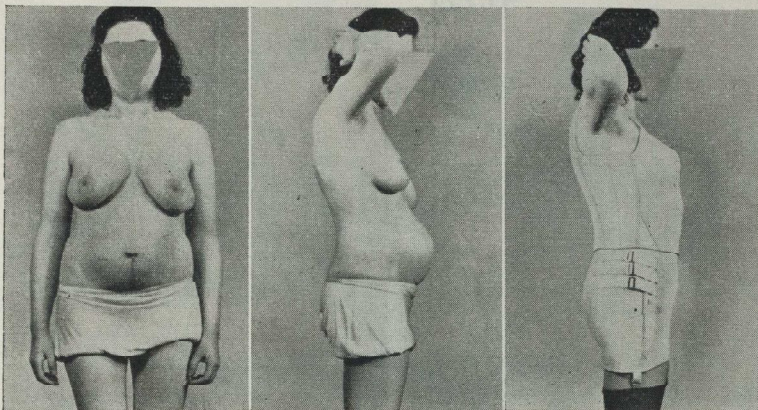
"To have covered such an enormous field and yet to have brought all this material within the bounds of such a handy little volume, scarcely greater than pocket-book size, is a feat of which Dr. Walker may well feel proud."—*Cambridge University Medical Society Magazine*.

SYLVIRO PUBLICATIONS LTD.

19 WELBECK STREET

LONDON, W.1

A SPENCER Support Prescribed for Separation — Rectus Abdominis Muscles



The patient is 35 years of age, para 2. Examination in January 1948 revealed complete separation of the rectus abdominis muscles which followed the delivery of two children in 1943 and 1945 by Caesarean section.

The patient stated that she noticed the enlarging abdomen and weakened muscles approximately six weeks following the second Caesarean section. She underwent a long series of exercises and other therapy without obtaining much improvement.

Surgery is contraindicated at the present time since she may have more children. For that reason, the doctor prescribed a Spencer Support to serve as a substitute abdominal wall, to improve and protect posture, and to relieve fatigue. A Spencer Breast Support was also prescribed for the small but ptosed breasts.

The patient states that she finds great comfort and relief with her Spencer Supports.

For further particulars of Spencer Supports write to:

SPENCER (BANBURY) LTD.

Consultant Manufacturers of

Surgical and Orthopaedic Supports

Spencer House - Banbury - Oxfordshire

BEWARE OF IMITATIONS. Spencer (Banbury) Ltd. regret the necessity of issuing warning to beware of copies and imitations. Look for the SPENCER LABEL stitched in the Spencer Support and ensure that it is a genuine Spencer Support and not a so-called copy. Spencer copyright designs are original and distinctive and for more than 20 years have been recognised by the Medical Profession as a symbol of effective control for abdomen, back and breasts.

Suppliers to Hospitals throughout the Kingdom under the National Health Service Act of 1946

Trained Fitters available throughout the Kingdom

Copyright: Reproduction in whole or in part is prohibited except with the written permission of S(B) Ltd.

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

Vol. LII

NOVEMBER, 1948

No. 10

UNREASON

WHEN a man is exposed to extreme cold, he passes through a phase of increasingly severe discomfort, during which his body is trying to adapt itself to the hostility of the environment. There comes a time, however, when the mechanism of control breaks down, the skin flushes with blood, and a feeling of comparative comfort returns, a state which Barcroft called "basking in the cold." This sense of well-being is illusory, and within a short time he is dead.

Constantly and from the most unexpected quarters we are to-day being confronted with ethical situations that shock and astound us, situations which cannot be reconciled with our controlling standards. The disturbance that results may be severe, and to afford relief ethical standards may be discarded. This relief will be illusory, for the end will then be very near.

During the last quarter-century the world has watched the simultaneous emergence to power of two absolute dictatorships, both founded on theoretical materialist conceptions, both denying the freedom of man—on the physical plane denying him freedom of movement and of thought—on the philosophical plane denying him freedom of will. Of these two régimes one has fallen; the other remains, sullen, brooding. Now again comes Ate panting hot from hell, and again comes fear of war.

At this juncture it is of the very greatest importance that we maintain our ethical standards, and not let ourselves suppress the truth, merely to relieve our fears. The natural genius of our race has in the past been reflected in defence of liberty. If this is to survive we cannot compromise with Soviet ideology.

"I saw with my own eyes the horrible acts of the Bolshevik revolution. They revealed an almost barbarian cruelty, something almost bestial. I felt the greatest moral horror, for the apparently superfluous sacrifices of human lives." Those were the words of Thomas Masaryk.

From the soil of the Ukraine, fertilized by the remains of thousands of peasants, slaughtered like cattle because they resisted collectivization — from the forests of Katyn where the trees grow tall on the blood of Polish officers, butchered in the winter's snow—from Sofia where Petkov died for liberalism from Belgrade where Stepinac died for his God, the true nature of Sovietism is learnt. Nearly two hundred years previously Pitt had said: "Necessity is the plea for every infringement of human rights. It is the argument of tyrants; it is the creed of slaves," and his words still ring true. This is the core and essence of the matter; this is what has to be remembered.

It is useless to assess Sovietism on the basis of the number of hydro-electric power generators supplying Magnetogorsk, or the number of kilos of wheat grown per acre on an experimental farm near Kharkov, or the fact that it was a Russian who demonstrated the identity of myosin and adenosinetriphosphate, or the latest Stalin prize-novel, or Shostakovitch's symphonies. To do so would be as pointless as trying to assess the government of Nero on the basis of his proficiency as a fiddler.

And yet that is what some people appear to do, for there are in this country, men and women who overtly or covertly support the Soviet ideal.

We are not here concerned with those whose interest in Sovietism is professional or with those whose adherence is due to unthinking acceptance of the clichés and catch-words and meaningless isms of the mob-orators. Nor yet are we concerned with those who follow the fashion, those who, with a modicum of knowledge and a considerable belief in the infallibility of their own views, style themselves the intelligentsia, for to them words come easily and facile syllogisms have an irresistible attraction. Of this motley array of minor poets, unsuccessful artists, pseudo-scientific economists and aspiring students—of this intelligentsia it has been said with some truth that they resemble the intelligent as closely as a gent. resembles a gentleman.

It is not with these that we are here concerned. It is rather with the considerable number of men and women, of the highest academic qualifications, who for some reason or other have become subverted from the paths of traditional democracy and who have prostituted themselves to an alien and materialist absolutism. Many of these are scientists, trained in the art of critical analysis. Again we quote Thomas Masaryk, one of the greatest and most far-seeing of European democrats. "Uncritical, wholly unscientific infallibility is the basis of the Bolshevik dictatorship," he wrote; how strange it is then that these people can reconcile their ideals and their notions of scientific honesty with Sovietism. Yet this is what

they appear to do. They suffer as it were from some cortical defect; they are partially blind and are not aware of their blindness. Their support of Sovietism is based on ideology, and is pathetic in its naïveté. The "facts" they adduce to support their arguments are so patently false, biased, unverified or irrelevant that it is difficult to imagine anyone, let alone persons of their intellectual standing, accepting them as such. They profess to be actuated by humanitarian motives, yet it is difficult to conceive of a less humanitarian régime than that of the Soviets. Theirs is a sorry religion indeed; faith it must be, for it will not stand the least buffet of reason. By their exhibitions at Wroclaw and elsewhere, they have forfeit forever any claims they may once have had to authority. By their own deeds they stand condemned: let them spew their words in ignominy for their true worth is now known.

Of such people we can but quote in conclusion the words of Edmund Burke: "Because half a dozen grass hoppers under a fern make the field ring with their importunate chink, whilst thousands of great cattle, reposed beneath the shadow of the British oak, chew the cud and are silent, pray do not imagine that those who make the noise are the only inhabitants of the field; that of course, they are many in number; or that, after all, they are other than the little, shrivelled, meagre, hopping, though loud and troublesome insects of the hour."

INSOMNIA

By E. B. STRAUSS, D.M., F.R.C.P.

The Nature of Sleep

IN order for insomnia and its treatment to be intelligible it is necessary to have some ideas as to the nature of sleep. Taken all round, Pavlov's definition of sleep as the *general inhibition of cortical functions* is the most helpful. It is experimentally verifiable; it squares with other theories of sleep whose falsity has not been demonstrated, but can nevertheless dispense with them. The three other theories of sleep which require brief consideration are as follows: (1) sleep is due to the accumulation of specific fatigue-toxins. This theory has little to support it; in fact, if it were desired to define sleep in teleological-biological terms, it might be said that *sleep is a biological function concerned with the prevention of exhaustive*

states. (2) Sleep has a physical-chemical basis. This is certainly true, but it in no way interferes with the conception of sleep as inhibition, seeing that cortical neurones, when exercising inhibitory functions, must be regarded as being in a different physical-chemical state from when they are concerned with excitation. We know, for instance, that cortical neurones can be made to exercise an inhibitory function by means of chemical agents as well as by an irradiating wave of inhibition of reflex origin. (3) Sleep results from the action of a specific sleep-centre. There is, in fact, much to suggest that such a sleep-centre exists, probably in the neighbourhood of the hypothalamus. This in no way detracts from the value of Pavlov's theory of sleep; for the action of a "sleep-

centre" may be considered as being concerned with the initiation and irradiation of inhibitory impulses, or, by its influence on neighbouring metabolic centres, with the production of a biochemical state favourable to the spread of general cortical inhibition. It may, then, be assumed that sleep is identical with general cortical inhibition: from which it follows that *anything that interferes with the spread of cortical inhibition can give rise to sleeplessness.*

Partial Sleep

There are all grades of sleep, ranging from somnolence, in which conscious faculties seem to be intact, the hypnoidal state, hypnosis and "normal" sleep, to deep narcosis and coma. All these states may be regarded as constituting different degrees of inhibition. Thus there is no essential difference between "normal" and hypnotic sleep, in hypnotic sleep the only difference being that all cortical neurone-groups, with the exception of those maintaining perceptual contact with the hypnotist, are inhibited. However, it is well to remember how "selective" even normal sleep is. It is possible to sleep through the heaviest bombardment, whereas one's name whispered in one's ear by an orderly can awaken one instantly. Exhausted soldiers can sleep on the march (*i.e.*, they can carry on the motor actions of walking in a state of somnolence) and feel all the better for it. These forms of partial sleep are mentioned, because it is important to be able to assure a patient that all forms and grades of sleep, however produced, are beneficial.

The Effects of Sleeplessness

Experiments have shown that the effects of insomnia on men are not profound. The undesirable effects, such as they are, appear to be due to the motor restlessness, which so frequently accompanies sleeplessness; and they disappear after twelve to fifteen hours of sleep, even if the period of insomnia has lasted for a hundred hours or more. The experiments also showed that subjects, who were subjectively convinced that they had been awake the whole time often passed into a state of somnolence. This adds weight to our words, when we assure patients who claim to have passed several absolutely sleeplessness nights that they have almost certainly had several hours of somnolence.

There is no evidence to support the view that insomnia is a cause of insanity. That idea arose from a misinterpretation of the fact that in many forms of psychosis insom-

nia is a constant feature and may be the initial symptom.

Actiological Survey of Insomnia

As has already been said, anything which interferes with the normal physiological spread of cortical inhibition may lead to insomnia. These factors may be either physical or psychic.

(a) Physical Factors

(1) *Toxic and Chemical Factors.* Insomnia may complicate the symptomatology of almost any toxic illness or morbid condition in which metabolism is disordered. This is especially true of typhus, meningococcal meningitis, rickets, acute epidemic encephalitis, influenza and pneumonia. The insomnia which is so commonly associated with arteriosclerosis is often of dual origin; the deficient elimination of toxins by the kidneys probably leads to insomnia of toxic origin; but often the most serious feature of arteriosclerosis is the accompanying hypochondriacal preoccupations which give rise to insomnia of psychic origin.

Insomnia associated with true exhaustive states, especially when resulting from motor restlessness (e.g., the incessant hyperkinesia of chorea gravis) is probably toxic in origin.

The chief chemical factors concerned with insomnia are, of course, tea, coffee and tobacco. There are, undoubtedly, persons who show an idiosyncrasy either for caffeine or the alkaloids and other bodies of tobacco smoke. It may not be sufficient to forbid tea or coffee merely last thing at night, as, in some patients, these drugs, even in minute quantities, have a very protracted effect. In such cases, it is best to prohibit tea and coffee (or smoking) altogether.

(2) *Pain, Discomfort, Dyspnoea, Cough, Uncomfortable Temperature, and the Like.* It is clear that all these factors may give rise to sleeplessness, which can only be successfully treated by, so far as possible, abolishing the painful or irritant stimuli. The cause is not always apparent to the patient. For example, many persons are either too hot or too cold in bed without knowing it; and some are not consciously aware that their beds are uncomfortable. One patient who consulted the present writer on account of insomnia complained that he would not mind the insomnia so much if he did not feel so cold all night. A hot-water bottle was suggested, but the patient demurred on the grounds that it was "unmanly." It trans-

pired that he slept under an open window with his arms outside the bed. At first he was unwilling to say why he slept in that way; but, after a little persuasion, he admitted that it depended on a phobia of masturbation. As a child he had been made to sleep with his arms outside the bed-clothes to prevent "bad habits," and the idea of cold air all night was associated in his mind with cold baths, which are so frequently prescribed as a charm against the same habits. His insomnia disappeared when he was persuaded to sleep under less austere conditions.

(3) *Food Habits.* Some people whose gastric contents are slowly voided take too large evening meals, and are in consequence kept awake by barely perceptible gastric discomfort. Others, who have been told that a loaded stomach at night gives rise to insomnia, go to the opposite extreme and eat too little at night. They complain that they wake in the early hours of the morning and cannot get to sleep again. What has really awakened them is hunger. If they drink a glass of milk and eat a biscuit, when they wake up, they will soon learn to fall asleep again.

(b) *Psychic Factors*

Clearly, excessively painful, frightening or generally exciting emotions are liable to check the irradiation of cortical inhibition and thereby give rise to insomnia. It is not necessary that these emotions should be appreciated as such at the level of consciousness, for unconscious psychic conflicts can produce the same results.

(1) *Insomnia in the Psychoses.* It is probably the over-active affective stimulation which is responsible for the insomnia met with in the psychoses (especially manic-depressive psychosis and schizophrenia). Since it is impossible at present to change the affective pattern in these states by psychotherapy, the insomnia must be treated symptomatically by drugs, hydrotherapy and the like.

(2) *Insomnia Complicating other Functional Nervous Disorders.* Insomnia is often a feature of the various kinds of hysteria, anxiety states, obsessional-compulsion neurosis, and other psychoneurotic reactions met with in general and specialist practice, even when it is not one of the symptoms of which the patient chiefly complains. Nearly half of the patients undergoing a systematic course of psychotherapy require hypnotic drugs at one time or another. In these cases the insomnia is,

of course, due to the painful affect associated both with their illness and with the treatment. In the course of psychotherapeutic treatment, whether by persuasion and explanation or by deep mental analysis, patients are made to accept painful situations or distasteful factors in their own make-up which have been previously relegated to the periphery of consciousness or to the depths of the psyche. It is a sound practice to treat such insomnia symptomatically with drugs. Persistent bad nights complicate treatment unnecessarily, and the insomnia always disappears when the general neurotic state has been mastered.

(3) *"Worry."* "Real" worries, by which is meant worries from outside—business difficulties, troublesome love-affairs, domestic strife and the like—can "play upon a person's mind" so as to disturb sleep. If the family doctor would be a sympathetic and helpful audience and confidant for about half-an-hour, instead of reaching out for his prescription book the moment sleeplessness is mentioned, he would be able to avoid having many chronic insomniacs amongst his patients. A short holiday often succeeds in putting an end to that type of insomnia. But the physician must know all the facts of the case. It is no use sending a man away for a week's holiday with his wife, if the marital situation is really responsible for the man's worries.

(4) *Insomnia as a "Conversion" symptom.* By insomnia as a conversion symptom, is meant insomnia which is "produced" so as to serve the patient an unconscious purpose—either to gratify some desire which he is unable to admit into full consciousness, to mask some repressed fear or other, to serve as self-punishment for some unconscious "crime," and so on. In these cases insomnia may be the chief or sole symptom complained of. As a rule it only responds to analytical psychotherapy. As an example of an unusually simple case of this nature: it became quite clear in the course of psychological analysis that one patient had developed insomnia as a means of providing an excuse for sleeping apart from his wife, for whom he had an unconscious (i.e., unadmitted) aversion. In his (and his wife's) ideology, sleeping in separate rooms would not have been respectable, in fact it would have been regarded as almost immoral. He was able to persuade himself that the slightest noise, such as his wife's turning over in bed, kept him awake or woke him up.

Further, the symptom seemed to express literally (with the help of a *double entendre*) the sentiment: "I cannot sleep with my wife." Even after his symptom had achieved its object (i.e., procured him a separate bedroom) it persisted as a punishment for his unconscious "crime." The appreciation by the patient of the (previously unconscious) psychological causal nexus effected a cure.

(5) *"Agrupniaphobia."* This term has been coined to denote a morbid anxiety concerning insomnia. It is perhaps the commonest cause of persistent insomnia when sleeplessness is the sole symptom complained of, and it can give rise to the most distressing symptoms: feelings of exhaustion, loss of weight, and the whole gamut of "neurasthenic" symptoms. It can, in addition, complicate insomnia arising from any other cause.

A person has a succession of bad nights for some cause or other, and consults his doctor. The doctor looks grave, talks about insomnia (to the patient's mind) as though it were a disease in itself, and prescribes a sleeping draught. Possibly the dose prescribed is not nearly strong enough, and it fails to act. He now has the impression that his must be a very grave case of insomnia indeed, and so the vicious circle starts.

It is usually perfectly easy to persuade people that what is keeping them awake is a fear of insomnia and its "inevitable" consequences.

Another phobia which frequently accompanies agrupniaphobia is a phobia of hypnotic drugs. This makes it appear to such a patient impossible that he can ever get proper sleep again. Even if he is persuaded to take a sleeping draught occasionally, the worrying thought that he is becoming an incurable drug-addict as often as not prevents the draught taking effect. Only too frequently it is the doctor himself who, all unwittingly, implants this phobia in the patient's mind by his manner when prescribing the sleeping draught.

It is hard for a physician to grasp to what an extent he is taken seriously by the majority of his patients. The doctor is not one hundred per cent. right, but two hundred per cent. A grunt from the doctor, a shake of the head, the slightest word, express volumes. Consequently, the power of suggestion exercised by the doctor for good or evil is enormous. A very appreciable proportion of the patients suffering from psychoneuroses are suffering from doctor-created illnesses.

(6) *Insomnia in Children.* Psychogenic insomnia in children is by no means uncommon. As often as not it is an expression of normal childish "negativism," a reluctance to go to bed or to get to sleep before the grown-ups. It is usually easy to reduce cerebral activity in children (without their noticing it) an hour or so before going to bed by playing increasingly quiet games with them, or reading aloud not-too-exciting stories; and going to bed itself can be made interesting and pleasant by introducing little games and surprises into the ritual of undressing and "bed-time" in general (Gillespie). Insomnia in children may also be due to a fear of nightmare or a phobia of enuresis. Sometimes the child regards his nightmares as so dreadful that he avoids all reference to them in speech, and will even deny that he has them. Both these fears require treatment by psychotherapy. Insomnia in children may also be a conversion symptom (in the sense described above). The "purpose" served may be a means of compelling parental attention and sympathy, or as an instrument of revenge (i.e., getting even with his mother or nurse who always seem to be prohibiting what is agreeable).

Children with a fear of the dark—sometimes a cause of insomnia—should be allowed a nightlight.

Treatment of Insomnia

In the treatment of insomnia, the cardinal principles of all medical treatment, of course, hold good—(a) diagnose the cause of the symptoms complained of, and (b), as far as possible, treat the cause of the symptom rather than the symptom itself. It is important to remember that insomnia is a symptom, not a disease *sui generis*.

A thorough physical examination should be made in all cases. Insomnia may be the initial symptom of some organic disorder, and in any case, the patient usually requires reassuring that there is nothing physically wrong with him. In taking the history, special enquiry should be made into all possible sources of external and internal worry and conflict, habits, domestic and business situations, and so on. A full history combined with a careful physical examination should make it perfectly easy to assign the sleeplessness to one or other of the categories listed above.

Insomnia of physical origin must, of course, receive treatment calculated to abolish or relieve the physical cause. In

many cases of this kind the use of hypnotic drugs will be indicated in addition.

In delirium tremens, sleep is outstandingly necessary. It has been found that an intravenous injection of glucose (100 c.c. of a 50 per cent. solution) with insulin 30 units, together with 100 mg. of thiamine chloride, is generally effective in procuring sleep.

The treatment of the restlessness and insomnia associated with the psychoses belongs to psychiatry proper, and is outside the scope of this article.

Psychogenic insomnia (including agoraphobia) may call for skilled psychotherapy; but many cases of insomnia due to worry or intellectual and emotional strain respond well to general and common-sense measures, combined with psychotherapy in the form of reassurance and persuasion from the patient's usual doctor. The measures include relaxation exercises, massage, a "nap" during the day (the patient must be told that sleeping in the daytime in no way prejudices his chances of a good night's rest—on the contrary), exercise in the open air (the patient must realise that this is undertaken not to produce fatigue or exhaustion, but as a general measure). This line of treatment—namely, reassurance plus a régime—will be sufficient in many cases. If at the beginning a complete holiday in new surroundings can be prescribed, so much the better, but only if absence from work is unlikely to worry the patient. Moreover, the holiday must be taken in a place that the patient likes and must include opportunities for companionship. For the insomnia of overwork a complete break for a few days or longer is often all that is required. For those who may be trusted not to abuse it, a glass of wine at dinner can be very helpful. In fact, elderly arteriopathies who sleep badly respond best of all to a glass of whisky or hot grog last thing at night. Naturally, a sensible mode of life with due regard to exercise, work, and recreation should be advised, but never with the primary object of producing sleep. The recreation must be enjoyable, and the exercise taken for its own sake.

Insomnia in children will nearly always respond to general and common-sense measures. In stubborn cases, hypnotic drugs may be given, the safest being ammonium bromide and chloral, in doses according to the child's age.

Hypnotic Drugs

Hypnotics are extremely valuable if prop-

erly used. The very knowledge that there are such medicaments available is itself an assurance to the anxious patient. Knowing that they are there in case of need, he may never have to fall back on them. Certain rules, however, should be observed in their use, and they should be given in a sufficient dose to produce an effect. To give too little on the first occasion is to invite failure; and so long as the pharmacopoeial limits are not exceeded there is no danger of giving too much. It is best to leave the anxious type of patient with as little discretion as possible in the matter of dosage and the time of administration; he should be given definite instructions to take the prescribed dose each night until further notice and when to take it. The medicine is best given where possible in cachet form or in a mixture, so that it can be reduced later without the patient's knowledge, and the prescription should be retained by the doctor unless circumstances make this impracticable. Whenever there is the question of a suicidal risk, it is unwise to give a prescription for sedative or hypnotic drugs into the patient's own hands, or to allow him to administer the drugs himself. This should always be left to a nurse or responsible relative, who should take care that the medicine is locked away in a place unknown to the patient. Care should also be taken to prevent such a patient from secreting a number of separate doses with a view to taking a massive dose later with suicidal intent.

