CHEMOTHERAPY AND THE ANTIBIOTIC DRUGS, by various authors. Published by the Fellowship of Postgraduate Medicine, pp. 68, Figures 12. Price 5/-.

This begins with a most interesting introductory chapter on the principles of chemotherapy and then discusses in nine further chapters, by experts in their own fields, the use of antibiotics in all the main diseases in which they are effective. This is worth 5/- of any senior clinical student's money.

BIOCHEMISTRY FOR MEDICAL STUDENTS, by W. V. Thorpe. J. and A, Churchill. 5th Edition, 1952, pp. 528. Price 22/6.

The fifth edition of this popular textbook has been brought up-to-date and the chapters on metabolism largely recast to include the Krebs tri-carboxylic acid cycle. It remains one of the standard works and does its job efficiently enough. But it is undoubtedly heavy going in parts and the student who wants to be really interested in biochemistry had better read Baldwin's "Dynamic Aspects" as well.

MIDWIFERY AND OBSTETRIC NURSING, by Michael Bulman, 3rd Edition, Published by Faber & Faber, pp. 369. Price 20s.

The make-up of Mr. Bulman's book is attractive, his material well presented and well illustrated and his style clear. Some of the descriptions, for instance of pyelitis and puerperal fever, have a rather old-fashioned sound, and some notice of antibiotics newer than penicillin is desirable. The administration of acid with the sulphonamides, recommended on page 288, is unusual.

DOCTOR IN THE HOUSE, by Richard Gordon. Michael Joseph. Price 10s. 6d.

Medical students have long been regarded as the lowest form of undergraduate life. "Doctor in the House" will certainly confirm the popular belief that student life in a teaching hospital is a Bacchanalian orgy with brief pre-examination respites. However, the author has produced a very amusing and witty autobiography which for the modest sum of half a guinea will provide you with several hours of first-class amusement.

Rumour suggests that Richard Gordon is a Bart.'s man. St. Swithin's seems to bear a strong resemblance to the "Royal and Ancient"—"the nurses caps turned up at the back like the tails of white doves . . . the Christmas ward shows and children's party in outpatients," and "the indiscriminate droppings of the London pigeons in the court" are strongly suggestive of Bart.'s. Moreover, the style of the writer is similar to that of "Alan Tois," a frequent contributor to the Journal in the post-war period.

The dust cover of the book announces that Richard Gordon's next volume will be "Doctor at Sea." May it be as entertaining as "Doctor in the House."

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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A JUST PRIDE

"We receive our training at Bart.'s; we leave, and then . . . nothing. If an old Bart.'s man comes to town to revisit the home of his student days what welcome is there? Where is he to sit, where to meet his old friends, where hang his hat?

(A correspondent: January, 1938.)

This very reasonable complaint is as valid now as when it was made 14 years ago. At that time it elicited a response from Sir Girling Ball, who was then Dean, and suggestions from one or two others, but the correspondence died after three issues, and the problem was left unanswered.

The problem itself has grown in the interval. Briefly it is this. Do Bart.'s men want to retain any contact with their hospital? And if so, in what way?

There can be very few institutions in this country which can boast an uninterrupted history stretching over more than 800 years. Bart.'s has everything to excite a feeling of strong loyalty in those it teaches—old and beautiful buildings, a long tradition of public service, a host of names famous in the history of medicine and surgery, close association since its foundation with the ancient City of London. It is the oldest hospital in the Commonwealth — that, alone, should be a source of pride to us all.

But what do we do to perpetuate that pride when we leave? Nothing. At the time our correspondent wrote there were Decennial Clubs, an annual Old Students' Dinner and Rahere Clubs in various parts of the country. There is now no longer an Old Students' Dinner, and to judge from the notices inserted in the *Journal* since the war's end the Clubs, with one or two exceptions, have ceased to exist. There is still nowhere in the Hospital for old Bart.'s men to collect and meet their friends—not even on View Day. For most old Bart.'s men there is nothing to bring them back to their old Hospital—nothing but their pride in it. Those who indulge their sentiment find themselves unknown, lonely and disappointed; many more anticipate this disappointment and stay away for years on end.

In what way, then, should we try to keep in touch with Bart.'s? For many, revival of the Old Students' Dinner would be enough. Others, particularly the large number living in London and the Home Counties (for whom there appears never to have been a Rahere Club) may like a social gathering more often. Some might like the opportunity to attend special ward rounds by certain chiefs. The Refresher Courses for G.P.s envisaged in the National Health Service Act could well be held in Bart.'s for Bart.'s men.

A register of old Bart.'s men could be made and the progress of their careers recorded. Here the example of many Oxford and Cambridge colleges might be followed with profit. Annually they produce a report of the college's activities of the year—its academic and sporting successes, new appointments to and losses from the staff, and general news of old students. Every few years a full address list is sent out. The work entailed should be well worth the effort. These suggestions are but a few of the many that could be made—will, we hope, be made by correspondents.

None of us can have been to a school or college as old as Bart.'s or with a finer tradition. And where is the school or college that has not a flourishing society of old students? It is very easy, in this matter, to allow sentiment to become sentimentality, but no one need be ashamed or suspicious of a just pride. It is difficult to believe that the present situation is regarded with satisfaction by anyone. Contemporary students, in particular, may care to reflect that when they qualify and leave Bart.'s, for the vast majority that is the end. It is not a pleasant outlook.

Congratulations to :—

Dr. W. E. Gibb on the announcement of his engagement to Dr. Mary Feetham.

Sir James Paterson Ross on his re-election as Vice-President of the Royal College of Surgeons.

Mr. C. Naunton Morgan on his election to the Council of the Royal College of Surgeons.

The Dean, Dr. C. F. Harris, on his appointment as Dean of the Faculty of Medicine of the University of London for 1952-54.

Sir Harold Gillies on his appointment as Emeritus Consultant Plastic Surgeon at Rooksdown House "in recognition of his services both to the unit and to plastic surgery in Britain."

Dr. H. A. Clegg, Editor of the *B.M.J.*, on the conferment of the honorary degree of M.D. at Trinity College, Dublin.

Dr. George Graham on his appointment as Harveian Orator to the Royal College of Physicians for 1953.

Professor J. Rotblat on the conferment of the honorary degree of D.Sc. of the University of London.

Appointments to the Royal Household

The following Bart.'s men have been appointed to the Medical Household:
Dr. R. Bodley Scott (Physician).
Lord Horder (Extra Physician)
Sir Arnold Walmesley Stott (Extra Physician to the Household).
Sir James Paterson Ross (Surgeon).
Sir Thomas Dunhill (Extra Surgeon).

Bart.'s men thus hold five of the thirty appointments to the Medical Household in England. The *Journal* sends its warmest congratulations.

The Exhibition of Paintings

The attention of all readers is drawn to the Second Exhibition of Paintings to be held in the Great Hall from September 19.

The First Exhibition was held in June, 1938. The exhibits showed a very high level of ability and their display attracted a wide audience. As well as many students and nurses, the exhibitors included a high proportion of the staff and consultants.

Exhibits, which may include sculpture and all branches of pictorial art, except photographs, should be submitted by September 15 and should be left in the Medical College Library.

Retirement of the Dean

The Dean, Dr. C. F. Harris, is retiring from his appointment on September 30th. He has been Dean since the death of the late Sir Girling Ball in July, 1945.

The new Dean is Mr. E. G. Tuckwell.

A New Biography of John Abernethy

On another page Dr. Franklin finds little to enjoy in Macilwain's biography of John Abernethy, the virtual founder of the Medical College. He, among many others, will be pleased to learn that a new one, written by the Librarian, Mr. John Thornton, is in the course of preparation. Macilwain's work is not only well-nigh unreadable; it is also nearly 100 years old. Mr. Thornton has collected all the available material and throws new light upon Abernethy's character and his contemporaries. A subscription form is enclosed.

Cambridge Graduates Medical Club

The Club has about 800 members and meets annually at Cambridge for a dinner in one of the Colleges. All male graduates of Cambridge University who are reading medicine or who have a medical degree are eligible and the fee for Life Membership is one guinea.

Dr. Neville Oswald has recently been appointed Hospital representative of the club, and will be glad to send an application form to any reader who wishes to join.

Contributors

Our contributors this month include:

Miss Wareham, head of the Physiotherapy Dept. Under her energetic direction the department has become one of the most efficient in the Hospital. Her athletic talk to the Introductory Class is probably the most interesting and stimulating in the three months' course.

Dr. A. E. Jones, who is assistant to Mr. Williams in the Radio-Therapy Dept. As such he is constantly meeting malignant disease in all its forms, and his article, written by special request, is of especial interest, coping as it does with a problem all doctors have to face.

Michael Irwin, a fourth year student. Since January this year he has held the post of President of the British branch of the United Nations Student Association, and he writes with authority on the problem of health on a world scale.

Arthur Wint lying second to Whitfield in the last 100 *yards of the* 800 *metres final.*

Bart.'s at Helsinki

Two Bart.'s students competed in this year's Olympics at Helsinki. Arthur Wint ran for Jamaica in the 400 metres, the 800 metres and the 1600 metres relay: W. M. Beatley fenced for Britain in the Sabre team.

Arthur Wint was one of a small and very select team of great athletes sent by Jamaica. He was beaten into second place by the American, Whitfield, in the 800 metres, and in the 400 metres, which he won at Wembley in 1948, he came fifth, after leading most of the way. Success came in the 1600 metres relay (4 x 400). Wint, with Laing, McKenley and Rhoden, set up a new world record of 3 min. 3.9 secs., beating the old record, set up by the United States in 1932, by over 4 secs. They repeated their success on August Bank Holiday Monday at the White City when they broke the British All-comers and National records with a time of 3 mins. 10.4 secs. in the mile relay.

He is now 32 and he made his last appearance in international athletics in the British Games at the White City on Saturday, August 9th. In the 4 x 400 yards relay Jamaica lost to the United States, who captured the world record with a time of 3 mins. 8.8 secs., but Wint's time of 47.1 secs. for the first stage was very fast and would have given Jamaica victory and the world record could it have been maintained.

The *Journal* sends its warmest congratulations to the best athlete ever to have come to Bart.'s.

In the Individual Sabre at Helsinki W. M. Beatley was eliminated in the 2nd round, having qualified with 5 wins in the 1st round. In the Sabre Team contests Britain won through to the semi-final before elimination.

Beatley has been a prominent figure in the Amateur Fencing Association and London University matches, in addition to his exemplary fencing for Bart.'s. In the Inter-Universities Competition this year he obtained first place for both Foil and Sabre, and while fencing for the Hospital has never lost a match—an excellent performance.

New Building at Bart.'s

On the night of Saturday, March 8, 1941, a 500 lb. bomb hit the old Abernethy block (N.E. corner of the Hospital site), and exploded in Martha Ward theatre. The Block has lain practically derelict since, but for many months now, work has been proceeding upon it. This Block is being renovated and will provide 40 children's beds, accommodation for the Physiotherapy Department now occupying ward space on the ground floor of the East Wing, a women medical students' rest and cloak room, and a mess-room for domestic and ancillary staff, and storage room.

The next development in the building expansion programme of the Hospital is to cross Little Britain to St. Bartholomew's Close. Plans have already been approved and the site is shortly to be cleared. The designs, prepared by Adams, Holden and Pearson, Architects to the University of London, are for an " L " shaped building, the vertical part of the letter fronting on to Little Britain, and the horizontal part extending eastwards. It will come close to the Tudor Rectory of St. Bartholomew-the-Great and will be separated from the Church by a square grass lawn (technically a " garth "). The building will provide 120 beds for the following specialities—E.N.T., Plastic Surgery, Neurosurgery, Dental, Deep X-Ray Therapy, Thoracic Surgery and Tuberculosis.

In the Medical College at Charterhouse Square work is also proceeding on the new Physiology block, backing on to Clerkenwell Road. Excavators wake up the residents at College Hall at the unwelcome hour of 6.30 a.m.

Incidentally, when the site for College Hall was cleared some interesting remains were found—but too late for any systematic archaeological investigation. Whose responsibility is it to see that this is not happening again, and won't happen when the Little Britain site is cleared ?

The New Lamps outside College Hall.

" It shouldn't be too hard to run a car into them."

" Look like little Chinese men, painted with gas-detector paint."

" Picked up cheap after the Festival."

Does no one like them ?

Birth

To Dr. and Mrs. A. J. Sims, on May 22nd, at Bideford, North Devon, a daughter, Catherine Patricia Turner. A sister for Philip.

Bart.'s in Wills

Many feared that the advent of the Health Service would see the drying-up of the flow of charity towards hospitals, but Bart.'s, at any rate, continues to receive generous benefactions. Two wills, recently noted in the national press, are worthy of mention.

Two months ago Ernest Morton Nance, a retired solicitor of Pentowan, Carbis Bay, Cornwall, died, leaving £500 to Bart.'s " in grateful recognition of a remarkable operation for a malignant sarcoma performed upon me while an Oxford undergraduate by William Langton which has resulted in the extension of my life by over 55 years."

More recently Miss Alice Mary Blandford, of Old Farm House, Hopesay, Salop, died leaving, among many other bequests, her moneys and securities at Barclay's Bank, Regent Street and £200 to Bart.'s to provide a holiday for " any such tired and overworked male doctor who has carried out his full training and has qualified from St. Bartholomew's, at the discretion of the governors, such holiday to be of not less than one month's duration, preferably to be taken abroad with first-class travelling and good hotels, as conducive to ease of body and refreshment of mind."

On one occasion before the war this same lady came to the Office of the Clerk to the Governors to deposit a sum of money to give a Bart.'s doctor a well-earned holiday. Unfortunately no one seems to know why Miss Blandford should be so generous in such a novel way towards the Hospital? Was she a patient? or had a relative trained here? Can any reader help?

Recent Papers by Bart.'s Men.

Four times already this year the *Journal* has printed lists of the names and papers of Bart.'s men who have written for the technical press. In this issue we print another, and the longest.

The literary fertility of Bart.'s men is something to marvel at. A casual glance at the list reveals their breadth of interest and, for many of them, an interest in research carried well into old age. There are names there to conjure with. We may not read all their papers, but we are glad to know they have written them.

Dept. of Medical Photography.

Flowers to suit all tastes.

Bombsite Garden

If, one sunny lunch-hour, you care to leave the Hospital by the Nurses' Home gate, cross Little Britain into Bartholomew Close, pass the monolith erected to the memory of Robert Waithman, an early nineteenth-century Lord Mayor, and walk round the ugly, rusty Post Office garage, you will see before you a garden on two levels.

It is the Bart.'s bombsite garden, made and maintained by the foreman painter, a plumber and a scaffolder. At the time of writing it is a mass of colour and a lovely sight to see. It has recently been improved and extended and a stone tablet carries the following inscription :

St. Bartholomew's Hospital Workshop's Bombsite Garden.

Created on this site from old building materials, October, 1937.

Damaged by enemy action, May, 1942.

Reclaimed from the debris, the upper level was built from salvaged materials, 1948-1951.

" Ex Vastatione Hominis Venustas Germinat."

The men responsible for the garden spend their lunch-hour working in it, and are at present building from salvaged materials a small greenhouse on the roof of the workshops. Much ingenuity has gone into the garden—for instance, a chimney-pot and a dustbin lid, suitably disguised, make a most attractive raised flower-stand.

The gardeners tried last year to grow the Bart.'s crest in flowers, but the white have overgrown the black. They appeal for ideas on small-stemmed and many-bloomed white and dark blue flowers. They would also appreciate your interest. The garden is, perhaps, only 200 yards from where you now sit and read about it.

(The photograph is reproduced by courtesy of the *Nursing Mirror* who printed it — with a different caption — on August 8.

THE OSLER PHENOMENON

Some thoughts on biographies.*

The Oslerolator welcomes any new book or article on Osler. When one comes from the pen of so ardent and faithful a member of the brotherhood as Dr. Bett, he expects a treat, something well planned and well written, if a little fanciful in style and stance. Were Dr. Bett a landscape artist, he would not go so far as to view the scene bending over and looking between his legs, but he would certainly move a little away from the spot from which everybody agrees that the "best" view can be had. In this biography Osler is presented, as it were, in action—Osler thinking and writing about topics like typhoid fever, pneumonia, tuberculosis, and then Osler as clinician and teacher, and as medical historian. The reader is given a conducted tour of Osler's main interests, about which Osler's own words are there for the reading. The result pleases and the plan succeeds. For some of the uninitiated this book may prove hors d'oeuvres to Harvey Cushing's banquet, but hors d'oeuvres of Sweden rather than of West Smithfield.

The initiated, the worshippers, those of the Osler Clubs and Societies, reading Dr. Bett's homage, may ask themselves again—what is the secret of this man Osler's hold and fascination? His influence has always needed explanation because it always was and it remains a personal influence. He made no great discovery in the science or art of medicine, he wrote no book fit for his own Bibliotheca prima. He touched life at only one point, as a humanist-physician. In this rôle he touched an army of men and women, patients, students, doctors, nurses and, in the end, the great general public, and that touch was unforgettable. His sweep of interest in medicine was as wide as medicine itself—Singer has observed that he was probably the last physician to be able to write a thorough and up-to-date text-book of general medicine single-handed. His views outside medicine on art, music, religion, politics, were irrelevant, or unexpressed or unformulated; and this was fitting in the frock-coated physician of Victorian and Edwardian times. He was everything that a doctor ought to be—full of the knowledge and wisdom of his art, kind, generous in outlook, a good companion, loving people and their doings, able to think clearly and to express himself about the medical problems of his day. He was a success, the right man in the right place at the right time, a hero to many in his lifetime and a hero still.

This new biography will help to keep green Osler's memory. This is not always true of such works. Look down the short row of biographies of St. Bartholomew's men. Of members of the staff, how few have inspired biographers or found a good one. William Harvey stands alone, with more written of him than he wrote himself. Timothy Bright lives on as the Father of Shorthand. John Abernethy, the begetter of the medical school, cannot be read for pleasure in MacIlwain's Memoir. Neither Abernethy nor the reader can be grateful for the tortuous journey through the thorns and briars of pompous verbiage. Paget found in his son Stephen a worthy biographer, and that success story of Victorian times described in the "Memoirs and letters of Sir James Paget" will surely live to delight future ages, reminding readers of what once could be achieved by intelligence and industry, independence of thought and action, absolute integrity, fortitude and ambition. Matthews Duncan, another eminent Victorian, physician-accoucheur to Her Majesty herself, innovator and specialist, and C. B. Lockwood, surgeon, achieved biographies, which are seldom read. Robert Bridges is remembered as a truant from medicine. Of this St. Bartholomew's group only three seem likely to survive as doctors: Harvey, the one immortal of world-wide fame, and the two local worthies, Abernethy and Paget, men of character and achievement, because between them they fashioned the medical school.

The others, in their dozens, rest, obituary fashion, in Norman Moore, or, indexed but unread, in the Hospital Reports. It is sad to reflect that this once well-cared-for cemetery of occasional papers and obituaries has been closed. The pious student of the future will have to follow the thoughts of the new Elizabethans, not in the easy informality of short papers in the Reports, summed up with a friendly colleague's obituary notice, but through the records of the agreed minutes of Committee meetings.

There are now three biographies and a large collection of writings about Osler. Some of it is good, some not so good. Dr. Bett's book is good. He seems to make Osler's greatness lie in this—"Of all physicians in modern times Osler wielded a unique influence throughout the civilised world by the magnetism and charm of his personality and by raising the standards of medical education and thus the efficiency of his profession." Although this was an achievement, the greater one was his way of life and his manner of living.

A. W. F

* Osler: the man and the legend. By W. R. Bett. Heinemann, London, 1951. 15s. net.

THE BLACK ELEPHANT

THE black elephant stands solemnly on my writing desk. He is small and not really well-carved, he has lost both his tusks, one ear is bigger than the other, and his left hind leg is a bit shorter than the rest. Still, I am very attached to him, and have been ever since I found him in the bottom of a dustbin . . . and I am certain he only got there by mischance. No one would deliberately part with such an admirable little black elephant. He now holds the position of honour on my desk as a souvenir of a very enjoyable vacation recently spent in the Channel Islands.

On the day of my arrival, I looked up the "Situations Vacant" column in the local paper. Extra money is always welcome on a holiday, especially if one's fare was borrowed in the first place. I met my future boss in a small café just off the quayside. The sun broke through the clouds for the first time that morning, as we watched a French fishing fleet enter the harbour. The cargo boat I had disembarked from at six that morning was still moored alongside the jetty. "Can you drive a lorry?" he asked. I hesitated, thinking of the fare money I owed, and of Lewis' library bill now two months overdue. "Yes," I said.

That afternoon I took a driving test for a category six licence. While crawling through the narrow cobbled back streets of the island's only town, an unpleasant ripping sound indicated that my guess as to where my back mudguard was had not been a good one. The next day I took the test again. A now familiar metallic crunch told me that once more I had misjudged. I felt very sorry for someone's new Hillman. However, in spite of it all I went back to my boss with my category six licence in my pocket.

He ran a firm which collected waste paper, known as the Island Salvage Company. All types of waste paper were collected, sorted, and baled, and finally shipped to Cherbourg. On the first day I was given a lorry, some scales, and a wallet of notes, and told to go and buy waste paper. Arithmetic never was one of my strong points; I could never subtract any figure at all from three hundred and one, and now I was detailed to set out and buy paper and cardboard, copper, zinc, aluminium, brass, lead and rags, at a ½d., 1s. 4d., 6d., 10d., 1s. 1., 10d., and 1½d. a pound respectively. I drove off and asked the first schoolboy I saw how many pounds there were in a hundredweight.

Some time that morning I had the truck well loaded with sacks and cardboard cartons, and I was unable to see through the small window behind the driver's seat. The truck did not possess a driving mirror, so when backing I had to trust mainly to luck. I was trying to back into a small lane just off the fish market when I heard the old rip and scrape of metal again. This time I had knocked down a "NO ENTRY" sign. A voice from behind the truck began to swear loudly and solidly in good island patois; it sounded appropriate, eloquent and descriptive. I decided that I did not particularly want to park there anyway, so started to make a getaway up the High Street. Almost immediately a policeman appeared and signalled me to halt. I began to sweat. "Damn this island," I thought, "Damn the Salvage Company." I stopped and the policeman walked over "Your tarpaulin is loose, mate," he said, "Get those ropes tied up." Having thanked him and fastened the

canvas, I drove on. I stopped at the first pub and went in for a drink.

It was later that day I found my black elephant; he was lying in the bottom of a bin wedged between a massive Old Testament and an empty packet of Rice Crispies. I believe he brought me luck because from then on everything began to go well. The truck and I began to understand one another, and the next day I found an untouched bottle of rum in the bottom of a large cardboard carton, marked "LAMB'S NAVY RUM." and "GLASS: WITH CARE." I went home a very happy man, and was a bit late for work next morning. A few days later my colleagues came across a box of nylons, and a presentation box complete with fountain pen and propelling pencil. I was also told of a family who made their living by scavenging on the rubbish-dumps and refuse pits on the other side of the island. Apart from the metals, rags and paper they found, apparently it was not uncommon for them to discover china and silverware, and their income, I was informed, was in the region of £30 a week.

The work was varied. Sometimes I had to drive down to the harbour and help load the bales on to the waiting cargo-boats. Some days the work was heavier than others. The most exhausting day was when I had to collect and load on to the lorry several dozen sacks of unused and now unwanted Insurance cards. The total load was but a few hundredweight short of a ton. Apparently the islanders had decided at the last minute that they did not want a Health Scheme, and had voted to that effect, leaving the local governing body with £500 worth of Insurance forms on their hands. No doubt the local governing body was quite pleased to accept my 5/– a hundredweight for their "waste paper."

On one occasion I was walking down the High Street with a dustbin on my shoulder, possibly a bit dustier and dirtier than usual, a cap on the back of my head and my old clothes giving at the seams and already gone at the elbows, when among the crowd I met a girl I knew. She stopped but her mother just looked at me, looked away and walked on. I asked the girl if she would like to go and see a film that evening, and not without pride added that I could take her in my truck. She replied that she would love to, then she looked at the truck and its cargo and added rather quietly—"but couldn't we go in my own car?"

Before I left, I was to find the island folk truly generous and hospitable. My boss offered to lend me his boat, but the weather in the last week was not good enough to allow any sailing. On my last night he took me home to meet his wife and family. We had an excellent supper of ham and eggs, and after the meal he and I sat down by the fire to a game of chess. He possessed the most magnificent chess set I have ever seen. It was a Chinese set of tall, exquisitely carved ivory pieces. A vizier still held office instead of the Queen and flourished a long dignified beard waving down among his robes. The King, with his vizier and his bishops, stood on hollow lattice-worked globes, each containing yet another globe rolling round within. Thus they rattled in a delightful fashion when moved. The knights were true equestrians, the rooks were elephants with howdahs bedecked with flags, and the pawns were fiercely armed Chinese warriors, with drawn swords and raised shields. So fascinating were the pieces that it is not surprising that I was soon to lose my vizier and with him all pretence of defence.

On the morning of my departure, I was standing on deck as the boat was slowly drawing away from the quayside, when I saw an old vehicle that I now knew so well lumber gently up to the edge of the jetty. It was the Island Salvage Company's truck, with my boss and colleagues on board. They blew the horn and waved and shouted farewell as the boat glided out of the harbour. We gathered speed, and the sound of the horn across the water became gradually fainter, and the figures standing beside the harbour water grew smaller and smaller as we finally left the islands behind us.

So back once more in my London digs, I have my black elephant to remind me of a very pleasant three weeks. My fingers are still a bit cut and bruised from bale-heaving, and my muscles have yet to cease complaining, but it was all well worth it and my wages were joyfully spent. Needless to say, Lewis' library bill remains unpaid

D.B.H.

Change of Address

Dr. V. D. C. Wakeford from 728 Fulham Road, S.W.6., to Weaver's Cottage, Waldron, East Sussex.

Lt. Col. H. H. King, C.I.E., from 39 Broadwater Avenue, Letchworth, Herts., to The White House, Loudham's Wood Lane, Chalfont St. Giles, Bucks.

WORLD HEALTH

by MICHAEL IRWIN

EVERY year fifty million people suffer from tuberculosis and five millions die. At the end of World War II conditions in the war-devastated countries were such that in many the death-rate from TB was double or treble that of pre-war days. In an effort to prevent the spread of the "white plague" the International Tuberculosis Campaign (organised jointly by the World Health Organisation and the United Nations International Children's Emergency Fund) has directed in twenty-three countries the tuberculin testing of thirty-seven million children and adolescents; in seventeen million of these cases B.C.G. vaccinations have been given.

Photographs by courtesy of U.N.O.

A team of Danish Red Cross workers in Warsaw.

What is WHO—the World Health Organisation? Ask a hundred people today from various walks of life and it would indeed be very surprising if there was one correct answer. Quite briefly, it is a Specialised Agency of the United Nations: by working with other organisations such as UNESCO (education), FAO (agriculture), and ILO (labour), to mention only a few, it is endeavouring to fulfil the aims of the U.N. Charter.

With a membership of eighty-one nations, the Organisation includes countries in every stage of social, economic and cultural development. We who live in a country that is comparatively healthy are easily outnumbered by those who are by no means so fortunate. Disease recognises no frontiers and a country that is backward in health is always a potential danger to its more developed neighbours—eradication of disease at the source will result in world-wide benefit. The Organisation is endeavouring to carry on and develop further the work done in the past in international health co-operation.

It was just over a century ago, in 1851, that the first international conference was held in order to establish the framework for a system of mutual defence against epidemics. However, like the many other

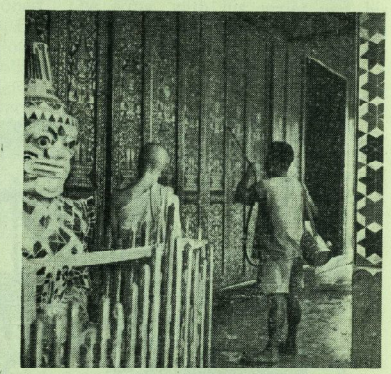
meetings which took place in the following years, it was unsuccessful. Only in 1892 was the first international sanitary convention adopted: other conventions followed and with the setting up of the International Public Health Office in Paris, contacts between national health administrations were provided. Between the two World Wars, the Health Office of the League of Nations continued this work of co-operation.

However, whereas international health agencies of the past confined themselves to quarantine and sanitary regulations and the spreading of epidemiological data, the World Health Organisation has a much wider field of activity. But it must always be remembered that WHO does not attempt to become a "supranational health organisation." Its principal function is to act as a co-ordinating body advising nations in the development of their health services—"helping others to help themselves" is an apt description.

The sort of problem WHO is up against.

At the first World Health Assembly (the annual meeting of WHO at which all members are represented) in 1948 it was agreed that the Organisation should concentrate on certain diseases. These were chosen because of their urgency, their wide geographical extent, and the likelihood of effective results from international action. Tuberculosis has been already mentioned — the others were malaria and venereal diseases.

Malaria strikes at 300 millions each year and it is estimated that three million people die. In addition to this death-rate, the others infected are greatly weakened so that there is a loss in working efficiency and, in the so-called undeveloped areas, the result is an acute food shortage. If this cycle can be broken by improving the health of these people then the increased food supplies will mean better living conditions. Today, new techniques and insecticides make it possible to eliminate malaria. In Greece, where in the past four out of every five people were malaria victims, 65,000 houses were sprayed with DDT and 3½ millions were thereby protected: this was during the civil war but both sides allowed the DDT-spraying planes to fly unmolested over the battle lines.



*A Buddhist monk watches while DDT is sprayed on the mosaic walls of the temple of Phra Norn Nong Pung in Thailand.**

The Organisation is endeavouring, through penicillin treatment, to reduce the high post-war rate of VD and related diseases such as yaws and bejel. Together with UNICEF, mass anti-VD campaigns have taken place in Poland, Finland, Italy, Hungary, Indonesia, Ecuador and Haiti. A VD control training centre has been opened in Simla, India, where doctors from other Asian countries can be trained.

Other programmes which are given top priority by WHO are in the fields of sanitation, maternal and child health, nutrition and mental health. Consultants in these subjects are at work in a number of countries. For example, there have been demonstration teams of midwives and nurses sent to Afghanistan and India; and in Bolivia, the first Children's Hospital has been founded.

* The Siamese villagers would not allow the WHO teams to spray their homes until they had seen that the temples could be sprayed without harm coming to them.

So far the work of WHO that has been described is of an advisory nature. But the Organisation also has certain technical services. These cover a wide range of subjects from biological standardisation to the unification of pharmacopoeias; from statistical services to the co-ordination of research. Perhaps the most important is the epidemiological and quarantine service: ten powerful transmitters near Geneva broadcast twice daily to every continent the latest official information on epidemic diseases and quarantine measures. Also, at the Epidemiological Intelligence Station at Singapore, messages are received from some 330 sea and air ports and then relayed to countries bordering the Pacific and Indian Oceans.

In addition to its normal work of helping governments and providing these technical services, the Organisation has taken direct action in several emergencies. Since its foundation it has halted a cholera epidemic in Egypt; protected Arab refugees in Lebanon from the threat of smallpox; flown portable iron lungs to Chile following an outbreak of poliomyelitis: rushed medical supplies to Ecuador to prevent epidemics arising from an earthquake there; and, more recently, has helped in protecting the health of civilian refugees in Korea.

Another important aspect of its work is the training of health personnel. To help governments in this field, WHO has awarded 1,500 fellowships to doctors, nurses and sanitary engineers from seventy countries for study abroad. In this way new techniques are learnt which can later be applied at home. WHO has also organised training centres and seminars in Sweden, Switzerland, Chile, India and other countries as well as provided consultants for teaching institutions and supplied medical literature and equipment.

It is only possible in a short article to give an indicaton of what the World Health Organisation has achieved. It is worth while pointing out that these achievements have been accomplished on an annual budget that has averaged a mere £2 million—far less than what many a large city spends on its own health services. The work of the Organisation is long-range and it will be many decades before it is able to fulfil its fundamental objective of raising the standard of health throughout the world. Furthermore, in the words of Dr. Chisholm, the Director-General, "this goal of WHO will be reached only if all nations of the world, great or small, endeavour to devote a much greater part of their efforts and their financial means than ever before to the fight against disease."

SO TO SPEAK

Surgery in this Atomic Age

Mr. Donald Fraser to a very "knowledgeable" student: "You should be on the Surgical Unit and ask for a blood uranium!"

Lest History Repeat Itself . . .

"When I first lectured here 2½ years ago I made history, I believe, by becoming a father during my lecture. I always come here now with considerable trepidation." (Lecturer in Forensic Medicine.)

Medical Case . . . or Surgical ?

Two boys from the Children's ward met each other for the first time when their beds were pushed out into the Square. Asked one of the other: "Were you ill when you came here, or did they make you ill?" (Sir James Paterson Ross in S.O.P.'s clinic.)

Learning the Hard Way

They tell the story, in an American hospital, of the nurse, newly arrived in the Cardiology department, who could not understand why they needed a 16-man team for catheterisation. "Why," she said, "in the ward I come from one nurse does it all by herself!"

(Contributions for "So to Speak" are requested from anyone who happens to catch a chief being witty or a student or nurse being unusually dumb. The wit should, for preference, be spontaneous and domestic, reducible to a few pithy words, and neither abusive nor bawdy. Reproduction of your contributions cannot be guaranteed but your interest will always be appreciated.)

PHYSIOTHERAPY IN THE TREATMENT OF GRAVITATIONAL ULCERS

(Modified Bisgaard Régime)

by TRUDA WAREHAM

THE term "gravitational" ulcer is now widely used, in preference to that of "varicose" ulcer, to denote the all-too-familiar syndrome of ulceration in the lower part of the leg, accompanied by oedema, induration, pigmentation, eczema, etc., and by severe pain and discomfort, often worse at night.

Bisgaard, in his book "Ulcers and Eczema of the Leg," described a regime of treatment consisting of massage, frequent dressings, one-way-elastic bandaging and activity. This technique was first introduced into this country at St. Thomas's Hospital in 1947 and from there has spread to many other hospitals as a result of the courtesy and help shown to all visitors to the Physical Medicine Department there.

It is a modified form of the Bisgaard Régime which is now practised in the Physiotherapy Department at Bart.'s and it will be described only in outline :—

Preparation

The ulcer is cleaned and left exposed before starting treatment.

General Massage

Deep, slow, purposeful massage is essential, consisting of deep centripetal stroking and kneading of the whole non-ulcerated area.

Local Massage

This consists of deep massage with zinc cream using mainly the pads of the thumbs and fingers. It is given to all indurated and oedematous areas, gradually working right up to the edges of the ulcer, and also giving special attention to the oedema behind and around the malleoli and over the foot.

To begin with the massage is, at the best, rather uncomfortable and, at the worst, extremely painful, and the depth of the treatment is, therefore, to a considerable extent governed by the tolerance of the patient. It is remarkable how most of the patients will willingly tolerate the massage after a few attendances, when they realise how much relief from pain is obtained. For many patients this is the first relief from pain they have had for months or years.

Zinc Cream

Various forms of zinc cream may be used, or zinc and pyrogallol or, in cases sensitive to zinc, radiostoleum and lanoline.

Wet Dressing

In most cases one per cent. aluminium acetate and 0.3 per cent. boric acid proves a satisfactory dressing. The ulcer is packed and then piled with a thick wet dressing over the ulcer only : this is covered with a pad of non-absorbent wool.

A wool strip is placed round the leg just below the knee and a thick pad of wool is placed behind each malleolus. The wool and the dressings are all held in position by a 6 in. gauze bandage.