The type of drug chosen depends on the severity of the case and upon what may have been prescribed previously.

Bromides and various preparations in which they are the active ingredients are sedative rather than directly hypnotic in action, but a dose of 30 gr. at bedtime may be sufficient in the milder varieties of insomnia. Sedobrol, a proprietary preparation of which each tablet contains 17 gr. of bromide, can be given as a hot drink. (A number of the other proprietary remedies with the syllable "brom-" in the trade name contain chloral as their active principle). Bromide has a certain cumulative action, but it requires, as a rule, continued doses to produce toxic effects other than acne.

Chloral is very useful as an occasional hypnotic where a rapid effect is desired. The official pharmacopoeial maximum is 20 gr., and this should not usually be exceeded except in conditions of acute mental perturbation. More than 20 gr. has been given in a

single dose; in some cases it is safe to give more than 40 gr. in the twenty-four hours in divided doses. Simple insomnias can be interrupted with much less, for example 10 gr. Chloral is usefully combined with bromide, on the principle that chloral acts chiefly on the basal cerebral structures and bromide chiefly on the cortex. It is not advised as a regular hypnotic for habitual insomnia.

Paraldehyde is another valuable occasional hypnotic. It acts rapidly and, as a rule, efficiently, but has the disadvantage of causing the breath to smell of it for long after. In spite of this, it may occasionally become a drug of addiction. It should be given as a dose of at least 2 drachms (a smaller dose may simply excite), flavoured with an equal quantity of syrup of orange and the dose made up to an ounce with infusion of orange. It may also be given in milk or in iced water. In cases of acute mental excitement it may be necessary to repeat the dose in four hours. Paraldehyde may also be given by the rectum (3 to 4 drachms in 6 oz. of starch mucilage). Care should be taken to use a fresh preparation of the drug, as it undergoes oxidation in keeping, with the production of glacial acetic acid, which has been known to cause ulceration of the rectum. In order to prevent smarting, some vaseline should be smeared round the anal orifice before the injection.

Adalin (carbromal) and *bromural* are urca-bromine compounds, less powerful and less toxic than the barbiturates. They are given in doses of 5 to 10 gr. and act rapidly, the effect passing off in four hours. They are specially indicated in mild cases in which the patient has difficulty in falling off to sleep. The preparation known as *sedormid* is another mild hypnotic of very similar character.

The *barbiturates* are a large group, and it is a good rule to make oneself really familiar with the action of one or two of them and stick to these, but at the same time it must be remembered that one barbiturate may suit a given patient better than another from which it differs only slightly in chemical constitution. They act rapidly, usually within half an hour or so of administration, and most of them are destroyed in the liver or excreted by the kidneys rather slowly, so that there is a tendency to cumulative action. This has to be remembered especially in old

people, in whom repeated doses to the full pharmacopoeial limit may produce after a time some mental confusion. The proportion of patients at other ages who show any idiosyncratic reaction such as skin lesions, ataxia, etc., is very small. Administered with reasonable care and in the usual doses, and remembering that certain patients must be treated as irresponsible in taking any drug, they are completely safe. *Medinal* is the soluble sodium salt of veronal, and in doses of from 5 to 10 gr. in cachet or solution is safe and reliable. In severe cases this dose may be slightly exceeded. *Dial* in tablets of 1½ gr. is used in doses up to 3 gr. and, exceptionally, more. It is also manufactured in solution for subcutaneous injection.

Nembutal is supplied in capsules containing 1½ gr., the dose being one to three capsules. Unlike the preceding two drugs, it is destroyed in the liver fairly quickly, so that its action is usually complete in six to eight hours. It has to be given in an alkaline medium, the presence of acid retarding its solution and absorption, and is therefore best preceded by sod. bicarb. 20 gr. It is said not to have the cumulative action of other drugs of this series.

Hebaral-sodium (P.D.) is a barbiturate of low toxicity which is absorbed and excreted rapidly. A dose of 3 gr. in capsule induces sleep in from a quarter to half an hour, but the effect passes off within two hours, and is non-cumulative. It may be taken with advantage in the middle of the night by patients who wake and are unable to sleep again—so-called internocturnal insomnia.

Withdrawal of hypnotics can be effected in various ways: (1) by prescribing a hypnotic for use on alternate nights, and later for use only if there have been two unsatisfactory nights in succession; (2) by ordering that it shall be taken only if the patient finds that he does not fall asleep within two hours of going to bed; (3) by reducing the dose, unknown to the patient, by use of cachets in which increasing amounts of sugar or milk are combined with diminishing amounts of sedative; (4) by employing a change of residence, e.g., taking advantage of a holiday, in order to dispense with sleeping draughts finally.

OBITUARY

JAMES ERNEST HELME ROBERTS

On Tuesday, September 21st, 1948, at the Church of St. Bartholomew the Less, a memorial service was held, for Mr. Roberts, who died on August 25th after a long illness. The following is the text of the address which was delivered at the end of the service.

I have been asked to speak to you about the old friend and colleague to whose memory we have come to pay honour and for whose life and example we are here this afternoon to give thanks. It is my intention to be brief. The orthodox funeral oration is only too often little more than a high-sounding and empty panegyric—this I cannot and will not give you; it is not the purpose for which we have come together into this temple, nor can I think of anything which Roberts himself, with his utter contempt for unreality, would have hated and despised more thoroughly. The record of his professional achievements and of the debt which surgery owes to his pioneer spirit has been epitomised in the obituary notices which appeared in the *Lancet* and the *British Medical Journal* of September 4th. Most of you, in all probability, have already seen and read these. To any among you who have not I commend them; they are as true and as fair a picture as one could desire of the work of this great surgeon who had also so much of the outlook and philosophy of the physician. What I shall try to give you now in the few brief moments during this service in which I have the honour to address you is one or two vivid personal impressions of the man himself. Whatever have been the training and environment, important though these are indeed, it is the personal character of the individual which is the real basis of his work and the mould or form which determines from the start that which we recognize as fundamental in his life and conduct.

The best tribute we can pay to any departed colleague is to imitate in our own lives those traits which we have noted in him as fine and useful. I remember, many years ago, a famous Liverpool preacher speaking on the death of the Rev. John Watson, well known in literature as Ian MacLaren. Someone had said to him "what shall I do without John Watson?" and he replied, "if you can't do without him after so many years of his help, he hasn't been of much use to you; his mission has been to teach you to stand alone; failing that you are still in the Infant Class of his School."

Now what are the fundamentals that we should learn from Roberts' example? Three things stand out in my mind in his personal character—his courage—his truthfulness—and his absolute sincerity. Two typical instances of his courage I should like to put before you. Many years ago, when the surgical beds at the Brompton Hospital had not been so long established, and the decision to perform a thoracoplasty involved a good deal more hesitation than it does to-day, Roberts said to me during the course of a ward-round, in one of those informal chats that I always valued and from which I learned so much: "If we were ready to undertake this operation oftener and earlier than we are doing, we should do two things—first we should kill many more people, and secondly

we should save or at least prolong many more lives." I shall never forget this rather dramatic expression of what he well knew to be a profound surgical truth—the courage needed to state it so bluntly in the open field was, I think, reminiscent of a Lister, a Victor Horsley, or a Wilfred Trotter.

And then again, years later, when I sat and talked with him on what we both knew to be his deathbed, only about six months ago—how amazing was his fine indifference to the clear knowledge of his own pathology that enabled him to describe to me, as he did, the essential details of his own illness as a matter of scientific interest, for all the world as though he were consulting with me about some patient to whom I had called him in to see—then, quickly dismissing the matter, he passed on to some of his favourite topics in literature, history, horticulture, on all of which he discoursed to me with that clarity of mind and precision of language that his friends know so well. I can think of no two finer examples of his courage than these.

Truthfulness he had, the pure truthfulness of the scientist. He was, as you know, forthright, one might almost say ruthless in his criticism, yet never do I remember his criticising merely for the sake of argument; it was always in order to insist on some salient point which he felt had been neglected to the detriment of the cause or the stultification of the purpose with which he was concerned. More than once have I heard him across the table of the Committee Room deliver a frontal attack that made everyone in the room feel uncomfortable! This he did in order to drive home some unpalatable truth which all of us knew full well but which none else had had the courage to declare.

And lastly his sincerity—how he disliked anything that savoured of duplicity; how he hated opportunism, whether in social or in medical politics; how transparently honest and how utterly impersonal were his own motives. These are the qualities on which I ask you to think as you stand here now to take your leave of him, pondering on all that he has taught us.

I have before me at this moment a cutting from *The Times* of the 1st of November last, the Festival of All Saints. It is an article by a special correspondent on the Remembrance of the Saints. I cannot read you the whole of it, it is too long, but one passage I must quote, and I feel sure that you will agree that nothing could be more appropriate. The writer is speaking of the need of the world of to-day for Saints, the potential supply of whom is, he says, as great in this age as in any other, for Saints are made from ordinary men and women.

"The qualities pronounced blessed by Christ are always those which are most needed in the world. There are needed men who count themselves as nothing in the sight of God. They are already

inhabitants of His Kingdom, they carry His influence wherever they go . . . There are needed men who set no store upon their own importance, but who are wholly reliable. There are needed incorruptible men who have a burning passion for honesty in public affairs, whose own unsullied reputations set a challenge to others and drive out deceit . . . There are needed those who will face any opposition and misrepresentation rather than be disloyal to God's truth."

As I was reading these words a few days ago (and I have read them over and over again a hundred times), I thought of James Ernest Helme Roberts. I do not doubt that he himself, in modesty and simplicity of heart, would have disclaimed any such title, but you, who knew and loved him, will recognize him among those blessed ones, nor should I dare to stand before you and repeat those moving and majestic phrases did I not know that they are as true of him as of any man that ever lived to grace the ranks of our profession.

And now the time has come when we must say to him: "Adieu!—good and faithful servant, and our loyal friend." To us who are left here remains

Reproduced by kind permission of the Editor of "Tubercle."

13TH DECENNIAL CLUB

The club was formed last year and exists to bring together members of the hospital at its annual meetings. The meeting is at present taking the form of a buffet supper, at which drinks are available, and membership is open to those who joined the hospital or college between 1935 and 1945 and have since qualified.

the task of showing forth in our own professional lives those three great qualities that were his in abundance and which were never needed more urgently than they are to-day. This is true for us all, but I appeal more especially to those among you who are of the younger generation, who are now, in the very prime of your professional life, entering upon that great heritage which our old friend has bequeathed to you and taking on your own shoulders the mantle that he has cast down for you.

Courage—Truth—Sincerity. These are the qualities he has shown you. The success with which you yourselves can respond to the stimulus of his example is the real measure of your regard for him, and so to you I say—"You have his message, you know what he would ask and expect of you; see to it that you accept his call with joy in your hearts and so making fitting answer to that august summons."

*"He lives, he wakes, 'tis Death is dead, not he;
Mourn not for Adonais:—Thou young Dawn
Turn all thy dew to splendour, for from thee
The spirit thou lamentest is not gone."*

M. D.

THE JOURNAL

Contributions for the JOURNAL should reach the Editor by the first Tuesday of the month for inclusion in the ensuing issue.

CORRESPONDENCE
MEDICAL CONSULTATIONS

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

In a letter in your October issue, Mr. Grahame Fagg referred to an interesting case of bilateral femoral embolism shown at Medical Consultations.

Dr. Cullinan had suggested that an embolism had hovered at the bifurcation of the aorta and had split to occlude both femorals, and Lord Horder had asked whether such a fantastic story could be accepted, though later on at a subsequent autopsy this diagnosis was in substance confirmed. I do not know whether the diagnosis was due to the great clinical acumen of Dr. Cullinan or whether his memory had stored up the detail of a similar case under my care some years ago. Before the first world war Cullinan was a dresser of mine and it may be at the time when the case I am relating was in my wards.

An elderly woman was admitted in considerable pain and obviously seriously ill and complaining of severe pain in two bloodless limbs. I had recently attempted embolectomy in a femoral artery (which ended in amputation) and was on the look out for a similar case. It was agreed that the patient was

Particulars of this year's meeting have been sent to all members of the club, but any member who does not receive his notice is asked to write to the secretaries, 13th Decennial Club, St. Bartholomew's Hospital, E.C.1.

Anybody who is not a member and who wishes to join is also asked to communicate with the secretaries.

too ill for surgery and at autopsy a thrombus was revealed in an atheromatous ulcer in the aorta. A projecting portion had been broken off, as if cut by a knife. Both femoral arteries were blocked by thrombi of similar consistency.

It is much to be regretted that Medical and Surgical Consultations have fallen into desuetude. In my student days the old theatre in Abernethy block used to be crowded from top to bottom at 1.30 on Thursday afternoons. The majority of the Surgical Staff made a point of attending and sometimes all ten were present when there were cases of interest to discuss.

At times there was the suggestion of a gladiatorial contest when disagreement was rife. It was a great occasion for the students and most instructive. The senior surgeon spoke first. In those days this was Sir Thomas Smith and the junior assistant surgeon was C. B. Lockwood. Medical Consultations started a good many years later, when the onus of speaking first fell to the Juniors.

Yours, etc.,

C. GORDON-WATSON.

82, Harley Street, W.1.

October 7th, 1948.

THE JOURNAL COVER

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

Your revered correspondent, H. G. A., and others have laid great stress on the beauty of Eric Gill's design, but no one has said anything about its accuracy.

Rahere was an Augustinian canon, and the costume of the order is known in all its details. The dress was "a black cassock lined with fur, known as a pellicium or pelisse; over this was worn a super pellicium or surplice, or sometimes a white rochet with tight sleeves and a girdle. Over the breast was a fur almuce or amess for warmth, which varied in different centuries. At first it was worn over the head or thrown back over the shoulders and brought over the chest, where at one time it ended in fur tails. Early in the fifteenth century it was continued below the knees by two stole-like strips with rounded ends, as seen on the effigy of Rahere in the church. The outer garment was a black cape with its hood hanging over the shoulders, lined with fur in the winter; a four-sided cap or biretta was also worn."¹

Rahere's tomb in St. Bartholomew-the-Great is depicted in Webb's book on "The Records of St. Bartholomew's Priory," which is in the Library, and a drawing of the effigy from above shows the details of the clothes. Eric Gill, however, dresses him in a plain black robe with the cowl over the head, which he might have worn on a cold day, but not indoors, instead of a biretta. The luckless woman has very scanty clothing, quite unsuitable for a cold day. Moreover, Rahere was not a doctor and would hardly have seen her otherwise than fully clothed. The design may be beautiful in some people's eyes but is hopelessly inaccurate, and does not deserve "any marks at all."

Yours sincerely,

GEORGE GRAHAM.

149 Harley Street, W.1. October 13th, 1948.
¹ The records of St. Bartholomew's Priory — E. A. Webb.

(We print below an open letter on this subject.)

Dear Dr. Adamson,

I am most grateful to you for the trouble you have taken to reveal to such as me the less obvious qualities of the late Eric Gill's design for the cover of the *Journal*. I feel my eye has had a good wiping, as years ago it regularly received from you in the Skin Department!

The drawing is clever certainly, and should please a surgeon or other craftsman. It is a delight to watch a strong and able craftsman, provided.

STUDENTS' UNION COUNCIL MEETING FOR OCTOBER

Points of general interest arising were:—

1. *Students' Union Ball.*

The Council decided to hold the Ball in the Dorchester Hotel this year instead of in the Grosvenor House as in previous years. The Ball will be held on February 4th or 11th.

2. *Abernethian Rooms.*

Enquiries were to be made to find out whether the Hospital A.R. could be redecorated and whether pictures could be acquired to enliven the A.R.s in the Hospital and at Charterhouse Square.

3. *Art Exhibition.*

The President, Mr. Capps, mentioned that an Art Exhibition used to be held by the Students and

however, he is doing the right operation. The final result seems not worth while here, and the harmony of lines and pattern is, after all, nothing very much, if one has in mind say the great canvasses of Rubens, where harmonious lines build up to a veritable Wagnerian counterpoint.

I think the ugliness of the design is mostly due to the sorry features of the female—a suffering patient does not have to be ugly any more than does a "mater dolorosa." I am interested to learn that you also find the design as a whole unpleasing; and I am relieved to learn that my aversion to the design is not altogether unreasonable.

Once again I am grateful to you.

Yours sincerely,

H. CORSI.

95 Harley Street, W.1. September 27th, 1948.

(This correspondence must now cease.—ED.)

CHRISTMAS SHOWS

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

There are now only seven weeks to Christmas, and we hope that it is not too early to mention the Ward Shows and the Pot Pourri.

This year it has been decided to return to pre-war practice and hold the Pot Pourri at the Cripplegate Theatre, under the auspices of the Senior Resident and the Dramatic Society. This will not only enable more people to be seated in comfort, but take the strain off the Matron and Nursing Staff who have so willingly placed the Nurses' Sitting Room at our disposal since 1939 and the Clerk of Work's Staff who had to do so much work in putting up a stage.

Last year it was much regretted that many of the best scenes were omitted from the Pot Pourri, as a number of the actors were not aware of the date and had gone away for week-ends.

May we, therefore, say now that it will be held on Saturday, January 1st, 1949, at 8.30 p.m., and earnestly hope that all those people who plan to be in Ward Shows will keep the date free, as well as all the many people who make up our audience.

The booking of the Cripplegate Theatre is a considerable financial undertaking, and for our return there we want to give the best possible show to the largest number of people.

Yours sincerely,

IAN JACKSON,

Senior Resident.

J. C. PITTMAN,

Hon. Sec. Dramatic Society.

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

October 5th, 1948.

Staff before the late war and suggested that this scheme might be revived.

Anyone who would be willing to contribute is asked to get in touch with the Secretary of the Students' Union.

4. *Locked Accommodation.*

The possibility of providing locked accommodation for jackets, books, and valuables in the Demonstration Rooms, and individual lockers for all students, was to be examined.

5. *Notepaper.*

In view of the criticisms of the present quality of official notepaper, quotations from alternative sources were to be considered.

THE LIFE AND WORKS OF JOHN ABERNETHY

By N. ALAN GREEN.

Part II.

ABERNETHY's appointment as Assistant Surgeon to the hospital in 1787 gave him the opportunity to put many of his theories into practice, but only to a limited extent, for he was only allowed to operate in the absence of his chief, James Earle, and to treat patients by kind permission of the latter. Abernethy was, however, able to find an outlet for his energies in teaching.

During his apprenticeship, he had realised the inadequacy of the teaching system at Bart's. Although Percivall Pott gave about twenty-four lectures in the form of practical discourses, nothing in the way of anatomy or physiology was taught. The outcome of this realisation is seen in an article in the "Gentleman's Magazine" on Dr. Marshall, who at that time was giving anatomical lectures in Bartlett's Buildings, Holborn. It states: "In all probability he (Marshall) derived little support from St. Bartholomew's Hospital; for that recently an ingenious young gentleman, Mr. Abernethy, had begun to give lectures in the neighbourhood." It was customary to advertise one's lectures in Abernethy's day, and two such advertisements are to be seen in the Library of St. Bartholomew's Hospital. One in "The Times or Daily Universal Register" of January 1st, 1788, reads:

"Mr. JOHN ABERNETHY, Assistant-Surgeon to Saint Bartholomew's Hospital, will begin a COURSE of ANATOMY LECTURES at One o'clock on Saturday, the 19th of January, at No. 17, Bartholomew Close; whose proposals may be had."

At first his lectures were poorly attended, but later, as he became better known, the rooms he had hired in 17, Bartholomew Close became overcrowded. On one occasion he saw the room packed with students, and was heard to say, "Good God! What will become of you all?" In 1790, the Governors of the Hospital decided that a lecture theatre should be built within the walls of the hospital. The plans of a building were approved at a cost of £875, and in October, 1791, Abernethy delivered the first lecture in the new theatre.

As a lecturer he was extremely good; his anatomical lectures in particular were well constructed, the dry details of anatomy being

flavoured with physiology and pathology. On entering the lecture room he seemed to be very nervous, especially in his early days. Indeed, several times he is reported to have left the theatre before commencing in order to compose himself. The custom of applauding the lecturer on entering served only to increase this embarrassment, but once he had started his discourse, any shyness disappeared. His manner of entry into a lecture was characteristic in later years; his hands were deeply bedded in his breeches, his body slightly bent, and his mouth pursed in a position of whistling. In his earlier days as a lecturer he stood whilst talking to his pupils, especially if the subject were anatomy: but invariably when he delivered his surgical lectures he would throw himself into a chair, placing one leg over the arm. He would then start in an abrupt voice, which, although not particularly loud, could be heard easily in all parts of the theatre and never failed to attract attention. He had a habit of imitating a person dying of a painful disease by contortion of his face, whilst at other times he would hold an imaginary conversation with a patient. These light reliefs in his lectures were known to his students as "Abernethy at Home!"

Many of his pupils have left descriptions of his lectures telling of their excellence, some saying that he was the best teacher to whom they had ever listened.

In his autobiography Sir Benjamin Brodie, the famous surgeon, says of him:

"Mr. Abernethy was an admirable teacher. He kept up our attention so that it never flagged, and that which he told us could not be forgotten. He did not tell us so much as other lecturers, but what he did he told us well. His lectures were full of original thought, of luminous and almost poetical illustrations; the tedious details of anatomy being occasionally relieved by appropriate and amusing anecdotes. Like most of his pupils, I learned to look upon him as a being of a superior order."

Another of his pupils, Peter Mere Latham, who later became a physician to St. Bartholomew's, records his opinion of Abernethy:

"We never left his lecture room without thinking him the prince of pathologists, and ourselves only just one degree below him."

The effects of his teaching can easily be seen in the positions occupied by many of his pupils. Sir William Lawrence, a surgeon to St. Bartholomew's Hospital and President of the Royal College of Surgeons in 1846 and 1855, was apprenticed to Abernethy: Richard Owen, the comparative anatomist, learned how to teach from him: Edward Stanley succeeded Abernethy as lecturer in Anatomy in 1826. Perhaps the most striking piece of evidence in favour of his being the best teacher of his time is that in the years 1863-4 the President of the College of Physicians, Dr. Thomas Watson—of the College of Surgeons, Mr. Skey—of the General Medical Council, Dr. Burrows—of the Royal Medical and Chirurgical Society, Mr. Partridge—and the Master of the Society of Apothecaries, Mr. Combe, had all been his pupils.