Elastic Bandage

This is a one-way-stretch elastic bandage, 3 in. in width and about 11 ft. in length ; but as they are made up from a stock roll in the Department they can be made longer or shorter to suit individual patients.

The bandage is applied firmly in a special manner so as to give maximum support and minimum bulk round the foot and heel. (A second bandage is supplied so that they may be washed regularly.)

Exercises

The patient is taught vigorous ankle movements, both with and without weight bearing and also she is taught a correct heel-toe gait. Women are instructed to wear sensible shoes. In addition patients are encouraged to walk as much as possible during the day, if possible up to five miles a day.

The Patient's Rôle

This is by no means a passive one and really good results depend on her active co-operation.

In addition to the daily exercises and walking she must be instructed in the art of applying her own bandage (often difficult for the stout or stiff) and how to apply clean wet dressings night and morning and to do self-massage. The older patients find this last operation easier with the knee flexed and the foot supported behind on a suitably padded stool.

Ulcers of many years' standing in an elderly woman. Before treatment.

After 4 *weeks' treatment.*

Patients are, therefore, given a supply of clean dressings, wool, bandage, cream and dressing solution.

Frequency of Attendance

Ideally, patients should attend every day, but for economic reasons this is not usually possible, but three times a week *should* be the minimum until they are healed.

The treatment takes from forty minutes to an hour at each attendance.

Ultra Violet Irradiation

This is of great value in order to clean up infected ulcers and stimulate healing. A very strong dose is given to the ulcer itself and repeated until it becomes clean, with two or three mild doses subsequently.

Length of Course of Treatment

This varies directly with the size of the ulcer, the amount of induration and the time the ulcer has been present. A fairly recent ulcer will heal in two or three months. A very long-standing one may take up to 18 months.

Failures

Some patients (about 12 per cent.) show no benefit from the treatment.

Case I

Mrs. H., aged 64, housewife.

Severe ulceration of both legs which had remained unhealed for the last 28 years. There was extensive induration and the case was described as "practically hopeless."

After four weeks the pain was no longer keeping her awake at night : the ulcer looked cleaner.

Dept. of Medical Photography.

After 21 *months.*

After three months: Pain negligible. Induration greatly diminished. Slight healing at edges.
After fifteen months: Both legs completely healed and painless.
Follow-up: After six months and eighteen months—still healed and painless.

Case II

Mrs. R., aged 53, office cleaner.
Moderately deep ulcer 2 in. x 1½ in. above lateral malleolus, Slight induration. This was of five years' duration and she had had other forms of treatment for the previous twelve months.
After eight weeks: No pain—slight healing at edges.
After twelve weeks: Ulcer healed.
Follow-up one year later: No recurrence.

These case histories speak for themselves.

THE DOCTOR AND THE CANCER PATIENT

by ARTHUR JONES

WHENEVER a patient consults his doctor, while the need for diagnosis and the request for treatment may be implicit, the subject which really concerns him is prognosis. After recounting his history, and undergoing clinical examination, with perhaps special investigations, the patient expects his doctor to tell him something: not merely a diagnosis, but an explanation of what treatment entails and what the malady holds in store for him, not only in physical discomfort, but in any need for rearranging his life and affairs. With improved general education more and more patients come to expect more and more detailed explanations from their doctors. For the majority and for most diseases, such explanations can be readily given, and indeed may form part of the treatment. Every branch of medicine, however, deals with some conditions which are progressive: despite all present-day treatment they advance, some with remission and relapse, others relentlessly to a fatal termination. Attempting explanations to patients thus afflicted may be very difficult, but success may often come from using simple terms of disordered physiology and clinical generalities. If this is possible for conditions having an inflammatory or degenerative basis it is much less easy for those caused by new growth. Cancer has, for both patient and doctor, a significance and special connotation quite different from all other diseases. The prevalent notions responsible for this attitude were reviewed from the psychiatric standpoint by Bennet (1949). Cancer is regarded by many as a malign visitation rather than as a disease, a legacy from the medical beliefs of primitive peoples. "The superstitious awe attaching to cancer is fostered by the phraseology of fear-motive appeals for funds to *fight* cancer, to rescue the *victims* of cancer, to strike a blow at this '*fell disease*'." The layman usually thinks of cancer as a single entity, inevitably fatal and accompanied by unendurable pain. He does not realise that the outlook in certain forms is relatively favourable, that pain may not be a prominent symptom, and that many with "incurable" but low-grade malignancy have years of happy and useful life.

When an individual patient, then, is viewed against this background, should he be told that he has cancer? That "it all depends on the patient" is a truism. Every clinician of experience has learned to deal with this problem, and yet it may be difficult to formulate those very reasons on which the decision is made and the form explanation may take in a particular instance.

The case for telling the patient has been well argued in a discussion of this topic, again by Bennet (1949). Doctors, he points out, are not immune from the fear of cancer, and many have a subjective readiness which responds to the emotion of the patient, whose lead is then followed. The special doctor-patient relationship becomes tinged with unreality and insincerity, to the detriment of mutual trust and respect. Another aspect is that as patients assume the doctor will not tell them if they have cancer, how can those with fear of cancer but without physical signs feel really reassured? Bennet therefore subscribes to the view that as a general, though not a rigid, policy, the patient should be told, and believes that if this were the established practice, there would be a notable increase in the treatment of early cases.

Durden Smith (1949) in the same discussion presented a different viewpoint. From many years' experience of cancer patients he recognised a minority, those disciplined to accept facts unflinchingly, those of deep religious convictions, and those who demand to know the truth because of responsibilities to be discharged: they cannot be put off. But the majority are those who suspect they may have cancer but submerge the possibility below the conscious level. Such people are only too glad to have the facts withheld from them; information thrust upon them can take possession of the mind and engender a state of hopelessness which hampers the doctor's efforts, makes the patient's family life difficult, and adds to the misery of the disease. "This is true even of those patients you hope to cure; it is fundamental in the case of those unfortunates for whom cure is impossible." Durden Smith therefore considers that the cancer patient should be deceived, unless there is some good reason why the truth should be told. But the deception should be complete; evasion will not do.

Much argument there is, and always will be, on this subject, which is concerned not purely with scientific fact, but lies on the borderland of clinical medicine and ethics. The basic moral problem has been discussed by Dean Sperry, of Harvard, a distinguished American theologian, whose matured opinion is that whether a doctor is to tell the truth to the patient depends primarily upon his knowledge of the patient and his observation of the patient's own frame of mind. "Many very sick persons may suspect that they are going to die, but would rather not be told so in so many words. They prefer to get along without that spoken verdict on their condition. Surely, it is an act of gratuitous unkindness to force the prognosis on such a person" (Sperry, 1951). He considers, however, that the occasion for truth-telling, with proper safeguards, does arise in the case of patients "who are still in possession of their wits and who are of courageous temperament." These, if they ask, ought probably to be told. Dean Sperry points out that the doctor's intention to tell the truth might be supplemented by the words of the New Testament about "speaking the truth in love," which may mean at times, keeping silence.

As there can be no general solution to this problem, discussion can only be profitably pursued on certain specific aspects of immediate clinical application. Moreover, in the nature of things any conclusions reached must be personal and can only serve as indicators of one approach. Jenner enumerated the qualities essential to a physician as honesty, dogmatism and kindness, and in this matter kindness is undoubtedly the most important. Kindness itself precludes that the information shall be gratuitously thrust on anyone who has not sought it. As the decision, whether to tell, depends mainly on an assessment of the patient's make-up, the better the doctor knows the patient the more likely is the right course to be taken. This involves knowing his antecedents, his religious outlook, his emotional stability, his interests, his hopes and aspirations, his family and business responsibilities, and a host of similar things. Rarely is it possible for a consultant, or doctor in hospital, to be in a position to take in these facets of personality and assess them when the diagnosis is first made. If, then, it is necessary to tell the patient at this stage, the information should come from the family doctor. What are the occasions for telling the patient *ab initio*? They are, I think, relatively uncommon. It may be necessary to do so to secure his consent and co-operation in treatment involving major surgical procedures which, although having a reasonable chance of success, are attended by mutilation; examples are total laryngectomy and limb amputation. Responsible members of the family should, of course, always be told, and it is usually possible by this means to ensure that adequate provision is made for arranging family and business affairs. Occasionally a patient with heavy responsibilities will question the doctor directly; no dissembling is possible in these circumstances, and the patient may undergo treatment more contentedly knowing that his affairs are in order.

The majority of cancer patients are, as Durden Smith pointed out, only too glad to have the facts withheld, and the doctor must decide whether such people, even if they ask, really want to know the truth. Such a question is one that the doctor dealing with cancer must always be prepared to receive, and the answer must often be decided promptly and given without wavering. The guiding prin-

ciple is whether any useful purpose will be served by telling. In the case of early disease, radically treated, no advantage is likely to accrue. The patient will be seen regularly at follow-up clinics and need not be burdened by the emotional strain of knowing this diagnosis. While the clinician is ever alert to detect signs of recurrence or metastasis at "follow-up," it is apposite to recall the remark of Smithers that "there are times, even when dealing with cancer patients, when there is such a thing as the supreme unimportance of being too earnest."

If such considerations are true of early and possibly curable cancer, how much more do they apply in late disease? The circumstances in which the patient may be told are, then, rare. Apart from ensuring the discharge of special responsibilities, the main instance is that of the patient with strong religious convictions and outlook. Whether any useful purpose is served by telling such people the diagnosis of malignant disease (rather than giving an evasive explanation of progressive symptoms) is open to question. I do not think the term "cancer" should ever be used in an explanation. Almost certainly it will have a different meaning for the layman from that which the doctor intends. Incidentally, the term "chronic" has also a different significance for the layman, and may be used in explanation with advantage, e.g. a "chronic affection of glands in the chest" for bronchial carcinoma. Patients with reticulosis may similarly be told that their malady is due to enlargement of glands, that the course is variable, and that manifestations may require treatment at some future date: but it is unjustifiable to communicate gloom to these people, who are often young.

The most important principle is that no patient should ever be told the diagnosis without at the same time being made to feel that sufficient is being done to cope therapeutically with such a condition. No patient should be told categorically that nothing further is possible. The natural history of many forms of malignant disease is prolonged, and it may be that new therapeutic agents may arrive during even that patient's lifetime. The patient needs to retain hope, even that slender hope which, as Treves put it, "although it may be but a will-o'-the-wisp, is still a glimmer of light in the gathering gloom." If, in the Baconian phrase, "adversity is not without comfort and hopes," while bodily comfort is being promoted it is important that hope should not fade away.

On this topic views must always be personal, and opinions expressed with strong conviction need not on that account be correct. Personal views are, nevertheless, moulded by the opinions of teachers and colleagues, and I acknowledge with gratitude the help of many, too numerous to mention individually, in formulating these views. To the student I would particularly commend Dr. C. J. Gavey's Buckston Brown Essay for a sympathetic and scholarly discussion of this and kindred subjects.

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Abernethian Society

The 156th Session of the Abernethian Society ended on 19th June with the Annual General Meeting. During the year the Society has been fortunate in being able to welcome many distinguished speakers, and we give below a brief review of most of the year's meetings.

The Session made a good start with a well-attended and successful meeting addressed by Dr. E. R. Cullinan. His subject was "Mind and Body."

History was the keynote of the next two meetings, which were addressed by Sir Tom Eastham on "Bart.'s 50 Years Ago" and Mr. Zachary Cope on "Medical Students through the Ages." Sir Tom in an amusing anecdotal address drew a vivid picture of the hospital at the turn of the century; and Mr. Zachary Cope reviewed the status, habits and vices of the medical student from Elizabethan times to the present day, and delighted his audience with his frequent lapses into verse.

On 6th December, Sir Russell Brain spoke on "Some Literary Diagnoses." In a fascinating survey of the descriptions of disease in literature Sir Russell drew examples from many authors and many periods. He then searched for — and found — evidence of an association between tuberculosis and literary genius, and considered how this disease might have influenced creative genius.

The second half of the Session opened with the address, mentioned in an earlier issue of the *Journal*, by Lord Horder, who spoke to a crowded audience on "Freedom in Medicine."

A challenge to orthodox medicine and a plea for tolerance towards the unorthodox were made on 6th March by Mr. Christmas Humphreys in a stimulating address on "The Use and Abuse of Quackery."

Mr. A. Lawrence Abel spoke on 1st May on "Ideas from Foreign Clinics," and, in a talk enlivened by a wealth of humorous anecdote, persuaded his audience that there was always something of value to be gained from a study of the methods of other countries, even if it were sometimes only the knowledge of what to avoid.

There was a memorable meeting on 30th May when Dr. W. N. Pickles spoke on "Aspects of a Country Doctor's Life," and told of his practice in Wensleydale and how it had provided him with the opportunities for his observations on infectious diseases.

The final meeting was on 12th June when Professor Denis Brogan addressed the Society on "The Professions in an Egalitarian Society."

The following officers have been elected for 1952-53:—

Presidents: Mr. J. S. Bunting and Mr. J. F. Pearce.

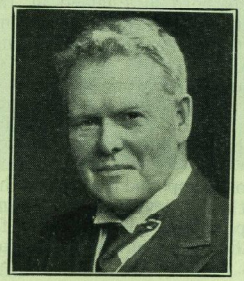
Vice-Presidents: Mr. D. P. Thomas and Mr. D. F. P. Wooding.

Hon. Secretaries: Mr. R. D. Clements and Mr. R. L. Hewer.

Preclinical committee members: Miss S. Newton and Mr. A. Snart.

OBITUARY

Sir Percival Horton-Smith Hartley, C.V.O., M.D., F.R.C.P.



By courtesy of the B.M.J.

Sir Percival Horton-Smith-Hartley died on 30th June at the age of 84.

He was educated at Marlborough College and St. John's College, Cambridge, where he gained a foundation scholarship. After taking a first class in both parts of the Natural Science Tripos he came up to St. Bartholomew's Hospital, where he gained an entrance scholarship, and was also a Shuter scholar.

He graduated M.B., B.Ch. Cantab. in 1893, and in the same year passed the membership examination of the Royal College of Physicians. He was elected a Fellow of the College in 1899 and the next year was appointed Goulstonian lecturer, a distinction awarded by the College to the most distinguished of the newly-elected Fellows. He chose as his subject the Typhoid Bacillus and Typhoid Fever, of which at that date there were always examples in the wards of the Hospital. He was appointed assistant physician to the Metropolitan Hospital, at that time a happy hunting ground for aspirants to election at Bart.'s, where he became an assistant physician in 1906, retiring as senior physician in 1932 under the age limit. At that time it was 65 for all members on the staff in 1912, in which year the retiring age was changed to 60 for all future appointments to the senior staff of the Hospital.

Sir Percival's chief clinical interest was in diseases of the chest, and he had been appointed to the staff of the Brompton Hospital in 1899, becoming consulting physician on his retirement there in 1926. He was keenly interested in sanatoria for tuberculosis, particularly in Frimley, and the King Edward VII sanatorium at Midhurst, in the inception of which he took a very active part, and was one of the first physicians to the Institution.

He was a member of the Council and afterwards vice-chairman of the National Association for the Prevention of Tuberculosis. He was for a time a Fellow of his Cambridge College (St. John's) and was also a member of the Worshipful Company of Ironmongers and was Master of the Company in 1942-43.

His published works were chiefly concerned with respiratory diseases, but he also published an interesting article on the "Longevity of Oarsman" based on statistics published in the University Boat Race Centenary History. He concluded that rowing under proper training conditions was not inimical to long life. He also, in conjunction with Mr. H R Aldridge, produced a book on Johannes de Mirfield of St. Bartholomew's, Smithfield, a work in which his scholarship and learning found full expression.

Sir Percival must be little known to the present generation of Bart.'s men. He was a type of physician now, alas, all too scarce, a man of wide culture and classical scholarship. He was a first-class clinician, relying more on his own observation and findings than on the newer diagnostic methods now in vogue.

He was, I think, a shy man, though he had an attractive personality and a keen sense of humour. I doubt whether any of his colleagues knew him really well. I was his assistant physician for some years at Bart.'s and found him a very loyal colleague, but I cannot say that I knew him intimately. He was a good and witty after-dinner speaker, and a good chairman of committees. After his retirement from the Hospital he continued to take an active interest in all matters connected with tuberculosis, until a few years ago failing health compelled him to give up active work.

He married Miss Josephine Hartley in 1895, and on the death of his father-in-law in 1904 assumed the additional name of Hartley. He is survived by his widow, a son and a daughter to whom we offer our deepest sympathy.

C M. HINDS HOWELL.

Dr. Maurice Grey Pearson, O.B.E. (Military), M.B., B.Sc., F.R.C.S.

Dr. Pearson died on May 13, in South Africa. He was born in England in 1872 and received his medical education at Bart.'s where he graduated with honours, winning the Harvey prize. After serving as House Surgeon, and also as Ophthalmic House Surgeon here he obtained the F.R.C.S. and migrated to South Africa in 1900.

In 1902 he joined a practice in Durban, and remained actively at work until 1936, carrying on a large general practice with an active surgical slant, and including ophthalmology. He saw military service in the Zulu Rebellion, and in the First World War was at first in charge of a surgical team in South West Africa. He later took charge of the Surgical Division of the South African Military Hospital Unit in France.

While there he was appalled at the high mortality from compound fractures of the femur. With characteristic thoroughness and determination he set about devising ways and means of dealing with this problem, and evolved a method of transportation and treatment of fractured femur which made his name well-known throughout the Commonwealth, England and America. For his work he was mentioned in despatches, awarded the O.B.E. and promoted Brevet Lieutenant-Colonel.

He urged that cases of fractured femur be transported to England as early as possible, that they should be concentrated in hospitals, and treated by teams which specialised in this type of work. His great friends, Sir Robert Jones and Sir Anthony Bowlby, consulting surgeons to the British Army in France, arranged this, and Dr. Pearson took charge of one of these "Femur Hospitals" of 1,000 beds at Edmonton. The magnificent results achieved were a revelation, and compared very favourably with those of modern orthopaedic surgeons. This hospital was a Mecca of surgeons of all the Armed Forces, including Americans. It is of interest that a recent American textbook ofsurgery gives in detail the methods Dr. Pearson used.

After the war Dr. Pearson returned to his practice in Durban. He retired in 1936 but returned to it in 1940 in order that his son might join the S.A.M.C.

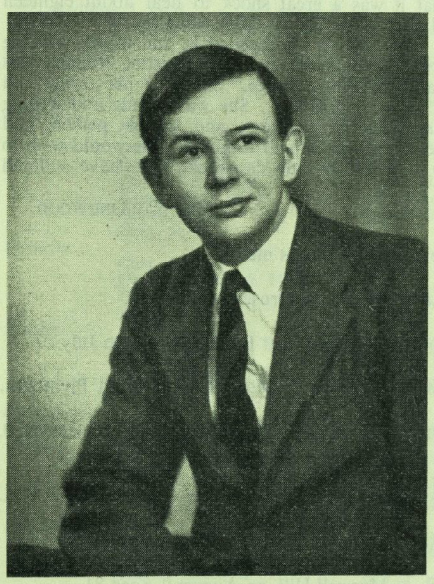
He was a man of exceptional energy and enthusiasm, and always courteous. He possessed all the qualities most cherished in a doctor—personal charm, gentle manners, transparent honesty, great courage and a constant high standard of work. Dr. Pearson was noted for his integrity, and had a wonderful capacity for friendship and kindness, often providing shelter for human derelicts. It is safe to say he had no enemies and was much loved by his patients and professional colleagues.

To his wife and only son we extend our deepest sympathy.

H. G. W.

(Reprinted from the South African Medical Journal.)

Paul Burrows.



Paul Vernon Burrows was born on January 27th, 1930. He was educated at Winchester and Trinity College, Cambridge, and achieved a fine academic record. He entered Bart.'s last October as the Shuter Scholar—he was a third-generation Bart.'s man—and his future seemed to hold great promise of professional distinction. Yet his activities were by no means confined to Medicine; for he took a keen interest in music, literature, painting and every aspect of life. He loved travelling and had just returned from a holiday in Corsica when his last illness claimed him so suddenly.

Those who knew him well were impressed by the strength and serenity of his character, for he possessed that unshakeable constancy which seems so rare a quality in these uncertain times. His wise counsel, willing help, and constant good humour were precious to his friends; while the example of his self-discipline and the purity and uprightness of his character were a challenge to all who knew him. He was the best type of student to be on a firm with.

The secret of his life was, undoubtedly, a deep, strong faith in Christ, in which he found the integrating principle of a truly rich and varied life. This was the key-note of it, to which all else was subordinate. Bart.'s has cause indeed to mourn the loss of a son whose gifts and character would have gained him the respect of his colleagues and the gratitude of his patients.

To all his family, Paul's many friends extend their deepest sympathy in their sudden and tragic loss.

Mrs. Allan Ragnell

Christine Ragnell, who died at her home at Eknäs, Ingäro, Sweden, in July last year was a theatre "pink" of the early 1930's. As Christine Rutter, or "Pooh" as her intimates called her, she was a familiar figure to the nurses and students of those days.

She was born on 7th February, 1906, at Hartley Whitney, Hampshire, and entered Bart.'s with me in 1926. She was a lively girl and a tremendous talker; it was impossible to be dull or depressed when she was about! She did well in her training, and was an excellent theatre nurse, and when fully qualified, she became a theatre "pink" and remained at this work for five or six years.

She had done a good deal of work with Sir Harold Gillies, who thought very highly of her, and in 1936 she left Bart.'s to be his theatre Sister at the London Clinic. It was during

this time that she met and worked with Dr. Allan Ragnell, a plastic surgeon of Stockholm to whom later she was to be married.

In 1938 she went to Stockholm to work with Dr. Ragnell. This was a very successful and happy arrangement, and in 1940 they were married. Christine enjoyed a very full and happy married life, and the Ragnells were blessed with two charming little girls. She continued to work with, and to help her husband. During the early war years she did good and devoted work amongst the Finnish wounded, for which she was honoured by Finland and decorated by General Mannerheim.

When in Sweden in 1949 I spent a very short time with her and her family at her country house at Eknäs. Although I knew that she had been very ill two or three years previously, she appeared to be so well and happy that it was a great shock to hear about eighteen months later that she was extremely ill, and then quite shortly after, that she was dead.

She was a kind person, always ready to help anyone who needed it, and in all our long acquaintance I never heard her say an unkind word about anyone. Christine Ragnell was possessed of an infectious gaiety of mind, and of great courage. She bore her trying and painful illness with the greatest fortitude and never complained. She was sewing and writing letters until the very last day. Christine was a helpful, generous, and lovable person, and will be very much missed by her many friends in Sweden and England. We would wish to offer sincere sympathy to her husband and to her two little daughters, who have suffered an irreparable loss.

G. EVE. COLLINGWOOD.

We record with regret the deaths of the following Bart.'s men :

Lyon Falkener, M.D., D.P.H., of La Marrettau, Guernsey, aged 85.

John Allen Noble, M.C., M.A.(Oxon.), B.M., B.Ch., at Bournemouth, on July 22.

Major-General Richard Cleveland Munday, C.B., on July 15, aged 84, at Plymouth.

Charles Bayett Deane-Butcher, on July 2, aged 71, at Warwick, Queensland, Australia.

Gilbert Henry Wemyss Ellacombe, on July 13, aged 83, at Capetown, South Africa.

Leslie Cunningham, M.A., M.B., B.Ch., F.R.C.P., on July 30, at Liverpool.

William Edward Lee, M.D., F.R.C.S., at Muswell Hill, on August 9, aged 81.

EXAMINATION RESULTS

ROYAL COLLEGE OF SURGEONS

Subject to the approval of the Council of the Royal College of Surgeons the following are entitled to the Diploma of Fellow :—

Gardiner, L. A.
Goatcher, P. D.
Hans, S. F.
Harrison, R.
Hay, R. K.
Holgate, J. E.
Jones, R. F. McN.
Laidlaw, C. D'A.
Mustarde, J. C.
Navaratne, R. A
Newham, J. R. T.
Robinson, J. O.
Smith, M. K.
Weston, P. A. M.

UNIVERSITY OF OXFORD

2nd B.M. Examination

Pharmacology & Principles of Therapeutics

Mellish-Oxley, K. G.

Medicine, Surgery & Midwifery

Brooks, J. M. H.
Campbell, E. D. R.
Cradock-Watson, J. E.
Davies, M. J. A.
Feldberg, E.
Havard, C. W. H.
Rant, C. M.
Smith, M. A.

UNIVERSITY OF CAMBRIDGE

Final M.B. Examination

Part I

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Daniels, R. G.

The following students have completed the examination for the degree M.B., B.Chir. (Cantab):—

Baddoo, M. A.
Cannicott, S. M.
Daniels, R. G.
Goldsmith, R.
Newcombe, J. F.
Sarma, V.
Shimmin, H. J.
Simister, J. M.
Underwood, K. M.
Verney, G. I.

UNIVERSITY OF LONDON

Examination for the Academic Postgraduate Diploma in Public Health

Andrews, J. D. B.
Maycock, R.
Lucey, J. F.
Thrower, A. L.

Examination for the Academic Postgraduate Diploma in Bacteriology

Mackay-Scollay, E. B.
Mann, P. G.

CONJOINT BOARD

Final Examination

Pathology

Cretney, P. N.
Duffy, T. A.
Dunger, G. T.
Geldart, R. E. M.
Gompertz, R. M. H.
Goode, J. H.
Gray, J. M.
Hick, B. D.
Hill, A. N.
Hughes, K. R.
Jones, H. S.
Mackinnon, K. E.
Newill, R. G. D.
Stathers, D. N.
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Third, A. J.
Warburton, T. H. M
Wilson, M. S.
Wynne-Jones, A. P. J.

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Hill, F. A.
Hughes, K. R.
Manuel, J.
Stathers, D. N.
Stevenson, K. M.
Thomas, B. D.
Watkins, D.

Surgery

Batey, I. S.
Dickman, H. R.
Goode, J. H.
Hill, F. A
Hughes, K. R.
Jones, H. S.
Manuel, J.
Ryan, J. F.
Stevenson, K. M.
Tabor, A. M.

Midwifery

Clark-Wilson, L. J.
Harries, E. H. L.
Hughes, K. R.
Manuel, J.
Middleton, G. W.
Ryan, J. F.

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

Batey, I. S.
Goode, J. H.
Hill, F. A.
Hughes, K. R.
Manuel, J.
Middleton, G. W.

First Examination

Pharmacology

Elliott, C. J. R.
Green, A. N.
Huxley-Williams, P. L.
Kaan, N.
McAdam, B. N.
Mackinnon, K. E.
Martin, R. M.
Mellows, J. W.
Newill, R. G. D.
Scott, H. G.
Stephenson, J. W.
Wilson, M. S.
Zilliacus, J. O.

SOCIETY OF APOTHECARIES

Final Examination

Surgery

Charles, H. P.
Grassby, G. C.
Jenkins, D. G. W.

Pathology

Brydson, M. D.
Grassby, G. C.
Harwood, K. A.
Jenkins, D. G. W.
Mehta, P. C.
Newberry, R. G.

Medicine

Grassby, G. C.

Midwifery

Charles, H. P.
Grassby, G. C.
Jenkins, D. G. W.

The following student has completed the examination for the Diploma L.M.S.S.A.:—

Grassby, G. C.

Three Counties' Bart.'s Dinner (Gloucester, Hereford and Worcester).

The dinner will be held this year on Saturday, October 4, at Malvern. All Bart.'s men living or practising in the three counties or adjacent counties are invited to get in touch with Dr. D. E. Oakley, 11, Park Road West, Wolverhampton, if they would care to attend.

RECENT PAPERS BY BART'S MEN

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*Reprints received and herewith gratefully acknowledged. Please address this material to the Librarian.

CORRESPONDENCE

Correspondences are like small-clothes before the invention of suspenders: it is impossible to keep them up. (*Sidney Smith.*)

WILLIAM HARVEY

The Editor,
St. Bartholomew's Hospital Journal.

Dear Sir,

It would be regrettable if your Editorial of June last and the subsequent interesting correspondence should not lead to further action to remove the reproach now resting on the state of the sarcophagus of the great physician, and the Harvey Chapel in Hempstead Church. Might not the Royal College of Physicians, which in 1883 dutifully rescued the leaden case containing his body from the damp and neglect of the family vault and erected the present sarcophagus to preserve it, once again come forward to bring about a worthier memorial and resting-place?

Your Editorial makes a strong case for the Church of St. Bartholomew the Great as the most appropriate place for this. It would seem that William Harvey himself had no special wish as to the place of burial of his body, as his will provided that it should "be buried at the discretion of my Executor," his brother, Eliab Harvey. The latter, however, had built the Harvey Chapel and its outer vault some two years before William's death in 1657, and two of his daughters were laid there in 1655 and 1657. So before he died William Harvey must have thought of this place.

It ought to be possible to rescue from neglect and decay this memorial of the piety of a former generation, even though the best and most enduring memorial is to be found in the lives and thoughts of men.

Faithfully yours,
T. EDMUND HARVEY.

Rydal House,
Leeds.

CARCINOMA OF THE BREAST

The Editor,
St. Bartholomew's Hospital Journal.

Dear Sir,

The historical surveys by Mr. Keynes and Mr. Williams in the August *Journal* make fascinating reading, but may, perhaps, leave some readers confused by the sound of battles long ago or the dust of present conflicts.

Our present position may be better understood if it is realised that there are at least two problems to be considered. The first is the way in which the early cases, the so-called "Grade I" patients, who are free from axillary or other distant metastases, should be treated. It is still uncertain whether radical mastectomy or local mastectomy combined with radiotherapy as initiated by the Edinburgh workers will give better results. The results of the latter treatment over a term long enough for comparison with the radical operation are not yet available. The five-year survivals of the radical operation are reported by many workers to be about 75 per cent. Probably many of the remaining patients died because distant spread had occurred before treatment started and the outcome could not have been affected by using a different form of local treatment. The question of radical versus local operation plus radiation is, therefore, not an important one as the comparable statistics are unlikely to differ by many per cent when they do become available.

The second and really important problem is the treatment of those patients in whom the growth has extended beyond the breast tissue, so-called Grades II, III or IV. Two-thirds or more of these patients die within five years despite any form of treatment and almost certainly because of distant metastases present before treatment commenced.

No improvement in local treatment can affect them. Some progress can certainly be made, as Mr. Keynes says, through earlier detection of growths by patients and doctors, but something more is needed to reduce the heavy mortality. It must be hoped that a better understanding of the factors regulating the growth of normal and cancerous cells will lead to the discovery of measures which will affect the growth of metastatic cells. There is much evidence that endocrine factors affect the rate of growth of mammary carcinoma and so the research in this field here and in other hospitals offers good prospects of progress.

The treatment of breast carcinoma during the last 100 years has improved through better technical measures such as antisepsis, anaesthesia and blood transfusion and also by advances in our knowledge of morbid anatomy. In the future the study of the biochemical and endocrine factors involved in disordered growth holds most promise of advance. As in so much of surgery today the study of function promises more than that of structure, on which the emphasis has been laid in the past.

Apart from these two general problems, there are some points in the papers by Mr. Keynes and Mr. Williams which require comment. Mr. Williams says: "Mr. Keynes has long taught that by axillary dissection it is impossible to remove all the involved nodes if the disease has spread that far." This is obviously too sweeping, and must be untrue about many cases of involvement of only one or two of the 17 or 20 glands. Mr. Keynes says "breast carcinoma shows greater sensitivity in secondary than in primary growths." Many would question this statement and ask for evidence. Investigation of specimens removed after irradiation show that malignant cells are still present in the vast majority, and as Mr. Williams says, fibrosis must be relied on rather than killing the cells.

Yours truly,
J. B. KINMONTH.

Dunn Laboratories.

MIDWIFERY FORCEPS

The Editor,
St. Bartholomew's Hospital Journal.

Sir,

It was with interest and some little surprise that I read Dr. Walter Radcliffe's letter in your May number about the origin of the lock of the modern forceps, because the instrument upon which his claim is based had been in my official custody for 20 years. Dr. Radcliffe, on reading my life of William Smellie, was kind enough to send me a copy of his letter to you in which he suggests that Dr. Peter Chamberlen's grandson, Dr. Middleton Walker, and not William Smellie, was the originator of the British lock. I am not, however, prepared to accept his claim and I adhere to the view that the credit for the lock should be given to Smellie.

The forceps in our Edinburgh collection labelled "Walker's forceps, 1736" are certainly of the same pattern as Mulder's "Incognitus (xi)" but I have always doubted their association with Walker. Our forceps have, I surmise, been labelled "Walker" because of a casual remark in an article by one of my predecessors in the chair of Midwifery in Edinburgh, Professor Sir A. R. Simpson. Simpson's words are—"A forceps of somewhat similar pattern [to Chapman's forceps] may well have been the instrument employed by Dr. Walker, the last survivor of Dr. Peter Chamberlen's obstetric progeny." (*Scottish Medical & Surgical Journal*, vii: 465. 1900.)

This cursory reference does not seem a very substantial foundation on which to base a claim and nowhere else have I been able to find any suggestion that Walker was the originator of that forceps. William Douglas' assertion that Dr. Walker "pretended to improve Dr. Chamberlen's forceps but in truth spoiled them by making them male and female" suggests to me an instrument in which the two blades were quite different from each other and certainly cannot be described as a definitive description of the instrument under discussion.

There is in the University of Leiden an instrument of exactly the same design as the Edinburgh example and Professor Holmer has kindly sent me a photograph and description of it. It is labelled "Anonymous 1736," probably after Mulder, but Dr. Holmer has no knowledge of the origin of the instrument and there is no mention of the name Walker.

Mulder's "incognitus" instrument was picked up at a sale by Du Pui in London in 1778 and at that time his enquiries about its originator were in vain. This type of lock was by then generally accepted in London and Du Pui was led to believe that the improvement had been made "in 1736 or a little later."

Against this vague history of Mulder's "Incognitus" and against the even more vague association with Dr. Middleton Walker, we have the explicit statement of William Smellie in 1747 that "about three years ago I contrived a more simple method of fixing the steel forceps by locking them into one another." It would be completely out of character for William Smellie to have made a claim of this nature had it not been true, and I know that this estimate of Smellie's integrity is shared by Dr. Radcliffe, for later in his letter he states: "It is quite characteristic of Smellie to give credit where it is due."

I admit that Mulder himself writing only 30 years after Smellie's death was in some doubt as to who actually invented "the British Lock." His words, as translated for me by a distinguished Latin scholar, are: "Rightly therefore the majority of the more recent persons have retained the lock of that sort of forceps, and, since the first among them has been the eminent Smellie, this type has been better known by the name of Smellie's lock (junctura Smelliana)."

I submit (1) that my friend Dr. Radcliffe has presented insufficient evidence to upset a tradition dating almost from Smellie's own lifetime and (2) that since no claim to the invention has been made with the exception of Smellie's specific statement, we have no ground at this date to deprive him of the credit.

I am,
Yours faithfully,
R. W. JOHNSTONE,

The University,
Edinburgh.

Professor Emeritus of Obstetrics and Gynaecology.

"THE MOTHER CHURCH"

The Editor.
St. Bartholomew's Hospital Journal.