At the time when the new theatre was built Abernethy was leading a very busy life, for in addition to his lectures and other duties at hospital, he still attended lectures given by John Hunter. Yet in 1793 he published the first of his many works in the form of a paper in the "Philosophical Transactions." He reported two cases of uncommon form of human viscera. One was that of a boy who, although quite well nourished, was found at post-mortem to have an alimentary canal a quarter of its normal length, the length of the small intestine being only half that of the large gut. The other was a case of dextrocardia, in which the great vessels were also reversed.

These first essays were soon followed by another on the treatment of "Lumbar Abscesses." He suggested that the best method was to prevent the formation of the abscess by recognising the constitutional origin of the illness and attending to the general health of the patient. If after this the abscess had not dispersed, he recommended repeated aspiration of the pus until no more was formed. Together with observations on the composition of animal matter this formed his first volume of "Surgical and Physiological Essays," published in London in 1793.

In this year, too, he published the second volume of "Surgical and Physiological Essays," containing observations on "the

nature of matter perspired and absorbed through the skin," and on "ill consequences sometimes succeeding to venesection." The essay on the function of the skin contained some hidden pearls, for although he made the mistake of concluding that respiration was a function of the skin, he gave a description of the measurement of the "Vital Capacity of the Lungs" and its significance in Pulmonary Tuberculosis. He suggested that the chronic inflammation in the lungs was sufficient to cause a diminution of the amount of air expired. Therefore, by measuring this, any variation from the normal could be detected, and this in some cases was diagnostic of an early tuberculous lesion.

All through his early training Abernethy had realised the importance of Anatomy, and later, when delivering the Hunterian Oration, he declared that it was the "rock" upon which medical science should be built. "How absurd," he maintained, "should we deem the conduct of a mechanic whose business it was to rectify the errors of any complex machine, should he merely provide himself with the finest tools for the purpose, and neglect to learn its mechanism . . ." Nevertheless, pure anatomy never had any great charm for him, and some would even say "He would never have wedded himself to so ugly a witch (Anatomy) but for the dower (Physiology) she brought him."

He was always experimenting in one way or another. For instance, to investigate the effect of minerals on the growth of animals and plants, he grew vegetables on flannel soaked in distilled water, burnt the product and analysed the ash, and he also studied the growth of tadpoles in distilled water.

Abernethy was very interested in chemistry—both pure and applied to physiology. In the former branch one of his most striking achievements was the discovery, with a Mr. Howard, of "Fulminating Mercury," while in the latter subject, an example of his insight is given in his deduction that "substances found in the ash do not formally exist in the mass before its destruction, but are only a new distribution of the same ultimate particles which, under the former mode of arrangement, made the animal matter."

The increase in the number of students at the Hospital at this time led to the formation of a society called "The Medical and Philosophical Society of St. Bartholomew's

Hospital." This is now named "The Abernethian Society" in honour of one who was, together with Dr. Richard Powell, a mainstay during its early days. The society was formed so that students could meet with the staff to discuss subjects related to medicine. Abernethy was one of its six presidents, and always occupied the presidential chair when his duties permitted. He could always be relied upon to relate a case history or to stimulate a discussion. In 1800 a fund was started for the formation of a library, and Abernethy gave two volumes of his "Surgical and Physiological Essays."

About 1830, the society had become considerably reduced in strength, and the meetings were discontinued until 1832, when the society was revived under its present name. It was decided that the "Abernethian Society" should work under similar rules to the old society, but later its six presidents were reduced to two. When in 1895, the Society celebrated its centenary, a collection of Abernethy's letters and belongings, lent by Mrs. Alfred Willett, Abernethy's granddaughter, were displayed in front of Abernethy's portrait in the Great Hall of the Hospital.

Abernethy was always very friendly with his students, obviously remembering the benefit he had reaped by gaining the friendship of his early instructors, but he would never take kindly to any slackness of his dressers in the wards, especially when it was connected with the welfare of a patient.

The pupils in their turn held him in great respect, and always spoke of his extreme kindness to them and to the patients. So much did they value his efforts for them that in 1812 they presented him with a Cup "as a testimony of their respect and gratitude." The Cup was made by Paul Storr, the famous silversmith, and is decorated with a honeysuckle ornament, having a laurel wreath on its cover. When Abernethy met his class again he tried to express his thanks to them, but, finding that it was very embarrassing, he wrote his acknowledgment and posted a copy on the wall of the lecture theatre. A few years later the pupils again collected some money, this time to pay for a portrait of him by Sir Thomas Lawrence. This now hangs in the Great Hall of the Hospital and portrays Abernethy in a stance he often adopted when delivering an anatomy lecture.

The year 1796 marked another milestone in his life, when, at the age of thirty-two, he was elected a Fellow of the Royal Society, as a result of his essay on the function of the skin. One of those who signed the proposal for his election was his old teacher, Sir William Blizard. The following year he delivered the Croonian Lecture on "A general review of the latest opinions relative to animal life and motion."

His search after knowledge led him to investigate the method of ventilation in ships, and in 1797 he wrote a letter to the "Monthly Magazine" on this subject. In the same year he published the last of "Surgical and Physiological Essays" and dedicated it to Sir William Blizard. This third book included essays on injuries to the head in which he pointed out that the practice of trephining the skull in fractures was by no means justifiable, since the fragments might not be depressed, and in any case the patient might recover without an operation.

Throughout his student days, as an apprentice, Abernethy had lived with his master in St. Mildred's Court. When in 1793, Sir Charles Blicke moved to Billiter Square, Abernethy moved from St. Mary Axe, where he has been since his appointment as Assistant-Surgeon, to St. Mildred's Court. In 1799 he again moved, this time to 14 Bedford Row, the house which he kept to the end of his life.

One of his many friends was a Mr. Hodgson, who lived at Edmonton, and Abernethy was often invited to the Hodgsons' house for the day. It was here that he met his future wife. Miss Anne Threlfall was the daughter of a retired business man, and during his visits to the house Abernethy often met this lady who was friendly with Mr. Hodgson's daughters. Having a quick perception for character, he soon discovered that she was a woman of very good breeding, and in due course fell in love with her. He found, however, the same difficulty in proposing to her as he had experienced on starting a lecture in his earlier days. After a great deal of hesitation he did manage to propose, but evidently was not at all satisfied with his effort, for he supplemented it with a letter in which he wrote:

"I have felt extremely anxious, dear lady, since I had the pleasure to be with you, lest from my embarrassment in delivering my sentiments, I might have said anything liable to misapprehension.

This anxiety induces me to trouble you with this present letter . . ."

He goes on to enumerate the qualities he considers to be the mark of a perfect lady, indicating that she possesses them and ends:

"I shall suffer the greatest inquietude until I am assured of your good opinion." The answer was a favourable one, and they were married in the Parish Church of All Saints, Edmonton, on January 9th, 1800. The marriage was a very happy one, and in his wife Abernethy found a partner and a friend for life.

There were nine children from the marriage. The first, Anne, was born on February 23rd, 1801. She married a medical man, Dr. John Warburton, who was one of Abernethy's pupils, later becoming a Fellow of the College of Physicians. The lastborn, Elinor, married another medical man, Sir George Burrows, who was President of the Royal College of Physicians from 1871-75. He also attended Abernethy's lectures and became a physician to the Hospital in 1841.

One of the high-lights of Abernethy's day came when he could relax from medical duties and play with his children. In the summer, on his return from hospital, he would play battledore and shuttlecock with them. After that they might ask him to tell them a story, which he would do, making the characters live, in much the same manner as he impressed a point upon his students, by the use of a very graphic illustration. At acting, too, Abernethy showed considerable ability, and at Christmastide he often took part in plays before a family gathering.

The beginning of the nineteenth century marks the peak of Abernethy's career; in it he wrote his best works, and was honoured with the highest positions the profession could offer. He had now established himself as the greatest teacher, and the most eloquent and clearest lecturer of the day.

In 1804, he published his first volume of "Surgical Observations," including a classification of tumours according to their macroscopic appearance. Abernethy had little use for the microscope of that day, and if a growth superficially resembled the pancreas, it was called after the pancreas. The same volume also contained a description of diseases which resembled Venereal Disease, but were cured without the use of mercurial compounds. Soon afterwards he published a second volume of observations, and in 1809

he wrote the third volume which he called "My Book."

"My Book" was heralded as a great advance in treatment, and included "Surgical Observations on the constitutional origin and treatment of Local Diseases." His argument was, briefly, that the irritation which followed local disease could produce through the medium of the brain great disorders of the alimentary system, which in turn aggravated the local lesion. By recognising these facts, treatment of the alimentary symptoms often led to a cure. Surgeons on the continent, and especially in France, received these observations as being a great advance in treatment.

John Hunter in his lifetime had founded many of the medical societies of London; and when he died there was some unrest in them. Added to this was a controversy in the Medical Society over the length of time its President had been in office. Many men, Abernethy included, considered that Dr. James Sims, having held office for twenty-two years, ought not to be re-elected; and as by his nineteenth year many Fellows were finding his rule rather intolerable, a new society called the "Medical and Chirurgical Society of London" was founded. In the minutes of the first meeting it was decided to limit the term of office of any President to two years. Abernethy was elected a member, and also a member of the committee. Soon after its foundation he became a Vice-president, together with Sir William Blizard, Dr. Cooke and Dr. Babington.

At this Society he gave the first careful description, in the English language, of acute rheumatic endocarditis and pericarditis, and of mitral stenosis in his paper "On a diminution, in consequence of disease, of the Area of the Aperture by which the left Auricle of the Heart communicates with the Ventricle of the same side." Speaking of his subject, he said: "I have not found it adverted to in any books." This claim of Abernethy's is not true in the case of mitral stenosis, for John Baptist Morgagni, who lived from 1682-1771, gave the first recorded account of the lesion.

In 1810, he was made a member of the Court of Assistants of the Royal College of Surgeons of London, a post which he held for twenty years, but he had to wait three more years before he was elected to the post of Surgeon (at Christ's Hospital, which was then situated near St. Bartholomew's).

A year later he received two further honours by being elected to the Chairs of Anatomy and Surgery at the Royal College of Surgeons. On receiving this appointment, a friend suggested to him that the gentlemen of the College would need to hear something different from his students. "Of course," he said, "you could brush up the lectures which you have been so long delivering at St. Bartholomew's Hospital, and let us have them in an improved form." "Do you take me for a fool or a knave?" Abernethy replied. "I have always given the students at the Hospital that to which they are entitled—the best produce of my mind. If I could have made my lectures better, I would instantly have made them so. I will give the College of Surgeons precisely the same lectures down to the smallest details: nay, I will tell the old fellows how to make a poultice." Soon afterwards, whilst lecturing to his students, alluding to this incident, he told them, with a boyish twinkle in his eye: "I told the big-wigs how to make a poultice!"

His appointment as Arris and Gale Lecturer to the Royal College of Surgeons in 1814 was followed in the next year by his appointment as Surgeon to St. Bartholomew's Hospital. This marked the highest point of his career at the Hospital. On receiving this honour he delivered an address to the President and Governors, having been twenty-eight years in the position of Assistant Surgeon. He pointed out the evils of the existing system of appointments in which an Assistant-Surgeon had to wait for years before he became a Surgeon. By the time his chief had retired, the assistant had passed the age of forty years, at which time a man was in the prime of his capabilities. In addition to this, Abernethy suggested that the opportunities given to an Assistant-Surgeon were relatively few, and he was only allowed to operate when the Surgeon was on holiday or was out for the night and did not want to be disturbed. To overcome the difficulties, he thought that at a certain age the Surgeons should become consultants to the Hospital, so giving more incentive to the Assistants, who would then "endeavour to aid the principal surgeon because they would be desirous of qualifying themselves for a situation which they know they must occupy at an ascertained period." Abernethy summed up his very constructive criticism:

"As it appears to me, might not the

ardour and enterprise of youth, and the experience and caution of age, be made to co-operate with the energies of the middle period of life in perfecting the practice of Hospitals."

Abernethy had a great liking for the countryside, and in his earlier days he would often get up at 4 a.m. and travel to the open spaces. In 1815 he bought a country house at Enfield, and whenever he was able he would go there in the evenings or at weekends, in order to escape the constricting atmosphere of London. The house itself was not an ambitious one; built in brick in an early eighteenth-century style, it stood in the front of fifteen acres of ground.

His journeys to Enfield were nearly always on horseback, and he could be seen travelling from Hospital through Tottenham and the village of Edmonton on his favourite mare "Jenny." She was a great pet of his, and lived to the age of twenty-five, when he decided that she was suffering a great deal of pain, and so had her destroyed. Like all animal lovers, he felt the loss very deeply.

His relationship with John Hunter has already been described, and in 1819 he was able to express his great debt to him by delivering the "Hunterian Oration." The theme of his lecture was to "show what surgery really is: the nature and extent of the knowledge requisite for its clear comprehension; the intellect and talent necessary for its successful practice." In it he traced the development of medical knowledge, pointing out the advances made at Alexandria in the investigation of the structure and function of the human body, until he came to the point when surgical practice was really established. Later he informed the audience that it was the priests who first instructed the barbers in the art of surgery, after seeing their skill with the razor. Towards the end of his survey, Abernethy mentioned the revivals which had taken place in medical thought, first in France and then in England, emphasising the great importance of anatomy and physiology in Medicine: Hunter, he maintained, was both an anatomist and physiologist, and had done much to further the art of healing in the world.

Early in Abernethy's association with the Royal College of Surgeons, he found a staunch friend in William Clift who had been given charge of Hunter's Museum collection of some thirteen thousand specimens. At weekends when Abernethy was

free to go to Enfield, Clift would often accompany him. Here they would spend many hours discussing medical problems and in experimenting. Once they cut worms up into segments to see what effect there was on the mobility of the parts as opposed to the whole. When the weather was fine Clift and Abernethy were often found making the garden look tidy, or clipping the trees and hedges, ably assisted by the children.

The popularity of Abernethy's lectures was very marked now, and the lecture theatre built in 1791 was found to be inadequate. Added to those who normally attended his lectures, many of his old pupils who happened to be in London for the day would find time to hear him. He informed the Governors of the overcrowding, and they decided to build a dissecting room. In 1822 this was finished at a cost of £1,460, and Abernethy gave the first lecture before an audience of four hundred and six. Owing to the success of Abernethy's teaching the trend of the students' minds was towards surgery; Sir Robert Christison states that in 1820 the medical, as opposed to surgical, students at St. Bartholomew's were only three in number.

By this time Abernethy's work had received recognition abroad and on May 1st, 1820, he was made an Honorary Member of the Royal College of Surgeons of Ireland. This was an honour in itself, but in addition his name was associated with such men as John Pearson, Astley Cooper, Antonio Scarpa and S. J. Soemmering, all of whom were made members at the same time. In later years he was made an Honorary Member of the Royal Medical Society of Edinburgh and of the Medical Societies both at Paris and Philadelphia.

Abernethy's life was by no means free from quarrels. He defended John Hunter quite stubbornly against the assaults of Lawrence and in connection with his old teacher figured in a very dramatic episode. Hunter had left numerous manuscripts with his collection of specimens and these were also entrusted to the care of William Clift. Shortly before they were removed from their original place in Castle Street to Lincoln's Inn Fields, these manuscripts on Human, Comparative and Morbid Anatomy, and Physiology and Histology, were removed by one of Hunter's Executors, Sir Everard Home, to his own house. Here he spent a

few years extracting portions of them and finally published them in his own articles in the "Philosophical Transactions," also using them for his own lectures in Comparative Anatomy. In order to conceal his deeds he burned the original manuscripts, having no further use for them. It was about the year 1824 when Clift first discovered what had happened, and he informed the Chairman of the Museum Committee, his friend Abernethy. The unforgivable crime had been committed, and they both did all they could to unearth the cause of it. Eventually they accumulated enough evidence to accuse Home, whose good name was from then on ruined.

Another unfortunate incident occurred about this time, too, when Abernethy's lectures to his students started appearing in the "Lancet." Wakley had founded and edited the "Lancet" for the purpose of improving the medical knowledge of the world, and in printing Abernethy's lectures he was endeavouring to keep up his aim. The first time they were printed in that journal Abernethy immediately thought that one of his students was copying the lectures down and giving them to Wakley, so he addressed them in a very stern way:

"Take the substance of what I say, you are perfectly welcome to it — you have paid for it—it is yours; but I do protest that I think no one has a right to publish it to the world; I do not like it; and, certainly shall never have my sanction in so doing."

His students agreed with these wishes, and Abernethy thought that this would end the trouble. The next issues continued to reprint his lectures, and, still thinking that some student was responsible, he ordered that the lights should be put out whilst he was lecturing so that no one could take notes of any kind. Further issues still continued to print the lectures word for word, the punctuation being identical, too. William Lawrence was at this time Assistant-Surgeon to Abernethy, and also on the editorial staff of the "Lancet." So, as he had free access to the notes for Abernethy's lectures, the conclusion to be drawn is that he handed them over to be printed.

Meanwhile Abernethy had been busy in pursuing his belief that the "Lancet" had no right to print his lectures without his permission, for on Friday, December 10th, 1824, he applied to the Court of Chancery

for an injunction to prevent the "Lancet" from further publications. When the Chancellor approved of Abernethy's steps, the "Lancet" very discreetly proceeded to attack him for being a party in the obstruction of medical progress. Eventually the

(To be concluded.)

ABERNETHIAN SOCIETY

Meetings to be held in November.

Thursday, November 4th—Dr. R. M. B. MacKenna on "Meanderings on the Third Floor."
November 18th—Dr. Cuthbert Dukes on "The Origin and Spread of Intestinal Tumours."
Both meetings will be held in the Clinical Lecture Theatre, and will commence at 5.30 p.m.

BOOK REVIEWS

CARDIOVASCULAR STUDIES, by K. J. Franklin. Blackwell, Oxford, 1948. Pp. xvi + 306, figs. 102. Price 42s. net.

This new monograph from Professor Franklin's intriguing pen affords further testimony of his flair for fundamentals in his researches upon the cardiovascular system, and is an exemplar in the planning and conduct of such research. It has all that attraction of interest, vivacity and clarity of exposition and sustained thoroughness of enquiry that have long characterised him as the leading authority in his chosen field: it also witnesses to his catholicity of technique and approach to specific problems engaging his attention. It is a treatise which would have rejoiced the hearts of Harvey and of Hunter.

The Eustachian valve and the intervenous tubercle of Lower are familiar structures concerning whose function, however, there has long been obscurity or dubiety in the minds of anatomists and physiologists. The author reviews fully and critically the history of our knowledge of these structures and thereafter enunciates a new concept regarding the nature and function of the Eustachian valve, whose situation and anatomical characters he correlates with the direction of flow of the superior caval blood stream into and through the right auricle. In support of this novel conception an impressive mass of evidence is adduced from cineradiography, radiography and gross anatomy, the author having made detailed anatomical studies of a hitherto unparalleled range (both systematic and numerical) of mammalian hearts.

The wealth of literary reference, of new information and of correlated findings make this monograph a symposium of certain aspects of cardiac structure and function indispensable to the anatomist and physiologist, and indeed to all who would acquire intelligent understanding of cardiac mechanics. We believe this volume to be the choicest of its author's contributions to biological science, for he has rendered a service to cardiologist knowledge. Both as a review of the past labours of others and as a mine of novel information and consideration, it will remain a classic, marking a stage in the evolution of knowledge of cardiac structure and function. Valued now, it will be even more highly regarded with the passage of time.

whole affair died a natural death. Although there were points in favour of both sides of the argument, Abernethy really gained a moral victory, as in future Wakley asked permission of other lecturers before printing their lectures.

We deplore, with the author, the unavoidable omission of Dr. Franklin P. Reagan's promised contribution from the embryological aspect (since morphology alone may substantiate the validity of the concept herein advanced), but we applaud the author's genuinely scientific resolve to publish speculations based upon his personal findings with an open mind as to their subsequent adoption. The volume contains an invaluable bibliography and an excellent index: it is profusely and clearly illustrated: Dr. Reagan contributes a frontispiece.

Messrs. Blackwell have maintained, in its production, that high standard of all-round quality which never disappoints and which makes their books such delightful additions to any library. We most heartily commend *Cardiovascular Studies*, and we congratulate both author and publisher upon its appearance.

CARDIOGRAPHY, by William Evans. Butterworth & Co., Ltd., London, 1948. Pp. 132. Price 25s.

There are men who boast of having passed qualifying and higher examinations without being shown an electrocardiogram. But for those less hopeful this book is ideal.

It is a short book, but in the 95 pages devoted to electrocardiography there is everything the student needs to know about this subject from the examination point of view. The arrhythmias and tracings typical of separate clinical conditions are clearly described and illustrated with emphasis on the methodical analysis of findings so essential for correct diagnosis. The section ends with a series of test electrocardiograms for which a key is provided. It is a pity that Vector or Unipolar Leads are mentioned only to be dismissed. Even a very brief account would have been more acceptable than a dogmatic refutation of their value.

The remainder of the book deals with phonocardiography and constitutes a valuable introduction to this comparatively new branch of cardiology.

AN INTRODUCTION TO MEDICINE FOR NURSES, by P. Asher. William Heinemann, Ltd., London. Price 21s.

The author's approach to her subject is the right one; she presents not a list of symptoms but a patient whose eventual fate is decided not

only by disease processes but by his personality and social circumstances. The chapters on mental aspects of disease are welcome, and could have been enlarged at the expense of that on practical procedures, which is too short to be useful, and the glossary, of which a great deal is too elementary to be needed. The outlook presented here is one that appeals greatly to nurses, and is only too rarely shown in textbooks.

REMEDIAL EXERCISES FOR CERTAIN DISEASES OF THE HEART AND LUNGS, by H. S. Augore. Faber & Faber Ltd., London. Price 10s. 6d.

The new edition has been revised to a certain extent and the Physiotherapy treatments for heart diseases should prove helpful to both students and practitioners of Physiotherapy. Several criticisms might be made: the Physiology is, at times, inaccurate and one would query such things as the inclusion of thrombo-angiitis obliterans under "Diseases of Veins."

The section on lung diseases is not sufficiently up-to-date and the Physiotherapy treatments are lacking in clarity. Some of the exercises advocated and illustrated would appear to fix the thorax rather than facilitate respiration.

AIDS TO ORTHOPAEDICS FOR NURSES, by Bertha E. Waller. Baillière, Tindall & Cox Ltd., London. Pp. 254. Price 6s.

Miss Waller in her "Aids to Orthopaedics for Nurses," supplies the demand and need for a textbook in this branch of nursing, though it could be equally useful to the general student, as to the one specialising in this subject.

She has given us a wide and comprehensive survey of the subject, and much helpful information on the practical details required in orthopaedic nursing, and, wherever possible, the text is illustrated clearly with diagrams, photographs and X-ray prints.

It is a small inexpensive volume, concisely and interestingly written, and I have much confidence in recommending it for the use of every student nurse.

AIDS TO PATHOLOGY, by J. O. Oliver. 9th Edition. 1948. Baillière Tindall & Cox. Pp 332 + viii. 7s. 6d.

As a whole this is a well-written book in line with the rest of the Aids series. The chapters on Tumours and Carcinogenesis being especially good, summarising as they do modern theories and views.

Omission of unnecessary detail is a strong point in favour of this book, but unfortunately this is not the only omission. The section on the Liver appears especially incomplete in view of recent work. A new type has been used which makes the reading of a book this size much easier.

AIDS TO GYNAECOLOGY, by W. R. Winter-ton. 10th edition. Baillière, Tindall & Cox Ltd., London. Pp. 184+vi. Price 7s. 6d.

This is a useful little book already known to many students. It contains the essentials of Gynaecology in the space of one hundred and seventy odd pages.

Compared with the last edition eight years ago, the chapter on displacements of the uterus has been curtailed, and a short chapter on endocrine therapy has been added. Methods of treatment have been revised in appropriate sections, to bring the book in line with advances in chemotherapy during recent years.

DEMONSTRATIONS OF PHYSICAL SIGNS IN CLINICAL SURGERY, by Hamilton Bailey. 11th edition. 1948. Pp. 100. John Wright & Sons, Bristol. Part One. Price 8s. 6d.

The value of colour photographs in medical and surgical textbooks is often disputed, for in some cases it appears that colour is used for ornament rather than instruction. In these Demonstrations, however, the colour in every case enhances the value of the illustrations; and it may be said that the illustrations are more than a "useful adjunct to the text," for they definitely convey impressions which even the most picturesque phrase will often fail to conjure up. The high quality of the photographs and the readability of the text are so familiar to most students that this book is widely recognized as the best introductory manual of surgery available. More advanced students will find it useful for improving a technique which may well appear slovenly in the light of this text.

The outstanding change in this edition is the fact that it is being produced in four paper covered parts, published separately. As the author explains, this arrangement has been adopted to facilitate early publication. In view of the heavy demand for this book, we welcome its reappearance. And in view of the difficulties with which Mr. Hamilton Bailey has had to contend, and the satisfactory way in which he has managed to overcome them, we extend to him and the publishers our hearty congratulations on this attractive publication. One further point deserves consideration: we wonder if the publishers are making any provision for those who might later like to have their four parts bound in one volume.

UNIVERSITY EXAMINATION POSTAL INSTITUTION

17, RED LION SQUARE, LONDON, W.C.1

Over 50 years' experience

POSTAL COACHING FOR ALL MEDICAL EXAMINATIONS

SOME SUCCESSES GAINED BY OUR
STUDENTS :

Final Qualifying Exams. 1901-1947	1327
M.R.C.P. (London) 1901-1947	427
Primary F.R.C.S. (Eng.) 1901-1947	411
Final F.R.C.S. (Eng.) 1901-1947	308
F.R.C.S. (Edin.) 1901-1947	110
M.D. (Lond.) 1901-1947	454
M. and D. Obst. R.C.O.G. 1936-1947	123
D.A. 1936-1947	143
D.C.H. 1936-1947	96
M.D. by Thesis	Many Successes

MEDICAL PROSPECTUS, LIST OF TUTORS, ETC., on application to THE SECRETARY, U.E.P.I., 17, RED LION SQUARE, LONDON, W.C.1. (Telephone HOLBORN 6313)

THE PRACTICE OF LOCAL ANÆSTHESIA, by George Bankoff. 3rd Edition. Staples Press Ltd., London. Pp. 290. Price 30s.

In the absence of an introduction it is a little difficult to decide for whom this book is intended; difficult, too, to imagine an audience which would find it altogether satisfactory. For instance, Kulenkampf's method of brachial plexus block is described as the method of choice, and described so sketchily as to be almost valueless; most of the illustrations, however, refer to Patrick's method which is nowhere mentioned in the text. These illustrations seem vaguely familiar but, since to neither the method nor any description of it is reference made anywhere, it is assumed that they are as original as the ideas.

There are many surprising statements to be found in this book; for instance, that the region of the lumbar vertebra is the region of choice for paravertebral anaesthesia; that the author uses 1 minim of 1:1000 adrenalin to 5 c.c. of his solution; that an inexperienced surgeon ought not to perform an operation; and so on. Contradictions

abound, there are many omissions, the English is not good. The book is well printed in 11 on 12 monotype Baskerville.

G. E.

A POCKET MEDICINE, by G. E. Beaumont. Pp. 200. 2nd Edition. 1948. J. & A. Churchill Ltd. Price 9s.

Enter the second edition of this extremely useful pocket book. It differs little from the first edition except that a very remindingful table of some normal findings is included.

The purpose of this book is to provide a paragraph on all the common, but not rare, medical conditions met with as a student in out-patients, the wards and exam. room. Condensed into that paragraph are the salient features of each disease together with the differential diagnosis and the treatment which includes, very usefully, applicable prescriptions. For fuller reference the reader must turn to the Author's "Essentials of Medicine."

As such this book succeeds — it is a handy reference.

PRINCESS TSAHAI MEMORIAL HOSPITAL FUND

An exhibition of Drawings by British and Ethiopian children, in aid of the Fund, will be held at Seymour Hall, Seymour Place, W.1., on Monday, November 8th, from 2 to 5 p.m. and on Tuesday, November 9th, from 11 a.m. to 5 p.m. A Bazaar will also be held in the same building.

Any gifts for the Bazaar will be gratefully received by the Memorial Hospital Council, and should be addressed to 3, Charteris Road, Woodford Green, Essex. Donations should be sent to Lord Horder and Lord Amulree, c/o H. Reynolds & Co., 1, Bloomsbury Court, W.C.1.

SPORT

LAWN TENNIS CLUB

The Lawn Tennis Season ended on September 4th with a defeat at the hands of Guy's in the final of the United Hospitals Cup.

In the previous rounds, the Hospital had beaten University College Hospital by eight rubbers to one, King's College Hospital by five to four, and London Hospital, the holders, by eight to five, with two rubbers unplayed. The final took place at Honor Oak Park on a sultry afternoon, following thundery rain which had prevented the morning's play and had rendered the grass courts unserviceable, so that with six singles and nine doubles to be decided, it became as much a feat of endurance as a contest of skill.

In the singles G. Giri, after winning the first set in splendid style, lost to K. M. Hume by 6-3, 1-6, 2-6. J. S. Cardwell, Captain, and R. A. Riseley-Prichard, Hon. Sec. both played matches in which the result hung in the balance right up to the last. Cardwell lost to I. Kelsey-Fry, 3-6, 6-2, 4-6, and Prichard beat E. G. Searle 3-6, 6-3, 6-4. Neither M. H. Husainee or B. H. du Heaume found the hard courts to their liking, losing to C.H. Opie and L. Mackey by 0-6, 0-6 and 2-6, 2-6 respectively. Playing sixth string P. N. Gai decisively defeated J. Annan 6-1, 6-2.

In the doubles Guy's quickly extended their 4-2 lead established in the singles, and at 7.45 when the light was failing, the match was concluded, with the score standing at eight rubbers to five with two unplayed, and the cup rests at Guy's till next year. So ended a season marred by ill weather.

It is hoped that with the construction of two

hard courts at Chislehurst, which will be in commission at the end of November, a greater interest will be shown in the club's activities by both those at the hospital and those at Charterhouse Square.

R.U.F.C.

The season started on September 25th with the Hospital beating the Old Mid Whitgiftians by 20 points to 8. This was an encouraging first game with forwards and backs alike running strongly in attack and backing up well; tackling could have been more spirited but was, in the main, effective. The ball was slow coming out of tight scrums although we hooked it from most; in the loose, forward play tended to be ragged owing to poor binding. The backs ran well and often looked dangerous but came too far across the field.

Tries were scored by Struthers (2), Pitchall and Corbet, Carter converting one and Dick landing a penalty goal.

Match v. Woodford on October 2nd, 1948.

Result: Lost, 5 points to 19.

Played in brilliant sunshine, this was a fast open game in which the opposing back division proved too strong for Bart's. The Hospital forwards played well and had the measure of their opponents in every department but our backs, lacking thrust, could do little against their heavier and faster opponents for whom the Scottish International, Peter Hepburn, played a fine game. Bart's defence was, on the whole, sound but the side missed many opportunities to score through lack of finish. Woodford scored with two goals, two tries and a penalty and Bart's replied with a goal.

CRICKET CLUB

THE INTER-HOSPITALS CHALLENGE CUP

Semi-final

The first attempt to complete this round was made on August 21st on St. George's Hospital ground, but rain brought to an untimely end a match that was becoming very interesting. St. George's made 194 with Clappen (4-42) the most successful bowler and Cairns a notable exception to some otherwise mediocre fielding. When Bart's batted, Tomlinson made a bold attempt to beat the weather and his 70 (not out) of 92 for 2 wickets was a brilliant display of forceful batting.

The replay was a different story. Sound batting by Vazifdar (65), Cairns (28) and Clappen (28) was followed by some very hostile bowling by Aubin and Vazifdar, and keen fielding from the whole side. The Bart's team played with great zest and St. George's were well beaten.

Scores:—Bart's, 155.

St. George's, 74 (Aubin 5-23; Vazifdar 3-39).

The Final

The final against Guy's Hospital was played and won on St. Mary's Hospital ground, Teddington, on September 5th and 6th. Guy's won the toss and decided to bat first on a wet, slow wicket.

Aubin and Vazifdar opened the bowling, but the ball was coming off slowly and the batsmen had plenty of time to play them. Clappen, relieving Aubin, caught and bowled Woodford with the total at 28, but Blake and Williams batted soundly. These two had added 40 runs, and the partnership was assuming unpleasant proportions, when Haigh had Blake caught by Biddell.

After lunch the wicket was taking spin and Clappen and Haigh, exploiting this advantage to the full, gradually gained ascendancy. The former, in particular, bowled brilliantly and the Guy's batsmen could do little with him. The innings closed at 123.

The Bart's innings began disastrously, both opening batsmen being out for 26 runs, but Tomlinson and May set about the task of overtaking the Guy's total. They put on 51 together and, thereafter, Bart's looked the winners all the way, gaining a first innings lead of 42. Tomlinson's sound innings was invaluable, and was followed by good displays by Clappen and Ross.

In the second innings Guy's started very cautiously. Aubin, conceding only 10 runs in 12 overs, bowled very well and was unlucky not to take a wicket. Clappen (30.2 overs) and Haigh (24 overs) then took charge and bowled unchanged for the rest of the innings. Backed up by excellent fielding all round they bowled magnificently and were completely on top of the Guy's batsmen, who had difficulty in reaching a total of 104. This left Bart's 63 runs to get. This they did for the loss of 3 wickets to achieve a resounding victory and take possession of the Cup for at least a year.

It was a great match. Clappen and Haigh took 19 wickets between them, the other being run out, and Tomlinson scored 86 runs altogether. Nevertheless this was only possible with the able support of the rest of the side. It was a team victory, and the whole team played with great skill and spirit. It was a fitting climax to a highly successful season.

P. D. M.

GUYS

D. BLAKE c BIDDELL b HAIGH.....	36	c HAIGH b CLAPPEN.....	30
J. F. WOODFORD c and b CLAPPEN.....	15	st MOYES b CLAPPEN.....	10
J. D. WILLIAMS b CLAPPEN.....	18	c MOYES b HAIGH.....	5
P. S. RUSSELL b CLAPPEN.....	4	b HAIGH.....	4
R. G. NICHOLSON b HAIGH.....	21	c TOMLINSON b CLAPPEN.....	6
E. W. GRAHAM b CLAPPEN.....	13	c MAY b CLAPPEN.....	32
H. R. PRENTICE c and b CLAPPEN.....	7	lbw b CLAPPEN.....	3
H. M. O'DRISCOLL c. TOMLINSON b HAIGH.....	2	c MORGAN b HAIGH.....	7
T. SMITH not out.....	2	st MOYES b HAIGH.....	6
A. H. WHITTAKER hit wkt., b CLAPPEN.....	0	b CLAPPEN.....	0
G. W. SCOTT run out.....	2	not out.....	0
Extras.....	3	Extras.....	1
Total	123	Total	104

BART'S

J. S. VAZIFDAR c NICHOLSON b RUSSELL.....	6	c BLAKE b RUSSELL.....	7
P. B. BIDDELL b NICHOLSON.....	7	b GRAHAM.....	24
J. D. W. TOMLINSON lbw b GRAHAM.....	64	not out.....	22
A. G. MAY c PRENTICE b RUSSELL.....	15	b GRAHAM.....	0
J. D. CAIRNS b RUSSELL.....	1	not out.....	10
K. MORGAN c WOODFORD b GRAHAM.....	2		
J. A. CLAPPEN c GRAHAM b WOODFORD.....	27		
P. D. MOYES c WHITTAKER b O'DRISCOLL.....	12		
D. F. A. AUBIN c BLAKE b RUSSELL.....	1		
H. B. ROSS c WILLIAMS b O'DRISCOLL.....	19		
P. G. HAIGH not out.....	0		
Extras.....	11		
Total	165	Total (3 wkts.)	63

Did not Bat

Bowling

First Innings:—CLAPPEN 6-46; HAIGH 3-25.

Second Innings:—CLAPPEN 6-49; HAIGH 4-33.

Intelligence Service

In those fields of therapeutics where there is greatest activity it is inevitable that standard textbooks are sometimes unable to keep pace with important new developments. The medical student who wishes to keep abreast of such developments but cannot spare the time to consult original publications will often find that the publications issued by manufacturers of new drugs are of considerable value.

Medical students are cordially invited to communicate with us whenever they feel we might be of help. Write, or 'phone ILford 3060, ext. 99 or 100.

..... for sleeplessness ^{trade mark} 'SONERYL' the original brand of butobarbitone provides the ideal hypnotic for all cases of insomnia whether of mental or physical origin. It is rapid in action producing a natural dreamless sleep within half an hour, which is maintained from six to eight hours.

..... where sleeplessness is associated with pain ^{trade mark} 'SONALGIN' brand butophen with codeine combines the hypnotic properties of 'Soneryl' with the analgesic actions of codeine and phenacetin and is of particular value in the relief of pain in such conditions as dysmenorrhoea, neuralgia, myalgia fibrositis and migraine.

Supplies: 'Soneryl' tablets in containers of 12, 25, 100 and 500 x gr. 1½ (0.1 Gm.)

'Soneryl' suppositories in boxes of 5,

each containing gr. 3, gr. 5, or gr. 10 of the active product

'Sonalgin' tablets butobarbitone gr. 1 (0.065 Gm.),

codeine phosphate gr. 1/6 (0.011 Gm.),

phenacetin gr. 3½ (0.227 Gm.).

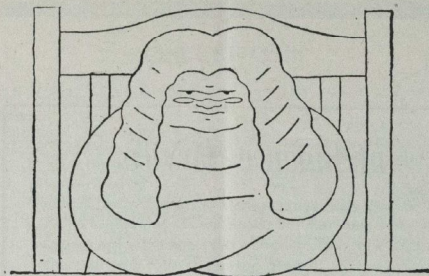
containers of 25, 100 and 500

M&B Medical Products  manufactured by

MAY & BAKER LTD

distributors

PHARMACEUTICAL SPECIALITIES (MAY & BAKER) LTD. DAGENHAM



"What is Benger's Food?"

"You have heard the medical evidence and you may have formed the conclusion that, in spite of his undoubtedly high qualifications, Dr. Telmy-More was not entirely clear in his own mind as to the nature and functions of Benger's Food.

"The fact that his father prescribed it and his grandfather before that, whilst indicating continuity in the treatment of gastro-intestinal disorders, is not in itself conclusive evidence that the witness was fully aware of their reasons for so doing.

"And, whereas, at one point in his testimony he admitted the unique enzymic action of Benger's Food in modifying milk, at another he appeared to confuse Benger's Food with ordinary bed-time drinks in which this principle is absent.

"Nevertheless, Dr. Telmy-More's frank admission that a busy practitioner is not always able to keep au fait with a wide variety of proprietary products impressed me, as did his declared intention of questioning the medical representative of the makers of Benger's Food at the first opportunity."

BENGER'S LTD., HOLMES CHAPEL, CHESHIRE

AT LAST!

GENUINE

BRITISH MADE

RECORD SYRINGES

GUARANTEED EQUAL TO BEST PRE-WAR QUALITY

Look for the **"FLAME"** Brand

SYRINGES ONLY - - - 1 c.c. 7/- Each
 2 c.c. 8/- "
 5 c.c. 12/6 "
 10 c.c. 14/6 "
 20 c.c. 17/- "

NEEDLES HYPODERMIC - - - 7/- Doz.
 INTRAMASCULAR - - - 10/- "
 EXPLORING - - - 15/- "

As in use at St. Bartholomew's and many other London Hospitals.

REPAIR EXCHANGE SERVICE

Reconditioned Syringes in exchange for parts of broken syringes

SUPPLIED IMMEDIATELY

Telephone— **W. H. BAILEY & SON, LTD.** Telegrams—
 Gerrard 3188 2313 45 OXFORD STREET & 2 RATHBONE PLACE, LONDON. W1 "Bayleaf," London
 Manufacturers of Surgical Instruments, Appliances and Hospital Furniture

BREAST FEEDING

BABY'S BIRTHRIGHT

LACTAGOL
 The Galactagogue

Encourages breast milk and strengthens the mother

LACTAGOL LTD., MITCHAM, SURREY

Lactagol presents: Edestin (cotton seed extract), Calcium (600 mg./oz.), Phosphorus (400 mg./oz.), Iron (40 mg./oz.), etc.

PLAIN TALKS ON INFANT FEEDING

No. 3

Let us Give Thought to the Amino-Acids

As every doctor knows, the nutritional value of proteins depends on their amino-acid composition and grouping. Here Humanised Trufood scores spectacularly for a comparison between the amino-acids in mother's milk and in Trufood reveals a very close approximation. (*A detailed comparison of percentages is given in a special leaflet which is sent free on application.*) The significance of this approximation hardly needs emphasising. Since the quantity of casein is reduced, and the amino-acid content is brought into approximation to that of human milk by building up the soluble proteins, it means that the young child prospers on Trufood with the same ease and success as it does on mother's milk. This statement is proved by the experience of countless mothers and the observation of welfare officials. The child's digestion develops *healthily* on Trufood, and its growth is firm and progressive. *Literature giving detailed information can be obtained by writing to Trufood Ltd. (Dept. BHJ 4), Bebington, Wirral, Cheshire.*

Issued by the Makers of Trufood—

NEAREST TO MOTHER'S MILK

K24



KERFOOTS BACTERIOLOGICAL SUGARS

ARABINOSE . CELLOBIOSE . DULCITOL
DEXTRINE (Prep. by precipitation)
DEXTROSE (Crys. Anhydrous) . LACTOSE
GALACTOSE . INOSITOL . INULIN
LÆVULOSE . MALTOSE . MANNITOL
RAFFINOSE . RHAMNOSE . SORBITOL
SACCHAROSE . SORBOSE . XYLOSE

Prepared under ideal conditions which ensure the utmost possible degree of chemical purity.

Descriptive Leaflet sent on request.

Thomas Kerfoot & Co. Ltd., Vale of Bardsley, Lancashire



KEROCAIN

(PROCAINE HYDROCHLORIDE KERFOOT)

LOCAL ANAESTHESIA AT ITS BEST

Procaine Hydrochloride in an exceptionally pure and reliable form, conforming to standards considerably more stringent than those of the B.P. Prepared under ideal conditions and the strictest analytical control. Always specify KERFOOT

THOMAS KERFOOT & CO. LTD., Vale of Bardsley, Lanes.

K.11a

AT
YOUR



SERVICE

The Name & Fame of "Blakes"

HOSPITAL EQUIPMENT

We have a Ministry of Pensions contract to supply all Hospitals with Trusses, Belts, Elastic Hosiery and Rubber Urinals.

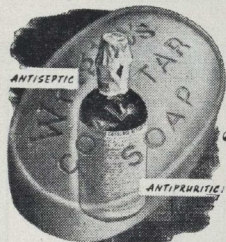
We are also in a position to supply Hospital Theatre equipment, Ward Accessories, Surgical Dressings, Fittings, etc.

The sole aim of our organisation is to give efficient service and satisfaction to our clients, whether for large orders or for single articles.

Fittings by experienced fitters at your Hospital or at any of our 35 branches.

BLAKE'S *Medical Stores Ltd*

Head Office: 8 SUNNYHILL ROAD, LONDON, S.W.16
Tel: STR 0738 and 35 branches throughout the country



Origin
of a
household
name

WRIGHT'S LIQUOR CARBONIS DETERGENS

The antiseptic and antipruritic constituents in Wright's Coal Tar were isolated first when Liquor Carbonis Detergens was introduced over 80 years ago. This distinctive preparation has achieved prominent place as a medicament for skin diseases. It is specified repeatedly by dermatologists and is today, through constant research and modern methods of manufacture, a better product than ever before, both in appearance and antiseptic value.

Wright's Coal Tar Soap, soothing to the tenderest skin, derives its health-protecting powers from this preparation.

Wright's

COAL TAR SOAP

IDEAL FOR TOILET AND NURSERY



WHITBREAD'S

ALE

&

STOUT

IN BOTTLE — ON DRAUGHT

THE
**MUNDESLEY
SANATORIUM**
NORFOLK.

Resident Physicians:

S. VERE PEARSON, M.D. (Cantab.),
M.R.C.P. (Lond.)

E. C. WYNNE-EDWARDS, M.B. (Cantab.),
F.R.C.S. (Edin.)

GEORGE H. DAY, M.D. (Cantab.)

Terms from 10½ guineas weekly

For all information apply the Secretary:
The Sanatorium, Mundesley, Norfolk

An advance in
Penicillin therapy . . .

'AVLOPROCIL'

Procaine Penicillin Oily Injection

'Avloprocil' contains the procaine salt of Crystalline Penicillin in oily suspension and offers important advantages to both doctor and patient:—

- Therapeutic blood levels of penicillin maintained for at least 24 hours.
- Effective penicillin therapy achieved with a *single daily injection*.
- Administration comparatively free from irritation and pain.

*10 c.c. vials (300,000 units of penicillin per c.c.).
Singly and in boxes of 5.*

Literature and further information available on request from your nearest I.C.I. Office—London, Bristol, Manchester, Glasgow, Edinburgh, Belfast and Birmingham.

IMPERIAL CHEMICAL [PHARMACEUTICALS] LTD.

(A subsidiary company of Imperial Chemical Industries Ltd.)

MANCHESTER



Ph.310

B.D.H.
preparations
of
Penicillin

Penicillin Oil-Wax Suspensions B.D.H. are available prepared either with arachis oil or with ethyl oleate, the latter being a less viscous suspension. Both preparations conform with the B.P. 1948 specification for Oily Injection of Penicillin. It is necessary, however, to specify the 'ethyl oleate suspension' when the less viscous preparation is required, otherwise the arachis oil suspension will be dispensed as directed in the Pharmacopœia.

Other B.D.H. preparations of penicillin which comply with the pharmacopœial specification are:—

PENICILLIN LOZENGES B.D.H.