Dear Sir,

I read with some surprise in a letter from the Rev. Dr. N. L. Wallbank, the Rector of St. Bartholomew-the-Great, published in the *Journal* for July, 1952, the statement that St. Bartholomew-the-Great "is the Mother Church of St. Bartholomew's Hospital. . . ." As I have also heard this opinion voiced within the Hospital I should like to point out that, to the best of my knowledge, this statement is not correct. In no sense can the Hospital be described as the "daughter house" of the Priory of St. Bartholomew-the-Great. They were both, indeed, founded by Rahere, the court minstrel of Henry I, as the result of a vow made by him when returning from a pilgrimage to Rome, but from their very foundation they were separate institutions. Had the Hospital been the outgrowth of the Priory Infirmary or had it been staffed by Canons sent from the Priory for that purpose, then, indeed, it might have been considered as the "daughter house"; for by "daughter house" is meant one of which the members were sent from an already established community to found a similar institution owing allegiance in some measure to the older body, as was the case with the many houses of Cluniac monks founded in this country by men who were sent directly from the mother house at Cluny for this purpose. But the Hospital was never at any time in this relationship to the Priory. It was never inhabited by Augustinian Canons sent across the road from the Priory. Nor was it founded by the Priory, but by Rahere.

The evidence for the foundation of both these houses is derived from the *Book of the Foundation* (the *Liber de Fundationis Ecclesiae sancti Bartholomei*), written by one of the canons of the Priory and finished in 1174, twenty-nine years after the death of Rahere. In this the author has described how Rahere, falling sick while in Rome, repented of the sins of his past life and vowed "if health God him would grant, that he might . . . return to his country, he would make an hospital in recreation of poor men, and to them there gathered (to their necessities) so minister after his power." Although the author was a canon of the Priory, the foundation of the Priory, it will be noticed, is not mentioned, but only of the Hospital. If this evidence were to be literally interpreted we could claim that the Priory was an after-thought and far from being the Mother Church of the Hospital is in fact the Hospital's daughter! Only later in the Book is the foundation of the Church mentioned. In the description of the vision which Rahere had of St. Bartholomew during his return journey to London, the Saint is made to say to him: "I am Bartholomew, the Apostle of Jesus Christ . . . know me truly . . . to have chosen a place in the suburbs of London, at Smithfield, where in my name thou shalt found a church. . . ." When Rahere returned to London, he sought the King's permission to establish his foundation in Smithfield, for Smithfield lay outside the City walls, belonged to the King, contained the King's market, and no one but the King could grant its possession. And Henry "granted to the petitioner his kingly favour, benignly giving authority to execute his purpose." Then the work on the building began and flourished, and "the Church he made of comely stonework tablewise. And an hospital house a little longer off from the church by himself he began to edify." And the buildings were dedicated "in the month of March in the Name of Our Lord Jesus Christ, in memory of most blessed Bartholomew Apostle, the year from the Incarnation of the same Lord Our Saviour, 1129."

Although our Cartulary states that the Hospital was founded before the Priory [*Fundata fuit Hospitalis prius et principalius, prius tempore, principalius ratione personarum sive infirmorum*: "the Hospital was the first and more important foundation, first in point of time and more important because of the people there, namely the sick"], this may well be the expression of local patriotism and the truth of the statement cannot at present be verified. But there is no doubt whatsoever that the Hospital and Priory were separate and simultaneous foundations. Rahere himself was the only man to hold the joint offices of Prior of the Priory and Master of the Hospital. Stowe says that Alfune was the first hospitaler or proctor of the Hospital, holding office under Rahere. But his name does not occur in any of the Hospital documents and the source of Stowe's information is unknown. Rather it would appear, from information in our possession, that it was Hagno the Clerk who from 1137 acted under Rahere in this capacity. Rahere died 20 September, 1144, and was succeeded as Prior by Thomas, one of the canons of St. Osyth, an Augustinian house in Essex. In 1147 (probably on the death of Hagno), he appointed to the Mastership of the Hospital Adam the Merchant, a layman. At the same time he drew up ordinances, hoping thereby to insure for the future the amicable existence of these sister institutions. But his hopes were not destined to be fulfilled and throughout the Middle Ages we read accounts of wranglings and controversies between the Prior and Convent on the one hand, and the Master and Brethren on the other, over various rights and privileges, such as the election of the Master, the admission to the Hospital of new brethren and sisters, the hospital chapel, the hospital burial ground, collections and tithes and general assemblies and so forth. It was not until the ordinance of Richard Clifford, Bishop of London, made in 1420, that there was an end to these controversies and the independence which the Hospital had always possessed *de facto* was acknowledged *de jure* by the Priory.

Furthermore, the land on which the Hospital stood at its foundation, and still stands, owes no ecclesiastical duties to the Priory Church. In the Middle Ages, this land lay in the parishes of St. Sepulchre and St. Botolph without Aldersgate. With the refoundation of the Hospital by Henry VIII in 1547, the ancient hospital chapel became the parish church of St. Bartholomew-the-Less and the extent of its parish was co-terminous with the Hospital site. Today it includes land formerly in the two parishes above named. But the church was in existence from the first foundation of the Hospital and is especially mentioned by a Papal Bull of Alexander III (1159-1181) as "the chapel which is beside your house." In 1183 Pope Lucius III confirmed the Hospital's right to its chaplain ministering in its own church and further granted the Hospital permission to celebrate the Divine Offices even during an Interdict provided that it was done behind closed doors, without the ringing of bells, and said in a low voice. The brethren were to be allowed to keep the chrism and the holy oil, consecrate altars and ordain priests and bury members of the community in their own churchyard.

And, therefore, Sir, I submit that the Priory is not and never was "the Mother Church of St. Bartholomew's Hospital." The two great institutions existed side by side. Do not let us revive mediaeval wranglings, but accept historical fact as it appears from the evidence which we possess.

I am, Sir, your most humble, obedient servant,

GWENETH WHITTERIDGE,
Archivist.

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

SPORT

Cricket

This is a sport which makes the body's very liver curl with enjoyment. (*Mark Twain.*)

2nd XI v. Barking, on June 28 at Barking. Match lost. Barking 170 for 8 declared (Rosborough 2 for 35); St. Bartholomew's Hospital 26.

1st XI v. Bromley, on June 29 at Chislehurst. Match drawn. St. Bartholomew's Hospital 182 for 8 declared (Foy 48, G. Ross 37, Winton 34 n.o.); Bromley 149 for 8 (Rosborough 3 for 18, H. B. Ross 2 for 15).

2nd XI v. Jackdaws, on July 5 at Chislehurst. Match lost. St. Bartholomew's Hospital 39; Jackdaws 40 for 5 (Boxall 3 for 25).

1st XI v. Hornsey, on July 5 at Hornsey. Match drawn. St. Bartholomew's Hospital 254 for 6 declared (Aubin 102, Tomlinson 96 n.o.); Hornsey 103 for 8 (Aubin 5 for 35, Rosborough 3 for 43).

1st XI v. Hampstead, on July 12 at Chislehurst. Match lost. St. Bartholomew's Hospital 107 (Murley 42, Crosfill 34); Hampstead 110 for 4 (Foy 3 for 52).

1st XI v. R.A.M.C. Depôt, on July 19 at Chislehurst. Match drawn. R.A.M.C. 198 for 4 declared; St. Bartholomew's Hospital 118 for 9 (Roberts 28, Ross 21, May 20).

1st XI v. Buccaneers, on July 20 at Chislehurst. Match lost. St. Bartholomew's Hospital 61; Buccaneers 62 for 0 wickets.

1st XI v. Nomads, on July 26 at Chislehurst. Match drawn. Nomads 143 (Rosborough 4 for 29); St. Bartholomew's Hospital 126 for 7 (Roberts 39, Clappen 21, Ford 20).

Past v. Present, on July 6 at Chislehurst. Past won by 1 wicket.

Present

Ford, lbw Heyland	17
Waterhouse, c Stephen b Aubin	19
Vazifdar, c Lucas b Tomlinson	39
May, c and b Aubin	3
Ross, c Aubin b Tomlinson ...	12
Mellows, c Bates b Tomlinson	11
Rosborough, b Tomlinson ...	0
Maysey, lbw Tomlinson	11
Winton, b Lucas	1
Paterson, b Aubin	1
Train, not out	25
Extras	7
Total	146

BOWLING

	O.	M.	R.	W.
Heyland ...	7	1	26	1
Aubin ...	17	4	49	3
Tomlinson ...	9.5	1	33	5
Lucas ...	12	3	31	1

Past

Harold, c May b Vazifdar ...	35
Heyland, c Winton b Rosborough	9
Tomlinson, lbw Ford	1
Murley, run out	7
Aubin, b Vazifdar	11
Stephen, lbw Winton	8
Bates, c Waterhouse, b Vazifdar	8
Gilbert, not out	42
Lucas, c Waterhouse b Ross ...	21
Oswald, b Vazifdar	4
O'Connell, not out	0
Extras	2
Total (for 9 wickets) ...	148

BOWLING

	O.	M.	R.	W.
Ford ...	6	2	16	1
Rosborough ...	7	1	22	1
Vazifdar ...	14	1	61	4
Winton ...	5	1	26	1
Train ...	5	1	13	0
Ross ...	2.2	0	8	1

BOOK REVIEWS

WILLIAM SMELLIE, by R. W. Johnstone. E. & S. Livingstone, 1952. pp. 139. Price 20s.

In this new life of William Smellie, Professor Johnstone has been very successful, for he has given in small compass and without the side-issues pursued by Glaister, the essence of Smellie's career and work. Let it not be thought that this is a mere re-hash of Glaister's work—though Professor Johnstone would be the last to deny his indebtedness—for it contains new material that has come to light since the turn of the century.

Those who have followed the current correspondence on Smellie's claim to have invented the British lock on obstetric forceps will particularly appreciate this account and will see many other aspects of this interesting character.

It seems that interest in Smellie is reviving for in addition to the correspondence and this book, we learn that Mr. C. Rutherford Morison proposes a new edition of Smellie's *Treatise* to be illustrated by plates from his *Tables*. We look forward with interest to publication of this project.

A BIO-BIBLIOGRAPHY OF EDWARD JENNER, 1749-1823, by W. R. Le Fanu, pp. 176. 29 plates. Harvey and Blythe, Ltd. Price 4 gns.

Bibliography, both historical and enumerative, is too often a closed book to all but the most enthusiastic bibliophile. Yet the study of the history of printing, binding and paper-making is very fascinating, while the compilation of an exhaustive bibliography of a subject, or of a person's writings, can prove invaluable as an addition to historical research. Unfortunately, bibliographies have a strictly limited market, and their authors reap little reward for the results of meticulous, painstaking research. Bio-bibliography, that is humanistic bibliography in which the bare bones of bibliographical description are clothed with biographical information, has become more popular, largely owing to the highly successful efforts of Mr. Geoffrey Keynes, who has encouraged Mr. Le Fanu to produce this magnificent example of the art.

In 1948 Mr. W. R. Le Fanu, Librarian of the Royal College of Surgeons of England, circulated a short-title list of Edward Jenner's writings, inviting librarians and collectors to record their holdings. Their response has enabled him to produce this full-scale bibliography, which is a perfect example of the bibliographer's art. Full bibliographical descriptions are recorded, as are the locations of copies, and numerous facsimiles of title-pages are reproduced. For those unmoved by signatures and watermarks there is a vast amount of historical information that will concern all interested in Edward Jenner. Mr. Le Fanu, as in all he undertakes, has been indefatigable in his search for material to illuminate his subject. He has examined critically, as far as possible, several copies of each item described, and his book terminates with a list of biographies, dedications, and portraits of Jenner, and a chronological table.

Any future biographer of Jenner must resort to this book for much of his material.

This book is produced in a limited edition of one thousand numbered copies (not a small edition for a book of this type), and although "bound in leathercloth, blocked in real gold" (!) is not, bibliographically, of such a high standard of book production as to justify the high price. Yet the purchaser will feel himself amply repaid on perusing the contents; a monumental, definitive bio-bibliography of one of the most fascinating characters in the history of medicine and natural history. Publishers are not philanthropists, and present-day high costs of production make it increasingly difficult for authors to place manuscripts other than those having a popular appeal. The publishers of this volume have obviously recognised its worth, and deserve support in their venture to promote scholarly research, as distinct from text-books, and similar ephemeral literature.

J.L.T.

ESSENTIALS IN DISEASES OF THE CHEST, by Philip Ellmann. O.U.P. First edition, 1952, pp. 400, figs. 193. Price 30s.

The advent of antibiotics and the development of thoracic surgery and physiotherapy in recent years have greatly changed the clinical picture in chest disease. The natural history of certain of these disorders is also better understood and the anatomy of the bronchial tree has been re-examined and an international nomenclature decided on.

It is obviously necessary periodically to restate fundamental principles in the light of recent advances, and Dr. Ellmann has succeeded admirably in achieving this purpose, emphasising particularly the clinical aspects of the subject.

He writes clearly and concisely, draws liberally on personal experience and illustrates his remarks with apt case histories and a large number of excellent radiographs and helpful line drawings. Management of the patient is well described and the section on tuberculosis, detailed and comprehensive for a book of this sort, is especially praiseworthy.

The following points, however, will need revision in subsequent editions.

The bronchi are not lined by ciliated epithelium "down to their finest branches," as described on page 1. The epithelium of the terminal bronchi and alveoli consists of flattened non-ciliated cells, and this has an important bearing on the defences of the respiratory system. Once bacteria have penetrated to this part of the bronchial tree, phagocytic activity or an inflammatory reaction are the only means of defence left.

In the chapter on chronic bronchitis Dr. Ellmann writes: "Physical examination invariably reveals some degree of emphysema. . . ." But recent work suggests that the signs—which are not described until the chapter on Emphysema—are no longer wholly acceptable.

The indications for the use of artificial pneumoperitoneum and phrenic crush are not as definite as suggested on page 163, many clinicians considering this procedure inadvisable in a patient later to undergo thoracoplasty.

Despite these minor criticisms, this is one of the best introductory books on chest disease, and will be very helpful to students. D'A. KOK.

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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THE CAT AMONG THE PIGEONS

IT would make an interesting study for the Dean of a Medical School to set down some of the secrets of the *chambre d'interrogation*. As those best-suited and exquisitely groomed nervous young men and women enter at regular intervals to justify their application for admission to the Hospital, do they hurriedly revise their carefully-prepared answers to anticipated questions? What, for instance, shall they say to: "And why do you want to come to Bart.'s?" Do they relax and sit back, raise their hands deprecatingly, smile and say: "But, Sir, need you ask? *Si monumentum requiris, circumspice.*" Do they indeed? We think not. Or are they to sit there tight-lipped, leaning forward urgently at the question, extolling the virtues of the Hospital in a few terse sentences in a way they think pleasing to their inquisitor? There are not many answers that *can* be made to this question, and there is one, we feel sure, that has never been made in recent years at Bart.'s. That answer is: ". . . and I've heard that the social life at Bart.'s is so good."

October brings in its wake falling leaves and chill at night . . . and more students to the Hospital. We welcome them, as we do not welcome the signs of winter. We welcome them, but also warn them. Our 829 years' history, which is a source of pride and inspiration to so many, hangs like a cold, heavy weight over the students. Here, when you enjoy yourselves, you will do so in ones and twos. Do you aspire to gather culture here, as well as medicine? to become John Locke's "whole, sound, round-about man"? Seek it, and him, elsewhere.

The social life at Bart.'s is running at the lowest level compatible with living and working in a community nearly 700 strong.

There is one infallible sign of social activity in any group—the volume of paper on its notice boards. At Oxford, at Cambridge, at other London hospitals, one cannot see the boards for the notices. At Bart.'s all the notices which do not refer to the curriculum could be accommodated with ease upon one single board.

To particularise . . . and to tread on corns *ad libitum*. We once had a Music Society, and it once had an orchestra. We now have neither, though we hear that we may have both. But we have been hearing this for five months now—an unnecessarily long period of gestation when there are, so it seems, so many to welcome them.* We have a Dramatic Society—one of the oldest in London. We welcome the announcement on another page of its annual production. But is one annual play, and the cursory supervision of the Pot-Pourri at Christmas really enough?

We have a *Journal*—if we may continue the round of the Muses. But where are the students who write? Ten fingers are quite enough to count them—and ours the largest medical school in London! We have, apparently, not one single poet, and no short-story writer. We have one or two humorous writers—and 680 people at least, who say: "Why is the *Journal* so heavy? Why can't we have more humorous articles?" If the *Journal* depended upon contributions from students it would come out not twelve times a year, but twice.

There are other hospitals in London who run dances with an excellent buffet at low cost. They do it regularly. Here the College Hall has been open six months and has seen one Hospital dance—and the inside story of that one is not without interest. In this issue we publish a letter about the Annual Ball, which we strongly endorse. It is not necessary that the oldest Hospital should have the most expensive Ball . . . nor that it should be the most staid.

In this age of enlightenment it is amusing to note that the two sides of this Hospital conduct their social lives to the almost complete exclusion of each other. If nurses and

students want to meet socially, they have a choice of the Scotch-hopping Club, the Madrigals Club and the Bart.'s Bell-ringers. If we give them 100 members between them, we are being extravagantly generous. It may very well be that this artificial nineteenth-century division between the nurses and students is the most important cause of our social lethargy. Certain it is that those other hospitals whose societies are open to both sides enjoy a social life which puts ours to shame.

There is nothing fundamentally wrong with a body of students which in one year can launch, as we have done this year, two new ventures in hospital life. There have been papers read and appreciated at meetings of the Junior Osler Club which make manifest the interests and literary ability of many students. We have just enjoyed in the Great Hall an excellent exhibition of paintings by Bart.'s men.

But the burden of organising these clubs and managing their affairs is borne by, and appreciated by, too few. The promotion of a new venture is heavy up-hill work. So far as the physical amenities are concerned we are probably as well off now as we shall ever be. It only needs a raising of the standards a little here, and a little there, for the whole movement to become infectious. And where will it end? Who cares?

We close with an apology. A reprimand makes tedious reading, especially from someone hiding behind a typewriter. But the correspondence columns are open for all to use. . . .

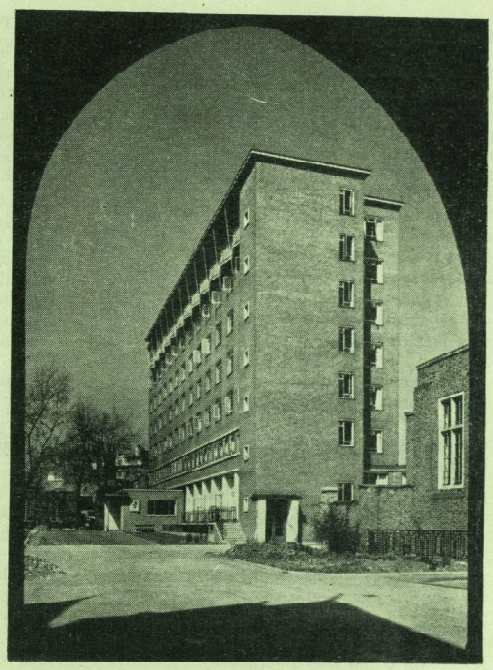
They may well prove that a wiser title for this Editorial would have been "*The Pigeon Among the Cats.*"

*As we go to press, we hear that the Music Society is reborn, and its first venture is a one-third share in an orchestra.

The Architecture of College Hall

was the subject of an interesting and well-illustrated article, written by the architects, in the *Architect and Building News* of May 29 last. The architects explain that "by a stroke of luck an abrupt change of sex occurs at sixth floor level. This was deemed a sufficient excuse for a departure from the normal fenestration of the male floors. The protection of a deep roof slab, the ripple of the balconies, the less squat proportion of the windows—all these seemed appropriate to the female floor and they were, anyhow, just what the building wanted ladies or no ladies."

The two photographs, reproduced by kind permission, are of a typical room for women students and of the College Hall, taken from the archway beside the main gate to the Medical College. The former is the closest male students will get to a room on the sixth floor, so long as present regulations continue.



News for the Journal.

One year ago this month the *Journal* revived the pre-war practice of printing interesting items of Hospital news in the two or three pages following the Editorial. Unfortunately many events occur of which the *Journal* hears nothing, and we appeal to all readers to regard themselves as roving correspondents. We have no Reuter's, and are quite dependent upon what we are told by readers.

Your information will always be appreciated, and if of more than passing interest will find a place in the *Journal* the following month.

Athletic Club Dance.

The Athletic Club is to hold its Annual Dance at Victoria Halls on Tuesday, November 11.

Congratulations to :—

Mr. Geoffrey Keynes on his appointment as Honorary Librarian to the Royal College of Surgeons. The last Honorary Librarian of the College was also a Bart.'s man—the late Sir D'Arcy Power.

Dr. H. V. Morgan, First Assistant to the Medical Professorial Unit, on his appointment as Professor of Medicine at the University of Khartoum.

Pupilli in statu matrimonii.

In a report of a Guy's woman medical student's 21st birthday party the *Evening Standard* of August 9 quoted the old hospital jingle:

Go to Bart.'s to become a lady
St. Thomas's to become a nurse
And Guy's to get married

and commented that none of the 26 nurses and students present seemed to be living up to anticipation, in that they were all single.

It is not for us to question the motives of nurses coming to Bart.'s, nor to assess their success in achieving them. But it would certainly be difficult to find a similar group of Bart.'s students, one or two of whom, at least, were not wedlocked. In a six-months class of 46 students, 11 of them are either married or engaged, while one or two more hover in that pre-nuptial state at which the imagination boggles, the "unofficial engagement." This matrimonial rate of 23.9 per cent. may well be exceeded in other classes. We shall be interested to hear if this is so, as also any theories as to why it is so high—or is it?

Another interesting fact that has emerged from this pilot survey is that of the 11 only one comes from Oxford or Cambridge. Does the hectic social life of the older universities teach discretion . . . or lend disenchantment?

Birth.

Cowper Johnson. On July 30, 1952, to Mary (née Wirgman), wife of H. F. Cowper Johnson, a daughter.

The Antiseptic Ode.

The Librarian has recently been turning out some old cupboards, and among much interesting material, including albums of old photographs, he came across a scrapbook once in the possession of Sir Morrant Baker, surgeon to the Hospital in the latter part of the nineteenth centry. In it is to be found "the Antiseptic Ode," written by an enigmatic "One in One Hundred" and dedicated to the late Sir Thomas Smith, a surgical colleague of Sir Morrant's at Bart.'s.

It is dated February 14, 1876, a year when the news of Lister's new antiseptic technique was just beginning to percolate south from Scotland. In 1875 Sir Thomas gave up part of his summer holiday to see for himself Lister's practice in Edinburgh, and made arrangements for his house-surgeon to become thoroughly conversant with Lister's methods. He would appear from the Ode to be the first Bart.'s surgeon to use them.

Acid to right of them
Acid to left of them
Acid in front of them
Squirted and swamped them
Stormed at with noisome spray
Back they went in dismay
Writhing and dead they lay
Nor could they longer stay
Tom Smith's tremendous play
Kept up all night and day
Which killed and damped them.

Resin and paraffin
Spread on the gauze so thin
Copal and strong dextrin
Drove back the living germs
Catgut and gauzy net
Next to them jacconet
All with the acid wet
These were before them set
Loud did they curse and fret
For they had never met
Wounds on such deadly terms.

Acid to right of thee
Acid to left of thee
Acid in front of thee
My song resounds, Sir.
Tom Smith's the name for me
He makes Bacteria flee
Wounds shall from sloughs be free
Throughout St. Bartlemy
When all his colleagues see
Lister's the mode to be
For treating wounds, Sir.

Firm Photographs.

In the Correspondence columns this month we reprint a letter published in the *Journal* of 1902, in which the writer deplores the decline of a custom of which present-day students know nothing—that of chiefs and their students having their photograph taken on the completion of their firm. With it we print a letter written this year in which the writer wishes he had a photograph of all those in his year at Bart.'s.

These are both excellent ideas, which should not be very difficult to carry out. With the help of the Department of Medical Photography or the Photographic Society the cost could be kept to a minimum.

A Coronation Ball?

On Friday, May 14, 1937, two days after the Coronation of the late King, a Coronation Ball was held in Charterhouse Square. Of it the *Journal* for June, 1937, had this to say:

"It is difficult to praise too highly the organisation and work which went to make this dance the most successful ever given at Charterhouse Square. From the flood-lit cloisters to the bacon-and-eggs, from the really excellent cabaret provided by our local talent to the vastly improved floor and the conveniently situated bars, everything was skilfully prepared and smoothly managed."

We hope that the Students' Union will be able to organise another next June.

Dramatic Society's Annual Play.

The Dramatic Society production for 1952 will be Noel Coward's "*Hay Fever*." There will be two performances—on November 20 and November 21—at the Cripplegate Theatre. Tickets may be obtained from the Secretary at the Hospital.

Wessex Rahere Club.

The Autumn Dinner of the Club will take place at the Grand Spa Hotel, Clifton, Bristol, on Saturday, October 25.

It is hoped that, as usual, a Member of the Staff will be present as Guest of Honour.

Membership of the Club is open to all Bart.'s men practising in the West Country. Further details will be circulated to Members and to any other Bart.'s men who are interested and who will get in touch with the Hon. Secretary, Mr. A. Daunt Bateman, of 3, The Circus, Bath.

Rahere's Campanologists.

On August 20 a quarter-peal was rung at St. Giles-in-the-Fields, Holborn, by a band of Bart.'s bell-ringers, drawn from the staff, students and nurses, with a London Hospital student as conductor. This quarter-peal, which consisted of 1260 changes of Grandsire doubles and lasted 45 minutes, was rung in celebration of the patronal festival of St. Bartholomew on the following Sunday.

When the bells of St. Bartholomew-the-Great have been rehung the bell-ringers hope to ring there. Meanwhile they would welcome any experienced ringer.

Treble—David Cave
2 —Judy Midgley
3 —Elizabeth Layton
4 —Réné Hopkins
5 —John Armstrong (conductor)
Tenor—Digby Burton

The "Nursing Times" Tennis Competition.

After winning all the preliminary rounds of this competition, the Bart.'s nurses' team were, unfortunately, beaten by the Middlesex Hospital nurses in the finals. The Bart.'s nurses' performance was particularly commendable in view of the fact that the nearest tennis courts to the Hospital are the public ones in Lincoln's Inn Fields!

The *Journal* offers its condolences and its congratulations.

Swimming Club Gala and Dance.

The Swimming Club are holding a Gala and Dance on Thursday, October 30, from 7.30 p.m. until midnight at Finsbury Swimming Baths, Ironmonger Row, and afterwards at the College Hall.

The Gala will include events for all classes of Swimmers and Flappers. Members of the Hospital Swimming Team are being limited to only one individual entry during the evening, provided enough support is given by other swimmers in the hospital. Relay races and a Water Polo match are also included in the programme.

Tickets, which will be available later, will cost 2s. 6d. for the Gala alone, or 3s. 6d. inclusive of both Gala and Dance.

Three Hospitals' Orchestra.

The Bart.'s Musical Society is forming an orchestra in conjunction with the Musical Societies of St. Mary's and St. Thomas's. The conductor is Norman Del Mar. Rehearsals will be held in the Common Room at St. Mary's Hospital Medical College, and they will be on Thursday evenings from 7.30 to 9.30, beginning on October 2. All instrumentalists from Bart.'s will be welcome and are asked to get in touch with Peter Kellett, the Secretary of the Musical Society, at the Hospital.

AN OPIUM SMOKER'S FAILURE

Being a letter (his last) written during a period of sanity (also his last), having just failed M.B., B.Chir.(Cantab) for the third and last time, and scorning to take to lesser degrees; to S., his friend, now holidaying in a hotel North of the Border, who has just passed at his third attempt.

Greetings, Man of Brain,

It is I, the voice in the wilderness, having arrived with the morning post. You sit at breakfast, alive and alert, your well-trained orthodox mind busily accumulating facts culled from events going on around your table. The thyrotoxic, dribbling porridge down her dress, the pitiful strabismus carefully placing his spoon to his ear, the pruritic scratching unconcernedly. Observations, selection, data, facts, facts and yet more facts, you earthbound animal.

But, wait. Don't read this at breakfast. Your brain and stomach cannot both work at the same time; this would not go down well with porridge, or haggis and eggs. Rather read it at dinner with "Consommé au Bagpipes" and Crêpe Suzette, or better still, wait till the evening, when life becomes more uncertain, and the little prancing psychoses more active in their cranial confinement.

They tell me I have failed. What does it matter to them, or what does it matter to me? I should have worshipped the Muses, but I followed you. Hippocrates, you said, would be my Father; but I built the scientific superstructure of my mind on a foundation of phantasy

of prose and poem which was my birthright. It has all crumbled, and now nothing but the phantasy remains to comfort me. My erstwhile master, M.B., B.Chir., swings in the breeze on Gallows Hill—lean pickings for the ravens!

In the middle of my mind stretches a closely woven bamboo fence. On the one side lies a sordid housing estate, busily being constructed (thus I see Civilisation). On the other lies a huge forest, primeval, quiet and all-embracing (the eternal freedom). My thoughts flutter like wild birds up and down the fence, desperately trying to find a crack, to escape from Civilisation and attain the other. A good whiff of the weed and look! A bird escapes, winging its way blithely across to the cool shades, and as it does so bursting into uncontrollable and joyous song, so different from the harsh, suppressed squeaks and chatters it could only utter before. The others, hearing that sound piercing the wooded silence and their futile cries, redouble their efforts to escape, though still consciously ignorant of what lies beyond the barrier. Then suddenly the Iron Curtain descends between . . . Monday Morning . . . I show my season ticket at the barrier ; it is my pass to the maelstrom of the week. Now no more.

I am tired of the mundane existence of this dead country. Oh, to where life runs naturally like a stream, unimpeded by the weeds of artificial morality. Let me drift on my magic carpet of smoke to Lake Como, on a peaceful summer evening, as the moon, arising, chases her fiery Lord and Master to his brilliant bed. All is quiet save the whispering wind, and the waves lap-lapping on the shore. Then softly, across the water, born in the distance from rippling strings along the rippling waves—a violin—and Toselli's serenade, wrought by loving hands. . . .

And again, on a sudden mad impulse, swirling down to Sunny Spain. I must hear the savage melancholy throbbing of a lone guitar wooing the ache in my empty heart. Then peace of body and peace of mind. So, I have polished a facet of my soul which has lain covered by the dust of twenty-four long years and till now unknown to me. I rejoice.

They were only dreams. Their conception occurred so naturally and their birth gave me such pleasure that I saw a glimpse of the very ecstacy of imaginative creation. I remembered them well, being loath to destroy my own creation.

My pipe is going out. The little red eye of the God, peeping from the bowl, grows colder and dimmer. It is late. Outside the rain falls like a soft, silent curtain, as though soothingly shutting off my return from oblivion. That, however, should be unnecessary, the last pipeful was calculated with my usual scientific abandon, always generous. Damn these cold, hard facts, they will insist on intruding.

My epitaph:—

Work not his Mistress, but his Slave."

THE "NERVOUS BREAKDOWN"

By E. B. Strauss, M.A., D.M., F.R.C.P.

Just as there are many people who cannot bring themselves to utter the word "cancer," so there are those for whom the word "insanity" or the adjective "mental" (used in its special sense) remain unspoken. For the "man in the street" the word "nervous" is made to cover the whole gamut of mental and emotional disorders ; and, when the average patient says that he has consulted a "nerve specialist," one cannot tell without special enquiry whether it was a neurologist or a psychiatrist. A term which was very popular with the lay public some years ago but which has now dropped out of use was "brain specialist."

The term "nervous breakdown" has therefore come to mean any neurological or psychiatric disorder of any kind whatsoever —from disseminated sclerosis to anxiety neurosis. It must, moreover, be confessed—not without shame—that many doctors make use of the term in the vague belief that they are employing a meaningful label.

An *article* on "The Nervous Breakdown" is impossible to write, for what is required could only be covered by three large textbooks—one on neurology, one on psychological medicine and the third on mental defect. It is necessary to mention mental defect in this connection because, when little Johnnie, aged four and a half, with an intelligence quotient of 54, is placed in an institution for mental defectives, the parents are apt to tell us that he had a nervous breakdown as a child!

In a short article of this kind, it is possible to mention only a very few of the specifically psychiatric disorders which are so frequently referred to as a "nervous breakdown" by patient and doctor alike.

Perhaps the most important of these is Cyclophrenia, as I prefer to call Manic-depressive Psychosis.

Cyclophrenia.

Cyclophrenia is one of the two great biogenetic psychoses. The biogenetic psychoses are so-called because they appear to be bound up with the very life-process itself.

Cyclophrenia, then, must be regarded as a constitutional disorder ; and it can be said with some confidence that it cannot occur in the absence of a major inheritance factor.

In this connection, it is interesting to note that certain correllations have been established between the type of physical habitus (body-build) on the one hand and "normal" temperament, psychopathic temperament and psychosis on the other.

The particular physical type has now come to be known as *pycnosomatic*, the correlated type of temperament as *cyclothyme*, the corresponding psychopathic variant as *cycloid*, and the psychosis as *Cyclophrenia*.

The main physical characteristics of the pycnosomatic type of habitus are as follows: medium height, rounded figure, soft broad face on short massive neck, fat domed paunch protruding from deep-vaulted chest, short and gracefully constructed extremities.

Cyclothymes and cycloids tend to fall into three main groups according to their "diathetic" proportions. The diathetic scale is one whose polar extremities are, roughly speaking, "jolly" and "sad." The first group is sociable, good-natured, friendly and genial. The second group may be described as cheerful, humorous, jolly and hasty-tempered ; and the third as quiet, calm, easily depressed and soft-hearted.

Cycloid Psychopaths exhibit endogenous oscillations of mood on the diathetic scale, of short duration and of insufficient intensity to constitute true mania or depression.

Cyclophrenia is characterised by recurrent attacks of predominantly endogenous depression and/or mania. The *average* duration of manic or depressive episodes of this kind is six months.

The student must turn to the textbook for a clinical description of mania and depression, both of which reaction-patterns are so commonly referred to as "nervous breakdowns." However, it might be as well to remind the reader of the cardinal features of the depressive syndrome: depression (paradoxically enough, the patient himself does not always complain of this) ; difficulty in concentration ; finding everything an effort ; loss of interest in things ; fatiguability ; retardation ; self-reproach and self-depreciation ; worry over everything ; anorexia ; loss of weight ; atonic dyspepsia ; extinction of libido sexualis ; insomnia. Sometimes the whole picture is complicated by anxiety-symptoms and hypochondriacal preoccupations of various kinds. However, when the clinical picture contains a certain number of the symptoms listed above, the likelihood of depressive psychosis (in one of its many forms, including, of course, a cyclophrenic episode) must be borne in mind.

There should nowadays be no need to remind the Bart.'s reader of the value of out-patient Electroplexy (electrical convulsant therapy) as a specific form of treatment.

The gratifying way in which the flatulent dyspepsia associated with depressive states responds to an artificial gastric juice mixture is, however, frequently forgotten. In these days of elegant prescription-writing as a forgotten art, it would not perhaps come amiss to remind the reader of Haust. Acid. Hydrochlor. Dil. which is used in the Department of Psychological Medicine:—

℞.

Acid. Hydrochlor. dil.	mxiiss
Liquor. Peptici	℥i
Aquæ Laurocerasi	℥i
Tinct. Card. co.	℥ss
Aquam Menth. Pip. ad	℥ss

Sig.: ℥ss ex aqua ℥ii t.d.s., ½hor. a.c.

The most reliable hypnotic drug is soluble barbitone, whose proprietary name is Medinal. This drug is best given in liquid form as it acts much better in solution than in tablet form. Moreover, it is so much easier gradually to reduce the dose, when indicated, if exhibited in the form of a mixture.

℞.

Barbitone Solubile (Medinal)		gr.x
Inf. Aurant. conc.		℥ ss
Aquam	ad	℥ ss

Sig.: ℥ii-iv ex aqua nocte p.r.n.

If necessary, Haust. Barbitone Solubile can be supplemented with up to two or three drachms of paraldehyde.

The "Nervous Breakdowns" of Youth.

I will now very briefly consider one of the most difficult chapters in psychiatry, namely the "nervous breakdowns" of youth. A parent brings us a teen-ager and tells us that the young patient has recently become listless, difficult, idle, irritable and so on; whereas previously he had been bright, intelligent and affectionate. Perhaps the change is attributed to overwork and anxiety with reference to an approaching examination; or perhaps the mental change has come quite out of the blue. What is the clinical condition, what prognosis can we give, how are we to treat the case? The difficulty, of course, is to decide whether we are dealing with an attack of schizophrenia or one of the neuroses or psychotic disturbances of adolescence and puberty.

Mild mental defect.

Before proceeding to a discussion of schizophrenia, mention may be made of a type of patient whose parents maintain that he must be suffering from nervous or mental breakdown, because the school authorities complain that he is making no progress with his work at all, and appears dull and listless. On investigation, these cases often turn out to be cases of a mild degree of feeble-mindness, what the Germans call debility (Debilität). They have managed to keep up with the school-work in some way or other until their fourteenth, fifteenth or sixteenth year, by which time they have reached the limits of their mental equipment. These young people not infrequently develop schizophrenia later in life, particularly if they are made to compete with mentally better-equipped persons on equal terms. It requires all one's tact to inform the parents that it is not a case of nervous breakdown, but of their child's being congenitally below par from the mental point of view.

Schizophrenia.

We now come to the most frequent cause of nervous breakdown in young people, namely schizophrenia. It is embarrassing to know what to say, in a short article, on a subject which has filled large volumes of descriptive writing by such brilliant psychiatrists as Kraepelin and Bleuler. Perhaps the key to the difficult problem of schizophrenia is to be found in the study of the schizoid temperament. In my student days, my impression of schizophrenia, or dementia præcox, as it used to be called, was that of a psychosis which attacked young people, and steadily progressed (invariably in a mental hospital) until an almost vegetative or trophic stage of dementia was reached. As a matter of fact, just as frequently schizophrenia can manifest itself as a series of attacks (or nervous breakdowns), from each of which the patient more or less recovers (progressively less), until the terminal dementia sets in. Unlike the cyclic manic or depressive attacks of cyclophrenia, which leave the patient with a normal, i.e. non-psychotic, personality in between attacks, schizophrenic attacks are jerky, nearly always leaving the patient different to what he was before the attack. Thus, in schizophrenia we can talk about a pre-psychotic, a psychotic and a post-psychotic personality. As our present object is to rescue schizophrenia from the waste-paper basket diagnosis of nervous breakdown, we will not occupy ourselves with the rich and fascinating study of the psychotic personality, but will content ourselves with a brief description of the type of person who is likely to suffer from schizophrenia.

First, a word or two as to his physique: the types of habitus for which the schizothyme, schizoid and schizophrenic mental make-up have an affinity are the leptosomatic, and athleticosomatic and physical habitus showing lesser or greater degress of dysplasia. A description of these physical types is to be found in Kretschmer's "Physique and Character." The leptosomatic group comprises the large proportion of the population, especially in England; as it includes the weedy type of individual, termed asthenic, the averagely thin and not over-muscular person, and the strong, muscular, well-proportioned type who yet on the whole strikes one as being slenderly built. The athletic type, or, as I would prefer to call him, "athleticosomatic," is recognised by the strong development of the skeleton and musculature and the coarse, thick texture of the skin. He shows "wide, projecting shoulders, a firm stomach, and a trunk which tapers in its lower regions, so that the pelvis and the magnificent legs sometimes seem almost graceful compared with the size of the upper limbs, and particularly the hypertrophied shoulders." The schizothyme temperament, which is the predominant temperament in England, is the antithesis of the cyclothyme. A typical schizothyme shows reserve and dignity (as compared with the boisterous, hale-fellow-well-met jollity of the cyclothyme), he is conservative and phlegmatic, interested in abstractions, tidy-minded and orderly, and shows a tendency to introspection and introversion.

Analogous to the cycloid group, schizoids fall into three main groups according to their psychæsthetic proportions. The first group is unsociable, quiet, reserved, serious, humourless and eccentric. The second is timid, shy, with fine feelings, sensitive, nervous, excitable, fond of nature and books. The third group, which supplies the great majority of hebephrenics (should they pass over into schizophrenia), is pliable, kindly, honest, indifferent, dull-witted and silent. All schizoid persons are poor in affective response as compared with the other temperamental groups. Enough has been said to indicate the kind of person from whom our candidates for schizophrenia are likely to be recruited.

When one has come much in contact with early cases of this sort, one can almost diagnose the condition intuitively. However reasonably a patient may be speaking, there seems to be a kind of glass partition separating him from yourself; the inadequate affective responses are also striking. Every now and then a vague and meaningless smile will steal across his features. If one observes him carefully, one can frequently notice the early beginnings of psycho-motor mannerisms, which may later develop into catatonia. He will often catalogue the most unpleasant series of subjective symptoms with apparent indifference. Some patients will burst into floods of tears, behind which you feel there is no emotional content, and the next minute the same silly meaningless smile will illumine his features. Another characteristic symptom is the interest taken in abstract and abstruse sciences. I have known a peasant lad at the age of sixteen suddenly to take an interest in philosophy and psychology. I followed this case from the earliest stage of barely perceptible withdrawal into himself from the realities of the external world, through a fully developed catatonia with bizarre delusions and hallucinations, to recovery from the attack. The post-psychotic personality showed a definitely large quota of schizoid traits and reduction of intellectual efficiency, as compared with the pre-psychotic personality.

There is a group of psychoses known as the psychoses of puberty, apparently depending on the emotional and bio-chemical revolution which occurs at about the age of puberty and lasts till about the beginning of the twenties. These psychoses may be almost indistinguishable from schizophrenia, but the degree of "unapproachableness" and affective inadequacy is rarely as marked. Sometimes they resemble a confusional psychosis more than schizophrenia. Unfortunately, these psychoses are more usually associated with schizothyme and schizoid personalities than with those of the other group; so the study of the pre-psychotic personality is not of great assistance in differential diagnosis.

Lack of space precludes the description of a number of other important conditions which, in the writer's experience, have been labelled nervous breakdown. For example, no mention has been made of the reactive group of psychoses and neuroses. Acute toxic psychosis, confusional insanity, undiagnosed, atypical G.P.I. and climacteric disturbances have all been described as nervous breakdowns. Acute epidemic encephalitis, without pyrexia or eye symptoms, i.e. only showing vague symptoms and disturbance of the sleep-rhythm, and the chronic condition manifesting as incipient and by no means obvious Parkinsonism are also frequently labelled in the same way.

From the above it should be abundantly clear that the term "nervous breakdown" is, clinically speaking, meaningless and that no medical man should demean himself by using it except in inverted commas. When the term has cropped up in the course of history-taking, the physician should not be content to leave it at that, but should do his best, by careful enquiry, to ascertain the true nature of the disorder.

FOUR-HOURLY VERSUS THREE-HOURLY BREAST FEEDING

By CHARLES F. HARRIS and J. G. MILLICHAP

" You may prove anything by figures." Carlyle.

THOUGH statements, without supporting evidence, regarding the superiority of three-hourly or four-hourly feeds are many, experimental work on the relation of the feeding schedule to the establishment of lactation is lacking. In the maternity department at Saint Bartholomew's Hospital, on January 1, 1952, four-hourly breast feeding was instituted in succession to that of a previously rigid three-hourly schedule, and an opportunity was thereby afforded to study the effect of this increased interval between feeds on the weight gain of the infant during the first ten days, and the subsequent maintenance of lactation.

To conform with the many theoretical arguments in favour of three-hourly feeding during the first three months of life it had been our practice to instruct the mothers in the continuation of this schedule after discharge from the ward. Owing to the pressure of domestic duties on returning home it was found, however, that many mothers would lengthen the interval between feeds, and this change of routine, often effected furtively with a feeling of guilt in contravening medical advice, would in some cases engender distress and consequent disturbance of lactation. It therefore seemed desirable to recognise these home difficulties and to establish breast feeding on a four-hourly schedule which the mother would be more likely to maintain.

Investigation.

All healthy fully breast-fed babies were included except those weighing 5½lb. or less. Though the incidence of complementary feeding during the first ten days was not increased on the four-hourly régime those infants requiring such feeds were excluded from the test.

The ability of the infant to recover its birth-weight by the tenth day was the criterion used in determining any possible effect of the change in interval between feeds on the weight gain.

One group of 90 infants born during the first three months of 1952 was compared with two control groups of infants born in 1951, 100 during January to March and 107 during October to December. A possible seasonal effect could therefore be excluded.

The infants in group 1 were fed four-hourly, and those in groups 2 and 3 at three-hourly intervals with a total of five and six feeds in 24 hours respectively. Extra feeds were not given at night, and in the first two days alternate breast feeds were replaced by a ½ to 1oz. of boiled water.

The babies were weighed at birth and subsequently at intervals of 24 hours, and the daily records of the weights during the periods under review were consistently kept by the sisters of the department, to whom acknowledgement is due.

Numbers and percentages of infants regaining birth-weights by the tenth day in four and three-hourly feeding groups.

	Four-hourly feeds	Three-hourly feeds	
Birth-weight	Group 1	Group 2	Group 3
Less than 110 oz.	20/31 (65%)	21/33 (64%)	20/34 (59%)
110 oz. to 129 oz.	13/44 (30%)	10/50 (20%)	14/47 (30%)
130 oz. or more	4/15 (27%)	3/17 (18%)	2/26 (8%)
Total	37/90 (41%)	34/100 (34%)	36/107 (34%)
Males	27/56 (48%)	17/50 (34%)	18/55 (33%)
Females	10/34 (29%)	17/50 (34%)	18/52 (35%)

Results

The table shows that, in the three groups defined above in which the birth-weights and sex incidence were roughly comparable, the percentages of infants regaining their birth-weights by the tenth day were substantially the same.

In view of its strong correlation with recovery of weight an arbitrary division was made according to birth-weight. In all groups, irrespective of the feeding schedule, a higher percentage of infants less than 7lb. at birth regained their weight than those whose birth-weight was 8lb. or more.

Of 72 infants receiving four-hourly feeds during the first ten days, 76 per cent. were fully breast fed when reviewed at the average age of seven weeks, compared with 66 per cent. of 84 infants who attended a follow-up clinic at six weeks, and whose feeds were at three-hourly intervals.

On the four-hourly schedule, which was favoured by both nursing staff and mothers, the infants appeared more content.

Conclusions.

In infants weighing more than 5½lb. at birth it is evident that, when compared with a three-hourly feeding régime, an interval of four hours between feeds has no apparent adverse effect either on the net rate of gain during the first ten days of life or on the subsequent maintenance of lactation.

We are indebted to Mr. M. P. Curwen for his generous help and statistical advice.

AN UNUSUAL CASE OF ADRENAL TUMOUR

THE patient, a male stores assistant aged 37, was seen in Medical Out-Patients' in August, 1950, and gave a history of attacks of severe abdominal pain—the first of which had occurred eight months previously. The pain was dull in type, starting in the left hypochondrium and radiating into the left loin. The second attack occurred five months later, whilst sitting in the cinema, with sudden onset of pain, and a choking sensation in the throat. On this occasion the patient had vomited—the vomit consisting of all the food which he had eaten that day. Subsequently there had been two or three similar attacks, each lasting a few days.

In view of the fact that there had been no other symptoms, the history was thought to point to some gastric condition, probably carcinoma. On examination, a large mass was found in the left hypochondrium, and the liver was palpable two fingers' breadth below the costal margin. The patient was sent for a barium meal, and, three weeks later, an intra-venous pyelogram and blood count were done. The results were as follows:—

Barium Meal

Stomach displaced slightly to the left. No other abnormality in stomach or duodenum. Spleen not enlarged.

I.V.P.

The anatomy of both kidneys was normal. There appeared to be an abnormal mass lying above the left kidney and displacing it downwards.

Blood Count.

Normal in all respects.

The patient did not keep his next appointment, and was not seen again until December, 1950. He had not lost weight, and was looking very fit. The large tumour could still be felt, and he was referred to Mr. Hosford.

He was admitted to Rees Mogg Ward in January, 1951. The only abnormal physical signs were those in the abdomen. There was a large firm mass coming down below the left costal margin. It was well-defined and moved with respiration. There was resonance anterior to it; it could not be pushed satisfactorily into the loin, and a notch could not be felt. There was no evidence of ascites, but the liver could be palpated two fingers' breadth below the costal margin.

By a process of exclusion, a provisional diagnosis of retro-peritoneal sarcoma was made. Clearly the original diagnosis of carcinoma of the stomach had to be rejected, since the patient looked well and had not lost weight a year after the onset of the symptoms. Because of the resonance anterior to

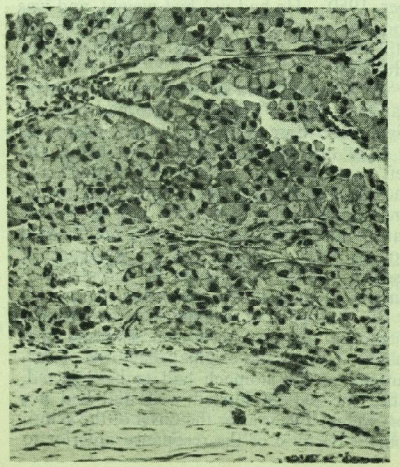
it, the mass was unlikely to be the spleen and the platelet count was 429,000/cu. mm. The complete absence of intestinal symptoms indicated that the mass was not in the colon. The I.V.P. had shown left renal function to be good: and, since there was no history of urinary symptoms, and the tumour could not be felt in the loin, a hypernephroma was considered unlikely.

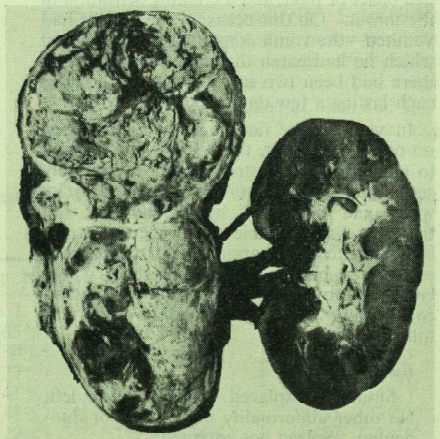
The abdomen was explored on January 5th, 1951, through a left subcostal incision. The spleen was found to be about twice the normal size. After dividing the gastro-splenic ligament, a large mass about 18 x 9 x 8 cms. was found lying retroperitoneally, and medial to the left kidney. The kidney and tumour were exposed by dividing the lienorenal ligament, and carrying the spleen and splenic flexure over to the right. The tumour was freed fairly easily laterally and superiorly, but was found to be firmly attached by a pedicle on its medial aspect. It was also thought to be adherent to the posterior abdominal wall medially. A large vein emerged from the pedicle and joined the renal vein, which strongly suggested thaat the tumour was suprarenal in origin. In view of this common blood supply, it was found necessary to remove the left kidney together with the tumour. The kidney had an additional artery entering its upper pole. The splenic flexure and spleen were stitched back to the diaphragm, and the wound closed with drainage. During the operation the patient was given three pints of blood.

Pathological examination of the tumour showed that it was well encapsulated and split up into localised nodules by coarse fibrous trabeculae. The main body of the neoplasm was necrotic, very little viable tissue being seen. On the anterior surface of the neoplasm, towards the lower pole, there was a flattened brownish structure with a well-defined edge, which appeared to be the adrenal gland stretched out over part of the neoplastic mass. The vascular supply was derived from the renal vessels, and there were some enlarged lymph glands along their course.

Microscopically, the cells were spheroidal to polyhedral in type, very closely packed in a vascular stroma. There were moderate numbers of irregular and multinucleate types, and mitoses were fairly frequent. The neoplastic cells were seen to have invaded the inner layers of the thick fibrous capsule in a few places—but evidence of lymphatic spread was not found. In view of the thin-walled sinusoids of the tumour, the patient's chest was X-rayed, but lung metastases were not present.

He made an uninterrupted recovery from the operation, and was discharged on the 18th day. He has been at work continuously since his discharge; his weight is steady, he feels well, and is free from symptoms.





Discussion

This case is of interest for several reasons. First, the presence of an adrenal tumour of this size is uncommon, and the absence of any endocrine disturbance is noteworthy. During the past five years, only one other tumour of this type has been operated upon in St. Bartholomew's Hospital (Griffiths, 1950), and the similarity between the two cases is quite striking.

The patient was a woman of 59, with a seven months' history of attacks of severe colicky pain in the right side, and a palpable mass in the right loin. There was no sign of any endocrine upset. She was admitted to the Surgical Unit in 1948, and a pre-operative diagnosis of hypernephroma was made. At operation, a large tumour of the right adrenal was removed, together with the right kidney, as they were enclosed in a common capsule. There was no liver or vena caval involvement. The tumour was rather smaller than that of our own patient, being 10 x 8 x 6 cms., but the macroscopic and histological appearances were almost identical. The large polyhedral cells were closely packed among thin-walled sinusoids, and mitoses were fairly frequent. Although the thick fibrous capsule was intact, its inner layers were seen to be infiltrated in a few places. There was no evidence of lymphatic or blood-stream spread. In spite of the absence of clear evidence of invasiveness, the tumour was labelled carcinoma, rather than adenoma, and the patient was followed up. There was no recurrence or metastasis during the next two years, but at the end of 1950 she developed signs suggestive of a peptic ulcer, and this diagnosis was confirmed by Barium X-ray. In February, 1952, she was admitted to the Royal Homoeopathic Hospital, where she died after multiple haematemeses. Post-mortem revealed a gastric ulcer, and a large pyloric papilloma. Chest X-ray on admission had shown that both lungs contained neoplastic deposits of a blood-borne type; and the post-mortem sections of these showed them to be metastatic deposits of her original adrenal carcinoma.

Cahill and his colleagues (1942) have described four cases of large adrenal cortical tumours without recognisable hormonal changes. All were in adults, two male and two female. Each presented with a history of attacks of abdominal and flank pain occurring during the previous year; and at each operation a large adrenal tumour was found. The tumours were thought to be malignant, and three of the patients died from recurrence or metastases within two years of operation.

Secondly, it is well recognised that patients with adrenal cortical tumours are liable to early post-operative death from acute adrenal insufficiency. In fact, Soffer records that 50 per cent. of his cases developed this condition, and therefore recommends careful pre-operative and post-operative treatment with cortical extracts. However, in spite of the absence of these precautions in the two cases here described, neither showed any signs of post-operative shock. In the cases of adrenal tumour described by Cahill, this occurred only when endocrine disturbances had been present before operation; and it seems likely, therefore, that insufficiency is related to disordered hormone metabolism and does not occur in the absence of this.

Thirdly, it would be expected that the difference between adrenal cortical tumours with, and those without, endocrine disturbances would be reflected by some difference in their histology. In the cases described by Cahill, the "non-endocrine" tumours showed varying degrees of differentiation; in some, cells belonging to the three zones could be recognised, whereas in others the cells were undifferentiated throughout. Both the tumours removed in St. Bartholomew's Hospital showed a very poor degree of differentiation. The tumours associated with endocrine disturbances vary greatly in their histology, some being highly differentiated, and others quite anaplastic. However, lipoid vacuoles in the cytoplasm were a common feature of the "hormonal" cases described by Cahill, and the degree of hormonal upset appeared to vary with the number of vacuoles. Such vacuoles were absent in the "non-hormonal" cases. It seems, therefore, that this feature of the histology, rather than the degree of differentiation, can best be correlated with disturbances of endocrine function.

Finally, the question of prognosis is important. Although the tumour operated upon by Mr. Hosford was removed in its entirety before any signs of spread could be detected, and was labelled adenoma—rather than carcinoma—on pathological examination, the subsequent history of similar cases described suggests that the likelihood of recurrence or metastasis is considerable. The

position is summarised by Willis (1948) as follows:—

> "No sharp separation of benign and malignant growths is possible. Whether a large circumscribed but growing tumour shall be regarded as an unusually active "adenoma" or a "carcinoma" which has not yet displayed invasiveness or metatasis, is a matter of personal preference."

I am very grateful to Mr. J. P. Hosford for his help and for permission to publish the case; to Professor Sir James Paterson Ross for his help and for permission to refer to his case; to Professor J. W. S. Blacklock for his help; and to the Departments of Medical Statistics and Medical Photography.

ROSALIND REWCASTLE.

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A REFLECTION

There is profit,
Says the observer Wu,
To cast back the mind
Four little years
To the Healers' struggle
Against the forces
Of those who design
The way of life
For their fellow-men,
Employing as excuse
The curious argument
That the people's wishes
Must be correct;
That what they fancy
Is always beneficial.
One saw in those days
Groups of the Healers
Earnestly engaged
In ardent speaking
Upon matters
Of highest principle,
Of selfless ethics,
Of the deep relationship
With the sick,
Of personal freedom;
The discussion
And correspondence
Rarely turned
Upon the trivial
Inconsequent matter
Of reward.
When the lists opened
For the great jousting
It was seen
(Says the observer Wu)
That the weapons borne
For the Healers
Were ill-contrived,
So that some watchers
Whose arms were carried
Into the affray
Were displeased
At the outcome
And left sorrowing.
Now that the conflict
Is largely over,
The few bubbles
Have risen through
The dark waters
Of negotiation;
The small groups
Of the Healers
Are still observed
Engaged in speaking,
No less ardently,
But the discussion
And correspondence
Now turns chiefly
Upon the matter
Of reward.
It was well understood
By the designers
That the Healers,
Despite protestation,
Are as other men
In certain respects;
That most will follow
As willing sheep
To the places where
There is profit.

E. A. J. ALMENT.

"THE ROOMS"

By R. FOSTER MOORE

(*Consulting Ophthalmic Surgeon to the Hospital*)

THE recent death of Viscount Addison has set one thinking, not of the up-to-date Anatomical Department as it is to-day, with, for all I know, its air-conditioning and an inscription in Greek over the entrance, but of the department as it was in his time, in fact, "The Rooms."

"The Rooms" will be remembered by many*; the entrance from under the Anatomical Theatre by a double swing-door; the large, lofty square room with a glass roof, surrounded by sheets of slate, or black-backed ground glass for drawing upon; the spiral iron staircases on the far side, leading to the gallery which went all round, with its specimens in glass jars, dissections embedded in Plaster of Paris in basins, and bones, coloured with remarkable precision to show the attachments of the muscles and ligaments.

Separated from the main room by a glass partition was what was called the "Operative Surgery Room"; into it there opened, at one end, a passage from the Professor's and the Demonstrator's rooms, and from it there led at the other end, a door into Hallett's (the Attendant's) room.

It is unnecessary for me to speak here of the excellent influence Addison had in the department; his lucid lectures, his charm, his control and his loyalty. He was the first to hold the title of Professor; previous to his appointment "The Rooms" were in charge of one of the surgeons who gave set lectures, a Senior Demonstrator, and two or three Demonstrators. None of these was a professed anatomist, for the post was taken deliberately as a stepping-stone to the Staff, as is exemplified in a number of our present surgeons.

It so happened that I was examined in the Primary Fellowship by Addison, and in physiology, somewhat curiously, by D'Arcy Power, for whom I was afterwards to serve as House Surgeon for 18 months.

An innovation which was introduced by Addison, and one which was acclaimed, was smoking; previously it had not been allowed; my recollection is, however, that it was not greatly indulged except in the gallery which the studious or indolent frequented; the fact being, I suppose, that cigarettes were scarcely possible while dissecting, and even a pipe was too messy.

Those with whom I was in most intimate contact, as demonstrators, were (i.e. 1906 to 1912) Etherington Smith, Harold Blakeway, Harold Wilson, Gerald Stanley, Adrian Moreton and D'Oyly Grange.

Of Etherington Smith it is difficult to speak in other than superlatives; a most handsome man, of extraordinary fine physique, universally popular in the best sense, the finest oar of his time, and one who was well on the way to becoming an outstanding surgeon. At this time I was in process of collecting, to adorn the demonstrator's room, photographs of as many as possible of those who had taught anatomy at the Hospital; so far as I remember there were about three dozen, all of them, I believe, destroyed in the Blitz. I had just received one from him for this purpose and went over to the Warden's house—he had recently been appointed Warden of the College—to get him to autograph it; having signed it, he showed me round his new home with pride; he appeared to be in perfect health and yet, within about 48 hours he was dead of septicaemia, contracted, it was thought, while operating on a case of empyema.

Harold Blakeway, a brilliant individual, died of the virulent influenza which immediately followed the first war. He was awarded the Jacksonian Prize for his work on cleft palate, and, by a curious irony, his small daughter had cleft palate; he operated on her himself and, from a recent personal introduction to her, I can speak of the really beautiful result of the operation.

Of other colleagues, it is not proper, I think, to speak in the way that I should like.

Harold Wilson is known to everyone: Adrian Moreton was, for many years, in

* Familiar to present-day clinical students as the Clinical Lecture-theatre.

charge of the Alexandra Hospital for Diseases of the Hip; D'Oyly Grange at Harrogate, was one of the best-known surgeons in the North of England: Gerald Stanley remained in Paris for many years after the first war, as senior Surgeon to the British Hospital there, and I shall allow myself the latitude to refer to one who was not a contemporary but a successor in "The Rooms," but with whom I was to be so intimately and delightfully associated for so many years as co-surgeon to the Ophthalmic Department. I refer to Rupert Scott.

As a demonstrator one soon got used to the ruses of the enquiring student who would ask one, perhaps, to demonstrate the otic ganglion. After fiddling about, one would find a scrap of tissue which could be passed off as it. He, the student, would express his thanks and if so-minded his admiration for one's skill, and proceed to remove the fragment. He would then button-hole the next demonstrator and ask him if he would be good enough to show him the otic ganglion, which he—the demonstrator—would proceed to do, if he were unwary. This pseudo-ganglion would, in its turn, be cut away, and so to the next demonstrator who, having been caught before would say: "Oh! look it up in Gray," or perhaps something less polite.

As demonstrators, we were paid £50 a year and so, to boil the pot, coached in anatomy and surgery; in this Harold and I were in competition, but when the Primary Fellowship came along, we joined forces in forecasting the questions, and boasted, with, I fear, our tongues in our cheeks, that we always spotted one-half of the questions which would turn up; it should be said that the questions we suggested had a way of being of a very comprehensive nature.

There was a marked contrast between the anatomy taught at the Hospital and that taught at Cambridge, the difference in fact between utilitarian topographical anatomy, and the more academical at Cambridge, including, as it did, something of embryology, anthropology and comparative anatomy. I'm sure I shall be told that the student's curriculum is already overweighted, in spite of the relegation, as I suppose, of such things as the "always remembered" ganglion on the nerve to Teres Minor, the petrosal nerves, the branches of the facial artery, and many others which are remembered only by means of mnemonics, to the limbo of inconsiderable things; and yet it has always seemed to me that some knowledge of embryology, at least, was desirable. Surely it should be of interest for the physician to know how it comes about that the abnormal right subclavian passes dorsal to the œsophagus, and for the maxillary surgeon to know something of the development of the naso-pharynx? So far as I am able to judge, the average student of to-day believes the urachus to be a fabulous beast and the notochord a musical term.

On one occasion I met, across the examination table, one of my late House Surgeons and, thinking to put him at his ease, asked him if he could tell me which of the anthropoid apes had the longest tail; with a look compounded of pity and tolerance, he said, he had not studied comparative anatomy—it should perhaps in fairness be said that it was an examination in ophthalmology.

"The Rooms" Attendant, Hallett, was a notable character. He wore a walrus moustache, a dejected air, and a coat which, being snuff coloured, protected him from the ignominy of being mistaken for a demonstrator.

His work-room was scarcely more than a short passage which led out of the Operative Surgery room. On the shelf to the right would be some brains in pots, cut in the orthodox horizontal and vertical directions to show the internal capsule, and perhaps a petrous bone on which he was engaged in filing out the semicircular canals, at which he was adept.

A stone flight of stairs to the left led to a small cellar in which the bodies were kept and treated. At one time, many of the men developed tenderness of the fingertips and small hæmorrhages under the nails, which Addison suggested were due to the arsenic which was used in injecting the bodies; glycerine and formalin with red lead was therefore substituted; it made the muscles more friable but got rid of the trouble.

Hallett arrived one day with the announcement that, he would shortly have completed 20 years in the department and it seemed to be implied that it would not be taken amiss if so notable an event were commemorated in some way.

There was a feeling among the demonstrators that, whilst it was indeed an august occasion, and a source of congratulation for "The Rooms" and for Hallett, it would be more usual to defer any celebration to the completion of a quarter of a century; an attitude which I fear was fortified by the thought that it would be our successors of five years hence on whom the burden of the day would fall. However, Hallett was able to produce a precedent in respect of one of his co-attendants in another department and so in due course a pint pewter pot was procured, as being both useful and appropriate, and, I may add, inexpensive.

He attached to himself certain small perquisites to augment what was perhaps a not too liberal salary; he would give demonstrations of identifying the carpal bones by touch, with his hands behind his back; whether right or left, and not excluding the pisiforms. He sold to the men certain "somehow acquired" books and instruments, and his lady washed the demonstrator's coats, which were returned an off-white colour, and some of the buttons intact. He was occasionally called on to do an embalming. He applied for the post of public hangman, perhaps instigated thereto by a sort of anticipatory professional contemplation of the six plaster casts in the museum. He had a way of disappearing for a time, returning with a handkerchief to his mouth, to conserve, I suppose, the beneficial influence of the peppermint, with which his presence was so fragrantly pervaded on these occasions. He would say that he had just been over to the P.O., which, was translated by the more cynical, as signifying the Pub Opposite.

"The Rooms" lost a good servant when he retired.

OBITUARY

We regret to record the deaths of the following Bart.'s men:—

Walter Miller, on August 21, in Nigeria, aged 81, after over 50 years of missionary service.

Lionel Nathan Grunbaum, M.R.C.P., chest physician at Edmonton, on August 2.

Cedric Rowland Taylor, O.B.E., M.D., on August 23, aged 64.

Louis Edington Dickson, M.D., on August 2, at Bridgnorth, Salop, aged 74.

HOSPITAL APPOINTMENTS

The following appointments to the Medical Staff will take effect from the dates indicated:—

Mr. Hume's firm	
Registrar	Mr. K. Lawrance (vice J. Stephens) from 1.11.52
Mr. Hosford's firm	
Registrar	Mr. J. O. Robinson (vice D. Harland) from 1.10.52
Medical Professorial Unit	
Junior Registrar	Dr. R. Marshall (graded Registrar) (vice P. J. Lawther) from 1.10.52
Surgical Professorial Unit	
Junior Registrar	Mr. M. Birnstingl (vice C. Noon) from 1.1.53
Department of Anaesthesia	
Senior Resident Anæsthetist ...	Mr. T. B. Boulton (vice N. E. Winstone) from 1.10.52
Pathological Department	
Junior Demonstrator	Mr. T. W. Osborn from 1.10.52
Dr. Scowen's firm	
Locum Registrar	Dr. P. J. Banks (vice Lloyd) from 1.11.52 to 30.10.53
Dental Department	
Resident House Surgeon ...	Mrs. H. S. Hooper reappointed for 6 months from 1.10.52
Follow-up Department	
Locum part-time Senior Registrar	Dr. I. P. MacDougall (vice R. B. Terry) from 1.10.52 to 30.9.53

EXAMINATION RESULTS

ROYAL COLLEGE OF SURGEONS

At the Primary Examination held in July, 1952, the following candidate was successful:—

Holmes, R. P.

UNIVERSITY OF LONDON

M.D. Examination

Branch I (Medicine)	Hughes, E. W.; Philpott, M. G.
Branch II (Pathology)	Ratnavale, W. D.; Williams, J. R. B.; Williamson, T. B.
Branch III (Psychological Medicine)	Hunter, R. A.
Branch IV (Midwifery and Diseases of Women) ...	Cocks, D. P.
Branch V (Hygiene)	Holtby, G. R.

Special Second Examination for Medical Degrees

Ashbee, C. R. N.	Hewer, R. L.	Scott, P. J.	Taylor, J. H. K.
Dale, S. L.	Holden, F. A.	Smith, M. E.	Walton, W. J.
Deering, R. B.	King, H. A. P.	Stainton-Ellis, D. M.	Williams, J. C. L.
Fairclough, C. M.	Langham, G. D.	Stainton-Ellis, J. A.	Womersley, B. J.
Gordon Watson, M. A.	Murphy, J. K.	Stephenson, R. E.	Wood, P. H. N.
Gray, J. M.	Roche, W. D.	Taylor, C. G.	

Examination for the Academic Postgraduate Diploma in Medical Radiology (Diagnosis)

Geere, J. J.

Special First Examination for Medical Degrees

Burles, P. G.	Weatherley, M. J.	Tresidder, A. M.	Watts, N. M.
Coltart, N. E. C.	Cochrane, T. D.	Cocker, W. J. B.	
de St. Jorre, J. A. G.	Cruikshank, A. N.	Dennis, M. S.	
Garnham, J. C.	Fenn, P. J.	Gallant, M. J.	
Rossiter, E. J. R.	McKerrow, M. M.	Martin, J. M.	
Thirlby, J. M.	Simpson, R. I. D.	Stuart, I. M.	

The following Higher School and General Certificate of Education Candidates have qualified for exemption from First Medical:—

Ellison, J. A. Richards Manhire, M. A.

SOCIETY OF APOTHECARIES

Final Examination

Surgery	*Medicine*	*Midwifery*	
Harwood, K. A.	Chapman, L.	Brown, J. R.	Ivens, H. P. H.
Pathology	Jenkins, D. G. W.*	Bunting, J. S.	Marshall, L. J.
Charles, H. P.*		Chitham, R. G.	McKenzie, A.
Thomas, G. E.			Storey, V. C.

* Granted the Diploma of the Society.

CORRESPONDENCE

"That's rather a sudden pull-up, ain't it, Sammy?" inquired Mr. Weller. "Not a bit on it," said Sam; "she'll vish there vos more, and that's the great art o' letter-writin'."

—(Pickwick Papers.)

A JUST PRIDE*

Dear Sir,

After 14 years my statements appear to be as true and my complaints as valid as they were then. Now that reconstruction of the Hospital is taking place surely some appropriate accommodation for old students could and should be made. For the 1938's it is too late but for those now leaving and for future generations something must be done and done speedily if Bart.'s is to keep its pride in itself and if its past students are to keep their pride in Bart.'s.

Yours sincerely,

A CORRESPONDENT OF JANUARY, 1938

*Editorial: September *Journal*.

STUDENTS' UNION BALL

Dear Sir,

With the start of a new term, our thoughts turn towards the numerous social functions ahead, including the Students' Union Annual Ball, about which we would like to make a few suggestions.

The last Ball was held, as usual, at the Dorchester Hotel and was attended by only three hundred or so people, by no means all of whom were students. The Ball lasted from 9 p.m. to 2 a.m., a buffet supper was provided but there was no cabaret. The price of a double ticket was three guineas, over and above which was the considerable expense of drinks at that hotel. There are almost seven hundred students at Bart.'s, only a small proportion of whom attended this ball, which should surely be one of the most important social

events at the hospital. This fact leads us to wonder whether the S.U. Ball is fulfilling its proper function in its present form? We believe that the apparent lack of support can be ascribed to two reasons: (a) the high price of the tickets, and (b) the rather limited scope of the Ball. Recently another hospital held its Ball at the Royal Festival Hall with an attendance of over one thousand people. The Ball, lasting from 11 pm., to 5 a.m., included both buffet supper and breakfast, all for a sum considerably less than three guineas, and was a tremendous success. Why should Bart.'s not be equally enterprising in this matter?

We urge those responsible to organise a Ball in the future, with a reduced initial cost and providing greater attractions, so that every student at Bart.'s can be reasonably encouraged to take part, and thus make the Ball a truly representative Students' Union function.