PENICILLIN OINTMENT B.D.H.

PENICILLIN EYE OINTMENT B.D.H.

MEDICAL DEPARTMENT
THE BRITISH DRUG HOUSES LTD. LONDON N.1
TELEPHONE: CLERKENWELL 3000 TELEGRAMS: TETRADOME TELEX LONDON

Pen/E/10

SBHMS/PB/1/55

SBI

242/112

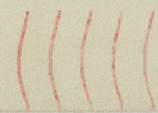
**SAINT
BARTHOLOMEW'S
HOSPITAL
JOURNAL**



DECEMBER 1948

VOL. L II

No 11



CONTENTS

Editorial	182	Sherlock Holmes, F.R.C.S., or the Case of the Post-appendicular Pain, by K. W. D. H.	192
Strange but True, by Matrix (Three Thumb-nail Sketches)	183	Cambridge Graduates' Medical Club	193
Highland Medicine	185	The Journal Cover, by Hogarth	193
Gynaecologia, by J. McO.	187	"Busman's Honeymoon," by our Dramatic Critic	194
Students' Union Council Meeting for November	187	Correspondence—	
Abernethian Society	187	—Fear of the Dark (Dr. Josiah Oldfield); Unreason (Dr. W. H. Jopling, Dr. Ranyard West, Dr. Geoffrey Bourne)	194
The Life and Works of John Abernethy (Part III) by N. Alan Green	188	Auto-stopping without Tears, by David Blair	196
Psychopath Confined by J. McO.	190	Book Review	197
Gift to the Medical College, by Sir Alec and Lady Martin, of a Portrait of Abernethy	191	Sport — R.U.F.C., Cricket Club, Hockey Club, Swimming Club	197
Wessex Rahere Club	191	Examination Results	199
Childrens' Fancy Dress Party	191		
Marriage	191		

INSURANCE

TELEPHONE

Whitehall 6161 where there is an efficient organisation ready to deal with all your enquiries

CAR & GENERAL

INSURANCE CORPORATION LTD.

83 PALL MALL, LONDON, S.W.1

**The richest natural
vitamin - protein - mineral
supplement**

Bemax


The nutritional factors of Bemax are well demonstrated in the table of assay figures shown below—

VITAMINS (per oz.)	B ₁ - - - 0.45 mg.	nicotinic acid- 1.7 mg.
	B ₂ - - - 0.45 mg.	B ₆ - - - 0.45 mg.
	(riboflavine)- 0.3 mg.	E - - - 8.0 mg.
PROTEIN, MINERALS, etc.	protein (first-class— see*) - - - 30%	mineral salts - 4.5%
	carbohydrate - 39%	water - - - 5%
	fat - - - 8.5%	fibre - - - 2%
* ESSENTIAL AMINO ACIDS		fresh weight basis
	arginine 2.5%	16% N basis
	histidine 0.9%	8.3%
	lysine 1.8%	3.0%
	tryptophane 0.3%	6.0%
	phenylalanine 0.9%	1.0%
	cystine 0.3%	3.0%
	methionine 0.5%	1.0%
	threonine 1.2%	1.6%
	leucine 2.1%	4.0%
	isoleucine 1.3%	7.0%
	valine 1.6%	4.3%
		5.3%

This advertisement, including the analyses, is copyright.

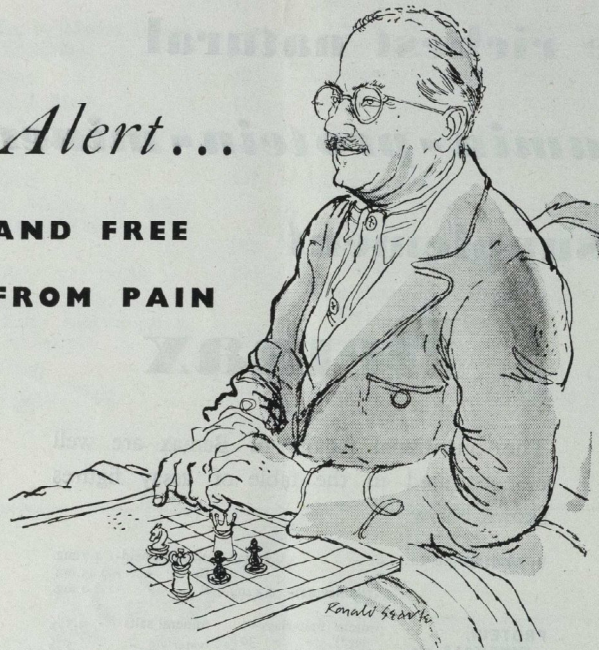
Vitamins Limited

Upper Mall, London, W.6



Alert...

**AND FREE
FROM PAIN**



When the burden of pain proves too heavy, mental outlook becomes distorted. In such a case the drug of choice is 'Physeptone' which gives satisfactory analgesia while leaving the mind clear.

'PHYSEPTONE'

4-(2-DIMETHYLAMINO-4:4-DIPHENYLHEPTANE-5-ONE) HYDROCHLORIDE

THE NEW ANALGESIC



BURROUGHS WELLCOME & CO. (The Wellcome Foundation Ltd.) LONDON

O T I T I S M E D I A



**DECONGESTION - OSMOSIS
WITH EFFECTIVE ANALGESIA**

DECONGESTION SUCCESSFULLY ACHIEVED by the addition of Ephedrine Sulphate which acts in synergy with the other ingredients to produce shrinkage of the mucosa, and promote drainage from the middle ear with rapid control of pain. The bactericidal constituents of Auralgicin cover a wide range of micro-organisms including those likely to be present in otitis media.

AURALGICIN

DDA

(BENGER)

FORMULA :

Benzocaine	1.5% w/v	Chlorbutol	1.0% w/v
Ephedrine Sulph.	1.0% w/v	Phenazone	5.0% w/v
Pot. Hydroxyquinoline Sulphate	0.1% w/v		
Glycerine	Q.S.		

FOR EXTERNAL APPLICATION

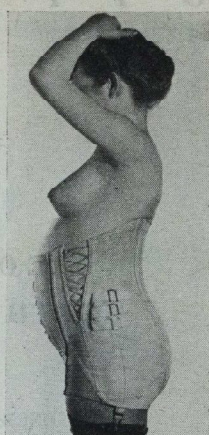
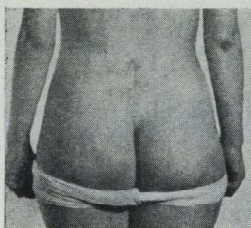
BENGER'S LTD., HOLMES CHAPEL, CHESHIRE

SPENCER SUPPORTS

Prescribed for

PRIMIGRAVIDA

following Spinal Fusion



Patient is 18 years of age, six months pregnant.

Examination revealed marked lordosis, large palpable sacrum and lower lumbar spine. Diagnosis: spina bifida 3rd, 4th, and 5th lumbar vertebrae and upper sacral spine, rudimentary development of the laminae and articular processes in the 5th lumbar segment and Grade 1 Spondylolisthesis of L-5 and S-1.

Spinal fusion was performed July 1946. Post-operative management consisted of bed rest and plaster body jacket until December 1946, at which time a back brace was applied for support of the fusion area.

Patient became pregnant 13 months following surgery. The Spencer Support with rigid back and adjustable maternity section was applied during the third month of pregnancy. The patient had worn the support continuously from third through sixth month at the time these photographs were taken.

Note the lacing adjustment at the side of maternity support which allows for increasing development. The patient states she is comfortable as long as she wears the support, and is able to do housework. She adjusts the support in bed before rising in the morning according to instructions and never stands or walks without it.

For further particulars of Spencer Supports write to:

SPENCER (BANBURY) LTD.

Consultant Manufacturers of

Surgical and Orthopaedic Supports

Spencer House - Banbury - Oxfordshire

BEWARE OF IMITATIONS. Spencer (Banbury) Ltd. regret the necessity of issuing warning to beware of copies and imitations. Look for the SPENCER LABEL stitched in the Spencer Support and ensure that it is a genuine Spencer Support and not a so-called copy. Spencer copyright designs are original and distinctive and for more than 20 years have been recognised by the Medical Profession as a symbol of effective control for abdomen, back and breasts.

Suppliers to Hospitals throughout the Kingdom under the National Health Service Act of 1946

Trained Fitters available throughout the Kingdom

Copyright: Reproduction in whole or in part is prohibited except with the written permission of S(B) Ltd.

ST. BARTHOLOMEW'S



HOSPITAL JOURNAL

Vol. LII

DECEMBER, 1948

No. 11

December has come again with its cold, cold dawns when the breath hangs like smoke in the frosty air. Getting up in the morning becomes more and more of an ordeal as the days pass, from that first moment when, with only the nose visible from under the eiderdown, plans are craftily made, rejected and re-made for cutting to a minimum the interval between the warm comfort of the bed and the fully attired state.

The stillness broken by a flying leap to the slippers — the caterwauling from the bathroom, where the unfortunate tries to maintain his ebbing morale and sinking temperature with a chattering, basso profundo rendering of *Ah! che la morte*—the frenzied dressing, delayed by the missing stud. December has indeed come.

Gone now are the indolent crowds that thronged the square at high noon; gone are the caterpillars that rained on the unwary from the leafy branches above. Only the gold-fish remains, silent, inscrutable, unruffled alike by summer's confinement to the narrow waters of a bucket when the fountain is careened, or by winter's ice-packs floating over him. We lesser mortals retire to the Abernethian Room where we combine the advantages of period décor with an atmosphere that in no way reflects the price of tobacco.

At Chislehurst the scene has also changed. White flannels and gaudy blazers no longer dazzle the eye; in their place a muddied drabness, more fitting to the season, makes the contestants one with their surroundings, as they struggle for mastery in the twilight afternoon.

Over all looms the cheery prospect of Christmas with all that the magic word conjures up. Perhaps nowhere more than at a hospital, and at no hospital more than Bart.'s,

can the true spirit of the festival be felt. It is something to be remembered and something to be cherished in the embittered world of to-day.

Already the various firms are preparing their ward shows. A casual visitor to the demonstration rooms of King George V block might well be excused an expression of surprise or even of consternation at the extraordinary spectacles that would meet his gaze. Rehearsals, that would break the heart of any gentleman from Shaftesbury Avenue, career along their wild and unpremeditated courses. Were he to return in three weeks' time and see the finished products, he might be equally astonished to see once quiet and demure students, many of whom have never before appeared on the wrong side of the footlights, performing prodigious feats of exhibitionism in the name of Drama. Such is December at the hospital.

* * *

It is customary for the editor at the end of the year metaphorically to push back his green eye-shade, swivel round in his chair and survey the receding months.

The event of the year (*Der Tag*, so-to-speak) was undoubtedly July 5th. Contrary to expectation, when we emerged from St. Paul's underground station that morning, no distant rattle of machine-guns rent the calm and positively no barricades were to be seen anywhere. We had secretly hoped to see—(after the manner of a Giles cartoon)—our Senior physician, sword in hand, leading the gallant powder-stained remnants of the staff in a last desperate charge against the bowler-hatted hordes from Whitehall, with a squadron of Rolls-Royce's simultaneously debauching into the enemy's rear—to bring, like the elephants of Pyrrhus, astonishment

and confusion to the ranks of the Ministry. Alas! our hopes were dashed, and July 5th passed no differently from July 4th. We gather, however, that those of our readers who envisage losing a leg or two in the course of the next few years would be well advised to place their names on the waiting list for artificial limbs. Furthermore, prospective parents should now consider putting their offspring down for deaf-hearing aids as well as the M.C.C.

The occasion of the Lord Mayor's Show found Percy, our mascot, taking the air. He had hoped to pay his respects to the new Lord Mayor (who is chairman of the Board of Governors), but the police, alarmed by the appearance of a pre-historic monster in their midst and not aware of his vegetarian habits, took fright. After a gallant struggle Percy was decapitated, and his torso towed ignominiously through the streets with an escort of

cavalry. We are happy to announce that he has now recovered completely from his grievous injuries.

In the field of sport this has been a most successful year and our best wishes go out to all the clubs. The show-case in the library is enriched by the presence of another enormous cup (the Hospitals' Challenge Trophy) which the Cricket Club brought home with them, while on the neighbouring wall hangs the Inter-Hospitals Challenge Shield, with which the Athletic Club have crowned their achievements.

We also offer our warmest congratulations to the Rowing Club on having won five events in the United Hospitals Regatta (including the Senior Eights and Senior Skulls).

In conclusion we should like to take this opportunity of wishing all our readers, old and new, at home and abroad, a very happy Christmas and a prosperous New Year.

STRANGE BUT TRUE

by MATRIX

Now that the time when preparation for the Christmas Shows has to be begun, it has crossed my mind that the following incidents, as yet unrecorded, may well give producers food for thought. I can truthfully say that in each case the imagination has not been allowed to run away with the actual facts, and again in each case I was present, though I hasten to add only in the rôle of house surgeon.

I. THE TREND WHICH DIDN'T.

The scene was an operating theatre, the *personae dramatis* a Mr. Blank (the hon. surgeon), his H.S. and his theatre sister.

Mr. Blank: "The next case won't take more than a few minutes, Sister. It's only a Trendelenburg. Let's have him in."

Sister: "Local or general?"

Mr. B.: "Oh, local. It's only a small job."

Enter the patient. He is deposited on the table. The shadowless lamp shines right into his eyes. Nobody takes any notice; no-one speaks to him. Then Mr. B. turns and approaches him, syringe in hand; he inserts the needle into the skin without saying a word.

When the patient has been straightened from the "knee-chin" position, a fresh start is made. This time Mr. B. explains that it's only a pin-prick and proceeds to inject the operation area. He puts the syringe down, picks up a scalpel, and makes an incision in the upper part of the thigh. The patient immediately complains of pain. Mr. B. says this is imagination—quite impossible—all tissues now dead with anaesthetic. Patient

says he hopes he will be able to feel as well when he is dead. Mr. B. is not amused, but H.S. sniggers and hastily tries to turn it into a cough.

Thirty minutes later; whereabouts of saphenous vein remain uncertain.

Mr. B.: "I know what! We must stand the patient up. I distinctly saw the vein when I examined him standing—it was huge. He's under local so there's no reason why we shouldn't continue the operation in the standing position. That's one of the advantages of local anaesthetics."

Theatre sister and H.S. look at each other, surprised, but H.S. remembering cold reception of previous snigger says nothing.

The patient is accordingly made to stand up, with immediate deterioration of asepsis. The Spencer-Wells (obeying the law of gravity) fall down over the scrotal region. The presence of a varicocele with the usual accompanying redundancy tends very much to overhang and cloud the issue.

The sister bravely holds a sterile towel over the knees and lower parts of the thigh, while

the H.S. grapples manfully with the scrotum and Spencer-Wells. It rapidly becomes apparent that operating in this position is not easy. The patient, although holding onto the edge of the table with one hand, is not easy either; come to that, neither is Mr. B. All are now, with the exception of the patient, in squatting positions.

Mr. B.: "I really cannot understand why I

2. THE HERNIA THAT MIGHT HAVE BEEN.

The time is 11 p.m. An operation for strangulated femoral hernia is in progress, and the sac has just been opened. Mr. Dash, the surgeon, is operating.

Mr. Dash: "Hello, yellow fluid coming out of the sac—I hope it's not urine—I hope I haven't opened the bladder." Swabs frantically, but yellow fluid still oozes out. Mr. D. is getting worried—cannot decide if urine or not.

Theatre Sister: Why not, Mr. D., fill the bladder with some flavine solution; then if it comes out through the sac you must have injured the bladder — if it doesn't, then you haven't?"

3. THE GALL BLADDER THAT WAS.

Looking back through the years, this episode would appear to have been an early attempt at peritoneoscopy, using the ordinary headlamp as the *modus operandi*.

The scene was an operating theatre with an emergency operation in progress; present were Mr. Bard-Parker (the surgeon), his H.S., and the patient's private doctor, Dr. Gep.

Dr. Gep: "I am pretty sure she is going to turn out to be a gall-bladder."

Mr. B. P.: "Well I think it's definitely an appendix."

Dr. G.: "What incision are you making?"

Mr. B. P.: "A grid-iron, of course."

Dr. G.: "Oh."

Mr. B. P. (beetling): "We shall see!"

H. S.: "How much, sir, will you see through a grid-iron?"

(B. P. ignores remark.)

After a few minutes the appendix is delivered through a small hole; it is so obviously normal that even Mr. B. P. is unable to discern any injection. Dr. G. is very pleased.

Dr. G.: "I told you so it's a gall-bladder!"

Mr. B. P.: "I still don't think so."

Dr. G.: "Well, what are you going to do now?"

can't locate the vein. I saw it distinctly last time when he was standing up."

H.S.: "Perhaps, sir, it hasn't had time to fill up properly." Retrieves artery forceps from perineum with one hand, and retracts scrotum with the other."

Patient: "I don't know about the bleeding veins filling up, but I know I'm getting bleeding well fed up."

Mr. D.: "Jolly good idea, Sister. Can you get it ready?" (Still swabbing fluid from region of sac.)

Fifteen minutes later.

Mr. D.: "Now what do you think Sister is it flavine solution, or is it not? (Swabs fluid which still pours from sac.) Perhaps we shouldn't have used a flavine solution, as it's almost the same colour as urine."

Enter Night Sister.

Night Sister: "I thought you might like to know, Mr. D., that I have just tested this patient's urine, and it's solid with albumen."

Mr. B. P.: "I am going to inspect the gall-bladder."

Dr. G.: "What! Make another incision?"

Mr. B. P.: "No, most certainly not."

He calls for a headlamp which duly arrives, and after many preliminaries and much focussing, is pronounced all right.

"I am now going to inspect the gall-bladder by direct vision, by getting my assistant to retract the edge of my grid-iron incision, and thus I shall be enabled to see the gall-bladder and its surroundings."

Gives retractor to H.S. and tries with singularly little success to peer into the upper peritoneal cavity through an incision about an inch long.

Five minutes later.

Dr. G.: "As you appear to be having more than a little difficulty in getting sufficient light into the upper abdomen in order to visualize the gall-bladder, would it help if I passed my laryngoscope through the mouth, thus offering another source of illumination from above?"

H.S.: "Excuse me, sir. Forgive my mentioning the fact but your headlamp has gone out. I think the bulb was getting somewhat overheated."

HIGHLAND MEDICINE

By I. R. McWHINNEY.

NORTH of a line running from the Clyde estuary, through Perth to Inverness, lie the Highlands of Scotland, a desolate land of mountain, moor and water. In the eastern half of this area there are broad and fertile river valleys, like that of the Spey, which support a population of farmers and small-town dwellers. In the West, and especially in the north-west it is different. Rocky, treeless mountains sweep straight down to the sea and the narrow valleys of swift-flowing rivers, leaving few places where a man may wrest a living from the land. For the people life is a continual struggle against the sea and the barren soil. Towns as we know them are non-existent and most of the population lives in little crofting communities on the coast or the loch side, which in England would not even be graced with the name of village. The long sea lochs which wind their way among the mountains make communications very difficult. Railways are almost non-existent, roads few and often treacherous.

In 1912, the report of the Dewar Committee revealed the appalling conditions of public health and medical services in the Highlands and Islands. The widely scattered population of crofters, shepherds and fishermen was living in great poverty and under very unsanitary conditions. Nutrition, especially among the children, was poor. Whole communities were separated from the nearest doctor or nurse by miles of sea or rough country, often impassable in bad weather. Doctors were compelled to charge high fees to cover expenses, and most of the patients, being self employed, were not qualified to pay National Health Insurance. People could ill afford to call in the doctor and many died without being attended. In some districts as many as eighty per cent. of deaths were uncertified. Unqualified midwives, patent remedies and superstitious practices flourished in the absence of cheap and reliable medical advice. Soon after its publication, the Highlands and Islands medical service was started. Doctors received a grant to cover travelling expenses and a fixed fee for attending patients who were not eligible for N.H.I. This arrangement continued unaltered, except for changes in fees, until this year, when it came to an end on the commencement of the National Health Service.

While spending a holiday this summer in the North-West Highlands, I had the opportunity of learning at first hand about medical practice in this wild and remote area. The local doctor was sitting by his fire reading the "Practitioner" when I called one night. He gave me a warm welcome and was very ready to talk about his work. He was a Lewis man by birth, saw his first train on leaving the island to go to Aberdeen University, practised in a Yorkshire industrial town for a short time, and returned for reasons of health to his native Highlands.

From one end of his practice to the other is seventy miles by road. Its centre is at Ullapool, where he lives and has a surgery. Ullapool has a population of five hundred and is the biggest town on the coast between Kyle of Lochalsh and Cape Wrath. To the North and South its only communication is a rough single track road. The East road, the only connecting link with the hospital at Inverness is also single track but has a better surface. With three exceptions all his practice is accessible by car. These are two hamlets on the loch side which must be visited by boat and another which can only be reached by a six-mile journey on horseback. Last winter, one of the inhabitants of the latter place was unfortunate enough to develop an appendix abscess. The patient had to ride the six miles on a pony, with the doctor propping him up from behind and a gamekeeper leading the way, before reaching the car which was waiting to take him to hospital.

The incidence of certain diseases here shows some interesting variations on urban practice. Tuberculosis and peptic ulceration are both common; during the fortnight I was there my friend sent two cases of jejunal ulcer to hospital. In his experience fevers are rare and when they do occur it is often in adults. For instance, he has never seen a case of diphtheria, but recently had a patient who died of measles and bronchopneumonia at the age of eighty. The sparseness of population and wide separation of communities would provide a good opportunity for epidemiological studies along the lines of Pickles' "Epidemiology in a country practice."

Lengthy communications give practice in these areas several unique features. For instance, one cannot afford to spend several

hours making a return visit merely to confirm a diagnosis. This must be made immediately, prognosis decided, and treatment planned for several days ahead. Again, if one has travelled many miles to find a woman only in the first stage of labour, there is no alternative but to sit down and wait for things to happen, however long it may be. Many of these difficulties are overcome by having good district nurses, who know when to call the doctor and can manage the treatment of a case if given instructions over the telephone. Much of the day-to-day work is done by telephone for, if given reliable information, the doctor can often make a provisional diagnosis, assess the progress of a case, and prescribe treatment until he is able to see the patient himself.

In emergencies he must bear alone the responsibility for what may be a very difficult decision, and this is especially the case when removal to hospital entails such a hazardous journey as those described in this article. Another situation of great difficulty is when two emergency calls are received simultaneously from two ends of the practice, for one must be left for half a day while he visits the other.

The Ullapool practice is reputed to be one of the best in the West Highlands. As a contrast, the doctor told me about conditions at Applecross, where he worked for 10 years. Applecross is a peninsula on the mainland just opposite the island of Skye. Its inhabitants are scattered in small villages around the coast connected with each other only by a narrow footpath, suitable for a horse or motor cycle. The peninsula's only link with the interior is the highest and most treacherous motor road in Britain. This winds its way over the mountains, then drops down and ends abruptly on the coast. In winter it is frequently blocked by snowdrifts. In the whole practice there are twenty-five miles of footpath and only five miles of road. The doctor does his rounds on horseback or motor cycle and emergency cases have to be carried by boat. Some idea of the difficulties is given in the following extract from a report submitted to the local authority by the doctor in 1944.