Yours, etc.,
G. A. B. CUNNINGHAM.
A. K. THOULD.

Abernethian Room.

HODGKIN'S DISEASE

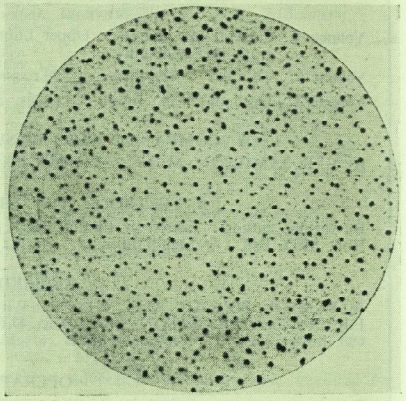
Dear Sir,

It is good to reach one's 80th birthday when it is accompanied by such charming felicitations as those in your August number, and also in a recent issue of your distinguished colleague in Tavistock Square. The good and kind wishes of old and tried friends make life far happier, and the atrophy and other drawbacks of old age of no account at all. Although it seems incredible to me, my wife informs me that the snapshot you published of me is "just like me."

But the occasion of it I do remember perfectly, because I had just succeeded in passing the virus of an acute case of Hodgkin's disease, present in lymph glands removed by the Surgical Unit, absolutely free of any contamination *through four guinea pigs in succession*. This was a triumph, because in spite of the utmost care by Joseph Heagerty and myself, we had never, with similar material from previous cases of Hodgkin's disease, succeeded in passing the virus through more than two guinea pigs in succession, before the pure culture of E.B.s (elementary bodies) present in the subcutaneous exudate became contaminated by bacteria. The successful guinea pigs were a batch with longer hair than that of the usual ones, and it was hoped that they would provide a means whereby a strain of the virus from cases of Hodgkin's disease could be kept up and forwarded to other labs and checked by their staff.

This was not to be. However, by using the technique introduced by E. W. Goodpasture, namely culture in the embryonated egg, I am glad to inform you that confirmatory evidence of the presence of a virus in cases of Hodgkin's disease has been obtained both by W. L. Bostick of the Department of Pathology of the University of California, and also by H. Lundbäck and S. Löfgren of the State Bacteriological Laboratory and the Department of Virus Research, Caroline Institute, and of St. Goran's Hospital, Stockholm, Sweden. The Swedes have found that the virus obtained by them has serological relationship with mumps virus, which is of great interest because a similar affinity has been observed between the viruses of psittacosis, lymphogranuloma inguinale, and mumps by S. P. Bedson and his colleagues as described in their admirable book on Virus and Rickettsial Diseases recently published.

As this was work in which the whole staff of St. Bartholomew's Hospital co-operated during the Rose Research on Lymphadenoma*, and Bart.'s men in practice all over the country as well, I am asking you to be so kind as to reproduce the accompanying photograph of the Hodgkin E.B.s



from an illustration in the original Rose Report published in 1932, and beg to remain yours both gratefully and most sincerely.

M. H. GORDON.

Holly Lodge,
East Molesey, Surrey.

* The Rose Research on Lymphadenoma was founded by Mrs. T. E. Rose in memory of her daughter who lost her life from this disease, and also because lyphadenoma appeared to be a disease eminently in need of investigation. Administration of the Fund was offered to, and accepted by, the Medical School of the Hospital, and all the research work carried out here, over the course of twelve years.

THE FIRST CAMBRIDGE-BART.'S SURGEON

Dear Sir,

At the Cambridge-Bart.'s dinner in March I listened to Mr. Geoffrey Keynes say that Mr. L. Bathe Rawling was the first Cambridge man to be appointed to the Surgical Staff of the hospital. In the July *Journal* this statement was repeated.

Historical accuracy, no less than filial piety, requires me to correct this. Mr. Douglas Harmer was appointed Assistant Surgeon in 1903, Mr. Rawling in 1904. Four years later, after a severe illness, my father was advised to give up general surgery and was invited to organise the new Throat Department. This he did after a somewhat acrimonious dispute arising from his request that he should be allowed beds and a house surgeon: amenities which, it is interesting to recall, were then considered neither necessary nor desirable.

Yours, etc.,
MICHAEL HARMER.

59, Portland Place, W.1.

Sailing.

The Sailing Club has flourished this year. It was refounded with Mr. Frankis Evans as Commodore, Mr. Kinmonth, Dr Coulson, and Mr. Robertson as Vice-Commodores, and John Stevens as Secretary.

With 32 members, Bart.'s now has the largest constituent membership of the thirteen London Hospitals comprising the United Hospitals Sailing Club. For the first time in its history the club now owns a boat. This is a brand-new "Firefly" National dinghy which we are regularly using on the Brent Reservoir against the University of London.

In July a very successful two-day regatta was held at Burnham. Paul Smart won the Commodore's Cup, and Miss Mary Keene the Ladies' race. The Club has raced every week in the Spoon races, won two out of the six Inter-hospital races, and Paul Smart was awarded the Brandyhole Trophy which was competed for by eight hospitals. Members have cruised abroad in the Baltic, in Dutch and French waters. Three of us had a very memorable trip down to the West Country in "Cherub."

Beginners are very welcome to the Club. We sail on the Brent all the year round, and at Burnham throughout the summer. Besides the use of all our boats, membership of the Club offers an excellent opportunity for introduction to racing with many other classes at Burnham; and to cruising and ocean-racing skippers who are on the lookout for crews.

Rowing.

At the Annual General Meeting of the Boat Club, the following were elected Officers for the year 1952-53:—

President: O. S. Tubbs, Esq.

Vice-Presidents: Dr. A. W. Spence, Prof. A. Wormall, Dr. Malcolm Donaldson, Prof. K. J. Franklin, J. P. Hosford, Esq., H. H. M. Ward, Esq., Dr. J. H. Coulson.

Captain: P. E. Mann.

Secretary: P. J. G. Smart.

Committee Members: G. F. B. Birdwood, D. H. Black, J. F. G. Pigott, E. J. R. Rossiter.

George Birdwood has been elected Secretary of the United Hospitals Rowing Club for the coming year.

Four members of the club took part in Exeter Regatta during July. Although the strange West-Country rig of the boat which they used, and the natural (and unnatural) hazards of the canal on which they rowed, prejudiced their chances of success, they are to be congratulated on introducing Bart.'s Boat Club to this part of the country. Crew: Bow, M. F. D. Burton; 2, T. A. Evans; 3, W. G. Harris; Str., A. H. Luscombe.

All newcomers to Bart's in October who are interested in rowing, whether they have rowed before or not, will be welcomed into the club.

Cricket: Sussex Tour.

v. *Hurstpierpoint*, on Sun. August 3. Match won.
Bart.'s: 84 (Ross 21).
Hurstpierpoint: 64 (Aubin 5 for 19, Rosborough 4 for 22).

v. *Southwick*, on Mon., August 4. Match lost.
Bart.'s: 73 (May 28).
Southwick: 74 for 1 wicket.

v. *Rottingdean*, on Tues., Aug. 5. Match won.
Rottingdean: 136 (Rosborough 4 for 26, Winton 2 for 22, Ford 2 for 36).
Bart.'s: 137 for 5 (Ross 57, May 39 not out).

v. *Littlehampton*, on Wed., August 6. Match drawn.
Bart.'s: 175 for 6 declared (Aubin 82, Mellows 27 not out, May 22).
Littlehampton: 164 for 8 (Ford 5 for 37).

v. *Barcombe*, on Thurs., August 7. Match won.
Barcombe: 111 (Foy 6 for 49, Tomlinson 3 for 20).
Bart.'s: 112 for 7 (Tomlinson 56).

v. *Keymer and Hassocks*, on Fri., August 8. Match tied.
Keymer and Hassocks: 154 (Foy 7 for 45, Winton 3 for 41).
Bart.'s: 154 (Ross 29, Ellis 28).

v. *R.N.V.R.*, on Sat., August 9. Match won.
Bart.'s: 100 for 9 declared (Ross 24).
RN.V.R.: 91 (Tomlinson 3 for 32, Winton 2 for 5, Ross 2 for 14).

BOOK REVIEWS

Who seekes to please all men each way,
And not himselfe offende,
He may begin his worke today,
But God knowes when hee'll ende.

—(*Samuel Rowlands: The Letting of Humours Blood in the Head-vaine*, 1600.)

CLARK'S APPLIED PHARMACOLOGY. Revised by Andrew Wilson and H. O. Schild. 8th Edition, 1952. Churchill, pp. 670, Figs. 120. Price 37s. 6d.

"This volume," says the publisher, "is designed to bridge the gap between the laboratory science of Pharmacology and the clinical practice of therapeutics." One would go further and say that it covered both fields most adequately whilst incorporating much relevant physiology and pathology.

"Clark" seems to be little known among Bart.'s students—a very regrettable situation, due no doubt to the previous edition being now twelve years out of date. But here we have "Clark" right up to date once more—and make no mistake, it is the outstanding pharmacology book for students. It should surely become the most popular one too, for it is interesting, readable and factually almost impeccable. Your reviewer cannot think of another medical book he would recommend as thoroughly as this one (he holds no shares), and suggests that you buy it at once. He, who paid nothing for his copy, would buy it at twice the price.

A SYNOPSIS OF OPHTHALMOLOGY, by J. L. C. Martin-Doyle. 1951, John Wright, pp. 230. Price 20s.

This book follows the familiar form of the Synopsis series. It is, however, to be preferred to some other volumes in that series. First, because it is written by a specialist who is an expert in his subject, secondly, because his subject lends itself to synopsis form, and thirdly, because the book is readable and thus much more acceptable than the weary catalogue a synopsis often is.

The price is high, but then the prices of the whole series are high and well above what the average student can afford for a "second string." (I note from the dust cover that 30s. is the price of "A Synopsis of Neurology"—and this when one of the best known *Text Books* of Neurology is only 17s. 6d.)

Interested practitioners and budding ophthalmologists will certainly find this book useful and, despite what I have said, a good money's worth. Senior students who want a book on eyes will almost certainly find this one to their liking.

INTRODUCTION TO CLINICAL NEUROLOGY, by Gordon Holmes. 2nd Edition. E. & S. Livingstone, 1952, pp. 189, Figs. 43. Price 12s. 6d.

For some reason this work seems never to have been very popular in this hospital, whereas it is justly so elsewhere. It is, as its title states, essentially clinical, dealing rather with physical signs and their interpretation in terms of anatomy and physiology than with disease-entities. This edition contains some new work but is basically as the first. It is strongly recommended.

INDIAN HEMP—A SOCIAL MENACE, by Donald McI. Johnson. Christopher Johnson. Price 8s. 6d.

This small book by a Bart.'s man is written with the intention of bringing the dangers of Indian hemp to the notice of both the general public and the medical profession.

After a short description of the "habit-forming drugs," there is an interesting chapter on the history of Indian hemp. Then follows a section on the distribution and use of the drug in this country and in the United States. There is a useful account of the pharmacological effects of cannabis indica, and the concluding chapters contain some original and stimulating views, including the suggestion that cannabis indica was responsible for the unexplained Pont Saint Esprit tragedy of August, 1951.

PORTRAIT OF A HOSPITAL, by William Brockbank. 1st Edition, 1952, William Heinemann, pp. x+218, 60 illustrations. Price 25s.

Dr. Brockbank is to be congratulated on producing such an enjoyable book which gives a clear account of the development of the Manchester Royal Infirmary.

This book is well printed on good paper, profusely illustrated, and gives value for money. It is, naturally, of most interest to those from the Manchester area, but should be read by all interested in the development of the Voluntary Hospitals.

This book is intended to mark the bi-centenary of the Manchester Royal Infirmary, on July 27 this year. Let us hope that the future of the Manchester Royal Infirmary will be as useful and as interesting as its past.

A SYNOPSIS OF NEUROLOGY, by W. F. T. Tatlow, J. A. Ardis and J. A. R. Bickford. 1st Edition, 1951. John Wright & Sons, Ltd. pp. xi+510, 84 illustrations. Price 30s.

The idea of a synopsis is an old and basically good one for the student who already has a good grounding in the subject. But 520 pages devoted entirely to the subject of Neurology is longer than the main textbooks students generally use and therefore few will be tempted to study this book the night before their finals. However, a considerable portion of this book is devoted to related subjects, such as the anatomy of the nervous system, radiology of cerebral tumours and electroencephalography, and the actual presentation of the neurological disorders is as clear and concise as one could wish. In addition the book makes good use of bold type for easy access and this combined with a splendidly complete index makes it valuable as a neurological quick reference book.

AFTER-TREATMENT, by H. J. B. Atkins. 4th Edition, 1952, Basil Blackwell, pp. xviii+338, 64 illustrations. Price 30s.

This book is a pleasure to read, not only because of the author's succinct treatment of all branches of his subject, which ranges from the problem of unwanted visitors to colostomy dressing, but because the book is technically well-produced: the pages are well set up and the diagrams are clear and relevant. Though one may regret the author's decision to leave out descriptions of a number of common procedures, such as blood transfusion, on the grounds that they can only be learnt at the bedside (which is true of the majority of clinical surgery) the book should not be left unread by the final year student. It is as good a refutation as any of the old gibe that surgeons are merely carpenters and plumbers interested in operative technique to the exclusion of all else.

LOGAN TURNER'S DISEASES OF THE NOSE, THROAT AND EAR, Edited by Douglas Guthrie, assisted by John P. Stewart. John Wright. 5th Edition, 1952, pp. xvi+468, 246 illustrations, 9 coloured plates. Price 42s.

The oto-laryngologists of Edinburgh have produced an interesting textbook. And to add to their achievement the coloured plates bear a close resemblance to what a student sees. The text, which covers the anatomy as well as the diseases of the Nose, Throat, and Ear, is well written and contains all that a student is likely to want to know. Whether this would be enough for the budding rhino-oto-laryngologist is debatable, as the surgery of the speciality is only briefly described. The illustrations are, on the whole good, but out of 55 sections through the ear only three have any indication of the magnification used to obtain the picture. It is not surprising that there is no bibliography, as this kind of book tries to supply all the necessary information, but there are many names mentioned in the text whose works might have been given, even if only as a footnote.

The publishers are to be congratulated on the quality of the paper and the printing, though the cover is hardly worthy of a two guinea book.

Any student interested in ENT, which should be all students, should look at and read this book for an intelligible description of the processes he meets in the department.

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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WINDOW BOXES

To create a little flower is the labour of ages.
(William Blake: Proverbs of Hell.)

THE Square, with its trees and the Fountain, is one of the unique features of Bart.'s, conferring upon the Hospital some of the characteristics of a large country-house, or a college court, and lending it peace and calm in the midst of the busy city life.

The more, then, is the pity that we do not make the most of it. Beautiful and stately though the Square undoubtedly is, in spring and summer especially, there is still much that could be done to improve it. Perhaps the most obvious improvement would be more flowers.

Old photographs of the Square dating back to 1880 show four large triangular flowerbeds extending close to the Fountain and to the peripheral pavement. Later these were done away with—it is said because the senior staff lacked space to park their carriages—and they were replaced by the present ugly and rather dilapidated shelters. These serve a useful purpose and it would be a pity to do away with them, but they could certainly do with a coat of paint.

However, the Square must be a drab place compared with Victorian times—and all for want of some flowers. The geraniums that were planted round the trunks of the trees on the eve of View Day in May lingered on, somehow or other, well into October: but they were then so dusty and so nibbled by cats as to be scarcely recognisable as flowers The only other flash of colour throughout the summer and autumn was the beautiful window-box which decorated the office of Sister-Tutor, in the West Wing.

No one who has walked down Whitehall can deny the improvement wrought by its window-boxes, despite the severe uniformity of these bureaucratic flowers. Around Piccadilly and Mayfair are to be found the best examples in London of the art of gardening in miniature, and their squares, streets and mews well repay a Sunday afternoon's stroll. The visitor to Stockholm, or to the villages of the Black Forest can see this art carried to its heights, every house and building wreathed in flowers and suffused with colour for most of the year.

Three sides of the Square were designed by one of the greatest of Georgian architects—James Gibb, who was a Governor and designed these buildings as a gift to the Hospital. He had a profound influence upon the development of the Colonial style in America, and in this country designed, among many country homes being seen for the first time by the public, the Senate House and the Fellows' Building at King's College, Cambridge. Anyone who visited Cambridge this summer will have seen the Fellows' Building gay with window-boxes on *three* floors and must have been delighted at the improvement in an already very fine building.

We strongly urge that the same be done for the Gibb buildings at Bart.'s. The expense is really very slight, especially if the boxes are made by Hospital workmen. The cost of the flowers is negligible—Sister Tutor informs us that her wonderful *coup d'œil* cost no more than 6/6d. for the six summer months. There is only one month—this one—when there are few flowers suitable for window-boxes; even in December the green shoots of early bulbs make promise for the future. We hope—should this idea be adopted—that there will be no stereotyped display, but that each ward or office will be encouraged to plant its best, subject, of course, to some control so that the Square does not become a gardener's nightmare.

We feel sure that James Gibb would approve the change. A few tattered geraniums do him scant justice.

The Hospital Ball

The 1953 Ball will be held on January 23. It will include dinner and is to take place at the Park Lane Hotel.

The Journal journeys afar

It is very rarely, if at all, that the *Journal* has reprinted an article from elsewhere, or taken any notice of its contemporaries. But in the last few months it, by contrast, has been cropping up in some very queer surroundings.

In the July 26 copy of the *Grocers' Gazette* exception was taken to the July Editorial, in which, readers won't remember, a comparison was drawn between a G.P. in the early days of the Health Service and a grocer supposedly thriving under post-war rationing—not altogether to the credit of the latter. The *Grocers' Gazette* after quoting the offending part remarked tartly: "This is a simple case where the shoemaker should stick to his last. The writer of the article knows next to nothing of the grocery trade or of the conditions prevailing in 1937 and 1947. If a doctor wrote [it], all I can say is that his diagnosis of the case of the grocer is hopelessly wrong." Like so many of our diagnoses.

Recently three original articles in the *Journal* have turned up elsewhere. The article on Smithfield, printed in June, was republished, in an abridged form and with a pleasant acknowledgment of the ties linking Smithfield and Bart's, in the September 4 issue of the *Meat Trades' Journal and Cattle Salesman's Gazette*. The humorous article, "The Cat and the Fiddle," printed in July, was bespoken by the *Guildford Co-operator*, the House Magazine of the Guildford Co-operative Society. Finally, the September article on "World Health" has been reprinted in the *British Medical Students' Journal*.

We have yet to have an article reprinted in one of the national dailies, but this event is surely not far off.

A little ultra-violet, sir ?

It has been noticeable that a very few of the male students have been looking suntanned well into October, and many weeks after the end of their holidays. The peculiar feature of the sun-tan is that it ends at a sharp margin half-way down their foreheads.

While not deigning to explain this phenomenon, they claim that it is purely coincidental that they are all going rather bald and are all to be seen making regular visits to the Physiotherapy Dept.

Crossword Virtuosity

was displayed by Nurse M. P. Haworth in winning outright the *Sunday Times* Crossword Competition for Sunday, September 14.

It is reported—with what truth we know not—that one or two Sisters took to their beds with chagrin. They have, apparently, been successfully filling in the *Sunday Times* crosswords for years, but have never had their entries opened first!

The United Hospitals' Regatta

takes place this year on Wednesday, November 12. Last year Bart's adherents far outnumbered those of any other hospital and their noisy support was an important factor in the Boat Club's success.

Competition this year promises to be keener than ever, and it is hoped that even more Bart's men will turn up at the Hard just by Putney Bridge to lend our oarsmen their support.

The Art Exhibition

The Third Art Exhibition (not the *Second* as we stated in previous *Journals*) was an outstanding success and was much enjoyed by all who visited it. It was opened by Lady Munnings on September 19, and lasted a week. It was visited by over 1,000 people and the receipts totalled more than £37; they will be devoted to some domestic charity within the Hospital.

All members of the Committee are to be thanked for their work and congratulated upon its success, but praise should go especially to J. S. Malpas, the Secretary, who worked heroically from the conception of the idea in the Spring until its fruition in the Autumn. The diffident—and they were many—had to be encouraged, the over-eager courteously disenchanted, and the dilatory—and they were many, too—sedulously harried. All was achieved with charm and efficiency.

He in his turn has asked the *Journal* to express the thanks of the Committee to all those students and members of the staff who helped to prepare the Exhibition and ensure its success.

Incidentally, the accompanying photograph taken by Mr. Harrison of the Department of Medical Photography, is very much better than any taken by the three national daily papers and the press agency which covered the Exhibition.

The artists and organisers of this exhibition deserve our thanks and congratulations. Contributions were invited, and received, from members of the Nursing, Medical and Lay Staff of the Hospital, both past and present. The standard of these contributions was surprisingly high and many who made their way to the Great Hall out of curiosity to see the staff in paint instead of print found themselves enjoying the exhibition for its own sake.

The staff was well represented by, among others, Sir Harold Gillies, K. J. Franklin, G. Bourne and J. H. Coulson. Each will have his favourite pictures but I remember with particular pleasure the very skilful harmony of Sir Harold Gillies' "Calus Fjord," and K. J. Franklin's delightful view of "G. S. Adair, Esq., F.R.S.", a drawing of great charm and humour.

One of the most noticeable and pleasing aspects of the exhibition, however, was the large number of contributions from present students. I like to think that some of those prophets of woe whose principal recreation it is to bewail the narrow interests, and dim mediocrity of the modern medical student, paid their shillings and went away, if not happier, at least wiser men. Doctors must possess an observing eye and it is not surprising that these paintings were often most successful in catching the character and mood of places and landscapes. Most of them must have been done on holiday, or summer afternoons stolen from medicine; they were a most happy collection.

E. A. J. Alment's "The East Lighthouse" and "The Raft, Wells" were both pleasing and evocative shorescapes. G. Kirk's painting of "Yarmouth Trawlers" must have proved a difficult exercise in perspective drawing and was a great success; W. V. Cruden is obviously a watercolourist of skill; "Rome from the Palatine," a picture suffused with the golden calm of a Mediterranean evening must have been the greatest fun to paint. J. Wand-Tetley's "The Fountains, Kensington Gardens" was another water colour I much admired with its clever rendering of the falling splashing water scraped into the paper. Other good landscapes were

exhibited by J. S. Malpas, and M. H. Staunton: they are representative of many, too numerous to mention individually, who gave pictures which though they obviously varied greatly in quality, formed together a most engaging collection. We could scarcely hope to have a yearly exhibition of this size but perhaps these holiday pictures might be a yearly event.

Two artists deserve especial mention. H. Poirier's "Woman and a Violin" and "Mr. Arthur Poirier" were portraits of whose technical merit I feel quite unqualified to speak, and perhaps it is unnecessary, for the extraordinary power of feeling that they both possessed can only have been caught on canvas by a painter of very real skill and sensibility. David Craggs is plainly a gay adventurer in paint; a prolific and versatile artist, he attacks his canvasses unmercifully with brush and palette knife. The results are good and sometimes much more, for in "High Summer" he produced a picture that almost stole the show: no one can have missed it, and few, I think, failed to admire it. His other landscape pictures I also enjoyed, but his "Temptation," "Lust," etc., I found very easy to resist.

It remains to say something of the sculpture of Beth Jukes and D. Bergel. D. Bergel's Bulls though original and cleverly made did not always succeed in capturing that essential bulliness. Beth Jukes is a sculpturess of repute, and very deservedly so: the exhibition would have been well worth a visit on her account alone. Her "Voodoo Dancer," alive with rhythm and movement, and the face of the mother in "The Cradle" are amongst the most vivid of the memories I carried from this admirable exhibition.

I.G.T.

A literary feat

In this issue we publish an abridged version of this year's Wix Prize Essay on Sir Thomas Smith, by R. A. Roxburgh. It has had to be shortened because the original was a *magnum opus* of no less than 270 pages! This was an effort probably never previously made for the Wix Essay, entailing much original research and many afternoons in the British Museum. Roxburgh's essay will, undoubtedly, be the definitive biography of Sir Thomas Smith.

An Interesting Relic

We are indebted to Miss Stokes, the Assistant Archivist, for the following note.

Recently an old wooden shovel was brought into the Archives Room. It was clear that it had seen many years of use in the Hospital. While its handle had been broken, the broad blade was in good condition, though at some time reinforcing bands of iron had been applied to the back. The broad curved blade reminded me of eighteenth century malt shovels which I had seen in the Kirke Museum, York, and I therefore took it across to the Guildhall Museum in the City. My suspicions were there confirmed and I was told that it was a malt shovel, probably of the eighteenth century, but that it definitely would not have been made later than about 1830.

What would an old malt shovel be doing in St. Bartholomew's Hospital?

On July 13, 1738, the Governors decided to build a brewhouse "in such convenient Place within the Precint of this Hospital as they shall think proper and to provide and furnish the same with all proper utensils and materials, and to set about the brewing of small beer for the use of the Poor" for "it will be much better for the Poor and cheaper to the Hospital that the Small beer be brewed here." Beer formed an important item in the patients' diet and the Governors had become perturbed at the great expense of providing it. In a year the brewhouse was built and, on January 24, 1739/40, Robert Brown was appointed brewer after having been on trial for three months brewing small beer. He was to provide a labouring man to assist him, a horse for the mill and corks, but the Hospital would supply malt, hops, coals, candles and utensils.

There can be no doubt that the old malt shovel, now preserved in the Archives Room, was used in the Hospital brewhouse and it may well have been one of those utensils provided for Robert Brown.

Candid Camera

Our pre-war readers were greatly entertained by the periodic publication of photographs of their chiefs, erstwhile and contemporary, caught in unfamiliar poses. One or two are quite priceless; that, for instance, of Dr. Scowen—"Take the time from me, boys"—or of Dr. Strauss, trying a little psychotherapy P.R. The *Journal* published them all in booklet form and a few are still obtainable by application to the Manager.

It is hoped to build up the nucleus of a second edition in the same way, and we appeal to any reader who may have photos of the present chiefs to lend them to the *Journal*. Especially do we seek a photographer who, like C. M. Fletcher before the war, stands in no dread of his superiors and is happy to have coals of fire heaped upon his head so long as he gets his man.

A Masked Ball

is being thrown by the Athletic Club at the Victoria Hall on November 11, 7.30 to 11.30. Tickets from the Secretary at the Hospital.

B.Sc. Special Examination 1952

Those successful in the Physiology section were:—

Honours: J. S. Malpas, J. E. A. Wickham.
Pass: M. Ball, M. J. White.

"Hay Fever"

by Noel Coward is the Dramatic Society's annual production, at the Cripplegate Theatre on November 21 and 22. Tickets are obtainable from the Secretary at the Hospital.

Marriage.

On August 30, 1952, in Workington, Thomas Babington Boulton, M.A., M.B., B.Chir., to Helen, daughter of Dr. Adam Brown, O.B.E., and Mrs. Brown, of Workington, Cumberland.

Appointments

W. F. T. Tatlow, M.D., M.R.C.P., Lecturer in Neurology at McGill University, Consultant Neurologist, Queen Mary Veteran's Hospital; Assistant Neurologist, Montreal General Hospital; Director, Department of Electroencephalography, Montreal General Hospital.

P. Hamill, M.D., F.R.C.P., Appointed by General Medical Council to be its Visitor of Examinations and Visitor of Medical Schools in the subjects of Pharmacology and Therapeutics.

SIR THOMAS SMITH

By R. A. ROXBURGH.

THERE is a great band of noble men, recruited from all walks of life, who, although they achieved the fleeting glint of fame during their lives, have become hidden from view by an ever-thickening cloud which has passed over them after their death. Tom Smith is of this band, and it is instructive and pleasant to roll back the cloud and survey what is revealed.

Thomas (or, as he was always called, "Tom"), Smith was born at Blackheath on March 23, 1833, the sixth son in a family of eleven children. His father, Benjamin Smith, was a silversmith of some repute, and one of his mother's forbears, Thomas Pellett, had been President of the Royal College of Physicians from 1735-39.

It might seem of little consequence that Benjamin Smith wanted a music teacher for his children. Nor is it strange that he should have chosen Miss Lydia North, for she was the sister of the local parson, and a talented musician. But it is not too much to say that had he chosen anyone else there would be no Sir Thomas Smith about whom to write. The reason is that two of Miss Lydia North's other brothers were curates at Yarmouth and knew the younger members of the family of one Samuel Paget, a banker, brewer, and shipowner in Yarmouth, and sometime Mayor of that town. Samuel Paget's fifth son was called James. On October 9, 1836, James Paget became engaged to Lydia North, the Smith's music teacher. Paget was, as he later wrote, "A mere dependent boy, without one shilling, and without, so far as I could clearly see, the prospect of earning one in a respectable manner." They were married in 1844—after an engagement of eight years.

In the following year, by which time the Smiths had left Blackheath and moved to Tonbridge, Paget and his wife went to stay with the Smiths—Mrs. Paget being the particular friend of Tom's eldest sister Susannah. This was how Tom first met Paget, and of

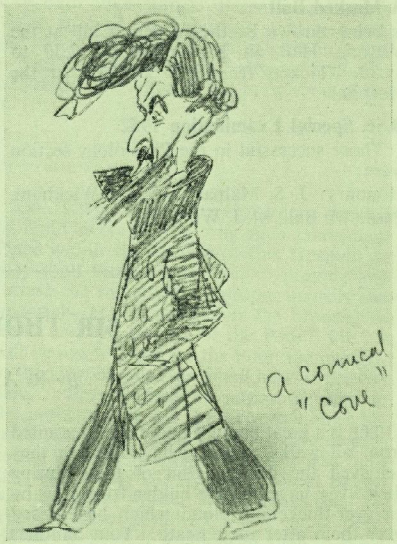
the visit Smith later wrote, "He was in high spirits and joined with us boys in country pursuits, to which he was evidently quite unaccustomed. He fished, rode on horseback, took long walks, read 'Martin Chuzzlewit' aloud to the ladies of the party, and seemed thoroughly to enjoy himself." Subsequently the Pagets often stayed with the Smiths and after one such visit Benjamin Smith prophesied of Paget, "That young man will be President of the Royal College of Sugeons some day," a prophecy that was fulfilled in 1878.

Tom and his brother George went as day-boys together to Tonbridge School. Both had successful school careers, but of the two George's was the more successful for he won a scholarship to Caius College, Cambridge, whilst Tom—who was never a fiend for work—diverted his energies more to rural pastimes, a passion for which remained with him throughout life. George left Tonbridge in 1849 and Tom a year later. About this time Benjamin Smith was being squeezed out of the copper smelting business in which he had become involved, and this, combined with his taste for gracious living, resulted in his being in debt to the tune of £160,000. He was declared a bankrupt in March, 1850, and died a few days later.

Paget, now Assistant Surgeon at St. Bartholomew's, seeing the family's distress, offered to take George Smith as his apprentice at the Hospital. But at the request of the eldest of the Smith sons, Paget transferred his offer to Tom and the offer was accepted. It is difficult to exaggerate Paget's generosity over this, for he was by no means well off himself—he seems to have forgone the usual fee of 500 guineas for apprenticeship, and he had asked for George and got Tom, who was pretty well an unknown quantity so far as aptitude for medicine was concerned. It was a gamble for both Paget and Smith.

When Tom Smith, the last of a long line of that now extinct species, the hospital apprentice, entered St. Bartholomew's in 1850 the Hospital was only just beginning to drag itself out of the slough of despond into which it had slithered since the departure of Abernethy in 1827; the high summer of Paget's association with it was yet to come. But the new entry in 1850 was a rare vintage, perhaps the best the Hospital has ever had. For amongst the freshmen, besides Thomas (later Sir Thomas) Smith, were William, later Sir William, Turner, later Professor of Anatomy at and Principal of Edinburgh University, Jonathan, later Sir Jonathan, Hutchinson, later President of the Royal College of Surgeons and perhaps the greatest syphilologist of all time, and Elizabeth Blackwell, the first lady doctor. Others amongst them met more ignominious ends; some became beggarly good-for-nothings, some died of drink, and one expired with a contented sigh having reached the weight of 25 stone.

Smith did not over-exert himself at work and his genial humour made him a popular student. Throughout his life he distrusted



Sir Thomas Smith. From a pencil caricature in Sir Morrant Baker's scrap-book.

books and relied almost entirely on personal observation and experience. He said that he never opened a book on surgery until after he had passed the M.R.C.S. examination—which he did in 1854.

When he had qualified he was appointed House Surgeon to the then two-year-old Hospital for Sick Children, Great Ormond Street. Four months later he was forced to resign owing to knee trouble, but he had made an extremely favourable impression on the authorities who passed a resolution saying that he had commenced practice "with great honour to himself and extreme satisfaction to those with whom he had been associated."

There followed an *entr'acte* of coaching pupils for the M.R.C.S. and helping Paget privately, and it was during this period that he examined some pus from an unusual abscess of the upper jaw at the request of Paget. Smith made notes and drawings of what he saw under the microscope, and was thus the first Englishman to "describe" actinomycosis, but he did not recognise the importance of his discovery and consigned his notes to his blotting book where they were discovered 40 years later by his son, who sent them to St. Bartholomew's Hospital.[1] About this time he used to take a small class of students over to Paris at Easter to teach them operative surgery, and in 1859 he published his first and last book, "A Manual of Operative Surgery on the Dead Body." In spite of the most damning review imaginable in "The Medical Times and Gazette" it proved a popular book amongst students and reached a second edition.

Admission as a Fellow of the Royal College of Surgeons in 1858 was followed by his appointment as Surgeon to the two-year-old Great Northern Central Hospital, now called the Royal Northern. In the following year he was appointed Demonstrator of Anatomy and Operative Surgery at St. Bartholomew's. His excellence as a dissector and his inexhaustible fund of whimsical good humour made him a general favourite amongst the students. For some reason it was not uncommon to find a penny in the œsophagi of the cadavers and smart students used to show the trophy to the demonstrator as possibly having been the undetected cause of death. After this had happened two or three times to Smith he grew tired of it and said to the next smart student, "All right, my boy, you look in the stomach and you will find the change for a shilling."

In 1861 Smith was appointed Assistant Surgeon to the Hospital for Sick Children, Great Ormond Street and it was on the strength of this appointment that he got engaged to Ann Parbury, whom he married in the following year. In 1862 also, when catgut as a suture material was unknown, Smith published an article in the *Lancet* entitled "Horsehair as a Substitute for Wire," and this, his first article, was responsible for the introduction of horsehair as a suture material. One of the dogs Smith had operated upon in his experiments with horsehair was thought to have died under the chloroform and the carcase was thrown out. Next morning the animal was on his doorstep waiting to be let in. He was, and he lived happily with the family ever afterwards.

In 1864 Smith was appointed Assistant Surgeon to St. Bartholomew's Hospital owing to the resignation of Skey—the first surgeon to be affected by the new rule laying down the retiring age of 65. A year later he showed "A Skull-cap Showing Congenital Deficiencies of Bone" to the Pathological Society. By so doing, he was the first person to describe, albeit somewhat incompletely, the disease now called skeletal lipoid granulomatosis or the Hand-Schüller-Christian syndrome. Somehow, one keeps on getting the feeling that Smith was always just missing the mark in his original work, and this case, the actinomycosis affair already mentioned, and infantile scurvy, to be referred to presently, confirm this feeling. Smith could not reasonably say with Sam Weller:—

> "Yes, I have a pair of eyes, and that's just it. If they wos a pair o' patent double million magnifyin' gas microscopes of hextra power, p'raps I might be able to see through a flight o' stairs and a deal door; but being only eyes, you see my wision's limited."

Smith's pathological "wision" *was* limited, not because he lacked an electron microscope, but because he had not got the spark of genius that lights the inward eye of the truly great. Smith frequently touched on new things and made them known in a deceptive sort of half-light, but it was left to others to bring them into the clear light of day and whilst they were doing this Smith was already far away inventing some ingenious instrument, speculating on some new operation or half describing some new disease.

In the latter half of 1867 the *Lancet* published a series of clinical lectures given by Smith on "The Surgery of Childhood." They were on two subjects, nævi and hare-lip. One of the most amusing stories about Smith concerns hare-lip. Smith, who was one of the pioneers of the plastic surgery of the mouth, was going round his ward one day when he came across a woman with a badly cut upper lip. He asked the cause of it and was told that the patient had had an altercation with a woman friend who had ended up by throwing a jug at her. The houseman, who was standing by, asked, "How shall I head the board, Sir?" "Well," said Tom Smith, "I really think you might head it 'Jugged Hare Lip.'"

1 See *St. B.H. Journal*, Jan. 1896, p.50.

Smith ceased to be Demonstrator of Anatomy at St. Bartholomew's in 1867 and he was then appointed the first Demonstrator of Diseases of the Ear. He had acquired quite a reputation as an aurist and this brought him considerable custom in his early years. In 1868 he set up at No. 5, Stratford Place, where he remained for the rest of his life. "His friends said that practice would not flow that way, but practice, though it sometimes goes where it ought not, seldom refuses to go where it ought. To get at him it would have flowed uphill."

In 1869 Smith read a paper to the Royal Medico-Chirurgical Society entitled "Nephrotomy as a Means of Treating Renal Calculus." This operation had not been done since the middle ages, and Smith had not had the opportunity of doing it on a body, dead or alive, but he none the less advocated the operation, and described how he would do it. Twenty-one years were to elapse before the first nephrolithotomy was performed on a sterile, undilated kidney; it was done at the Middlesex Hospital in 1880 by (Sir) Henry Morris—who gave no credit to Smith.

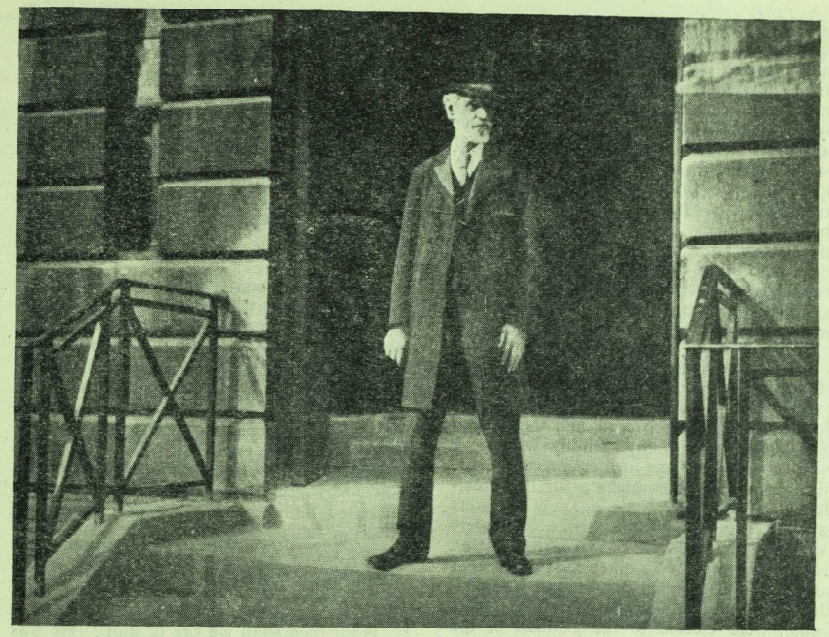
It was largely due to Smith's efforts that Butlin was appointed Surgical Registrar to St. Bartholomew's in 1872, and he helped Smith at nearly all his operations from about 1882-91.

In 1873 Smith was appointed Surgeon to St. Bartholomew's Hospital. According to many, Smith and Sir William Fergusson were the two best operators of their day. Smith was not only a very sound surgeon but also an amazingly rapid one. Prestidigitation in surgery is rather frowned on today, it is said because the need for it has gone, but is that the whole truth? Smith's patients were anæsthetised no less than ours. People used to go to St. Bartholomew's or Great Ormond Street, stop-watch in hand, to time his lateral lithotomies. He was known to have dropped the stone in the bucket thirteen seconds after making the skin incision. "He handled his instruments like a conjuror," wrote Bowlby, "and it may be added that his lithotomies did extremely well." Butlin wrote that "it was the most beautiful exhibition of rapid yet sure surgery that I have ever seen." Another wrote, "To assist him over a bad cleft-palate was to get a lesson in surgery not soon to be forgotten."

His brilliant flair for diagnosis was a never-ending source of admiration and astonishment to his contemporaries, but what appeared to be lucky guesses were in fact due to his natural shrewdness and powers of observation. But perhaps the greatest of all his gifts was his capacity for unlimited, but unsentimental, sympathy and generosity. "It was no 'bedside manner'; he had no other manner; it came naturally to him, if one may call such gifts natural, he would just sit by the bed, and take the patient's hand, and the thing was done, in a moment, absolutely perfect."

What of the man himself? He was tall and slim, and he carried himself well. He had curly auburn hair, a beard, a kindly face, and a twinkle in his eye. The children at Great Ormond Street regarded him as a sort of perpetual Father Christmas. He was whimsical to a degree, and not beyond running into the ward and sliding along Sister's highly polished floor. He kept his top-hat on in the wards, he wore it at a slightly rakish angle, and on his teaching rounds he sat on the patients' lockers with his arms folded across his chest. There was once a woman in Lawrence ward suffering from chronic constipation, which, it was thought, was partly due to hysteria. The most drastic aperients had produced no effect. Strong enemata were equally futile. Tom Smith addressed Sister Lawrence in grave tones, "Well, Sister, there is nothing left but to give the patient a *dynamite* pill. If you will get the pill, I will administer it, as I do not want you to have the responsibility: for, if it does not act *at once*, the patient will explode." Sister Lawrence caught the idea, and went into the kitchen to roll a large bread pill, and brought it back to him with a cup of water. Then he said to Sister, "I think I would put screens all round the bed, Sister. If the pill works, it will work *at once*, and all will be well. But if it does not, the patient may explode into a thousand bits." The pill was administered with great aplomb, it had an instantaneous effect, and the patient, after spending all afternoon on bedpans, was completely cured.

As a lecturer as St. Bartholomew's Smith was in starry company, for the other lecturers were Paget, Holden, Savory, and Callender. A few of his clinical lectures may be read to-day and it is worth while to do so. "His clinical lectures were short, vivid, personal; and they were, assuredly, amongst the most original and memorable lectures ever heard at the Hospital. He had no equal in the art



Sir Thomas Smith standing on the steps of the Abernethy Block.

of putting a case in plain, well-chosen, direct words."

Smith devoted part of his summer holiday in 1875 to studying Lister's practice at Edinburgh. On his return to London he tried out antiseptic surgery, thus becoming the first London surgeon to do so, and he soon became convinced of the value of the technique. This alone confirms Bowlby's remark, "He was the most receptive man I have known in our profession." But his contemporaries wrote after his death that he was not an antiseptic surgeon in the sense that Lister would have used the term. He was known to have breathed on his spectacles and polished them on his coatsleeve during an operation, to have sucked the end of the thread before threading it through the eye of the needle, and to have invited a student to take his hand out of his pocket and feel inside the wound. But Smith did write, "When the system has failed . . . there has been some very obvious departure from antiseptic practice as prescribed by Mr. Lister."

In December 1875, Smith showed to the Pathological Society a case of "Haemorrhagic Periostitis of the Shafts of Several of the Long Bones, with Separation of the Epiphyses." This was the first description of the condition now known as infantile scurvy, or Barlow's disease, although Smith's account antedated Barlow's classical description by eight years. Although Smith failed to realise the true nature of the disease, a diagnosis of scurvy was considered at the post-mortem, at which Barlow himself was present, but it was dismissed on account of the absence of inflamation of the gums.

At the beginning of the second half of the nineteenth century surgeons were trying to evolve a satisactory method of treating ectopia vesicae. The evolution began with Lloyd of St. Bartholomew's creating a vesico-rectal fistula in 1851 and this was followed by Simon of Guy's in 1852 ingeniously making an uretero-rectal fistula—with-

out opening the abdomen. Neither of these operations was satisfactory and there the matter rested until Smith with one master-stroke devised the operation of transplantation of ureters, in 1878. It seems likely that by the time that Smith operated on his one and only patient, the patient was already beyond the reach of surgery. A two stage operation was performed—one ureter being transplanted at each operation. The patient lived 14 months after the first stage and fifty hours after the second stage. Smith lost all faith in his operation and wrote a paper advising other surgeons not to attempt it.[2] The operation is now performed daily, and almost exactly as Smith described.

In 1879 Smith's wife died at the early age of 36, a few days after the birth of their ninth child. This was a blow from which Smith never fully recovered, and the burden of looking after a large family without a wife to help him was in fact the reason for his refusing to be nominated for the Presidency of the Royal College of Surgeons later on, although the excuse he characteristically made when pressed to agree to being nominated was. "No. other fellows do that sort of thing so much better than I could." But Smith, Lister, and Bryant (of triangle fame), were elected to the Council of the R.C.S. in 1880. Smith was elected Vice-President of the College in 1887 and again in 1890.

In 1895 he was gazetted Surgeon Extra-Ordinary to Queen Victoria in succession to Sir William Savory and she conferred a baronetcy on Smith at the time of her Diamond Jubilee.

In March, 1898, a fortnight before he reached the age limit of 65, he resigned from the active staff of St. Bartholomew's. He was thereupon made a Governor of, and Consulting Surgeon to, the Hospital. The Consulting Surgeons were therefore Paget, Holden, and Smith. It must have been a source of great pleasure to Paget, to whom Smith had been almost as a son, to see the way in which his venture of nearly fifty years before had turned out. What a leap in the dark it had been for both of them!

In 1901, on his accession to the throne, King Edward VII appointed Lord Lister as his Serjeant Surgeon in Ordinary, and Sir William MacCormac, K.C.V.O., and Sir Thomas Smith as his Honorary Serjeant-Surgeons. In the same year he conferred a K.C.V.O. on Sir Thomas Smith in recognition of his services to the Misses Keyser's Home for Wounded Officers. With Treves, Lister, and others, Sir Thomas Smith was a signatory to the bulletins that were posted after the King's operation for appendicitis in 1902. It may be noted that this operation was the drainage of an appendix abscess and not an appendicectomy.

In his retirement Smith devoted more time than ever to his favourite game, golf. He also took up with added fervour his boyhood loves of fishing, walking, shooting, and boating. But in 1908 the years began to weigh more heavily upon him and he had to curtail these activities. In the late summer of 1909 his distress upon exertion increased. Sir William Church, his great friend and colleague at St. Bartholomew's, and Dr. (later Sir) Archibald Garrod, his son-in-law, attended him. At 8.30 in the evening of October 1st, 1909, whilst the Medical School of the Hospital he had loved and served so well was holding its annual dinner, Tom Smith died.

What then shall we say of him? He was a man upright and straightforward in all his dealings, and one who had an inexhaustible fund of kindness and sympathy. He was light-hearted and breezy, yet observant and original; he was whimsical yet methodical. He was heedless of tradition and authority for its own sake, and yet he scrupulously regarded the feelings of others. An individualist in thought, he was unselfish in action; worldly successful, he was spiritually simple. He reached the heights of his profession, and yet he was by nature retiring. He had a delightful sense of humour, and yet there was a touch of the Puritan about him—in the highest and best meaning of that word. Although imaginative, plain common-sense was his mainspring, and although he had an eye ever towards the stars, his feet were ever firmly on the ground. He was one of the best of English surgeons and one of the most lovable of Englishmen.

Every now and then, Nature throws up such men. Their virtues, considered individually, are to be found in many men; considered collectively, they are to be found in few men. Smith was one of these few, and although no one, I think, could claim that he was a *great* man, it is not too much to say that he had the touch of greatness about him.

"His life was gentle, and the elements
So mix'd in him that Nature might stand up
And say to all the world, 'This was a man'."

[2] St. B.H. Reports, XV. 29.

CONGENITAL DERMAL SINUS

associated with meningitis

By J. C. M. CURRIE

A congenital dermal sinus forms one of the many anomalies which may occur in the mid line on the dorsal aspect of the body in association with the development of the spinal cord and meninges, vertebrae and overlying skin. The factors responsible for the development of these abnormalities are as little understood as those which give rise to congenital anomalies in general. Possibly there are two mechanisms involved; the one, failure of separation of the primitive ectoderm, destined to form the central nervous system, from the cutaneous epithelial ectoderm; the other, failure of closure of the neural canal.

Most dermal sinuses are found in the sacral region and this may be associated with the late closure of the caudal part of the neural tube. It is probable that the dermal sinuses in this region contribute towards the formation of the familiar "pilonidal sinuses." Here the sinus is present below the level of the meningeal coverings of the cord and usually presents as a little blind sac lined with epithelium continuous with that of the skin. But sinuses may, in fact, occur anywhere in the mid line up to the level of the occiput and in these situations may extend into the spinal canal, to terminate within the meninges in intimate relationship with the tissues of the central nervous system. The narrow lumen and length of many dermal sinuses leads to retention of secretion, secondary infection from the skin and abscess formation with prolonged discharge and suppuration. While in the sacro-coccygeal region this does not endanger life, at higher levels the sinus is a continuous threat since it provides an avenue for meningeal infection.

Mallory in 1892 first discussed the possible mode of development of "pilonidal sinuses" and the first description of a case of congenital dermal sinus penetrating the meninges was given by Clark in 1918. Since this time, 35 other cases with a similar malformation have been described. The following case which was admitted to the neurosurgical department under the care of Mr. J. E. A. O'Connell is reported to indicate the importance of one of these sinuses as a cause of recurring meningitis and to stress the danger associated with a pilonidal-like sinus occurring at a level higher than usual.

Case Report

The patient was a boy of seven, eldest of a family of three, born naturally at full term and had progressed normally until the age of five months, when his mother noticed what she described as a "cyst develop over the lower part of the spine." The cyst was a soft swelling which had arisen at the site of a previous red discolouration of the skin (probably a capillary naevus). From time to time there was a thin discharge of pus through the skin, and because of this the mother sought medical advice. At the age of 18 months (March 1946) local excision of a "pilonidal cyst" was performed. Subsequently this wound broke down so that four months later (July 1946), more radical excision was required.

Following this the child remained in good health until at the age of four years (February 1948) there was a sudden onset of headache, vomiting and stiffness in the back, the child being admitted to hospital with meningitis. Culture of the cerebro-spinal fluid produced colonies of a non-haemolytic streptococcus and a coagulase negative staphylococcus. Chemotherapy was started and the child recovered rapidly. Similar attacks of meningitis occurred four and then twelve weeks later. During the second attack, the C.S.f. showed a raised cell count and the protein level was increased, but no organism grew on culture. In the third attack, a pure growth of B. proteus was obtained.

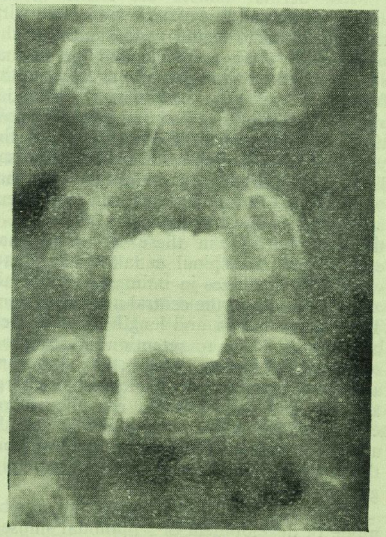
No further illness occurred until seven weeks before admission when there was again a sudden attack of meningitis associated with a culture of B. proteus in the C.S.f. Between attacks he remained perfectly well with no symptoms. The only previous illness was chicken pox.

He was admitted from another hospital to the neuro-surgical department at Hill End Hospital on March 25, 1952 and examination showed a thin, intelligent, co-operative boy. There was slight neck stiffness but no pain. No abnormality of the cranial nerves was present. In the lower limbs forward flexion was limited and straight leg raising restricted on both sides to 50°. There was normal tone and power with full co-ordination. No abnormality in sensation was detected and both superficial and tendon reflexes were present and equal. The plantar responses were both flexor. Local examination showed a white, puckered scar measuring 3 x 1.2 cms. in size and situated over the 4th and 5th lumbar vertebrae. The scar appeared healthy, with no redness, or tenderness; it was adherent to the underlying tissues and no sinus could be found. The remaining systems were healthy.

Routine pathological investigation showed a haemoglobin of 95 per cent., a white count of 8,800 per cmm. and an E.S.R. of 4 mms. in the hour (Westergren). Lumbar puncture was performed between the 3rd and 4th lumbar vertebrae spines. The pressure was 140 mms. of C.S.f. with a free rise and fall on jugular compression. A specimen of clear, colourless fluid was obtained for investigation which showed 5 cells per cmm., protein 60 mgms. per cent., W.R. negative, Lange curve 1233210000 and culture was sterile. 2 ccs. of myodil were introduced into the lumbar theca and myelography performed. The flow of dye towards the head was unobstructed, but when the feet were tilted downwards it did not descend below the level of the upper border of the 5th lumbar vertebrae. Here the inferior margin of the column of dye had a smooth concave outline suggesting the presence of an intraspinal mass below it. (See Fig.)

A lumbro-sacral laminectomy was performed by Mr. J. E. A. O'Connell on April 2, 1952. The scar was excised with an elliptical incision extending from the level of the 2nd lumbar vertebral spine to the 2nd sacral spine and dissection of the scar tissue continued between the paravertebral muscles. A spina bifida was present below the level of the 4th lumbar vertebrae and the dense scar tissue adherent to the dura at the level of the 5th lumbar vertebrae. Above, the tumour formed a smooth rounded end, projecting well into the lumen of the theca and covered with a delicate thin walled capsule. Below it expanded to fill the entire thecal sac, closely related to the nerves of the cauda equina which were compressed against the walls of the vertebral canal. The contents of the tumour was made up of uniform cheese-like material which was very friable. It was removed completely; though the complete removal of the tissue-paper-like capsule surrounding it was not found possible. Penicillin and streptomycin were instilled into the theca, and the dura, muscles, fascia and skin were then closed in layers.

Post operative recovery was uneventful and the patient was allowed up on the 12th day. During the first week, there was complete retention of urine necessitating daily catheterisation; in the following week normal micturition commenced assisted with carbachol. He was discharged home during the 5th post-operative week, walking well, with normal control of micturition by day, but occasional incontinence at night.



Myelogram: dye arrested at upper border of L 5

Three speciments were removed at operation for pathological investigation. The first consisted of an elliptical portion of skin measuring 4 x 1.5 cms. together with a large mass of underlying scar tissue. This on section was made up of fibrous tissue. The second specimen was the tumour mass, removed piecemeal and weighing 9 gms. Histology of this showed the mass to consist of structureless eosinophilic material resembling keratin. The third specimen was a portion of the capsule of the cyst in relation to the nerve roots. This on section contained a large amount of keratin, confirming the diagnosis of dermoid cyst. A small portion of the contents of the tumour was cultivated and grew a pure growth of B. proteus.

Reviewing the cases previously described, the condition usually manifests itself during childhood, though a few patients in much older age groups are reported. The sex incidence shows that males predominate 2 : 1. The presence of other congenital defects is very frequent. Those commonly seen being naevus deformities of the skin overlying the sinus and, almost invariably, some degree of spina bifida present at the level of the sinus. Half the cases described, as in the case above, are associated with a dermoid tumour and the presence of a teratoma has been noted. The site of the dermal sinus varies, being described at all levels up to the occiput but the incidence is increasingly less frequent as the vertebral column is ascended. Though the dermal sinuses in the sacral region are usually blind sacs giving rise to the typical "pilonidal-like sinus" very occasionally even these sinuses have long tracks communicating with the meninges. As with the common "pilonidal sinus" it is usually not until suppuration occurs that the condition manifests itself. Frequently the chronic sepsis remains in the more superficial parts of the sinus giving rise to intermittent discharge of pus for some time before deeper extension of infection takes place. With involvement of the meninges, meningitis ensues. Not uncommonly the spread of infection into deeper parts is accompanied by the formation of a chronic abscess, either extra- or intra-dural. From time to time the walled-off abscess may break down giving rise to recurrent attacks of meningitis.

Examination usually reveals a mid-line dimple or sinus opening which, as with "pilonidal sinuses," may or may not be associated with protruding hairs. From the mouth of the sinus a small quantity of pus can usually be expressed. Neurological signs may be slight or absent even in the presence of a large intra-spinal mass. Symptoms and signs of a spinal tumour may be present and should active infection still be there, the patient is ill and has in addition signs of meningeal irritation.

Cutaneous suppuration which has the appearance of being superficial, or recurrent attacks of meningitis from which the patient recovers leaving no apparent aetiology, are frequent reasons for delay in identifying the underlying pathology. The diagnosis is made once the significance of a dermal sinus related to the meninges is understood. Surgical treatment should be instituted without delay and holds out an excellent prospect of permanent cure.

I wish to thank Mr. J. E. A. O'Connell for permission to report this case and for his encouragement and advice in preparing the above details.

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In the article "The Old and the New," *Journal*, August 1952, use was made of the word "Vaseline" in a way which did not indicate that it was the proprietary trade mark of the Chesebrough Manufacturing Company Ltd. The Company has pointed out that this is an infringement of their rights and we apologise for the error.

* * *

By a printing error the prices of badminton rackets sold by T. H. Prosser and Sons, Ltd., were misquoted in their advertisement in September. The price of their Corona (Steel Shaft) racket is £3 5s. 6d., and of their Association racket. £2 9s. 6d., both prices inclusive of purchase tax. We apologise for the error.

THE SURGEON'S SCALE OF HARDNESS

By G. C. L. Goss

Speaking as a member of the congregation of S.O.P.'s, one is impressed from time to time by the banter between High Priest and choir member before a mutual understanding is reached concerning the consistency of a particular lump, whether it be cyst or coel, abscess hot or cold, or tumour benign or malignant. This doubtless is due to the paucity of the English tongue in describing such a quality.

Surgeons and dressers of a nautical turn of mind will agree readily on the serviceability of the Beaufort scale for the description of wind velocities. This numerical scale ranging from 1 to 9 gives an estimate of wind speeds from a light breeze to a gale. It is evident that a similar simple scale of hardness could be devised, which would leave no doubt in one's mind how hard or how soft a swelling might be. The following is suggested as such a scale :—

Unit of Hardness	Simile
1	Dropping pipette bulb, or herring soft roe
2	Physiological human liver
3	Hard boiled hen's egg (without shell)
4	New tennis ball, or squash ball
5	Stone

Obviously the shorter the scale the more effective it will be; however, brevity should not be achieved at the expense of clarity. Tumours, of course, may be described as having a multiple consistency, e.g., tumour unit 2 hard containing unit 4 components. Perhaps it would be better to put such a scale on an entirely medical basis and define each unit in terms of consistent physiological or pathological entities. It would be a pity to lose the cut and thrust over such terms as firm, tense, hard, cystic, solid, but yet another of the points in the description of a swelling would have a unit of measurement, and not be dependent on vague terms.

MEDICAL MOTORING

The opening of the College Hall of Residence in Charterhouse Square has provided the Brethren and others living in the Square with an avuncular interest in the motoring activities of medical students, and an opportunity of extending their knowledge of the various stages of medical motoring.

The onset of the motoring urge appears at the time that clinical studies are first embraced, when a short-term policy is to get off the ground on any four wheels. Recently, the off-loading of a diesel mechanical shovel on caterpillar tracks under its own power from a parent lorry was mistaken by observers for the return of a fifth-year man to visit his colleagues in a newly-acquired car.

Undergraduate motoring is usually an individual affair, except when paid for by the College, or when the School is threatened by intruder operations from hostile medical schools. Then, like bees protecting the base, the home side may take off to harass the enemy with a twelve-piece band mounted on a milk float which has been hired for the purpose.

The house officer is too much tied by residence in the Hospital, by duty days, parking difficulties, the expense of keeping two homes going and other worries (he is a good insurance risk), and during this period motoring becomes sub-acute with episodes of malignant exacerbation.

A renaissance occurs during Registrarship when a car (good, but not too good) is essential. There are occasions when, standing-in in private for a chief on holiday, it is not easy for a Registrar to arrive on foot, looking as if he had strolled across from a Georgian consulting room. A common sight is that of a number of Registrars in earnest conversation on what

may be a teaching problem or what can be dismissed as "gasket-talk" or "nervous transmission," terms that cover the exchange of information on the objectivity of tax inspectors, availability of spares, trends in the second-hand market, Bentley pedigrees, or misfortunes suffered by the senior staff in new cars. Consequently, Registrars have a profound understanding of the whole motoring problem and many would have sufficient knowledge to do an unbriefed locum tenens in Great Portland Street. They are forced by circumstances and to the consternation of their bankers, to invest a large amount of their liquid assets in a car, halfway on its course from millionaire to hearse.

A dilettante interest is shown by Assistant Physicians in the interior capacity of the luggage boot in the "four-and-a-quarter" compared with the earlier model, and a serious anxiety to know whether covers would really protect the leatherwork from sand and spades.

The industrial Psychologists say that the ultimate rewards offered to the princelings of the professions in the form of fine motor cars (success-display foibles) exert a subtle subconscious influence in the choice of speciality. In medicine this is not true, as those who have arrived not infrequently arrive on foot.

JOHN GOODDY.

EXAMINATION RESULTS

CONJOINT BOARD

First Examination

Anatomy
Burrage, M. V.
Roberts, I.

Pharmacology
Bloom, M.
Fieldus, E. R.
Singer, G. E.
Cree, J. E.
Robinson, M. R.
Davies, J. R. E.
Shire, G. M.

SOCIETY OF APOTHECARIES

Final Examination

Pathology
Chapman, L.
Eastwood, I. J. H.
Crosfill, M. L.
Shire, G. M.
Davies, J. R. E.

Medicine
Kaan, N.

Midwifery
Eastwood, J. J. H.
Taylor, G. I.
Knipe, P.
Newberry, R. G.

HOSPITAL APPOINTMENTS

Dr. Bourne's firm	
Junior Registrar	Mr. J. P. D. Thomas (vice J. Matthias) from 1.11.52
Dr. Scowen's firm	
Junior Registrar	Mr. J. F. Hale (vice P. J. Banks) from 1.11.52
Mr. Hosford's firm	
Junior Registrar	Mr. P. M. Weston to continue as locum until 31.12.52
E.N.T. Department	
Registrar	Mr. D. A. T. Farrar (vice L. G. Kingdom) from 1.10.52
Thoracic Department	
Senior Registrar	Mr. R. L. Hurt (vice M. Bates) from 1.9.52
Radiotherapy Department	
Registrar	Mr. I. M. Shulman (vice E. W. Emery) from 8.9.52
Anæsthetic Department	
Resident Registrar	Mr. N. P. G. Butler (vice Miss Alexander) from 15.10.52
Non Resident Senior Registrar	Miss L. Alexander (vice P. W. S. Gray)
Resident Junior Registrar	Mr. J. W. R. McIntyre (vice P. Simmons) from 1.11.52

OBITUARY

It is with deep regret that we record the deaths of the following Bart.'s men :

Alexander Edward Gow, M.D., F.R.C.P., Consulting physician to the Hospital, suddenly on September 19, at his home in Kingston Vale, aged 68.

He was educated at King Edward VI School, Stratford-on-Avon, and at Bart.'s which he entered in 1903. He qualified in 1908, was a house-surgeon here, and then a house-physician under Dr. (later Lord) Horder at the Royal Northern. He took his M.R.C.P. and then proceeded M.D. in 1911. In that year he returned to Bart.'s and except for the First World War in which he served with the Naval Brigade at Gallipoli, he continued on the staff here until his retirement in 1946.

In 1919 he was elected F.R.C.P. and became first assistant to Sir Archibald Garrod. In 1921 he became assistant physician to Lord Horder and nine years later was elected a full physician. In 1935 he was appointed physician to the Household of the late Duke of Kent, and in 1942 honorary physician to H.R.H. the Duchess of Kent. He lived and worked at the Hospital during the war. He became an emeritus physician on his retirement and was elected a consulting physician in 1951.

To his wife, two sons and daugher we offer our sincerest sympathy.

Dr. Geoffrey Bourne writes :—

Dr. Gow's life and career exemplified an unusual combination of quietude and success. His personality was so restrained and so modest that superficial observers might never suspect the strength of opinion and tenacity which lay beneath. His voice was gentle and his manner sometimes almost diffident, but on matters where principles were involved he was non-compromising. The kindly twinkle in his eye was often the only sign of criticism of some point in discussion. He was invariably generous and ready to help with his actions or his advice, and in fundamental human problems he was a good and sympathetic friend. The characteristics of many of his colleagues, both predecessors and contemporaries, sparkled or even exploded like fireworks, and gave rise to anecdotes innumerable. Gow's personality, by contrast, shone like a candle. There are no counterparts in his career of the situations, real and apocryphal, which decorate the legends of Abernethy, Waring, Drysdale, or Geoffrey Evans. But this lack of incident in no way reflects on his great contribution to the teaching and practice of the Hospital he served and loved.

His clinical attention was constantly directed to the treatment of diseases which took a heavy toll of human distress, for his sympathy with suffering was profound and unceasing. Rheumatoid arthritis, ulcerative colitis, reticulosis, were in turn objects of his therapeutic research. His book, with Horder, *Essentials of Medical Diagnosis*, is a worthy monument to his thoroughness and skill as a physician. His eminence in his profession is shown by the fact that he became Honorary Physician to the Household, and to Her Royal Highness The Duchess of Kent.

His colleagues, friends, and patients mourn a loved personality. There is, in his case, a vivid and real meaning in the sometimes hackneyed sentence *Requiescat in Pace*.

Gervas Henry Wells-Cole on September 21 at Lincoln, aged 36.

Dr. Wells-Cole was a student at Bart.'s from 1935 to 1942, when he qualified M.R.C.S., L.R.C.P. He was very well liked and distinguished himself at sport, playing for the United Hospitals in cricket and football. He joined the R.N.V.R. and attained the rank of Surgeon Lieutenant-Commander.

On his release he joined the family practice at Lincoln, but during the epidemic of poliomyelitis in 1947 he was himself stricken down. Since Boxing Day of that year until his death he remained in an artificial respirator, so paralysed that he could hardly live outside it at all.

For nearly five years he hung on to life with great tenacity and cheerfulness. To his wife and three children we pay our respect to his courage and send our deepest sympathy.

Cedric Rowland Taylor, O.B.E., M.D., on August 23 at Bournemouth, aged 64.

Henry Arthur Andrews, on September 2 at Seaford, aged 80.

John Arthur Percival Barnes on August 30, aged 76.

Paul Bruno Kittel, F.R.C.S., on September 7, at Hungerford.

Sidney Pochin Pollard, M.D., on September 3 at Framfield, Sussex.

John James Huey, on September 25 in London (lately practising at Mexborough, Yoks.)

CORRESPONDENCE

CANCER OF THE LUNG

The Editor, St. Bartholomew's Hospital Journal.

Dear Sir,

Steiner and Bengston in their studies of the economic aspects of tumours in food-producing animals have found a much higher incidence of lung cancers in these farm animals than in cats and dogs, living in cities. They do not assert that all these tumours are primary growths, but suggest that many of them may possibly be metastases of primaries elsewhere. They point out, however, that farm animals are not exposed to such volatile carcinogenic agents as industrial, tobacco, and automobile fumes, or tarred roads as are the domestic pets. This piece of evidence would indicate that these supposedly carcinogenic or co-carcinogenic agents are in fact unimportant in cancer of the lung, unless it can be shown that meat-producing animals have a greater natural tendency to lung cancer than dogs and cats, living under the same conditions.

Yours,
G. C. L. Goss.

Abernethian Room.

Ref. Steiner & Bengston (1951) *Cancer*, 4, 1113.

COLLEGE HALL

The Editor, St. Bartholomew's Hospital Journal.

Dear Sir,

One day this week when in the City I found myself wandering in a peripatetic manner in the region of the Hospital and Medical College.

I walked to Charterhouse Square and made my way into the new hostel where I met the most efficient housekeeper, who very kindly showed me over the building. I should, as an old Bart.'s man, like to express in your columns my pleasure at all I saw. The spaciousness of the Refectory, lounge and entrance hall, the homeliness and tasteful furnishings of the bed-sitting-rooms, and the equipment of the hostel in general are all most pleasing. The present generation of students has a hostel of which they must be, or should be, justifiably proud. It is as attractive as any West End hotel.

It was interesting to know of the new buildings to be erected in the area now being excavated next to the Physics block. Our Alma Mater is certainly going ahead, especially in the light of recent royal appointments.

I am, Sir,
Yours, etc.,
I. B. Gurney Smith.

Cane Hill Hospital,
Coulsdon, Surrey.

BART.'S ATHLETES

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

Sir,

May a veteran be permitted to recall two other great Bart.'s athletes whose performances and potentialities put them in the same class as the mighty deservedly-popular Arthur Wint, although they did not achieve his supreme distinction.

T. H. Just was the half-mile Amateur Champion in 1908 (and winner of the Inter-Varsity race in the same year). He was an ungainly but immensely powerful runner and I always felt that had his interest and enthusiasm been commensurate with his natural ability he would have been unbeatable from 600 to 1,000 yards.

But Just, first-class at everything, had no ambition for athletic distinction.

Training bored him and he abandoned anything but the most trivial participation.

H. B. Stallard I am prepared to nominate as the greatest amateur runner this country has ever produced—no one barred.

Three times winner of the mile against Oxford, he was A.A.A. champion; in 1923 at a mile; in 1924 at the half-mile; and in 1925 at the quarter, a series of performances which entitled him to immortality since it is incredible that they will ever be equalled, still less surpassed. But for a misfortune he would surely have gained an Olympic title at Paris in 1924. When one considers the arduous character of a medical student's life and the inevitable handicap to physical perfection, it is difficult indeed to exaggerate our admiration, and incidentally our pride, for our great men.

Yours obediently,

ADOLPHE ABRAHAMS.

86, Brook Street,
London, W.1.

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

Dear Sir,

Your description of Arthur Wint as the "Best athlete ever to have come to Bart.'s" calls for some comment. Known to the present generation perhaps only as a distinguished ophthalmic surgeon, H. B. Stallard, in 1919 and 1920, with A. G. Hill, beat the existing world record for the one mile. Running for England in the Olympic Games of 1920 and 1924 he would have won the half-mile in the latter year had it not been for the very painful fractured metatarsal with which he had to race in the final. Winning the A.A.A. championship at one mile, half-mile and 440 yards are only some of his other athletic accomplishments.

Just as it is not profitable to compare "W. G." and Don Bradman, so perhaps it would be best to describe these great runners as the TWO best athletes ever to come to Bart.'s.

Yours truly,

M. L. MALEY.

15, Victoria Avenue,
Southend.

BATTLE OF FURUNCULUS

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

Sir,

In your July number there is a reference to different versions of the "Battle of Furunculus" which have appeared in *Round the Fountain* and in the *Journal*.

Does the author, Dr. R. B. Price, who was H.P. when I was a clerk, suggest or approve

"Shame on the Eosinophile
Who comes not forth to foil
The deadly Golden Coccus
At the Battle of the Boil."

I find it difficult to imagine his having done so.

Many years ago he gave me a manuscript book of his poems, many unpublished, written in his own hand. This I treasured, but it perished in the air raid which destroyed the Pharmacology Laboratory in the Charterhouse. The version in that book, which clearly had his full approval, was

"Shame on the Eosinophile
Who lingers in his lair
When the Polymorphonuclear
Goes forth to do and dare."