"On the 15th of May, 1943, I decided to send an acute surgical case from near the village of Cuag to hospital, but it was impossible to get her away that day as there was a heavy sea, with a north gale blowing straight on the beach near the house. The next day was nearly as bad, but the people from neighbouring villages . . . carried the patient on a stretcher to the anchorage at Feacnamore, a distance of two miles. Then, still on a stretcher the patient was transferred to a rowing boat and taken out to a large fishing boat . . . Great difficulty was experienced at this stage in getting the patient on board because of the heavy sea . . . Thereafter followed a sea journey of 2½ hours to Shieldaig, where the same procedure of getting the patient into a rowing boat and carrying her up the beach was gone through again, before she was safely in a car for the 85-mile journey to the infirmary at Inverness."

The report goes on to tell how two cases of perforated peptic ulcer, one in 1936 and the other in 1941 were held up for hours in early summer because the mountain road was blocked with snow. In view of this possibility, my informant told me, the doctor now has some rockets which he can fire as the mail steamer is passing on its daily journey from Stornoway to Kyle of Lochalsh. On receiving the signal the boat calls at the pier and takes the patient to an awaiting ambulance at Kyle.

It would be wrong, however, to leave the impression that these dramatic cases are any more than rare exceptions nowadays. The coming of the motor car, and—in the islands especially—the aeroplane, has made the average Highlander's journey to hospital almost as uneventful as that of the Londoner. Nevertheless, by the very nature of its terrain, the Highlands will always offer to the medical man something unique in the British Isles. If he is out to make money or gain wide clinical experience they will have few attractions for him. But if he likes the sea and the mountains, can rely on his own resourcefulness, and get on with poor, but proud and aristocratic folk, the Highlands may suit him well.

THE JOURNAL

This will be the last number of Volume LII. The index to it will be issued with Vol. LIII, No. 1.

GYNAECOLOGIA

The work of the gynaecologist is shrouded in mystery. Misconceptions abound; rumours are rife. The man himself is an enigma. To some he is a legendary hybrid, part surgeon, part physician, glimpsed occasionally as he moves swiftly about his secret business; to some he is a financial, to others a domestic problem; to others, again, he is a chauffeur driving a Rolls Royce.

For the student who has never sat—or rather stood—at the feet of such a man, the fable of whose greatness may have spread far beyond Sackville Street and Savile Row, these words will be helpful. It is hoped that the experienced student will find these notes valuable. It is feared that the gynaecologist may not find them much good.

Our subject begins with

The History. This includes the normal rigmarole elicited in the usual way, but to it must be added extensive personal details of which the patients will unburden themselves tirelessly, relentlessly but ungrudgingly. Five minutes are enough.

The Examination should be conducted in a well-lighted room. The teeth, tonsils, nasal mucous membrane and ear-drum should be examined in every case. Five minutes are allowed.

The Diagnosis does not concern us here, because it usually depends on Vast Clinical Experience. In all cases consult an Experienced Gynaecologist.

Treatment. This is the essence of gynaecological practice. There are three principles.

(1) General Treatment. This is important, and consists of fresh air, games and gymnastic exercises. Sometimes a Continental Holiday is recommended.

(2) Hormonal Treatment. This is theoretically valuable. The results are disappointing, because:—

- (a) The right hormone isn't known.
- (b) The wrong hormone is administered.
- (c) The patient doesn't like hormones.
- (d) The doctor can't afford hormones.

It is always worth a trial.

Recently male sex hormones have been employed, but virilization may be so complete that the patient passes out of the hands of the gynaecologist.

(3) Operative Treatment. This should be avoided as far as possible, but is mentioned for the sake of completeness.

J. McO.

STUDENTS' UNION COUNCIL MEETING FOR NOVEMBER

The following points of general interest were discussed:—

1. *St. Bartholomew's Fair.*

The Sub-Committee set up to investigate the desirability and possibility of holding a fair reported back to the Council. The recommendation that a fair be held in the last week in September was accepted by the Council, and a Committee to plan and run the fair was elected. It will be held at Charterhouse Square. All Club Secretaries were requested to make plans for contributing to the "Fun of the Fair."

2. *Women's Hockey Club.*

This club, in process of formation, was requested to prepare a Constitution and to submit it to the Council for approval.

ABERNETHIAN SOCIETY

153rd Session 1948-1949.

Meetings to be held in December, 1948.

December 2. Debate, the motion being that: "This House is in favour of the Legalisation of Human Artificial Insemination as a method of bringing about pregnancy unattained or unattainable by ordinary sexual union between husband and wife."

December 9. Viscount Addison on "Life in Parliament."

Both meetings will commence at 5.30 p.m., the former being held in the Clinical Lecture Theatre; the latter in the Anatomy Lecture Theatre, Charterhouse Square.

THE LIFE AND WORKS OF JOHN ABERNETHY

by N. ALAN GREEN

Part III

DURING the years 1823-4 Abernethy was President of the Royal Medical and Chirurgical Society of London, but the climax of his career was recalled in 1826 when he was elected President of the Royal College of Surgeons. For the past years he had served it faithfully as lecturer and as examiner, and finally he gained a position previously occupied by such men as William Blizard, Henry Cline and William Norris. Clift now became a regular visitor to Enfield, and together they went on autumn excursions to Oxford, Bath, Southsea, Littlehampton and Cheltenham, Mrs. Clift and Mrs. Abernethy being left at home.

His practice outside the Hospital during the whole of his career was quite extensive, and included both patients who visited him, and those whom he visited. Some people could afford to pay him, whilst others could not; from the richer people he often took what seemed to be a rather extortionate fee for doing practically nothing, but from those who could not afford to pay for his advice he usually refused to accept any money. For instance, a little girl, whose mother was too poor to pay for much more than the advice received, had already stayed in London for a week so that Abernethy might see her often. The mother, finding that her money was gradually being all spent asked Abernethy if she could now return home. He insisted on her staying some weeks longer, so that the recovery of the child might be ensured. When he learned of the financial state of the mother, he continued to take the fees until he ceased visiting the case, then he sent the lady a note saying that, as he had heard of her limited income, he enclosed the fees plus fifty pounds in order that the child might have an adequate convalescence.

There are accounts of his extreme rudeness to patients in his private practice; indeed it is said that many other surgeons, Astley Cooper included, benefitted greatly as a result of those dissatisfied with Abernethy's manner. It is obvious that in a large practice there is little time to waste and talkative patients tend to provoke the anger of the doctor concerned; although it is best to conceal any impatience so that no major points of the history are

missed. One dear old lady, consulting him on a nervous disorder, entered into very great details over her symptoms. He tried unsuccessfully to refer her to certain pages of "My Book," and she persisted on a question of diet:

"May I eat oysters, doctor, or fish, or . . .?" After listening rather grudgingly for a few minutes longer, Abernethy burst out:

"I'll tell you what, ma'am, you may eat anything but the poker and the bellows; for the one is too hard of digestion, and the other is full of wind!"

Very often patients taught him a very good lesson, repaying his rudeness in a like manner or by mere indifference. Another lady, the wife of a distinguished musician, found Abernethy very discourteous and admitted, "I had heard of your rudeness before I came, sir; but I did not expect this." When he had given her a prescription she asked, "What am I to do with this?" "Anything you like; put it in the fire if you please," was the reply. Whereupon the lady did, and placing her fee on the table, left the room with Abernethy in hot pursuit, asking her to have another prescription or take her money back!

He hid, however, beneath this roughness great kindness, both to his Hospital and private patients. In hospital he had the ability to put himself in the place of the patient. Once when a patient was about to have an operation he noticed that the instruments were in full view of the unfortunate victim, and covering them up, he remarked that it was bad enough for the patient to go through the ordeal without being subjected to torture beforehand.

His treatment of cases was always conservative if possible. One gentleman who had a compound fracture near the ankle was condemned to have an amputation by two surgeons. Abernethy saw the case and, after carefully reducing the fragments and replacing the broken skin, awaited the arrival of the other surgeons. They returned, instruments in hand, and seeing the treatment performed by Abernethy, condemned it as useless. Having started the treatment he asked permission to continue it, and after placing the

limb in plaster, promised the two surgeons that they could resort to amputation if his method failed. Fortunately recovery was good, although very slow.

Although Abernethy was praised in his day for his modification of Hunter's operation for aneurysm of the popliteal artery, there is reason to believe that he was not a great surgeon. He himself did not regard operative procedure as the best treatment, and as he grew older he developed a definite dislike for operating; his impatience increased, and the coolness required of a surgeon was absent—in fact it became very unpleasant to assist him. It is stated that even then he was never unkind to the patients, and always gave them a word of encouragement before starting to operate. In speaking of operative procedure to his students he told them that the first step in any operation was to pause and reflect whether, if placed in a similar situation, they would like to have the same treatment themselves, a statement which is still true to-day.

Gradually Abernethy began to feel the wear and tear of his active life. As a young man he had had Rheumatic Fever, and in later years he suffered greatly from the rheumatic changes in his joints and body, so much so that he became very lame. In addition to this he sustained a wound whilst dissecting and had very great difficulty in getting it to heal. Often he would not be able to sleep at nights, and the attacks of palpitations he got during the day-time caused him great discomfort. So one by one he gave up his appointments at the Hospital and at the Royal College of Surgeons.

At the age of sixty-three he handed in his resignation to the Governors of the Hospital. He had offered to resign three years previously in 1824, but the Governors would not relieve him of his duties. His increasing ill-health had, however, made him "incompetent to discharge the duties of surgeon to your Hospital in a satisfactory manner" as he states in a letter addressed to Rowland Stephenson, and having led his junior to believe that he would retire at the age of sixty, Abernethy had no desire to subject him to the same delay that he himself had suffered. With his resignation he gave the sum of one hundred guineas to be used for the benefit of the Hospital.

Even after this the Governors spent a lot of time discussing whether he could resign his position and yet continue to lecture, or whether he could become a Governor whilst

still holding the post of lecturer. Abernethy suggested that the argument was not a valid one as in any case a lecturer was not paid for his services. A year later he was presented with a Green Staff signifying his appointment to the Governing Body of St. Bartholomew's Hospital.

His attacks of rheumatism also prevented his attending the functions at the Royal College of Surgeons, and he decided that he must give up his positions there, too. After consulting William Clift, whose advice he had come to value very greatly, he offered his resignation to Edmund Belfour, Secretary of the Royal College of Surgeons.

George Macilwain went to see Abernethy about the year 1829, and by this time he walked very badly and was prevented from taking any exercise. On entering his room in Bedford Row, Macilwain was shocked to see the change in Abernethy's appearance; his cheeks had become sunken, his hair very thin; the expressive eyes had lost their boyish twinkle, and now held a look of pain. But Abernethy still retained a good sense of humour; he could joke about the oedematous state of his legs in the words: "Why I am better on my legs than ever: you see how much stouter they are!"

Eventually he retired to his country house at Enfield. For a time his general health seemed to improve, but gradually the effects of the valvular lesions of his heart increased and by the Spring of 1831 he was very weak. The only medical man who attended him during his illness was Dr. Roberts, a physician at St. Bartholomew's. On March 20th, William Clift travelled out to see how he was progressing, only to find that he was too ill to have visitors. For a week he had been existing on "jelly-water" only. On the 20th of April Abernethy died.

He was buried in the parish church of Enfield, the funeral being a private one. There is no visible sign of the vault in which he is buried, but the wall nearest to the market-place, underneath which his body is said to be, holds a tablet to his memory written in Latin:

H.S.E.

*Johannes Abernethy, R.S.S.
Regii Chirurgorum Collegii Quondam
Præses,*

*Qui Ingenio, Probitate, Benignitate
Eximie Præditus
Artem Medicam per Annos Plurimos,
Summa Cum Diligentia, Solertia, Felicitate*

*Coluit, Exercuit, Docuit, Auxit,
Et Scriptis Hos Marmore Perennioribus
Posteritati Tradidit,*

*Morbo Demum Gravissimo Confectus
Cujus Angores Haud Aliter Domandos
Pio et Constanti Animo Subegit.*

*Conjugi, Liberis, Amicis, Discipulis.
Humano Generi, Cui Tantopere Succurrerat.
Flebelis.*

*Aprilis Die 20, A.D. 1831, Aetatis Suae 67.
Placide in Christo Obdormivit.*

Added to the above inscription is the list of those buried with him, including his wife and three children.

The London Medical Gazette published shortly after his death remarked, "Thus has one of our brightest stars of British Surgery vanished from our horizon . . . one of the ablest physiologists of the day." It continues, "Haller was probably the most surgical of physicians, while Abernethy was, perhaps, the most medical of surgeons."

John Abernethy had lived in a period when rapid advances were being made in Medicine, to which he added many useful contributions. After his death new discoveries occurred which soon made some of his theories obsolete; the improvement of the microscope and of histological technique, for instance, revealed several of his errors. To-day, so great has been the increase in knowledge that the amount learned by Abernethy in a lifetime is within easy reach of the student in the first few years of his course.

PSYCHOPATH CONFINED

I dwelt in fields of fantasy,
And every now and then
Looked out into the half light
And saw the world of men.

And when I looked, their faces
Contorted were with fear.
The most were talking nonsense,
The rest I could not hear.

The strangest fascination
These creatures had for me.
That voice persuades its echo
My voice should go and see.

So once I spoke, haranguing them,
"You foolish men and blind
Desert that Life and join us
In the figments of the mind!"

Are we then to criticise Abernethy for the mistakes he made? Sir Arthur Keith, addressing the Abernethian Society in 1931 said: "We can never see Abernethy as his contemporaries saw him." That statement is very true, and had we lived in his day we should probably have thought him to be "one of the brightest stars of British Surgery," or the "prince of pathologists." There is little doubt that he was the best teacher of his day, one of the ablest physiologists, and a good clinician.

On looking into the lives of famous men of the past, we of to-day can benefit greatly. The secret of Abernethy's success lay, no doubt, in letting his "search be after truth," the eagerness and constancy with which he pursued that object, and his ability in applying what he had learned. To-day the student is given the opportunity of hearing innumerable lectures and of reading innumerable text books, some of which repeat mistakes handed down from generation to generation. There is a tendency for him to go through the whole of his course without bothering to interpret things he has himself seen, in the light of current opinion.

If the student of medicine can be taught right at the beginning that the major part of his training must be devoted to observation—if he can be taught to interpret his observations accurately with the help of experienced and learned teachers—then will the art of healing the sick be bettered and men, such as Abernethy, will not have lived in vain.

"No, the Valley of the Shadow
Is the life we're passing through
But we serve a Useful Purpose
And we would not change with you."

Said I, "What Purpose? Effort
Is a thing we all abhor.
Does this purpose need no effort?"
But they would not tell me more.

I turned again to mock them
And they were no longer there,
But the thunder of their voices
In crescendo rent the air.

And then my eyes were open,
And now I am in Hell.
It was my own voice shrieking
Within my padded cell.

J. McO.

PORTRAIT OF ABERNETHY

A GIFT TO THE MEDICAL COLLEGE BY SIR ALEC AND LADY MARTIN

Early in August, 1948, Mr. Henry Whittaker, a gentleman living in Blackburn, wrote to the Hospital to say that during his holiday he had seen a portrait in oils which resembled very closely a print of Abernethy owned by him. He felt that the Hospital would be interested in his find if they did not possess a painting of Abernethy.

The Clerk to the Governors replied to Mr. Whittaker that the Hospital owned Lawrence's portrait of Abernethy but that he would pass Mr. Whittaker's courteous enquiry on to the Medical College. The Dean took up the correspondence with Mr. Whittaker who most helpfully gave him the name of the dealer in whose shop he had seen the painting.

Sir Alec Martin, whom the College is fortunate to number among its Governors, very kindly undertook to examine Mr. Whittaker's print and the portrait from which the engraving had apparently been made. He found that the picture although not identical with the engraving was similar in many respects and he felt that the engraver, Charles Turner, in this case may have tried to improve on the original, as he is known to have done on other occasions. He was able to attribute the portrait to C. W. Pegler and believed that the time of painting was about 1820. Owing to its close similarity to the engraving, there seemed no doubt that the subject of the painting was in fact Abernethy.

Sir Alec Martin was able to advise the College on the value of the portrait and to secure the dealer's agreement to sell the painting for this figure. Without hesitation the College decided to buy this portrait and so informed Sir Alec Martin. Upon knowing the College's wishes, Sir Alec and Lady Martin with great generosity bought the portrait themselves and gave it to the College.

This brief statement may serve as a record of the way in which this painting of Abernethy was acquired by the College. It may serve, also, to express some of the College's thanks to Sir Alec and Lady Martin for their most welcome gift.

C. F. H.

WESSEX RAHERE CLUB

The first Annual dinner of the Wessex Rahere Club was held at the Royal Hotel, Bristol, on October 17th, 1948. Dr. E. R. Cullinan attended from Bart.'s as Guest of Honour and some thirty-six members were present under the chairmanship of Dr. G. D. Kersley.

After welcoming Dr. Cullinan the Chairman reviewed the constitution of the Club. It was agreed that membership be open to all Bart.'s men resident in Somerset, Wiltshire and Gloucestershire, with the possibility of extending the area later, and it was hoped that arrangements might be made for reciprocal invitations to similar clubs in adjoining regions.

Mr. C. E. Kindersley (Bath) was elected Chairman and Mr. A. Daunt Bateman (3, The Circus, Bath) Hon. Secretary for the coming year. It was agreed that the 1949 Dinner be held in Bath on a Saturday in October.

After the "business" Dr. Cullinan gave an amusing discourse on present-day Bart.'s from within and outlining the future trend in re-grouping in London.

It is hoped that any Bart.'s men who are interested, and have not yet been in touch with the club, will notify their whereabouts to the Hon. Secretary so that they can be kept informed of future meetings.

The Secretary of the Wessex Rahere Club would like to know of similar societies adjoining the Wessex area, and would be grateful to any of our readers, who can give him information on this matter.—Editor.

CHILDRENS' FANCY DRESS PARTY

A Fancy Dress Party for Children is being organised by the "Busy Bees" (the junior branch of the St. Bartholomew's Hospital Women's Guild) and will be held in the Great Hall on Friday, January 7th, at 3 p.m. Tickets (5s.) can be obtained from the Contributions Department, St. Bartholomew's Hospital. Proceeds are devoted to the Children's Department and will be used to provide toys, games, books, etc., for the children. All ages will be welcome at the party.

MARRIAGE

Poolman—Lansell. On October 29th, 1948, at Melbourne, Australia. John, only son of the late Ernest Poolman and Mrs. Poolman, of Amesbury House, South Yarra, Melbourne, to Deborah Lansell, fourth daughter of Colonel A. J. and Mrs. Staughton, of "Keayang," Terang, Victoria, Australia.

SHERLOCK HOLMES F.R.C.S.

or

THE CASE OF THE POST-APPENDICULAR PAIN

It was (as usual) a foggy November night when I called on Holmes at his Baker Street rooms. I had not seen him for some time and had a particular reason for looking him up on this occasion. His taking up of medicine had caused quite a stir among his many acquaintances and his latest triumph in the Final Fellowship had set the seal on his brilliant student career.

As I rang the bell thoughts of all our old adventures came thronging back and it was with quite a thrill that I shook hands with my old friend again. "Ah, Holmes—it is indeed a pleasure to see you again! A little leaner, perhaps—no doubt your intensive medical studies, or is it the rations? And your dressing-gown—a little patched and worn, but coupons, again, are difficult?"

"Yes, Watson—times are indeed changed but my entry into your profession has given me a great stimulus, a relief from the commonplace of crime today. I can even do without the cocaine. You yourself are little changed—I am glad that difficult confinement has terminated satisfactorily."

"Holmes, how did you know?"

"Elementary, my dear Watson—your trousers below the knee are stained with blood and your forceps are protruding from your hip pocket. Yet you have managed to come along this evening to see me—therefore the outcome has been satisfactory."

"Wonderful, Holmes—I am sure the Fellowship examiners must have had an awkward time with you."

"Yes, the chairman undoubtedly had considerable atheroma of the aorta, and I spotted a cerebral tumour, a disseminated sclerosis and a carcinoma of the stomach among the others. I told them about it but they did not seem impressed."

"Well, perhaps they were rather spot diagnoses—"

"Time will tell, Watson; time will tell."

At that moment—just like old times—a tug at the front-door bell denoted a visitor. I strolled across to the window and saw at the front-door a striking young lady with evident signs of agitation upon her face.

"Ah, Watson, a beauty I see—your susceptibility, even with the passing of the years, is written large upon your face. However, I really think you are a little too old now for sweeping my clients off their feet."

"Holmes!" I began to remonstrate—being more nettled by his assumption of my senility than by his innuendo.

"Never mind, Watson, we will endeavour to view her problem dispassionately and you shall assist me in the diagnosis—criminal or medical, whichever it may be."

At this point the lady was shewn in and, motioning her to a chair, Holmes said: "Lady Carruthers—this is Dr. Watson, my friend and colleague; you may speak freely before him and perhaps two heads may be better than one in dealing with your troubles. Now, let me see, I removed your appendix four weeks ago—I hope no complications have arisen?"

"Well, Mr. Holmes," she began, "frankly the

pain is no better—in fact, it is rather worse than before. I am greatly disappointed."

"Dear, dear," said Holmes, "this is certainly very disappointing. Your convalescence seemed quite straightforward—a little evening temperature, 99.5°, no more, and you did say you felt a little discomfort in the operation area, but the wound healed well and you were out of the nursing-home in ten days. However, if you will kindly step into the examination room and prepare yourself, my learned colleague will examine you and we will discuss the possibilities."

Lady Carruthers departed, and left Holmes and me together. "Holmes," I began, "why did you say that I will examine her—surely you had better do it yourself?" After all, he'd removed the appendix.

"Well, Watson—it is so extremely pleasant having you here again that I should very much like to work out this case just as we used to in days gone by. You shall give me your findings—you always could record matters of fact, Watson, but in deductions from those facts you were sometimes rather obtuse. Now what do you make of things so far?"

"Well, Holmes, I have been a practitioner of medicine longer than you have and I am afraid this is rather a common story. Are you sure she had an abnormal appendix and that she had no other disease? I need only say that appendicities have been removed in cases of duodenal ulcer, ureteric calculus, intermittent hydronephrosis, small ovarian cysts with partial torsion, and constipation to name only a few of the more ordinary conditions. You did, I presume, investigate her thoroughly before deciding on operation?"

"Certainly, Watson—I did a barium meal X-ray, plain renal X-rays, intravenous and retrograde pyelograms and a thorough pelvic examination. And she had no pelvic abnormality at operation."