The third line of this version is far finer than either of those quoted and much more in keeping with the style of Macaulay.

Price, an admirer of Gilbert, can produce astonishing rhymes. Was it not he who, when challenged to find a rhyme to Anchylostomiasis, produced the following which might have been addressed to the Bishop of Truro?

"If man could work a miracle the Bishop of this Diocese
Would rid the Cornish miners of their anchylostomiasis."

I am, sir,

Yours faithfully,

P. HAMILL.

11 County Gate,
S.E.9.

SPORT

The only athletic sport I ever mastered was backgammon.

—(*Douglas Jerrold*, 1834.)

Golf

So far this season the golf club has met with mixed success, but a number of enjoyable matches have been played, most of them in ideal golfing weather. We have lost matches against St. Thomas', St. George's and Imperial College, tied with the Middlesex, and have beaten the London, Charing Cross and Royal Dental Hospitals. It is a pity that one or two matches had to be cancelled owing to the difficulties in raising a team, the golfing strength of the students being at a low ebb. We have been helped out on several occasions by Dr. McIlroy who has consistently won his matches.

However a team of ten students and housemen turned out to give battle to the staff in the annual match. Having won for the last four years, we had to give the staff four bisques in each match, a formidable task. This proved too much for our depleted team and the battle ended in a massacre.

As usual we were very well entertained. A fleet of cars whisked us out to Denham, and as we were leaving London, Dr. George Graham was seen driving in the opposite direction, having evidently forgotten something. However he arrived at Denham a mere two minutes behind us, to his obvious satisfaction, having reached astronomical speeds on the way out.

After lunch we played singles, the staff winning seven matches to the students' two. In the evening we played foursomes, the staff again winning three matches to one, but less easily.

We look forward to next year, when we shall have to give one bisque less. The results were: Singles—Dr. McIlroy beat Deering 10 and 8, Dr. Finlayson beat Bowman 6 and 4, Prof. Garrod lost to Fiddian 6 and 4, Mr. Hankey beat Elliott 3 and 2, Dr. Graham beat Lodge 6 and 4, Dr. Barrie beat Dodge 4 and 3, Mr. Beattie beat Sleight 5 and 4, Dr. Morgan lost to Greenhailgh 1 hole, Dr. Maynard beat Greenhailgh 1 hole, Dr. Dawson beat Dreaper 4 and 2. Foursomes—Graham and Barrie beat Dodge and Lodge 2 and 1, Garrod and Hankey lost to Elliott and Fiddian 1 hole, Dawson and Finlayson beat Bowman and Dreaper 3 and 2, Beattie and McIlroy beat Deering and Sleight 1 hole.

Sailing: Burnham Week, 1952

From the Hospital's point of view, Burnham Week this year was certainly the most successful since the war. We now have more members than any other hospital, and consequently were allocated more bunks in the clubhouse.

Eleven members had a very pleasant time, with excellent sailing weather. Bart.'s came second in the most important race of the year—the Harvey-Wright Trophy. Paul Smart got three firsts in the four Merlin races; Jane Boyton and George Misiewicz came third in U.H.O.D. races.

For the rest there were interesting crewing jobs in almost all of the many classes in the estuary. The club dinner at the "Ship" was aided by Mr. Uffa Fox in speech and song. There were, as usual, the pleasures and amenities, the dancing and the drinking, afforded us by being honorary members for the week of all the other clubs on the Crouch.

Rugger

Bart.'s v. Old Whitgiftians. Drawn 3—3.

The season's opening match was full of enthusiasm engendered by the Captain's efforts to get the team fit. The game opened to a shaky start, with the opposing forwards crossing the home line in a loose rush. The Bart.'s forwards then settled down and with good heeling, the ball was frequently passed out to the three-quarters. There was always some mistake of passing or handling until Scott-Brown crossed the line after a very fine run in the second half of the game.

There was no more scoring after this, and it was a pity a win could not be secured for the first match of the year, for the individual ability and collective enthusiasm were there. The team missed the presence of M. Davies whose place, however, was very adequately taken at the last minute by John Snow.

When the Wednesday afternoon training adds some of the polish which the team needs, the victories should start appearing.

Bart.'s v. Exeter. Lost: 9—0.

A large crowd at Exeter saw Bart.'s take the field, on a sunny, blustery day, without the usual halves, Scott-Brown and Mackay. The game began with much kicking, and the formidable Exeter side were soon bustled and harassed by a determined three-quarter line. In the fight, Bart.'s soon had to realise that the hooking department was outclassed, only winning the ball three times throughout the game. However, in the line-outs and loose, where Jones and Fitzgerald worked particularly hard, Bart.'s had the better. Three scoring chances came to Bart.'s, but finesse was lacking. Cohen took the ball to within a yard of the line, and Davies, after taking a pass outside his wing, placed a cross kick under the posts. Two penalty kicks within range were missed. Exeter, in the first half, never looked dangerous and Kneebone, who was fielding and kicking well, was kept happy at full back. Half time 0—0.

Bart.'s started the second half with a bang and a good movement which went across the field twice just failed in a try. Exeter were shaken, but the cat was out of the bag when the Exeter scrum-half broke blind on his 25 yard line. Pike, the fly-half, came round, took the pass and sent his very fast wing away for a try. No conversion. The Exeter forwards then broke away in a dribble from a line-out and scored. A further try was scored when Pike knifed through and sent his three-quarters away to score at the flag. Bart.'s rallied magnificently, and a grand forward rush traversing three-quarters of the pitch failed very near the line. Bart.'s never said "die," learnt how to cover in defence and played very promising football.

Team: J. Kneebone; A. D. M. Thomas; J. K. Murphy; M. J. A. Davies; J. Snow; K. A. Clare; A. MacKay; M. V. J. Fitzgerald; I. MacAdam; W. B. Castle; M. J. Graham; J. M. Jones; L. Cohen; E. F. D. Gawne (Capt.); and C. W. H. Havard.

1st XV v. Harlequin Wanderers. Lost: 9—0.

After the promise shown in Bart.'s first two matches, this was a most disappointing game.

The most outstanding feature of the game besides the atrocious rugby was the number of stoppages for injury. B. H. McGuirk, the 'Quins captain, was off the field for most of the game, whilst for Bart.'s K. A. Clare had to leave the field in the second half. The scoring opened with the 'Quins kicking a good penalty after a Bart.'s forward had been caught offside. With the 'Quins winning most of the tight scrums and line-outs the Bart.'s three-quarters saw little of the ball; but what little they had could have been put to greater advantage had they run straighter, faster and harder. Suffice it to say that the 'Quins converted another penalty in the second half; D. A. Jubb, their outside-half dropped a goal towards the end.

J. Kneebone played well at full-back, and the forward covering was good enough to prevent the 'Quins from crossing our line.

Team: J. Kneebone; D. A. Lamminan; J. K. Murphy; M. J. A. Davies; A. D. M. Thomas; K. A. Clare; G. MacKay; W. B. Castle; F. I. MacAdam; M. V. J. Fitzgerald; M. H. Graham; J. M. Jones; L. Cohen; E. F. D. Gawne, (Capt.) and C. W. H. Havard.

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* Reprints received and herewith gratefully acknowledged. Please address this material to the Librarian.

BOOK REVIEWS

THE QUEEN CHARLOTTE'S TEXT BOOK OF OBSTETRICS by Members of the Clinical Staff of the Hospital. 8th Edition, 1952, Churchill. pp. 532. Illus. 277 Price 37s. 6d.

This book is not used widely by students at Bart.'s, although it is difficult to see why this should be so in the future. The new edition is much more of a complete whole than its predecessors. Although long, the text is clear, decisive, well-illustrated, and above all practical. Text books are often criticised on the grounds that their authors write and describe one thing, while they do quite differently in practice. Here, for once, is a book which describes just what is actually done (at Charlotte's) by the various authors. Their differences of opinion are either discussed or resolved into a united whole.

Any intelligent person given a woman just pregnant and a copy of this book could manage the antenatal care, delivery, and puerperium—and not only that, they would understand it too. But do not think that here is a practical guide only: it is also readable, and first-class as a reference book.

A TEXT BOOK OF GYNAECOLOGY by Wilfrid Shaw. 6th Edition, 1952. Churchill. pp.672. Illus. 308. Price 27s. 6d.

Mr. Shaw's excellent book is far too well known in his own hospital to need more than the briefest recommendation from a reviewer in the *Journal*. The new Edition maintains the high standard of the previous one, which contained so much fundamental revision—this time only new developments and fashions in gynaecology are described, and the main body of the book is unchanged.

It is a pleasure to recommend any book by a member of the Staff. In this case it is not done from a sense of duty, but because Mr. Shaw is the author of the *best* "Gynae." book on the market. No Bart.'s student can afford to be without it.

A POCKET GYNAECOLOGY by S. G. Clayton, Second Edition, 1952. J. & A. Churchill, pp.112, Illus. 17. Price 8s. 6d.

This short book is not a synopsis in the ordinary sense. Rather, it is a very shortened textbook presenting the main features of gynaecology in a readable and clear form. There is no doubt that all students will need a standard book on gynaecology as well as this one; but for quick revision, easy carrying and general usefulness they will find "Clayton" hard to beat as a "second-string." It seems unnecessary to describe or praise further a book which is already so widely in evidence at Bart.'s.

DISEASES OF THE NERVOUS SYSTEM, by F. M. R. Walshe. 7th Edition, E. & S. Livingstone, pp. 365. Price 24s.

In the twelve years since its publication Dr. Walshe's book has become established as a standart textbook for students. The clear and concise presentation makes it equally useful to the busy general practitioner.

The 7th edition contains new material in several sections including demyelination, disseminated sclerosis and poliomyelitis, but the size has been kept the same by omission of older material and some recasting.

AIDS TO GYNAECOLOGICAL NURSING, by H. M. Gration and D. L. Holland. 5th Edition, Baillière, Tindall & Cox. Price 5s.

The information in this new edition is up to date, the style is acceptable, and the price modest.

AIDS TO BIOLOGY, by R. G. Neil. 3rd Edition, 1952. Baillière, Tindall & Cox. pp. vii+288. Figs. 21. Price 6s.

The latest edition of this book is still fully adequate to the penultimate examination needs of the first year student. As in past editions, specific animal types are not treated as such, but are mentioned as illustrations to the consideration of the various systems, thus providing a good approach to the later study of human physiology. The typography is clear and good use is made of bold headings. The diagrams are as good as could be expected in a book of pocket format.

A COURSE OF PRACTICAL BIOCHEMISTRY FOR STUDENTS OF MEDICINE, by Frank D. White and George E. Delory. 6th Edition, 1952, J. & A. Churchill, Ltd., London, pp. xii+222 with 4 plates and 23 illustrations. Price 17s. 6d.

This is an almost entirly re-written edition of the original book by Cameron & White and while the general plan remains, much new material particularly quantitative procedures, has been added with advantage.

The introduction at an early stage of a new chapter on hydrogen ion concentration is a much-needed improvement considering the importance of the phenomenon in all biochemical reactions and further experiments could be included here to stress the effect of "buffering." Instructions on the principle and the uses of the photo-electric colorimeter are also a welcome addition to the book.

Please mention the Journal when replying to advertisements.

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol LVI DECEMBER, 1952 No. 12

A COLLEGE OF GENERAL PRACTITIONERS

"Each one of us, however old, is still an undergraduate in the school of experience. When a man thinks he has graduated, he becomes a public menace."

(John Chalmers da Costa).

Though there is the spark of Walter Mitty in each of us, the fact remains that a good three-quarters of all students will enter general practice. From the turmoil of medical politics which has engaged the attention and passions of so many doctors and politicians since the war's end, one central fact emerges —that neither the status nor the standards, neither the conditions of work nor the financial rewards of general practice have been to anyone's satisfaction. Man being what he is, it was the last which received attention first[1], and the Danckwerts award seems to have solved this problem, at any rate for the time being. The time has now come to concentrate attention on the others.

It is satisfying, then, to see the recent interest in the proposal to establish a College of General Practitioners, and to record that it is a Bart's man, Dr. John H. Hunt, who is one of its leading advocates. His article in the *B.M.J.*[2] makes tentative proposals for the College, and it would be well to examine a few of its possible duties.

A College of General Practitioners would provide academic headquarters, recognised leadership and agreed policy for practitioners, giving voice and coherence to a body of doctors which, though 20,000 strong, has until now only the correspondence columns of the *B.M.J.* and the loosely knit organisation of the local branches of the B.M.A. as means of self-expression.

It would, inevitably, improve the status and prestige of practitioners, which have suffered heavy blows of late. The old family doctor, the friend and confidant of old and young alike, may be fast disappearing, but that is no reason why he should be replaced, in the public mind, by a man too busy to give his patients proper attention and anxious to get rid of them to hospital if they present any difficulty.

One of the most important functions would be to assist in undergraduate medical training. Several hospitals and universities have started schemes for medical students to join practitioners in their practices, and others (including, presumably, our own) are watching their progress with keen interest. A College could do much to help medical schools in promoting these schemes. As Dr. Hunt writes: "The men and women we want in general practice in this country are not just failed consultants or those whose aim is to creep out of general practice into any available speciality at the earliest possible moment. We want more really good general practitioners, men and women who are general practitioners first and last, specially trained for general practice, proud to make it a life's work, and respecting it as a difficult and special subject—one of the most difficult of all the branches of Medicine."

Above all, a College will raise the standards of general practice. That all is not well with these was emphasised recently by a distinguished surgeon when he said: "Two-thirds of all the patients who come to Bart's and are diagnosed as having carcinoma of the rectum have never had a rectal examination by their doctors."

The ways a College could improve standards are multifarious. One of the most fruitful would be the encouragement and

[1] A Reflection: E. A. J. Alment. October *Journal.*
[2] A College of General Practice: *Supplement* to the *British Medical Journal.* June 28, 1952.

guidance of research work in general practice, where there is a rich and almost completely unworked field. Few practitioners could give much time to research, but many giving a little time could soon achieve a great deal. Another most valuable function would be the promotion of post-graduate teaching for practitioners. Osler once wrote: "An essential for the practitioner as a student is the quinquennial brain-dusting . . . every fifth year, back to the hospital, back to the laboratory, for renovation, rehabilitation, rejuvenation, reintegration, resuscitation." As the pace of medical progress increases, Osler's advice acquires a new urgency. The difficulties of taking it are obviously many, but a College could do much to smooth the way of a doctor having the three months' "holiday" that Osler proposed.

Sir H. H. Bashford wrote: "General practice is at least as difficult, if it is to be carried on well and successfully, as any special practice can be, and probably more so; for the general practitioner has to live continually as it were, with the results of his handiwork. . . . Such men are not only the pillars of our profession, but its topmost pinnacles, even if the wreaths and the knighthoods but seldom come their way. . . ."

It is time, then, that general practice achieved the status and acquired the standards which its importance both justifies and demands. A College of General Practitioners could transform the position within a few years.

Presentation to Dr. C. F. Harris

Through the generosity of Professor and Mrs. L. P. Garrod, Club Secretaries and other members of the Council of the Students' Union were present at a sherry party held in the Hospital on Friday, November 15, at which Mr. R. R. Tilleard-Cole, Vice-President of the Union, made a presentation to Dr. C. F. Harris, our recently retired Dean, of a silver tankard, subscribed to by the students.

The Vice-President's speech and the presentation were most warmly applauded and Dr. Harris, who was obviously caught quite unawares, made a most happily phrased reply. He said that whilst it was something of a relief having no longer to refuse some 90 per cent. of the requests made to him he would always regard his seven years as Dean as among the most pleasant he had spent, for the continuous contact with students had made the work the most interesting and worth-while he had experienced.

Congratulations to :—

Dr. Geoffrey Bourne on his election to the Council of the Royal College of Physicians.

Lord Horder on his election as President of the Heberden Society.

Dr. E. D. Adrian, O.M., Master of Trinity College, Cambridge, on his appointment as a member of the General Advisory Council of the B.B.C.

St. Bartholomew's Hospital Ball

The Annual Ball is to be held on January 23, 1953, at the Park Lane Hotel, Piccadilly, from 8 p.m. until 2 a.m. A full four-course dinner will be provided, and later on during the evening there will be a running buffet. The price will be £2 17s. 6d. for a double ticket. Tickets are obtainable from the Ball Secretaries, J. S. Murrell and J. Pearce, at the Hospital.

This year witnesses a change of venue for the Ball. Moreover, the Ball Committee is offering a dinner inclusive in the *reduced* price of the tickets.

We welcome these changes and wish the Committee the success it deserves.

Cambridge-Bart.'s Sherry Party

This annual event was held on the evening of Friday, October 23, in the Library at the Hospital, and was attended by over 180 members and guests. Many old friendships were renewed, and "Bart.'s shop" was the topic of the evening.

Among the members seen to be present were Sir Alan Moore, the son of the late Sir Norman Moore, looking very fit at a ripe old age and come up specially from Battle for the occasion; Sir Adolphe Abrahams, one of Bart.'s most distinguished emigrants: Dr. Malcolm Donaldson and Mr. Rupert Scott, among many others. It was disappointing that contemporary students were not forthcoming in their large numbers, for those that attended enjoyed themselves.

Mr. Geoffrey Keynes, the President, welcomed the members and guests and told the Club that their new President next year was Dr. G. F. Abercrombie, V.R.D., M.D.

The Secretaries have asked the *Journal* to express their gratitude to the women students who put in so much preliminary work in preparing the flowers and refreshments; and Mr. Thornton, whose library the club convulsed for a few hours, and who assembled in the Gallery an exhibition of portraits of old Bart.'s men, including some very interesting firm photographs.

Bart.'s in South Africa

On September 25 a South-Africa-Bart.'s Annual Dinner was held at Luthje's Langham Hotel, Johannesburg. It was arranged by Dr. K. Irving, in conjunction with Dr. John Gluckman, who recently organised a very successful Medical Congress in Johannesburg.

Our correspondent tells us that the *pièce de résistance* during the evening was an hilarious two-hour "chat" by Dr. Krige. Words and phrases in English and Afrikaans were freely mixed and the whole speech was frequently punctuated by the phrase: "Maar Bart.'s is bo," which can be freely translated as "But Bart.'s is best."

It seems that the hotel staff had great difficulty in shifting these loquacious diners, but they finally adjourned to the pavement outside where our correspondent left them at 1.30 a.m., apparently determined to see in the dawn.

We welcome this news of Bart.'s activity in South Africa and would be glad to have similar reports from elsewhere.

The Patients' Library

Students who have been on the wards know well the cheerful impatience of patients being examined while the library trolley is being trundled round. It is high time that the ladies of the Hospital Women's Guild who voluntarily give up their time for this service should have some tribute paid to their labour, and it is the duty and pleasure of the *Journal* to do so.

The library was started in 1931 by a party of workers of the Red Cross and St. John's Ambulance under Mrs. Raymond, who established the scheme on a sound footing. The work increased every year, demand for the books always keeping ahead of supply.

In 1941, Mrs. Raymond was succeeded by Mrs. Paget-Cooke who retired from the post of Head Librarian only a few weeks ago. This lady did not stint herself in the service of the patients, and did not hesitate to pay for many books out of her own pocket when she saw they were needed. During her period of service, the number of books issued from the Library has been practically doubled. To her, and the other voluntary workers under her (most of them wives or relatives of members of the staff) many thousands of patients owe a great debt.

In 1939, the number of issues from the Library was 8,874. By 1941 this had risen to 22,848, by the end of the war to 29,444 and in 1951 stood at the number of 43,408—a total to excite the envy of Mr. Thornton, the Hospital Librarian. The number of patients served in 1951 was 15,351.

Nor should the Children's Library be forgotten. This is a separate concern and is run by Mrs. Bodley Scott, whose work, with that of her assistants, is much appreciated by the children. These ladies have an additional task in that they not only *supply* books; they also have to *read* them to the children.

Christmas is an approriate occasion to ask readers for help for these two libraries. Their value cannot be doubted: it could be said with justice that three persons minister to the comfort of the patients—the pharmacist, the nurse, and the librarian. We urge all readers to add the Patients' or Children's Libraries to the gift lists they are preparing for Christmas. We add one warning—before you send any books, just think what *you* would like to read if *you* were ill in bed. If you are not sure that your choice would be suitable, then send a book token and leave it to the Librarian.

Tenth Decennial Club Dinner

The Tenth Decennial Club Dinner was held at the Washington Hotel, London, on Wednesday, October 15. Fifty-one members attended. The evening was a most enjoyable one and much enthusiasm was shown. The members of the Club said emphatically that they wished the dinner to be held as an annual event. Dr. Geoffrey Bourne was in the Chair and gave a brief account as to how

the Club has been resuscitated, thanks largely to the efforts of Dr. Lindsey Batten and Mr. S. L. Higgs. Dr. Batten made an excellent speech, giving the toast of " Absent Friends." Thanks to the kind generosity of Colonel F. J. Anderson the members enjoyed a round of port and Dr. Machado from Brazil and Dr. J. Andrew from Worthing also most kindly contributed financially to the pleasure of the diners in this way.

The success of this dinner showed, it is hoped, some evidence of one aspect of the Hospital's social activities exhibiting more liveliness than it has done in the past. The recent editorial of this *Journal* will perhaps stimulate St. Bartholomew's social life in other directions. G.B.

Students' Union Annual General Meeting

This was held on November 6 and was attended by about 85 students, just over 12 per cent. of the student body, and this despite intensive advertising by the Secretaries.

A noteworthy point in the retiring Senior Secretary's report was the fact that of the 300 guests attending the last Hospital Ball, no more than 60 were students. Commenting on the fact that only six out of twenty-odd club secretaries had sent in Reports, he added : " The other clubs function."

The retiring Financial Secretary made a most concise and explicit financial report. He was able to show a profit of £182 on an expenditure of some £3,000, but warned that the restricted intake into the Medical College would, in future, lead to a reduction in income of about £400 *per annum*. Grants to clubs would do no more than maintain them, and secretaries were urged to seek additional income from other sources.

Attention was then turned to the proposal to hold a Coronation Ball. This was unanimously agreed to, and it was decided to hold it at the Royal Festival Hall. This has been provisionally booked for June 12, 1953. Dr. Gibson's letter, later in this *Journal* leaves one in no doubt of the success of the last Coronation Ball.

Finally, the Abernethian Room was considered. Again, Dr. Gibson's comments on this will be heartily endorsed. It is a disgrace to the Medical College. Various proposals were made to improve it and these will be considered by the Council of the Students' Union : signs of change will be looked for eagerly. Any reader who numbers among his friends or relatives a skilled interior decorator is urged to come forward and make himself known.

The Abernethian Society

There are occasions when our chiefs wax philosophical on ward-rounds. They may turn from half-an-hour on aortic regurgitation to five minutes on medical education. Sooner or later they will let slip the admission that the medical student is overworked, specialises too early and has no time for outside interests—this being followed by a beam all round as though to say : " See ? I'm on your side, after all."

It would not be inappropriate, then, if one or two of them got together and did something about the absurd hour that the ancient and respected Abernethian Society is forced to meet. This Society is one which tries on the whole, and on the whole tries successfully, to present its members with speakers whose subjects are off the beaten track of medicine; in short, those " outside interests " our chiefs find so desirable. But not a moment before 5.30 p.m.

At this time it follows hard on a clinical lecture, and it says much for those students who stay behind for the meetings that they do so, for one-and-a-half to two hours' solid listening is no mean feat. When some of those students have already had lectures at 12 noon and 2 p.m. and spent the afternoon looking down a microscope, their endurance becomes wholly admirable. But it is embarrassing for everyone if a good, but little-known, speaker is greeted by the smallest audience at the largest London medical school.

The Society meets once a fortnight. It should not be difficult to squeeze the contents of one clinical lecture in eight into the other seven, and leave the Society free to meet at the reasonable hour of 4.45 p.m. No one would be more pleased than the philosophical chief who could thus slip off home before the rush-hour, freed from the tie of a 4.45 lecture.

* * *

We wish a Merry Christmas and a happy and successful New Year to all our readers.

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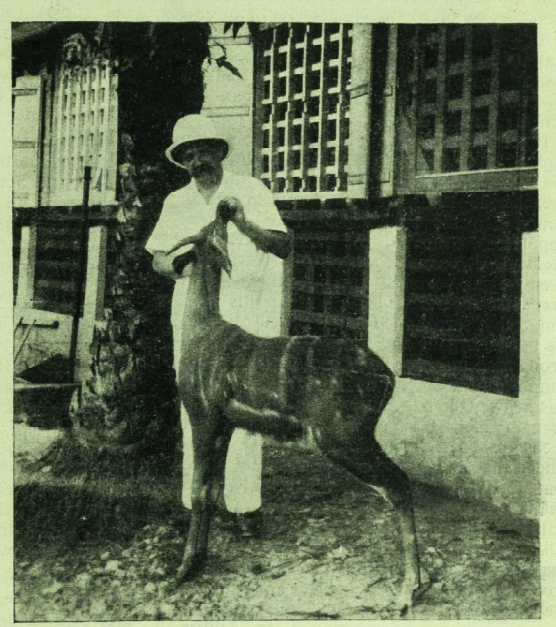
ALBERT SCHWEITZER

IT is a commonplace that every age brings new interpretations of natural law and great increases in its own complex techniques. Whereas in the past we feel it was easy for any ordinary cultivated man to master the general plan of the tree of knowledge, we now count ourselves lucky to gain insight into a single side-shoot. Yet every age also has the disarming way of refuting this popular belief and of producing a man with an overall understanding of life, together with an insight and appreciation of each speciality that the specialists themselves envy. Leonardo da Vinci and Goethe are, of course, the supreme examples of such " whole " men, but every era can produce its complement of minor figures — Francis Bacon, David Hume and Samuel Butler, to name but three.



Albert Schweitzer and one of his pet antelopes

At the present time it is indeed doubtful whether men still exist with the time or the means, let alone the inclination, to pursue this end of universal knowledge. Perhaps the last of the giants has come : if so it would be difficult to deny this title to Albert Schweitzer, and to add that he alone of all these universal thinkers has distinguished himself in practice as well as theory.

Albert Schweitzer was born on January 14, 1875 in the small Alsatian town of Kaysersberg, where his father was pastor of the Lutheran church, but the family soon after moved to the village of Günsbach—a place which henceforth was to be a symbol of repose and refreshment to him. His childhood was a happy one, distinguished only by the traits which were to become important in later life—a great love of music and animals, and a total lack of class- or colour-consciousness. But this is to express these two latter attributes rather crudely, as negative vices, rather than positive virtues. Civilisation and its laws is at best only a thin veneer for the underlying law of the jungle which pervades most of human actions and relationships. Schweitzer noticed this very early in life ; he recounts the pain he experienced on seeing animals cruelly treated and how when he was expecting the congratulations of his schoolfellows on beating the school bully, he was only reminded by his class mates of the better meals he had at home. He concluded that " we must all bear our share of misery which lies upon the world."

At the age of nine he was sent to the grammar school at Mulhouse, where he lived with his uncle and aunt, for whose kind firmness he was grateful in later years. In October, 1893, he entered Strassbourg University to study the two subjects of theology and philosophy. His plan was to devote his life until thirty to that of a

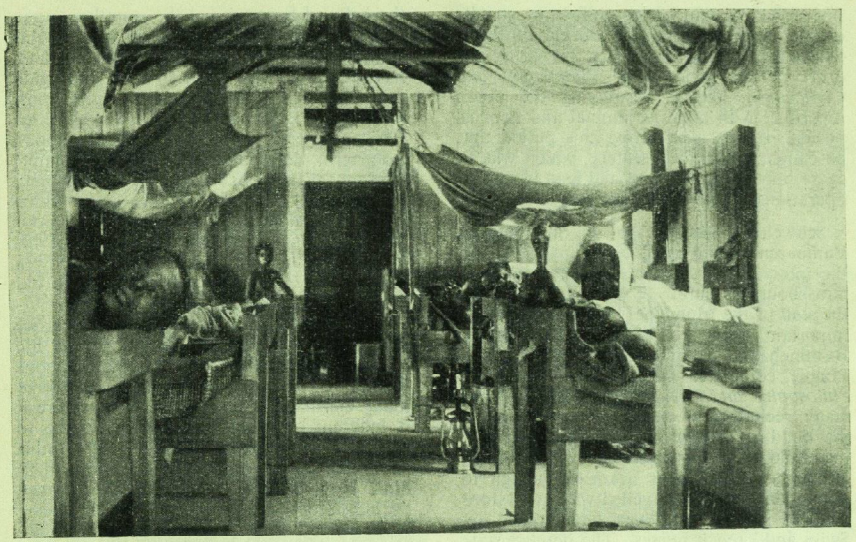
preacher and musician, and afterwards to seek a job of immediate service to his fellow men. As he says "the great secret of success is to go through life as a man who never gets used up": to this end he worked fantastically hard at the University, not only in his main subjects, but also at the organ and general musical theory.

It goes without saying that he achieved the highest honours in these subjects, obtaining his Ph.D. in 1899 and being appointed a preacher at the St. Nicolas church in Strassbourg. In the summer of 1903 he was appointed Principal of the University theological college, when he was only twenty-eight years of age. With such an academic record, a high post in his own University, surrounded in cloistered calm by his books, organs and friends, it would be a strong man indeed who would abandon such temporal bliss for an unknown future. But this Schweitzer had resolved to do. In 1904 he came across an article on the life and needs of the Belgian Congo and was convinced that here at last he had found a place that really needed him. He resolved to qualify as a doctor first, however, for he wanted to be able to work without having to talk. Amid cries of protest from his acquantances and friends, he resigned the post of Principal of the college and entered the medical faculty of his old university. At the same time he continued to deliver theological lectures and preached almost every Sunday, besides playing the organ for the Paris Bach Society and for the concerts of the Orféo Català at Barcelona. As can be expected, the mastery of medical subjects presented little difficulty to him but, as he admits in his memoirs, he was of an analytical frame of mind, and not necessarily prepared to digest and absorb all the prefabricated answers which are the stock-in-trade of most medical students: in fact so much so that he was in some danger of failing his finals until some of his fellow-students forced him to join a cramming club, and thus prepared, much in the same way as the famous paté de foie, he survived the ordeal by examination very creditably. It is interesting to note the novel way in which he earned the fees for his finals; this was by playing the organ for the Munich Music Festival of 1911. His thesis for the medical doctorate had also what must be one of the most singular subjects ever accepted for this degree. The rise of psychology at that time had produced many new speculations and ideas, and among these several papers had been written seeking to prove that Jesus was the subject of paranoia. After a year's research into the new science itself, Schweitzer produced a masterly thesis refuting this suggestion, in which the three main streams of his learning, theology, philosophy and medicine, were magnificently combined.

Not a little consternation was caused at the headquarters of the Paris Missionary Society by Schweitzer's decision to devote the rest of his life in the service of Africa, but on his assuring them that he would remain silent on theological matters and practise medicine alone, his offer was gratefully accepted and he was assigned quarters at the Mission Station at Lambarené. He had married the daughter of the University Librarian in 1912, and with her he at last set sail from Bordeaux on March 26, 1913. Much preparation had gone into his journey; stores and equipment had had to be bought and crated to withstand the rigours of the voyage and the African climate. The funds for these had been obtained in many ways; part had been given by the Missionary Society, part by various similar organisations and part also had been raised by Schweitzer's own organ concerts.

The promised hospital building at Lambarené was not ready when the Schweitzers arrived and the first wards, operating theatre and stores were in a disused fowl-house which the doctor immediately set about converting; a little later this accommodation was supplemented by the erection of some bamboo huts roofed over with palm leaves.

The news of a white doctor who was stronger than their own medicine men, and indeed who cured cases pronounced incurable by them, who could "kill" them, open and then sew up their bellies with string and finally "bring them to life" again, quickly spread around the province of Gabon, and earned the doctor the name of Oganga—the medicine man. In his first nine months at Lambarené he treated almost two thousand patients. The majority of these were suffering from tropical diseases, but European diseases such as pneumonia and mental afflictions were also common: only appendicitis and cancer were conspicuous by their absence. Indeed one of the commonest complaints among the natives was strangulated hernia and Schweitzer has given a graphic account of such cases in his memoir "On the edge of the primaeval forest."



A ward at Lambarené

"How can I describe my feelings when a poor fellow is brought to me in this condition? I am the only person within hundreds of miles who can help him. That I can save him days of torture is what I feel as my great and ever-new privilege. Pain is a more terrible lord of mankind than even death itself.

"Very soon he is given an injection of omnopon: the doctor's wife is called to the hospital and with the help of my negro servant, she makes everything ready for the operation. When this is to begin she administers the anaesthetic, and Joseph in a pair of long rubber gloves acts as assistant.

"The operation is finished and in the hardly-lighted dormitories I watch for the man's awakening. Scarcely has he recovered consciousness when he stares around him and ejaculates again and again, 'I've no more pain, I've no more pain.' His hand feels for mine and will not let it go. Then I begin to tell him that it is the Lord Jesus who has told the doctor and his wife to come to the Ogowe and that white people in Europe give them money to live here and cure the sick negroes."

Perhaps even more moving are Schweitzer's accounts of his dealings with the mentally ill, for whom he has a special regard. In our own age in Europe we have seen such unfortunates exterminated in their thousands—a practice differing not one jot from their treatment by primitive communities in Africa, where they are first bound hand and foot by ropes, and, if this fails to calm them, are then thrown into the river to sink and drown. One of the doctor's first considerations when they came to build the new hospital some time after the first world war, was to ensure clean and comfortable accommodation for these patients.

So life continued at Lambarené for a year, the work increasing day by day in amount and intensity, until the outbreak of the war in August 1914. As Germans, Schweitzer and his wife were interned, but on the exertions of Widor, the French organist and composer and Schweitzer's teacher and friend, they were soon released on parole. In 1917, however, they were ordered to an internment camp and had time only hastily to pack away the medical stores and instruments in a small corrugated iron building, before embarking for Europe. One would

not expect a man of his calibre to go idle during imprisonment, and during this time Schweitzer busied himself in preparing the draft of his great work *Philosophy and Civilization*, and in restudying the organ repertoire with table as manual and floor as pedals. It was also during this period that he caught amoebic dysentery, which was to cause him much ill health and lead to several operations in the immediate post-war years.

Schweitzer was not to see his beloved Lambarené again until early in 1924. In the interval he held posts simultaneously at Strassbourg as curate of St. Nicolas and on the staff of the Municipal Hospital, delivered important series of lectures at Upsala, Birmingham, Cambridge, London and Prague, completed the first two volumes of *Philosophy and Civilization*, besides giving many recitals and acting as consultant in the building of new organs and the restoring of old ones. On his return to Lambarené, although his wife was not well enough to accompany him, he travelled with an Oxford medical student and was later joined by Swiss and French nurses. The derelict state of the old hospital building, the increase in material help from overseas and the constantly increasing number of patients—whose numbers rose sharply with famine and an epidemic of dysentery—prompted Schweitzer to consider the building of an entirely new hospital, instead of merely expanding the existing one. He found a suitable site some two miles away, had the forest cleared, himself set the piles for the individual huts and supervised the construction of the new erection. It was built out of wood and corrugated iron with a double roof for heat insulation, and sited so as to catch the evening breeze; the first patients were moved in at the beginning of 1927.