"Well, I must say—that's a good deal more than a lot of surgeons would have done—was her appendix abnormal?"

"Yes, she had definite recent adhesions and the mucosa was reddened beyond a hard concretion which the appendix contained at the junction of its middle and distal thirds. Ah, the patient is ready—will you see her, Watson?"

Rather reluctantly I examined Lady Carruthers who seemed a little surprised by the unusual procedure, but I flatter myself that ladies soon take to me and the examination passed off quite agreeably.

Returning to Holmes in his consulting-room, I said: "Holmes, I am a little perturbed—there is a distinct mass in the right iliac fossa. I hardly like to suggest it—but the swabs were checked no doubt?"

"Of course, Watson—my theatre sister insists on me hanging them up on one of these clothes horse arrangements that are fashionable now. There could be no mistake. Describe this swelling to me."

"Well, it's shape is rather peculiar—in the main it is an oval mass 1½ in. x 1 in. with a prolongation

stretching upwards and inwards with a distinct curve towards the middle line—the dimensions of the prolongation being 4in. x 3in. It is situated in the right iliac fossa. Its surface is smooth, its consistency hard and its relation to surrounding structures—well, it is definitely in the abdominal cavity and it is slightly moveable in both an upward and downward, and a side-to-side direction.

"Excellent, Watson, excellent—still faithful to Sir Holburt's precepts, I see. Now, what do you make of it?"

"Well, leaving out the swab one must presume an abscess, Holmes—a white count perhaps?"

"Remember the shape is peculiar and the mass is slightly moveable, whereas I think an abscess would be fixed. I think the diagnosis is clear and I shall operate to-morrow morning."

CAMBRIDGE GRADUATES' MEDICAL CLUB

A number of Cambridge men, especially those who qualified during and after the war, may not know about the Cambridge Graduates' Medical Club. The club has now resumed its activities, and has already held since the war a Sherry Party in London and the Annual Meeting and Dinner, this year, at Cambridge. Membership is confined to Cambridge graduates who are medically qualified but those who are not yet qualified may be elected as Associate Members and can then attend the

"Holmes, why are you so sure—you haven't even examined her!"

"Watson, you have been commenting on the patient—try a new line of investigation and look at the surgeon."

"The surgeon, Holmes—I confess I have never included the surgeon in my routine examination of such cases."

"Well, Watson—do you not notice anything unusual about me? You know me well and should see it at once."

"As I said, Holmes, you are a little leaner and not quite so debonair but otherwise—ah! You are not smoking. That is unusual."

"You have it, Watson—I've missed my favourite briar for a month and just couldn't think where I left it."

K. W. D. H.

Annual Dinner. A single subscription of one guinea confers life membership.

Confusion sometimes arises with the Cambridge Graduates Club of St. Bartholomew's Hospital, of which all Bart.'s men who are Cambridge Graduates automatically become members without subscription.

Will all Cambridge men who wish to join please communicate with the hospital representative, Dr. Kenneth Black, 27 Weymouth Street, W.1.

THE JOURNAL COVER

If Eric Gill
was with us still,
I do not doubt
that he would shout
with rage
at letters on this page:
especially at those which hint
that Rahere's somewhat sexual glint
of eye
must surely signify
the patient's undeveloped bust
is possibly—no! Surely, must
belong more likely to a woman than
a man.

HOGARTH

EVOLUTION PLUS

The following note was received by the secretary of the Invalid Children's Aid Association:—

"Dear Sir,
Arthur has been humanized.
Yours faithfully,
Mrs. McG.—r."

POT-POURRI

The pot-pourri (of the Ward Shows) will be held at the Cripplegate Theatre on Saturday, January 1st, 1949, at 8.30 p.m.

BUSMAN'S HONEYMOON

Your indefatigable dramatic critic can, for once in his carping and cantankerous senility, state that on the evening of Guy Fawkes' Day, 1948, he thoroughly enjoyed himself—and that without the assistance of actual fireworks, for he was watching a different kind of display, admirably pyrotechnical too, the Bart.'s Dramatic Society's performance of "Busman's Honeymoon."

I had neither read the book nor seen the West End production of this play but, as an ardent follower of Lord Peter Wimsey's other adventures, I had, inevitably, created a picture of that cultured sleuth in my own mind which was—I thought—complete: it is, therefore, a high compliment to Robin Hindley-Smith's performance that that picture has now been entirely repainted! Oddly enough, Aileen Ryan's Harriet Vane—I beg her pardon, but the change is too recent to have altered her much!—was just exactly as I had always pictured her to be: and that, too, is a high compliment. These two acted, the one with a natural, unforced verve and the other with an equally natural, gentle charm which quite captured my hardened old heart.

Gordon Goff, Charles Morris and Wendy Cook portrayed the parts of Mr. Puffet, Bunter and Mrs. Ruddle to a nicety and Frank Almond's Mr. McBride was perfect of its kind. John Pittman got everything possible out of the Rev. Simon

Goodacre without overdoing it but, surely, he should have had far more "sut" on him when the gun went off?

Roy Dickman and Lindsay Corbet played Superintendent Kirk and Frank Crutchley without having to try—the one young, handsome, callous and slightly stupid, the other middle-aged, handsome, dogged and rather official—they couldn't "fall off it."

But, for an amateur, I should say that the second most difficult part in which to carry conviction, is that of Constable Sellon; not a big part, but hard work all the way. Denis Bartlett played it with a sureness and success which was wholly admirable. In Miss Twiterton, Marjorie Franklin was faced with the most difficult part of them all—at once a figure of tragedy and a figure of fun, a cruel portrait and an affectionate caricature—and the way in which she faced these difficulties and overcame them was magnificent.

One tiny fault was common, however, to nearly the whole cast: a habit, when not speaking, of allowing their faces, first to relax and then to assume the slightly strained expression of one waiting for his next cue. Apart from this detail, the production of Messrs. Bailey and Singer was extremely well thought out, both they and all others concerned with the show are to be heartily congratulated on a splendid achievement.

CORRESPONDENCE

FEAR OF THE DARK

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

I do not think your readers would be wise to follow Dr. Strauss's advice as a routine rule.

He says "Children with a fear of the dark, should be allowed a nightlight"

Dealing with the "fears" of children is not a matter of rule and thumb. The most important thing is from earliest childhood to treat darkness and light as if they were matters of equal unimportance.

The "fear" of dark is nearly always the result of foolish nurses telling the child bogey stories, and from that time on, "Fear" becomes an important element in the child's mind in relation to darkness.

If a child is nervous at all, the most important of all things is to give it the opportunity of learning that there is someone it can love and trust always within reach.

If then, a child is put to sleep in a room where it can hear its mother and father walking about and talking, it is almost certain that the child will rest in the happy consciousness that it is safe.

Mental strength is the most important element in formation of character, and to rely upon a physical nightlight tends to perpetuate character weakness, and therefore is generally to be avoided.

Yours faithfully,

JOSIAH OLDFIELD.

8 Harley Street, W.1.
8th November, 1948.

UNREASON

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

As an ex-student and H.P., I crave the courtesy of your columns. The choice of the word "Unreason" as the title of the Editorial in November's issue of the *Journal* is an apt one, for I have never read in any medical journal an article with so much appeal to sentiment and so little to reason.

"We must not let ourselves suppress the truth," you write, yet statements that have no factual basis are confidently made, and isolated events are deliberately selected from the historical record.

What would you think of a writer who condemned the British Empire on the strength of: 1. The Amritsar massacre of 1919, where, on the orders of General Dyer, 1,600 rounds of ammunition were fired into an unarmed crowd, killing 379 and wounding 1,200; 2. The imprisonment without trial of numerous Indian political leaders during recent years; 3. The killing of nine unarmed African miners and the injuring of 1,248 more by police action during the 1946 strike on the South African gold mines; and 4. The hanging of John Amery, son of a recent Secretary of State for India, for disloyalty? I submit that you would consider such a writer to be hopelessly prejudiced.

In my opinion you would be striking a greater blow against "Sovietism" by campaigning for a better standard of living and working conditions, food and education, for the labourer in, say,

UNIVERSITY EXAMINATION POSTAL INSTITUTION

17, RED LION SQUARE, LONDON, W.C.1
Over 50 years' experience

POSTAL COACHING FOR ALL MEDICAL EXAMINATIONS

SOME SUCCESSES GAINED BY OUR STUDENTS :

Final Qualifying Exams. 1901-1947	1327
M.R.C.P. (London) 1901-1947	427
Primary F.R.C.S. (Eng.) 1901-1947	411
Final F.R.C.S. (Eng.) 1901-1947	308
F.R.C.S (Edin.) 1901-1947	110
M.D. (Lond.) 1901-1947	454
M. and D. Obst. R.C.O.G. 1936-1947	123
D.A. 1936-1947	143
D.C.H. 1936-1947	96
M.D. by Thesis	Many Successes

MEDICAL PROSPECTUS, LIST OF TUTORS, Etc.,
on application to THE SECRETARY, U.E.P.I.,
17, RED LION SQUARE, LONDON, W.C.1.
(Telephone HOLBORN 6313)

Malaya or Africa, and you would, at the same time, be striking a blow against the many preventable diseases that claim such an enormous toll of life in so many parts of our own Empire.

I am not writing this letter in order to offer a defence for any "ism" or for what may be going on in the Soviet Union, but to stress that we can do something towards stopping the drift to war by displaying a willingness to acknowledge our own imperfections and to learn about past and present developments in the countries which the daily press tells us to despise and hate. In this connection I would ask you to study the Soviet Constitution of 1936, find out the truth about the murder of those luckless Polish soldiers in the Katyn forest by the Nazis (not the Russians), and acquaint yourself with the writings of Sir Bernard Pares, the Webbs, the Dean of Canterbury, Dr. Sigerist, Dr. Cluver, and of other authors of repute.

Finally, I wish to protest against the tone of your article which appears to have been designed to bedevil the issues which confront every thinking man and woman to-day.

I am, Sir,

Yours faithfully,

W. H. JOPLING.

121, Leicester Road,
New Barnet, Herts. 6th November, 1948.

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

An editorial in the Bart's *Journal* circulates influentially, and your guiding principles in the matter of relevance must needs be well weighed. Last month you followed no less a contemporary than the *Lancet* in essaying a "leader" on international relations. It certainly led—but whither?

Of course you dislike ideology. Ideology is unscientific: it is prejudicial thinking about politics. Communist ideology did, however, give many of us varying degrees of inspiration in the 20's, when it seemed to stand for the poor against the rich and the common man against the boss. Perhaps it still stands for that somewhere. Perhaps it may somehow be made to work out that way in the end?

But hardly, we can all affirm, by war, devastating and destructive as it is of good, bad and indifferent ways of life, and productive as it appears to be, of such worsened ways of behaving. Men can live happily enough under all sorts of different forms of government so long as they live in peace. Is it not ideological overstatement—the ranting and raving that induce ordinary people to get prejudicially excited too—that more than all else brings conflict? Your classics are sounder than mine; but surely it is *Hate* that comes panting hot from hell and warms us up to war?

So I would beseech you: do not let them hate you into a counter-ideology! Cling close to reason: broaden its grounding! Other people have written about Bolsheviks besides Masaryk, who certainly suffered a great deal from them. Wells and the Webbs have sometimes rather liked them! Wheeler-Bennett¹, who can hardly be called a fan, found them "impeccable" in their international political conduct in 1938, and rather more inclined to keep their promises than some other people about whose unreason we have long ceased to bother our heads.

The *Lancet*, in its adventure into an unfamiliar field, counselled us doctors (who like discussing

"myosin and adenosinetriphosphatase" with all and sundry who know anything new about them and who also want to see our patients get better in more suitable settings than shelters and bomb sites) to remember that "it takes all sorts to make a world." That seems to me to be Step Number One. Then comes an attempt to be reasonable ourselves. Lastly, but surely a job for our Mental Health crowd (along with politicians, lawyers and perhaps policemen) comes such a controlling of conduct and of passion as will give us an orderly world despite the terrible lot of angry people in it.

Yours faithfully,

RANYARD WEST.

6, Charlotte Square,
Edinburgh, 2. 9th November, 1948.

¹ J. Wheeler-Bennett, "Munich, a prelude to Tragedy." Macmillan, 1948.

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

May I congratulate you on your valuable leading article. The menace of Marxism to scientific truth is very real already, and may become acute should a Communist Government ever take over the control of a State Medical Service.

I would like to bring to the notice of those of your readers who may be interested the existence of "The Society for Freedom in Science," the Secretary of which is Dr. John R. Baker, University Museum, Oxford.

The following quotation from a recent paper by Dr. I. R. Baker and Professor A. G. Tansley, F.R.S., published in "Nature" on October 26th, 1946, will give an idea as to what the Society stands for:

(1) The increase of knowledge by scientific research of all kinds and the maintenance and spread of scientific culture have an independent and primary human value.

(2) Science can only flourish and therefore can only confer the maximum cultural and practical benefits on society when research is conducted in an atmosphere of freedom.

(3) Scientific life should be autonomous and not subject to outside control in the appointment of personnel or in the allocation of the funds assigned by society to science.

(4) The conditions of appointment of research workers at universities should give them freedom to choose their own problems within their subjects and to work separately or in collaboration as they may prefer. Controlled teamwork, essential for some problems, is out of place in others. Some people work best singly, others in teams, and provision should be made for both types.

(5) Men of science in countries not under dictatorial rule should co-operate to maintain the freedom necessary for effective work to help fellow scientific workers in all parts of the world to maintain or secure this freedom.

The Society has never denied that organised and directed team-work is necessary for the exploration of many of the complex problems of modern science, as well, of course, as in the applications of science to industry; but a considerable degree of freedom for initiative is desirable in both fields.

A cardinal point in the Society's policy has been to insist that human welfare does not mean only material welfare. Everyone agrees that the results

of scientific research should be applied to improve the food of the community, to maintain its health, to raise its standard of living, to provide increased conveniences and facilities of all kinds and adequate leisure for all. But, important as they are, these things, after all, are only means to ends, not ends in themselves. The Society sustains the belief that an understanding of Nature is in itself good, apart altogether from the use of that understanding in practical affairs. This belief has been the mainspring of scientific advances for centuries, and is still its mainspring. The attempt to destroy it is not progress. The true progressive recognises that genuine and potentially permanent progress

has been made in human history, and that further progress must be built upon it. That is the difference between progress and revolution. Two of the most important steps forward in human history have been the emergence and consolidation of pure science and the granting of freedom to all qualified persons to follow their own bent in scientific research. It is for these things that the Society stands."

I am,

Yours sincerely,

GEOFFREY BOURNE.

47, Queen Anne Street,
Cavendish Square, W.1. 10th November, 1948.

AUTO-STOPPING WITHOUT TEARS

by DAVID BLAIR.

On a clear mid-September morning we stepped out of the plane on to French soil. Guernsey had been our starting-point. Originally three of us, two from Bart's and one from Guy's, had intended making the trip and we had arranged for a motor-launch to take us to Granville, but on the day of our departure the Guy's man went sick. We delayed two days, then set off without him. This time we chartered an air-taxi and flew to Cherbourg for two pounds each.

Everything went well to start with. The pilot, on hearing that we hoped to hitch-hike to Paris, lent us a few maps, and the lone customs' official spent more time handshaking than examining our rucksacks. Our stores consisted mainly of tinned stuff—sardines, bully beef and condensed milk, and the odd packet of raisins and bar of chocolate. In addition, we each carried a blanket, ground-sheet, and a clean shirt for Paris! We had ten pounds each in cash and travellers cheques. The rate of exchange at this time was 860 francs to the pound.

Cherbourg itself was six kilometres from the airfield. The R.M.S. "Andes" was lying in the harbour, and as I knew my father was on board, we made our way to the docks, but before we could get out to her, she turned and sailed for Southampton. We trudged to the Cherbourg Transport dépôt, and tried to explain to the woman in the office that we would like an all-night lorry lift to Paris. Her face remained as blank as the bottom of a saucepan. Her only remark was that we could go if we were packets of merchandise! We gave up and set off walking. Almost immediately the straps of my rucksack broke. A café gave us some string, and our first "vin blanc."

On the road again, we started to thumb the passing cars. The first lift, from a French Indo-Chinese, took us thirty kilometres to Valognes. We learnt that the French for hitch-hiking was "auto-stopping." We also became acquainted with the French way of taking major cross-roads—namely pressing both horn and accelerator as hard as possible. Presumably, noise and speed being as good a safeguard as any.

By nightfall we were only eight kilometres beyond Valognes. No more "auto-stops" came our way, and we walked most of it. That night we spent in Mountebourg. The entire village had been destroyed during the American advance, and the present yellow wooden huts struck a strange note among the expanse of grey stone dust.

Clouds of this dust rose at each footstep and passing vehicle.

The stationmaster took us in. We feasted on black bread and butter, and wine and cider. He and his family could not have done more to make us feel at home. They turned on a British radio programme and, of course, insisted on making us tea! After breakfast next morning we gave them English cigarettes and coffee—and Mars bars to the children, to their intense delight. We left our kind hosts early. A forceful impression I had received was the unaffected devotion shown to each other by all members of the family.

This, our second day, saw us passing through St. Mere, Caretan and Bayeux. The countryside changed. The thick green fields and cider-apple orchards of the Peninsula gave way to the flatter and less pretty land of Southern Normandy. War graves of British and American troops were frequent. We inspected a German cemetery of S.S. troops.

A lift on top of a ten-ton lorry, piled high with unpleasant smelling rabbits, took us through Lisieux and Evreux, a distance of over ninety kilometres. Most of the villages and houses along the route were damaged, and little remained of Caen and Lisieux.

That night we slept in a ditch beside the road, too tired to light a fire and cook our food. We awoke to find the local gendarme standing over us, but our passports saw us safely on our way. A milk cart was our next "auto-stop." By that afternoon, tired, with nails in our shoes, blisters on our feet, and splashed with milk, we reached Paris.

Paris is still the same old Paris. There is still that feeling of life and excitement all around one—and, of course, the wonderful smell of the Metro, a smell so strangely warm and comforting, so essentially part of one's memories of Paris.

On our first evening in Paris, we went to an American cowboy film. Just as the hero was about to be lynched, two women started to fight—as only French women can fight. For ten minutes not a word of the film could be heard, as the audience laughed, hissed and clapped the shrieking she-cats.

Our stay in Paris passed all too quickly. On the third day our funds ran out. Our hotel cost 310 francs a night; having paid the bill and bought our train tickets, we were compelled to sell the remaining cigarettes and coffee for a few hundred francs.

I left P. W. to make his way to Calais, and caught a train from Montparnasse to St. Malo by myself. On arriving there I discovered that the

ferry services back to the Channel Islands had ceased. All attempts to find a yacht or fishing-boat going there also drew a blank. The airport at Dinard was my last hope.

I crossed the mouth of the river. The sea was a deep blue, and the yellow beaches contrasted sharply with the almost black cliffs of the shore. There was not a cloud in the sky. On reaching Dinard, I climbed the cobbled streets which wind up from the quayside, and looked back across the bay. It would need a poet to describe the beauty

of St. Malo bay that late summer evening.

I walked the remaining few miles to the airport. The night watchman took me home, gave me a meal and provided me with blankets, on which I slept in a hangar. At dawn, the first plane to take off gave me a lift to Jersey. Looking down the coast of France slipped quickly away. The sun shone like gold on the sea far below us. I felt I could touch the white clouds just by stretching out my hand. "Au revoir, France. A la prochaine!"

BOOK REVIEW

AN APPLE A DAY, by Philip Gosse. Cassell & Co., London, 1948. Pp. 195. Price 10s. 6d.

There are people who, whether by natural dullness, by defective memory, or by an unimaginative outlook, seem to find their lives most uninteresting; and there are others to whom all things are exciting and who retain all their years that child-like ability to "stand and stare" which is so essential in a rich and developed character. No one could accuse Dr. Gosse of having led an uneventful life, but *An Apple a Day* has little to say of his more adventurous exploits, and draws rather on wide and curious reading, on the small incidents which make up our lives, with a delectable result.

Dr. Gosse ranges from St. Radegund to the peculiar significance of the black redstart in Cambridge, from a method of omelette production involving Eno's fruit salts to a delightful survey of the more interesting truants from medicine. There is a most amusing description of how, as a first year medical student on holiday at Achill Island, off West Ireland, he was visited by the sick of the whole district, including the son and heir

of the King of Inishkea, as a great London surgeon, of his armamentarium, which consisted of scissors, forceps, iodine, bandages and a bottle of Owbridge's Lung Tonic, and of how he was paid in varied and diverting manners.

One chapter tells of Julia Moore, the Philomel of Wisconsin, that morbid songstress who wrote the unforgettable quatrain:

And now kind friends, what I have wrote

I hope you will pass o'er,

And not criticise as some have done

Hitherto, heretofore.

Mrs. Moore is a "stuffed owl" about whom much more should be known.

When a man profits by his appointment as domiciliary visitor for the Ministry of Pensions to further his collection of curious inn signboards, or when, as a newly-qualified houseman, he devotes much time to digging up the hospital grounds in search of Roman relics, his hook is unlikely to be dull; and when, added to that, is a gift for telling a story well, the result is a book such as *An Apple a Day*. Dr. Gosse has produced a most entertaining volume.

SPORT

R. U. F. C.

October 9th vs. London Hospital.

RESULT: LOST BY 45 POINTS TO 5.

Played on a hard, dry ground this game proved disastrous for Bart's. The London Hospital back division were too fast for the Bart's three-quarters and the opponents scored repeatedly against our weak defence. However, the forwards played well, although much lighter than their opponents, and they got the ball from most set scrums largely due to the magnificent hooking of Moyes, the captain. In the loose the forwards did not always pack round the ball and consequently some splendid runs in the line-outs by John was wasted.

The lesson to be learnt from this game is the need for fast wings and determined running in the three-quarter line.

October 16th vs. London Irish.

RESULT: LOST BY 25 POINTS TO 3.

Against a powerful side, including four full internationals, Bart's took the field in a rather apprehensive frame of mind. However, the team played well and the forwards are to be congratulated for playing so well against such heavy opponents. From the set scrums, Bart's got the ball more times than did the London Irish, although outweighed, thanks to the hooking of Moyes, but the backs could do little with a very

greasy, wet ball. Tackling by the Bart's team was good and, but for the opponents' kicking a number of exceptional penalty goals, the score would have been closer. On the whole the team played well and but for odd lapses held this powerful side in a most convincing manner.

October 20th vs. Woolwich Garrison.

RESULT: BART'S WON BY 3 GOALS, 1 PENALTY GOAL AND 3 TRIES (27 POINTS) TO 1 PENALTY GOAL (3 POINTS).

It was a pleasant open game with Bart's forwards enjoying the superiority in set scrums and line-outs and the backs making fairly good use of their opportunities. Bart's opened the scoring when the ball went out to Murphy on the right-wing; on being tackled he flung the ball inwards and Corbet, gathering the loose ball, burst his way over.

Soon after some clever work, obviously carefully planned, between Wynne-Jones and John, enabled the latter to slip through on the blind side.

After some even play John fielded an injudicious kick by the opposing full-back and presented Mears with a clear run in; Mears, however, declined the honour and returned the ball to John who scored his second try.

Stephens scored a good opportunist try and Corbet touched down a dribble by Green. The fine place kicking of G. Dick was a feature of the game.

October 23rd vs. Old Merchant Taylors.

RESULT: BART'S LOST BY 22 POINTS TO 3. After quite a promising start, Bart's seemed to lose heart when O.M.T.s took the lead.

At first the forwards obtained a fair share of the ball from scrums, but the backs could make little use of it and the forwards gradually faded out. After 25 minutes Bart's were unfortunate enough to lose Pearce from the pack.

For the rest, it was largely a matter of trying to keep the O.M.T.s out. Dick and John tried to rally the team, and the former kicked a fine penalty goal, but response was only half-hearted.

The team must tackle better and show more life if they are to win matches.

October 30th vs. Rugby

RESULT: BART'S LOST BY 19 POINTS TO 3. Once again the Bart's team played well, and held their own against a heavier side until their opponents scored, after which the weight of the visiting side took its toll and Rugby, starting with a brilliant drop goal, rattled up 19 points in the last 20 minutes of the game.

The Bart's backs always looked dangerous in attack, but they seldom received the ball and were forced to defend for most of the game.

The forwards were lively in some concerted rushes up the field, but could do little in scrum and line-out to give the ball to the backs.

The one Bart's try was a beauty. Murphy, well in his own half, executed a gorgeous dummy, drew another man and passed inwards to Corbet. The latter carried it further up-field, drew the full-back, and returned the ball to Murphy, who just got in near the corner flag. For the rest, A. H. John played his usual good game and the tackling of A. M. Baker, at full-back, was outstanding.

Although space does not permit the reporting in detail of the activities of the "A," Extra "A" and "B" sides, let it be placed on record that these sides are flourishing. Although statistically their results are not brilliant, all the sides must be congratulated on some fine performances against very strong teams, notably the "A" side losing 0 points to 13 against a powerful London Irish side.

The thanks of the first fifteen goes out to all those supporters, male and female, who come down to Chislehurst and cheer the side on; vocal support helps a great deal during matches and the Club express the hope that this will grow in intensity at each successive home match.

CRICKET CLUB

During 1948 the Club enjoyed its best season for many years, the results of the First XI matches being:

WON 20 : LOST 4 : DRAWN 10

This was the result of a happy combination of good teamwork and able leadership by J. D. W. Tomlinson.

Tomlinson scored more than 1,000 runs for Bart's during the season; to say nothing of his high scores for United Hospitals and other representative sides. The next most prolific scorer was A. G. May, with 552 runs to his credit.

Aubin, Vazifdar and Clappen each took 50 wickets or more, the last-named being the most successful with 64 victims. Every member of the team played his part towards making the season so successful and enjoyable, and the winning of the Inter-Hospitals Challenge Cup was a fitting climax.

The following were awarded Honours: J. D. W. Tomlinson, J. S. Vazifdar, P. D. Moyes, J. A. Clappen and D. F. A. Aubin. The following were awarded Team Colours: J. D. W. Tomlinson, J. S. Vazifdar, P. D. Moyes, D. F. A. Aubin, P. B. Biddell, J. D. Cairns, J. A. Clappen, P. G. Haigh, A. G. May, R. Morgan and H. B. Ross.

The Second XI, though less successful, nevertheless played a number of good matches, and provided exercise and enjoyment for its members.

The Rahere XI has reappeared and is, we hope, here to stay. This team will have some half a dozen Sunday games next year.

The Cricket Club Dinner was held at the White Hart on October 12th. Mr. J. E. A. O'Connell was in the chair and there was a genial gathering of some 40 vice-presidents and members.

The Cup occupied a place of honour and, but for the late arrival of a tired-looking member of the club, all went according to plan.

P. D. M.

HOCKEY CLUB

The Officers for next season are as follows:

President: Mr. J. E. A. O'Connell.

Captain: P. D. Moyes.

Vice-Captain: J. D. W. Tomlinson.

Hon. Secretary: P. G. Haigh.

Hon. Treasurer: J. A. Clappen.

Pre-clinical Representative: P. B. Biddell.

The Club has a most melancholy duty to perform in saying farewell to Messrs. J. Fison, J. Hindle, A. Dossator and Alan MacDonald, stalwarts both in play and social activities.

In spite of these losses we have a strong team in the making, seven members of last year's team playing this season; to add to which, amongst others, we have Brian du Heaume and John Ainley-Walker, who have fully justified their inclusion to date.

Messrs. Aubin and Hill have their work cut out to control the many men of the 2nd XI, for a place in which there is keen competition, especially in the defence. We regret that few men have come forward from the last two intakes and that the Club represents far more the senior years than the junior.

Results to date:—

1st XI.—Played 8, Won 2, Lost 5, Drawn 1.

2nd XI.—Played 5, Won 2, Lost 2, Drawn 1.

It is hoped to run a game against past members of the Hospital some time this season and follow it with a dinner to which all present, and as many past members as possible, are invited to come. While we're on the subject of past members, may we put in a plea for shirts; so far all attempts to procure a grant of coupons for the supply of club shirts have failed and we should be very grateful if any past member, having no further use for his shirt, would forward it to the present Secretary. Thank you!

J. W. M.

SWIMMING CLUB

Mr. and Mrs. Reginald M. Vick have presented the Club with a Georgian Silver Cup of a chalice design, which will be known as the "Vick Cup." It will be awarded annually to the member of the Club who gains most points in the competitive winter programme of races over various distances.

Details of the 1948-1949 Winter Programme will be announced later.

G. C. H. C.

EXAMINATION RESULTS**UNIVERSITY OF OXFORD
SECOND B.M. EXAMINATION**

General Pathology and Bacteriology	Denny, I.B.	James, H. V.	Long Vacation, 1948
Special and Clinical Pathology	Glossop, M. W.		
Forensic Medicine and Public Health	Platt, I. W. (Now qualified to take the B.M., B.Ch. degree.)		

UNIVERSITY OF CAMBRIDGE

Pharmacology	Fiddian, R. V.	Hirst, G.	October, 1948
Andrewes, J. F.	Goodman, R. R.	Huntsman, R. G.	Sarman, V.
Blakeway, I.	Hardman, B. M. H.	Phillips, J. H.	
Channon, G. E.			

UNIVERSITY OF LONDON

GENERAL SECOND EXAMINATION FOR MEDICAL DEGREES	Aubin, D. F. A.	September, 1948
---	-----------------	------------------------

**CONJOINT BOARD
FINAL EXAMINATION**

Pathology	Hobbs, J. J. B.	Melotte, G. H. C.	October, 1948
Bhandari, N. P.	Hooper, E. R. S.	Rohan, R. F.	Wilson, F.
Brandreth, T. K.	Jenkins, A. V.	Rosen, I.	Wiseman, D.
Ffooks, O. O. F.	Latham, J. W.	Thomas, W. C. T.	
Freier, S.	Linnett, M. J.	Timmins, W. L.	
Harris, J. W. S.			
Medicine	Buri, R.	Orr-Hughes, K.	Widdicombe, J. G.
Batten, K. L.	Lloyd, E. A. C.	Taylor, D. G.	
Renett, G. R.			
Surgery	Goodrich, P. M.	Monckton, J.	St. John, J. M. S.
Batten, K. L.	Lloyd, E. A. C.	Newman, W. T.	Taylor, D. G.
Benett, G. R.	Maude, A. R. S.	Shattock, F. M.	Thomas, O. G.
du Heaume, B. H.	Mendel Dennis	Stanley, H. W.	Vazifdar, J. S.
Farrar, E. B.			
Midwifery	Freier, S.	Jackson, P. G.	Stanley, H. W.
Brown, H. S.	Fisher, K. J.	Sahakian, J. G.	
Cardwell, I. S.			

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

Batten, K. L.	Lloyd, E. A. C.	St. John, J. M. S.
Benett, G. R.	Monckton, J.	Taylor, D. G.
du Heaume, B. H.	Newman, W. T.	Vazifdar, J. S.

FIRST EXAMINATION

Anatomy	Hill, F. A.	Slonims, M. A.	Wyner, S. E. A.	September, 1948
Physiology	Cohen, N. H.	Hill, F. A.	Slonims, M. E.	Wyner, S. E. A.
Pharmacology	Dickerson, R. P. G.	Hurter, D. G.	Morgan, D. C.	Warlow, P. F. M.
Facer, J. L.	Kaye, M.	Raines, R. J. H.		
Green, N. A.	Liu, S.	Simmons, P. H.		
Hambling, M. H.	Menon, J. A.	Tannen, G. P.		

PRE-MEDICAL EXAMINATION

Physics	Brewerton, M. E.	September, 1948
----------------	------------------	------------------------

ROYAL COLLEGE OF PHYSICIANS

The following Candidates, having satisfied the Censor's Board are proposed for election as Members:

Collins, J. A. H.	Greenberg, M. J.	Savidge, R. S.
Coupland, R. I. G.	McGee, L. E.	

R.C.P AND R.C.S

Diploma in Child Health	Bromfield, F. B.	Davies, W.	van Zwanenberg, D. F.	September, 1948
--------------------------------	------------------	------------	-----------------------	------------------------

trade mark

'SULPHATRIAD' brand

compound sulphonamide tablets

for safer

sulphonamide

therapy

**Intelligence Service**

In those fields of therapeutics where there is greatest activity it is inevitable that standard textbooks are sometimes unable to keep pace with important new developments. The medical student who wishes to keep abreast of such developments but cannot spare the time to consult original publications will often find that the publications issued by manufacturers of new drugs are of considerable value.

Medical students are cordially invited to communicate with us whenever they feel we might be of help. Write, or 'phone ILFord 3060, ext. 99 or 100.

M&B Medical Products  are manufactured by

MAY & BAKER LTD

distributors

PHARMACEUTICAL SPECIALITIES (MAY & BAKER) LTD. DAGENHAM

ABIDEC Drops

Contain in each 10. minim adult dose.

Vitamin A	5000 International units
Vitamin D	1000 International units
Vitamin B ₁ (Aneurine hydrochloride)	1 mgm.
Vitamin B ₂ (Riboflavine)	0.4 mgm.
Nicotinamide	5 mgm.
Vitamin C (Ascorbic acid)	25 mgm.

Available in 10 c.c. vials with droppers

A non-oily multivitamin solution

This new Parke-Davis preparation represents an important advance in the administration of vitamins. In "Abidec" Drops it is now possible to give six essential vitamins, of both "water-soluble" and "fat-soluble" groups, in a stable, non-oily and non-alcoholic solution.

The ready miscibility and small dosage of "Abidec" Drops enable them to be added to infants' and children's food, either solid or liquid, without appreciably altering either taste or appearance; or the dose may be dropped directly on to the tongue with little risk of nausea.

PARKE, DAVIS & CO., HOUNSLOW, MIDDLESEX
Inc. U.S.A., Liability Ltd.

GANGRENE OF TOES

Repair of Skin with Cross-flap Replacement

A boy, aged 17, was admitted to Hospital on 22/10/45, having sustained a crush injury of 3rd, 4th and 5th toes, on the same day. Examination showed complete sensory loss on three toes with discoloration and obvious grave interference with circulation. Line of demarcation gradually developed and on 12/11/45 there was established gangrene as shown. (Fig. 1).



Fig. 1

CASE HISTORY. — 16/11/45 Excision of gangrenous area and raising of delayed skin flap on R. calf. Pressure dressing, and penicillin cream to L. foot daily. 4/12/45 Flap on R. calf raised and attached to raw area on L. foot. Fixation in Gypsoma with flap relaxed. (Figs. 2 and 3). 15/12/45 Sutures removed from flap graft. Showing satisfactory healing. 24/12/45 Under local anaesthetic flap detached from calf to foot; sutured in position. Remainder of flap sutured back to calf. 22/1/46 Complete take of graft. Penicillin applied. Commenced foot exercises. 29/1/46 Wound soundly healed. Dressing discontinued. Patient commenced walking. 11/2/46 Excellent result flap graft. No pain. Walking well in normal shoes. R. foot normal. No fibrosis of gastrocnemius Discharged. (Fig. 4). In the belief that it will be of general interest, details of this authentic case are published by T. J. Smith & Nephew Ltd., of Hull, Manufacturers of Elastoplast and Gypsoma.

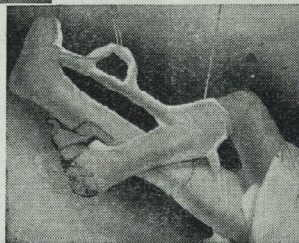


Fig. 2

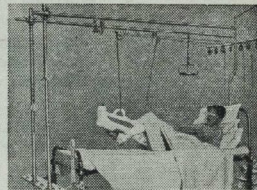


Fig. 3 (Top)

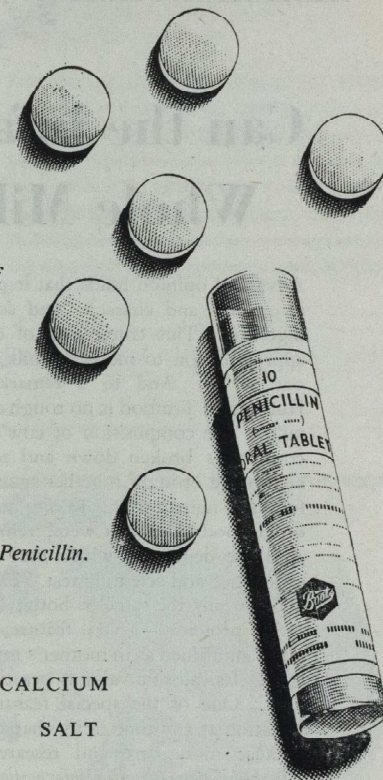


Fig. 4 (Below)

Penicillin by mouth

ALTHOUGH penicillin is the most effective of antibacterial agents, it has presented one disadvantage ever since it came into clinical use. In mild infections especially, the practitioner has found it irksome to have to administer penicillin by injection. Penicillin Oral Tablets (Boots) have been prepared to overcome this difficulty. Each tablet is buffered with 1 G. of sodium citrate and contains 50,000 units of Calcium Penicillin.

Packed in tubes of 10 tablets.



Penicillin CALCIUM SALT oral tablets 50,000 UNITS

Literature is available from the Medical Department

BOOTS PURE DRUG CO. LTD. NOTTINGHAM ENGLAND



S.26A

PLAIN TALKS ON INFANT FEEDING

No. 4

Can the infant cope with Whole Milk Protein?

Advanced opinion holds that it cannot unless that protein is reduced in quantity and character and so rendered acceptable to the child's digestion. This conversion of cow's milk into the nearest possible approximation to mother's milk, is what the makers of Trufood set out to do. And to a remarkable degree they have succeeded. Humanised Trufood is no rough and ready approximation to mother's milk. The composition of cow's milk which is, of course, its basic content, is broken down and reconstituted so that the nourishing factors are brought together again in the same percentages as they are found in human milk. Taking human milk as their guide, the makers of Trufood have, as it were, 'remodelled' cow's milk into breast milk. And the degree to which they have succeeded is proved both by experience and scientific test. Fat, protein and carbohydrate content is practically the same in both; likewise the amino-acid composition of the proteins—a vital feature, as every doctor knows. The fat is finely emulsified as in mother's milk; and there is no hard, indigestible curd. Its calorific value is practically identical with that of mother's milk. One of the special features of Trufood is that there is no variation at any time in its character or content. Trufood costs more because more care and research must be given to its making. Literature giving detailed information can be obtained by writing to Trufood Ltd. (Dept. BHS 5), Bebington, Wirral, Cheshire.

Issued by the Makers of Trufood—

NEAREST TO MOTHER'S MILK

18 2019/25

cross section of GLAXO medical service

New ideas . . . new methods . . . new conceptions in medical science are reflected in the current range of Glaxo products

Examen, the refined liver extract preparation, embodies the latest knowledge in anaemia therapy and includes in its manufacture the modern technique of proteolysis. In immunology, **Diphtheria-Pertussis Prophylactic Glaxo** marks a milestone of achievement in *dual* prophylaxis against these two diseases. Similar awareness of current standards is revealed in the many forms of **Claxo**

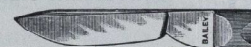
Penicillin today available; while among vitamin preparations, **High Potency 'Ostelin'** (vitamin D) holds particular interest for medical men—especially in the light of recent successes in lupus vulgaris. When the topic is milk food for babies, **Ostermilk** holds an undisputed place; and **Farex**, the ready-cooked 3-cereal food, has long been accepted by those whose concern is infant weaning.

GLAXO LABORATORIES LTD., GREENFORD, MIDDLESEX. BYRON 3434

W. H. BAILEY & SON LTD.

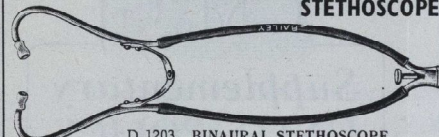
SURGICAL INSTRUMENT MAKERS

BAILEY'S CLINICAL THERMOMETERS
Every Thermometer is guaranteed, clearly marked
½ Min. Mag. 3/6 each



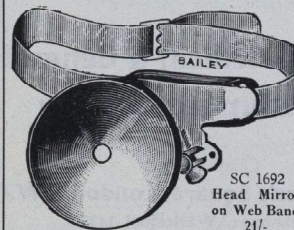
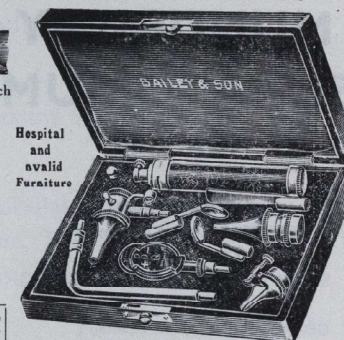
SOLID STEEL SCALPELS, 4/6 each

STETHOSCOPES



D. 1203. BINAURAL STETHOSCOPE
Wide Chestpiece with Thumb Rest. 25/- each

Hospital and invalid Furniture



SC 1692
Head Mirror
on Web Band
21/-

WHY NOT SEND YOUR REPAIRS TO US?
SCISSORS, SCALPELS, KNIVES of all descriptions and RAZORS, Ground and Set.
HYPODERMIC SYRINGES repaired
LOWEST PRICES

BAILEY'S DIAGNOSTIC SETS D.1081 consisting of May's Ophthalmoscope, Auriscope, with 3 Specula, Duplay's expanding Nasal Speculum, Angular Laryngeal Lamp and two Mirrors, Tongue Spatula and Handle with Rhinostat to fit the above instruments, complete in case, with spare lamp. PRICE complete 27 2 6. Auriscope, with 3 Specula, small battery, handle and spare lamp in case £3 0 0

PRICES RULING AT DATE OF DESPATCH

10% DISCOUNT Allowed to Students mentioning this Advert

GERrard 3185 45 OXFORD STREET
2515 2 KATHBONE PLACE

LONDON, W.1

AT
YOUR



SERVICE

The Name & Fame of "Blakes"

HOSPITAL EQUIPMENT

We have a Ministry of Pensions contract to supply all Hospitals with Trusses, Belts, Elastic Hosiery and Rubber Urinals.

We are also in a position to supply Hospital Theatre equipment, Ward Accessories, Surgical Dressings, Fittings, etc.

The sole aim of our organisation is to give efficient service and satisfaction to our clients, whether for large orders or for single articles.

Fittings by experienced fitters at your Hospital or at any of our 35 branches.

BLAKE'S *Medical Stores Ltd*

Head Office: 8 SUNNYHILL ROAD, LONDON, S.W.16
Tel: STR 0738 and 35 branches throughout the country

**THE
MUNDESLEY
SANATORIUM
NORFOLK.**

Resident Physicians :

S. VERE PEARSON, M.D. (Cantab.),

M.R.C.P. (Lond.)

E. C. WYNN-EDWARDS, M.B. (Cantab.),

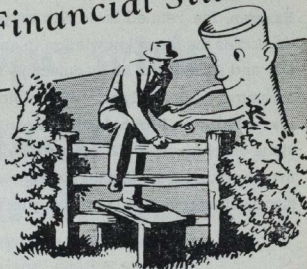
F.R.C.S. (Edin.)

GEORGE H. DAY, M.D. (Cantab.)

Terms from 10½ guineas weekly

For all information apply the Secretary :
The Sanatorium, Mundesley, Norfolk

**SUPPLEMENTARY
UNITS**
help the young man
over the
Financial Stile!



FOR LESS THAN £1 PER MONTH (ranking for Income Tax Relief) . . . a healthy life aged 30 can secure life cover of £1,000 carrying with it valuable conversion rights.



**Supplementary
UNITS POLICY**

**Clerical, Medical & General
Life Assurance Society**

Chief Office:

15 St. James's Square, London S.W.1

Telephone: WH1tehall 1135

**'SULPHAMEZATHINE'
ORAL SUSPENSION**

for

CHILDREN

For many bacterial infections in children, 'Sulphamezathine' is the safest and most effective of all the sulpha drugs. It rarely gives rise to unpleasant symptoms, and renal complications are almost unknown.

'Sulphamezathine' Oral Suspension is a palatable orange-flavoured preparation containing 1 gramme of 'Sulphamezathine' per 2 fluid drachms. Children take it readily, and it provides an attractive alternative to 'Sulphamezathine' tablets.

*'Sulphamezathine' Oral Suspension is issued in
bottles of 100 c.c.*

Literature and further information available on request from your nearest I.C.I. office — London, Bristol, Manchester, Glasgow, Edinburgh, Belfast and Birmingham.

IMPERIAL CHEMICAL [PHARMACEUTICALS] LTD.

(A subsidiary company of Imperial Chemical Industries Ltd.)

MANCHESTER



Ph.243



eight minutes to go . . .

Doctors today find that a large number of their patients complain of constant tiredness, of 'finding everything too much', of 'feeling generally run down'. Cases of debility and lassitude caused by present-day conditions are becoming increasingly prevalent. For these conditions 'Vibelan' is of particular value. It counteracts B vitamin deficiencies, containing as it does the principal members of the B group in the balanced proportions which are necessary for effective utilisation of proteins, fats and, more especially, carbohydrates. Each tablet contains vitamin B₁ 0.5 mg., riboflavine 0.75 mg., and nicotinamide 7.5 mg., in a yeast extract base. Four tablets provide the normal daily requirement of these vitamins. 'Vibelan' is available in bottles of 50 tablets. Further details are available on request.

'Vibelan'

VITAMIN B COMPOUND B.D.H.

MEDICAL DEPARTMENT

THE BRITISH DRUG HOUSES LTD. LONDON N.1

TELEPHONE: CLERKENWELL 3000 TELEGRAMS: TETRADOME TELEX LONDON

Vib/E/518