With expansion of the hospital, which now contains 400 beds for Africans and 20 for Europeans, his life since 1927 is a record in Africa of one triumph after another over material conditions and the apathy, ignorance and poverty of his flock, and appreciation in Europe which has recognised one of the greatest of her sons with the award of the coveted Goethe prize (Frankfurt 1928) and the conferring of honorary degrees at many of her greatest universities. Then, too, there has been the publication of many books, the journeys backwards and forwards to Europe, the raising of funds and buying of stores for the beloved hospital and the countless organ recitals, both on the continent and in this country. Since the war Europe, and England, has seen him twice (once in 1949 and again this year), but he prefers still to spend most of his time at Lambarené with his wife, his African friends and three pet antelopes, Lohengrin, Parsifal and Tristan by name, working as hard as of old in his hospital. Perhaps the comment on his work which would appeal most to his sense of humour (for surprisingly enough this is one of his most engaging qualities) was made by a friend who said: "In Africa he saves old niggers, in Europe old organs."

"He who continually strives, him may we save." It is tempting indeed to fit the life of Albert Schweitzer into Goethe's famous dictum.* This is possible with the work of many Germans—for example in literature it is inherent in many works from Goethe to Kafka, in music from "Fidelio" to "Mathis der Maler"—but no Teutonic frame will fit him. How could it? He who has enjoyed the admiration and friendship of such diverse types as Widor and Cosima Wagner, Dr. Maude Royden and the Archbishop of Sweden, and has pursued so many different lines of thought with equal success. In the era of internationalism and the Council of Europe, he is *the* true European, not simply because of the accident of birthplace (bilingual Alsace) but because of the breadth of his sympathies and the validity of his interpretation of the West-European Christian ethic. He alone, one of the despised Liberals, has solved his problems in this Age of Anxiety.

S.P.L.

* "*Wer immer sich strebend bemüht, den dürfen wir erlösen.*"—GOETHE, *Faust* Pt. II.

The writer can claim no particular originality in this article and would refer the interested reader to the following books which he himself has found useful in its preparation:—

General.

Albert Schweitzer—the man and his mind. Seaver, 1947.

Autobiographical.

Memoirs of childhood and youth.
My life and thought.
On the edge of the primæval forest.

Photographs from "Albert Schweitzer: The Man and His Mind," by George Seaver (A. & C. Black, Ltd).

AN INTRODUCTION TO MODERN POETRY

By J. S. MALPAS

THIS is an attempt at an introduction to modern poetry—by which is meant poetry written within the last fifty years.

As phases in the development of modern poetry, it is possible to recognise Georgian poetry both before and after the First World War, the poetry of the First World War, the era of Eliot in the 'twenties, the reaction against his outlook in the 'thirties, a period difficult to define, prior to the last war, and the poetry of the Second World War and after.

Georgian poetry

At the end of the first decade of this century English literature was drawing on a legacy left by the Victorians. It had not yet felt the full influence of poets like Yeats and Hopkins and its poetry was reflecting the peace and prosperity prior to 1914. This reflection of the life and times of the nation is a clearly-defined theme in the poetry of the early years of this century.

Georgian poetry mirrored the stability of society in its pleasant Sunday afternoon style of writing about the countryside, animals and gardens. It aimed at abandoning the pomposity of Victorian poetry and substituting simplicity; it widened the scope of poetry a little but sought absence of emotion. It tried to evoke a spirit of:

"God's in His heaven, all's right with the world!"

Easy optimism is criticised these days but A. E. Housman's "Tell me not here it needs not saying," Robert Bridges' beautiful lyric "I love all beauteous things" and "An Epitaph" by Walter de la Mare are fine examples of a period which should not too lightly be dismissed.

A most outstanding poet who could never be accused of easy optimism was Thomas Hardy. He returned from the writing of novels to the writing of poetry which he did with a wonderful ability to portray Nature in her sweeter or wilder moods and to portray humanity. Throughout there flows a belief in Destiny, which he believed to rule with blind cruelty. To realise the grip which the latter had on Hardy's imagination read "The Dynasts." I should like to quote one of the best known of Hardy's poems as a good example of the first two qualities.

Only a man harrowing clods
In a slow silent walk
With an old horse that stumbles and nods
Half asleep as they stalk.

Only thin smoke without flame
From the heaps of couch-grass;
Yet this will go onward the same
Though Dynasties pass.

Yonder a maid and her wight
Come whispering by:
War's annals will cloud into night
'Ere their story die.

You will find it hard to gain a picture of those times from a Georgian poet. Georgian poets did not write on the recent coal strike or on Mr. Asquith's foreign policy. Occasionally they might harden into a little satire as in Rupert Brooke's poem "Heaven," but it is all good fun and doesn't hurt. All the Georgian poets who were writing in the halcyon days before the First World War seem to have been away on a quiet weekend. The house party included, amongst others, Lascelles Abercrombie, W. H. Davies, John Drinkwater, J. C. Squire, Edward Thomas and Rupert Brooke.

The poetry of the First World War and after

The break-up came in 1914. Many poets I have mentioned lost their poetic significance in those terrible years and not a few their lives. We cannot realise what a terrible blow the First World War was to a generation which believed only in ever-increasing harvests of the fruits of peace with the advance of progress and, supposedly, of civilisation.

The war poetry of 1914-1918 was of double character. The initial phase was characterised by such poems as Captain Julian Grenfell's "Into Battle." The attitude of

"... he is dead who will not fight
And who dies fighting has increase"

did not last; it foundered in the mud of

Passchendaele and the Somme. The horror of total war was well expressed by Wilfred Owen, Siegfried Sassoon, Isaac Rosenberg and Herbert Read. Wilfred Owen speaks for the group when in a moving preface to a book of his poems that he did not live to see published, he wrote:

"Above all I am not concerned with Poetry.
My subject is War and the pity of war.
The poetry is in the pity."

To have retained any sensibility under these conditions was a triumph. He admitted: "My senses are charred; I don't take the cigarette out of my mouth when I write "deceased" over the men's letters."

In his poem "Exposure" he writes:

"The poignant misery of dawn begins to grow . . .
We only know war lasts, rain soaks and clouds sag stormy.
Dawn massing in the east her melancholy army
Attacks once more in ranks on shivering ranks of grey,
But nothing happens."

Wilfred Owen was one of the mainsprings of English poetry and his early death was a tragedy occurring as it did in the last few days of the war.

After the war there was a strong urge to return to the days prior to 1914. "The Georgian Literary Scene" by Frank Swinnerton gives an excellent account of the early 'twenties. At that time the volumes of poetry produced at intervals of a few years by Sir Edward Marsh began to have a rival. This was a magazine called "Wheels," which had Dr. Edith Sitwell as its literary giant. D. H. Lawrence and Ezra Pound also contributed. The work of Edith Sitwell, to quote Mr. Jack Lindsay's essay on her, "caused an extreme fury of hatred." This was due probably to a condensation of imagery which very often was so personal as to be unintelligible to the world at large. (You may remember the "Emily-coloured hands versus primulas" correspondence in one of our Sunday newspapers a little while ago.)

Imagine what this quotation from Edith Sitwell's earlier poetry must have seemed like to an audience less used to the abstract in writing or painting than ourselves:

"What is the march we hear groan
As the hoofèd sound of a drum marched on
With a pang like darkness, with a clang
Blacker than an orang outang?
Heliogabalus is alone—
Only his bones to play upon?"

This is a quotation from "The Drum," which appeared in "Facade and Other Poems," 1920-1935.

In "Facade," Edith Sitwell is experimenting with the rhythm of words, with the careful positioning of words that rhyme and those that do not quite rhyme (assonance). How can a sound be "hoofèd," and what has the last Roman Emperor got to do with the haunting of Tedworth by a demon drummer? You and I have a right to know whether it is nonsense. If you read the whole poem perhaps you will agree that an explanation could begin "In order to get atmosphere . . ."; in any case you will probably agree that Pope's dictum, "The sound must seem an Echo to the sense," is obeyed.

For a full and clear account of these experiments read "Some Notes on My Own Poetry," by Dr. Sitwell, in the Penguin edition of her selected verse.

T. S. Eliot

Whilst Edith Sitwell was responsible for adding a new and lively imagery to poetry, T. S. Eliot and others were enlarging the number of "poetic" subjects. T. S. Eliot ranged wide, from a sincere and grim appraisal of the conditions existing in the inter-war years to religion. He abandoned images used in the past to convey a particular emotion; repudiated the ten-syllable line that had been the mainstay of English narrative poetry; used a new language and new rhythms. Rhythms such as these:

"April is the cruellest month, breeding
Lilacs out of the dead land, mixing
Memory and desire, stirring
Dull roots with spring rain."

Subjects such as false teeth are used to give a pathetic picture of the folk who lived in a time of boom and depression, of their weaknesses and idiosyncrasies:

"Now Albert's coming back, make yourself a bit smart.
He'll want to know what you done with that money he gave you
To get yourself some teeth. He did, I was there.
You have them all out, Lil, and get a nice set,
He said, I swear, I can't bear to look at you."

These two extracts from the "Waste Land" are chosen because chronologically they fit better into the period under consideration, the 'twenties; but as an introduction to Eliot it is far better to start with "Prufrock and other Observations," published in 1917.

The arid intellectual poetry which he has produced has given rise to a great many interpreters, many of them bogus, but a short appraisal worth reading is that in the Penguin "Contemporary Verse," edited by Mr. Kenneth Allott. These lines from "Burnt Norton" will give you some idea of Eliot's philosophy:

"I said to my soul, be still, and wait without hope,
For hope would be hope for the wrong thing; wait without love,
For love would be love for the wrong thing; there is yet faith,
But the faith and the love and the hope are all in the waiting."

However much you disagree with Eliot's philosophy one has to grant that he is a thought-provoking poet. To quote R. A. Scott James:

"He brought into poetry something which in this generation was needed: a language spare, sinewy, modern; a fresh and springy metrical form; thought that was adult; and an imagination aware of what is bewildering and terrifying and in all life. He has done more than any other living English poet to make the age conscious of itself, and in being conscious, apprehensive."

It became apparent to Eliot that poetry which dealt with the contemporary situation would of necessity be complex and difficult. The interwar civilisation which it perceived was changing quickly and consequently it could not easily be put into perspective. Eliot was certain that the audience for poetry would dwindle and he despaired of doing anything about it.

A trend of thought and a method of writing which began with A. H. Clough in the mid-nineteenth century and which can be traced through Gerard Manley Hopkins and Ezra Pound to Eliot faltered, and though its influence continued it ceased to progress. Ezra Pound became a Fascist: Eliot, though "right wing" in outlook, retired for protection behind Anglo-Catholicism.

D. H. Lawrence was a solitary figure, a character of strange contrasts, a man whose aspiration was to bring society a new philosophy of life. Though powerful in both character and imagination he did not succeed. His early life in a mining village taught him, so he thought, the truth about instinct and human nature, about this age and the machine. But the revolt of instinct against intellect which he tried to instigate was a failure and society remained bemused by the machine. He had an astounding imagination; this quotation is from a poem called "Humming Bird":

"Probably he was big
As mosses, and little lizards, they say, were once big.
Probably he was a jabbing, terrifying monster.
We look at him through the wrong end of the long telescope of Time,
Luckily for us."

Lawrence remains an isolated, though important, figure of the 'twenties.

Poetry in the Thirties

In the early 'thirties a reaction took place against the attitude of Eliot. It was led by three poets, usually classed together, but who have fundamental differences. They were Auden, C. Day Lewis and Stephen Spender.

Auden, who has been described as "the most brilliant poet of his generation," built his house on Marxist doctrine and Freudian psychology, both of which have proved to be shifting sands and which were abandoned by all three. His poetry is witty, slick and quite the thing. Here is an example from "Victor":

"It was a frosty December,
It wasn't the season for fruits,
Father dropped dead of heart disease
While lacing up his boots.
Have mercy, Lord, save his soul from Hell."

C. Day Lewis has produced novels, translations and detective fiction; but, first and foremost, poetry. His lyric poetry is not always good, tending to be self-conscious, but in narrative poetry and in translations he excels. His translations of the Aeneid of

Virgil is perhaps the greatest commissioned work of art so far this century. In a narrative poem of the Spanish Civil War he tells of the fight of four Spanish Republican trawlers with the rebel cruiser Canarias.

" The trawlers' men had no chance or wish
to elude the fated
Encounter. Freedom to these was natural
pride that runs
Hot as the blood, their climate and their
heritage, dearer than suns.
Bizkaya, Guipuzkoa, knowing themselves
outweighted
Drew closer to draw first blood with their
pairs of four-inch guns,
Aboard Canarias the German gun layers
stationed
Brisk at their intricate batteries—guns and
men both trained
To a hair in accuracy aimed at a pitiless
end."

Whilst much of Day Lewis' imagery is of a personal nature and consequently hard to understand, Stephen Spender's writing gains an immediate foothold on the beaches of the mind. This fact, coupled with his very lyrical mood, makes his poetry very alive:

" What is precious is never to forget
The essential delight of the blood drawn
from ageless springs
Breaking through rocks in worlds before
our earth. . . ."

is a healthy antidote to the attitude of Eliot. His poetry has those images which we might almost have thought of ourselves. The thing I have in mind is this description of an air liner:

" More beautiful and soft than any moth
With burring furred antennae feeling its
huge path
Through dusk, the air liner. . . ."

His poetry has a delicacy which enables him to treat subjects which would so easily suffer from clumsy handling. In " Elegy for Margaret," a book of poems dedicated to his wife, he wrote:

" Of what use is my weeping?
It does not carry a surgeon's knife
To cut the wrongly multiplying cells
At the root of your life.
It can only prove
That extremes of love
Stretch beyond the flesh to hideous bone
Howling in hyaena dark alone."

Spender had courage to doubt and criticise the " Pale Pink " poets of the 'thirties who were almost wholly engaged in turning poetry into propaganda. Not only this, whilst following Eliot's " spare sinewy language " he nevertheless allowed personal emotion to enter his verse together with compassion for humanity, humanity which was again " slipping and stumbling into world war," as Lloyd George put it.

He gave the warning:

" Never to allow gradually the traffic to
smother
With noise and fog the flowering of the
spirit."

The poetry of the 'thirties was concerned with man as a political animal. The poetry of the 'forties, again very broadly speaking, was the poetry of the individual. Dylan Thomas and George Barker can be put at the centre of a group which gradually evolved. This group called itself the New Apocalypse and the reason why they took that title has in its explanation much of the outlook of the 'forties.

In a world where the words *anschluss*, *putsch* and *blitzkreig* had a new and terrible significance it was not surprising that the concern with politics diminished, that anarchy became the topic instead of political idealism.

" The hand that signed the paper felled a city;
Five sovereign fingers taxed the breath,
Doubled the globe of dead and halved a
country;
These five kings did a king to death."

wrote Dylan Thomas. It seemed that when a city could be destroyed in the first hours of a September morning and a nation strangled in three weeks then indeed the four horsemen were riding.

Poetry in the Second World War

" War poetry " as such was not written in the Hitler war. " Where are the 'war poets'? " screamed the elderly ladies from Cheltenham to Bath, but their idea of war poetry ended in the Flanders mud twenty-three years earlier.

The poetry written during the last war was no less realistic, dramatic and intelligent than in the first war but it did not deal in the main with the details of mass murder. (It would have been like the young lieutenant describing Dunkirk to a dowager—" rather a bore—the noise and the people!")

To be strongly recommended are Henry Reed's " Lessons of the War "; Alan Lewis' book " Ha! Ha! among the Trumpets "; David Gascoynes' " Poems 1937-1942 " and, in addition, the work of Richard Spender and Sidney Keyes. This comes from " The Naming of Parts." by Henry Reed.

" They call it easing the Spring: it is perfectly
easy
If you have any strength in your thumb:
like the bolt,
And the breech, and the cocking-piece, and
the point of balance
Which in our case we have not got; and
the almond blossom
Silent in all of the gardens and the bees
going backwards and forwards
For today we have naming of parts."

Mention should be made of Edwin Muir, Louis MacNeice, Randall Swingler, Vernon Watkins and a host of others; but they are not fitted easily into a group or into one of the six periods outlined. There is the same difficulty in the case of Edith Sitwells' recent work. After a most striking poem, " Gold Coast Customs," published in 1929, she wrote little poetry, but shortly after the war commenced she wrote an exceptionally fine poem, " Still falls the Rain." It was a declaration of Christian faith at the time when bombs fell as rain:

" Still falls the Rain
Dark as the world of man, black as our loss,
Blind as the nineteen hundred and forty
nails
Upon the Cross. . . ." * * * * *

The power was retained in " Three Poems of the Atomic Age," which is the reaction of a Christian philosopher to the dropping of the first atomic bomb early on Monday, August 6, 1945. The exposition in these poems of the problem facing Man in the Atomic Age is equal to that in any other writing. The symbolism is derived from the Bible, the poetry having something of the grandeur of the Old Testament. In this use of the Bible may lie one possible way of uniting poet and audience again on common ground, one of the greatest difficulties in this age. She sees Dives' lust for gold ousting the love of the gold of the living ear of corn; she sees modern Man as Lazarus covered with sores; but her conclusion is not full of despair, like so many who, after the victory, faced the bewilderment of these last few years.

Even if, like Sir Isaac Newton, you believe " poetry to be a kind of ingenious nonsense," or that " Rhyme is only an Embroidery of Sense, to make that which is ordinary in itself pass for excellent with less examination," yet I hope that this very incomplete outline will serve as an introduction to the subject; for my part, as John Dryden said, " I am satisfied if it cause delight."

* * * * *

SO TO SPEAK . . .

Strychnine with your tea, Sir?

A young registrar who had yet to do his National Service had been making himself unpleasant on a gynae ward-round to an elderly student with a good record of war-service.

Finally the registrar asked: "Just how much experience *have* you had in the gynæ wards?"

Back came the unsmiling reply: " Four years in the cervices."

From one Consultant to Another

Dear Brother,

The bearer is very desirous of having your opinion. I do not know his case. He has no money, and you don't want any, so that you are well met.

Ever yours,
John Hunter (to his brother, William).

A Disease as Old as Lectures

Inscribed on one of the desks in the Clinical Lecture Theatre is the anguished note: " Boring pains, Doctor, lasting 45 minutes." There follows a diagnosis and a differential diagnosis of respectable length with which many students are in sympathy, but which we dare not print.

Sensitive lecturers may care to look for themselves.

THE PATHOLOGIST

Pity the poor pathologist.
Who lurks inside a lab.,
Discerned through dim obscuring mist
Like some strange hermit crab.

Observe his solitary trends,
His shy eccentric habits ;
His chief associates and friends
Are guinea pigs and rabbits.

A trifle immature in all
His actions, don't you think,
Making a private urinal
Of any handy sink ?

Another sign you may detect
As casually he looks in —
That " Rosy-fingered Dawn " effect
Contrived with carbol fuchsin.

Such stigmata you should ignore.
With others, scarcely sweeter,
His vampire trick of sucking gore,
His craze for fresh excreta.

His daily round, his common task
Is growing germs on seaweed,
Or wandering round the wards to ask
If So-and-So has w . . . d.

You might reflect, as you collect
That early morning specimen,
Pathologists (with all respect)
Must be extremely messy men.

Sincere pathologists admit
Such habits may pollute 'em —
You can't aetheticise a spit
By labelling it " sputum "—

But though their trade perforce consists
In traffic so obscene,
In private life pathologists
Are often fairly clean.

R.B.P.

" R.B.P." is Brig. R. B. Price, D.S.O., R.A.M.C. (retired). He is the author of no less than thirteen of the ninety-nine pieces in *Round the Fountain,* ranging from " To T.B." in January, 1908, to " Medical Inspection, A.T.S." in 1946. His most famous poem is, undoubtedly, the " Battle of Furunculus," the Lay of Staphylococcus Aureus, which, since its first appearance in October, 1909, has been repeatedly reprinted, with and without permission, in medical journals all over the world.

" The Pathologist " is to be found in the current edition of *Round the Fountain,* but is a pale shadow of this present offering. Verses 3, 4, 5, and 8 are quite new, and all the others are different in some respect.

Brigadier Price is now enjoying retirement in his Surrey home, and it is pleasant to be able to wish him many happy years of leisure, and perhaps, if we are lucky, a few more poems for the *Journal.*

* * * * * *

The Man who said he had never heard of "Round the Fountain"!

SOME MEDICAL BOOKS

By GEOFFREY BOURNE

IT is often said that "The Practice of Medicine is an Art rather than a Science." The truth of this depends upon what is meant by Art. Art, in the true sense, is the utilisation of a technique, such as writing, painting, and music, for the projection of the personality of the artist. There is nothing more personal than the writing of Shakespeare, the painting of Rembrandt, or the music of Beethoven. Art, in other words, is the only means by which human personality can be perpetuated for later generations.

Medicine, on the other hand, although it may save ephemeral lives, is impersonal in a long-term sense. At St. Bartholomew's the personalities of Harvey, Abernethy, and Gee have faded or are fading. Doctors live, for good or ill, in the memory of their patients, but this memory dies with mortality. Some great medical teachers may live for a few generations in the traditions of their school, but their personal memory is still limited.

Scientific writing, as writing, is as transient as its authors, although its contents may be nearly as long-lived as the productions of great art. Each addition to the total of scientific knowledge is a brick added to an immortal structure. But the brick rarely has personality enough to achieve the qualities of Art. The name of him who placed it is soon lost, however important it may be to the whole.

Thomas Lewis and Wilfred Trotter had the rare double talents of both artist and scientist. Such writings of Lewis as "The Clinical Classification of the Heart Beat" have a beautiful clarity which both demonstrates the scientific problems described and impresses the reader with the incisive personality of the writer. This book was one which stamped indelibly on my student mind the essential beauty of clear scientific truth.

Thus the use of the word "Art" to explain one quality of medical practice is inaccurate and is incapable of withstanding critical analysis. The label is no doubt used as a synonym for a Craft or a Mystery, and such terms are applied to those activities of medicine which are non-scientific.

The doctor today must before all things be a scientist, that is, a man or woman who has learned the technique of thinking as clearly as possible. The checking and cross-checking of every fact, the willingness to admit error, the insistence where possible of a control experiment, the mistrust of dogma, all these are equally the aim of scientist and doctor. The scientist, however, can choose his problem, and can refuse to pronounce upon insufficient evidence. The doctor's problems urgently demand the best solution available and an answer must be given helpful to the patient, however insufficient the evidence may be. To the clinical facts scientifically available the doctor must add his memory of similar cases, his reading of the patient's character, his own human sympathy, and the pragmatism of experience. It is this side of his work, neither truly scientific nor unscientific, which is inaccurately labelled Art.

No doctor can practise medicine well who is uninterested in men and women; and conversely, there is no human activity which gives both a wider and a deeper view of human nature. It is upon this common ground that writers and doctors meet. But whereas nearly all books are interesting, there are some which have had for me as a doctor a special attraction. They interest either by the light they throw upon human beings as patients, or by their description of doctors and their ways.

Much has been written about the influence, if any, of tuberculosis upon writing. Keats, Chekhov, Stevenson, and many others show the peculiar and vivid lucidity of observation and the sensitive skill in composition which are thought by some to be sharpened by tuberculosis.

The letters of Katherine Mansfield give a poignant picture of the fight of a human being against the fatal march of consumption. Her skill as a writer intensifies the picture of wonderful personal courage against hopeless odds. Reading such a document one realises how great a duty a doctor has in giving sympathy and moral support, even in cases where the best he can do is to treat symptoms.

An equally poignant document is the "Journal of a Disappointed Man," by W. N. P. Barbellion. H. G. Wells, in his introduction, writes: "In this diary of an intensely egotistical young naturalist tragically caught by the creeping approach of death, we have one of the most moving records of the youthful aspects of our universal struggle." The disease was disseminated sclerosis, and rarely has such a condition been so well described from the inside by a layman. On April 26 he writes: "In a horrible panic—the last few days—I believe I am developing locomotor ataxy. One leg, one arm, and my speech are affected." On April 30 he describes his visit to a well-known nerve specialist. "He chased me round his consulting room with a drum-stick, tapping my nerves and cunningly working my reflexes." His interests, biological, literary, musical, and human, are vividly described in the Journal. The girl E. who married him did so in full knowledge of the hopeless outlook, although Barbellion never knew this. The record of her loyal courage in the losing fight is a heroic monument to womanly devotion. The book is a vivid example of the suffering, and the hopes and fears, of both patients and of their relatives. It describes the tragic background common to innumerable medical cases, a background which so many doctors ignore or take for granted.

Books about doctors are either imaginative or factual. Perhaps the best story of a general practitioner is "Middlemarch," by George Elliot. The eager scientific young man, Lydgate, comes to the town and is caught up in its life. He had "the medical accomplishment of looking perfectly grave whatever nonsense was talked to him." He was keen on scientific medical development and was drawn into local politics when the question of the foundation of a new hospital arose. "A fine fever hospital in addition to the old infirmary might be the nucleus of a medical school here, when once we get our medical reforms."

The greatness of the book is largely due to the sympathetic study it makes of Lydgate's character. It tells how the ambition and professional fire are gradually damped and rendered inert by his marriage to the beautiful, selfish, rather stupid and stubborn Rosamond. Besides this it gives a detailed and fascinating picture of country general practice and of English provincial society of 1860. The human problems, whether personal, or concerned with local politics, are as pertinent today as they were ninety years ago.

"The Memoirs and Letters of Sir James Paget," edited by Stephen Paget, is a fascinating book. His long apprenticeship at St. Bartholomew's is a unique record of patience, fortitude, hard work and scientific achievement. It is a book fairly easily picked up second-hand, and to those interested in the career of a renowned member of the Staff and in the not-so-distant history of the Hospital it makes a vivid appeal. One knows so well the problems and the ambitions described. He was a great scientist, a great clinician, and a great man.

Osler's life, by Harvey Cushing, is another magnificent human medical record. In it one can read of the birth of modern American medicine. Osler's story carries on at a later stage the story of the growth of medicine as a science. His textbook was one of the fountain-heads of modern therapeutics, for John D. Rockefeller, reading it during convalescence, asked "Why is there so little about treatment?" Osler, of course, had only described those few methods of therapy really known at that time to do good. Rockefeller's generous reaction was the inauguration of the Institute and of the Foundation, to which the whole world owes a limitless debt.

Osler was a great humanist. His story, telling of his boyhood days in Canada, his life as a young physician in Toronto, his mature achievement as professor and teacher at Johns Hopkins, and his triumphant evening as Regius Professor at Oxford, is full of a vigorous humanity. He carried into medicine a fellowship between teacher and student, and between physicians themselves, which lives as a vital and cherished tradition.

It is good in these more regimented days to be reminded of men who faced the world as adventurers and individualists, and whose hard-bought victories were unselfish and generous. Ministration, not Administration, was their watchword, and it must remain ours if Medicine is to keep its finest traditions pure, vigorous, and beneficent.

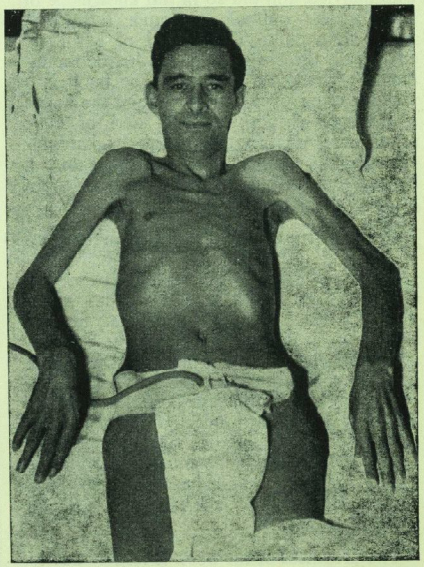
STOKE MANDEVILLE

By DUNCAN P. THOMAS

IN a quiet corner of Buckinghamshire, just outside Aylesbury, is a hospital which is the largest of its kind in the British Commonwealth and in Europe. This hospital is the Spinal Injuries Centre at Stoke Mandeville, acknowledged as one of the world's foremost institutions for the treatment and rehabilitation of paraplegics. That it has reached this leading position in the relatively short time since its inception is very largely due to the work of Dr. Ludwig Guttmann, who started the Centre in 1944. Dr. Guttmann, who came to this country before the war as a refugee from Nazi Germany, is today Neurological Surgeon-in-charge at Stoke Mandeville.

To deal with the spinal injuries among World War II casualties, the Ministry of Pensions set up this special centre for these tragic and hitherto neglected cases. Instead of being left in chronic sick wards, where nobody had the time or special knowledge to rehabilitate paraplegics, they were collected together so that new and better methods of treatment could be evolved. Guttmann started at Stoke Mandeville with one patient; today there are 125 beds in the hospital, and more are needed. Some idea of the progress that has been made in the field of spinal injuries can be gained from the fact that in World War I, the mortality rate among paraplegics was 80 per cent, whereas towards the end of World War II it was under 10 per cent. Comparatively few years ago, the life-expectancy of patients with a transverse lesion of the spinal cord was a short and dismal one. Today, patients who have been treated at Stoke Mandeville or one of the daughter-centres around the country, can in many cases reasonably look forward to eventually taking their places as useful and self-sufficient members of society.

Patient with gunshot injury to the spine with complete transverse lesion at Th.10. Profound emaciation on admission to the Centre nine months after injury.

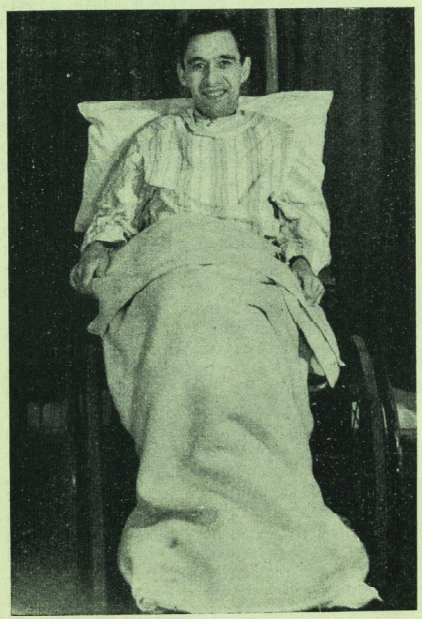


Patient after five weeks' treatment.

There are many difficult problems in the treatment of paraplegics, and certain aspects of their care, such as the nursing and physiotherapy, have especially to be of the highest order. We shall here merely indicate some of the medical problems peculiar to the treatment of paraplegics, and how they can be overcome.

Bedsores

The problem of adequate nutrition is of vital importance in cases of spinal injuries. Frequently, patients arriving at a Spinal Centre are so emaciated from bad bedsores and severe urinary infection that their appearance is reminiscent of the victims of Belsen. Treatment is directed towards stopping as soon as possible the great loss of protein from the bedsores and the accompanying urinary infection. Vigorous steps must be taken to heal the bedsores (*vide infra*) and the patients are put on a special high-protein diet. Guttmann (1949a) regards blood transfusion as imperative in paralysed patients with signs of nutritional deficiency and septic conditions, as being the most effective way of overcoming these states. It has been found that transfusions with cell suspensions in saline are more suitable for these cases, as they give less undesirable side-reactions than do whole blood transfusions (Walsh, 1952).



Patient after thirteen weeks' treatment.

The prevention of bed sores in chronic cases is the bane of a nurse's life. This is, of course, especially so with spinal injuries. As a result of circulatory disturbances in the peripheral vascular system, there is a lowering of tissue vitality and of tissue resistance to pressure. The resulting sensory loss in spinal injuries also plays a very important part, as the patient feels no sense of discomfort, and ceases to ease automatically his position. For these reasons, the paraplegic is the most prone of all chronic cases to bedsores, and these can be one of the most distressing features of the condition. It is often said that no matter how good and conscientious is the nursing, it is almost impossible to avoid bedsores in chronic cases. That this is not necessarily so has been conclusively demonstrated at Stoke Mandeville. The cardinal method in Guttmann's régime of prophylaxis against bedsores is *change of posture* (Guttmann, 1948). Every effort is made to avoid long-continued pressure on the bony prominences, and the patient is turned every two hours of the day and night. The pressure of the body is redistributed by padding the bony prominences and nursing the patient on a special mattress. These measures must be carried out from the start, as bedsores may develop in spinal cases within a matter of hours of the injury. Plaster jackets of any kind are avoided as being conducive to the formation of bedsores.

With persevering treatment even the worst bedsores are healed in time, and as with prophylaxis, pressure must be removed from the sores as much as possible. Necrotic tissue is excised, daily saline dressings are applied and antibiotics are given to counter infection. Even when the patient has no sores, it is very important that he be trained to become "sore conscious." For example, he is told to pay great attention to bony prominences in paralysed areas, and to avoid sitting on hard surfaces. When he sits in a chair he is told he must raise himself up every 10 or 15 minutes to relieve the pressure.

Bladder Care

The care of the bladder is of supreme importance in the treatment of paraplegics. The position is summed up by Guttmann (1948): "Neglect and inadequate treatment of the bladder are the commonest causes of death of paralysed patients." The aim of bladder treatment in these cases is eventually to restore efficient micturition by normal channels, with as little residual urine and incontinence as possible. Thus as far as possible, damage to the bladder and urethra by instrumentation must be prevented, and an ascending infection of the urinary tract postponed. When this latter occurs, as it eventually and inevitably does, the infection has to be energetically treated.

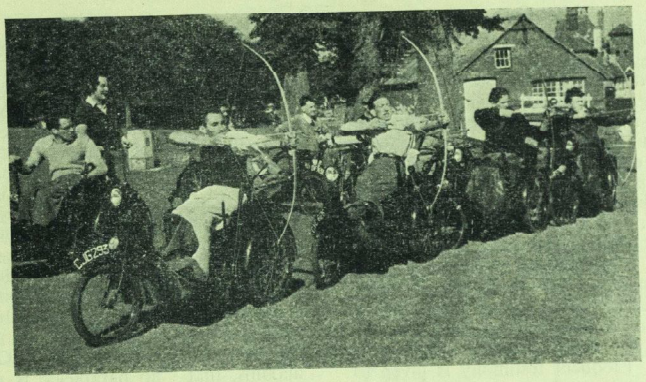
In the initial stages after spinal injury, some form of bladder drainage has, of course, to be instituted. For preference, urethral catheterisation is carried out, unless the urethra itself is damaged, when a high suprapubic cystostomy is done. At first, intermittent catheterisation is performed using a "non-touch" technique, and this is followed by an indwelling catheter with tidal drainage. After about two months, the automatic function of the bladder returns, and the indwelling catheter can be removed. Until the detrusor action is powerful enough to empty the bladder, intermittent catheterisation is performed.

When a patient leaves hospital he is told how to recognise the symptoms of an active urinary infection. If, for example, he feels "off-colour," is losing weight and appetite and has abdominal discomfort, then he knows he must at once report back to hospital. It has been found that most paraplegics can be trained to an awareness of the degree of fullness of their bladder by recognising certain sensations associated with bladder distension. Thus the patient may feel pain or burning sensations in the suprapubic and surrounding areas. In high lesions of the cord, bladder filling tends to be accompanied by such phenomena as shivering, hot flushes in the face and neck and slowing of the pulse, which are reflex autonomic mechanisms resulting from bladder distension. The patient also gradually learns to urinate reflexly by using certain trick mechanisms for starting micturition, such as rubbing the thigh or squeezing the suprapubic region. With such training, one of the main handicaps of a paraplegic can be minimised.

Physical Rehabilitation

When the initial stage of spinal shock is over, the physical rehabilitation of the patient can be commenced. It is at this stage, particularly, that the application of good physiotherapy is essential. It is of great importance to prevent contractures and atrophy; the limbs must be kept in the correct position and passive movements carried out. The painful flexor spasms that paraplegics may develop can make life well-nigh intolerable. There are certain recognised initiators of these spasms, such as a distended bladder or colon, and as far as possible these states are avoided or remedied without delay. In intractable cases where the lower limbs are in permanent flexor spasm, surgical procedures can be adopted. An intramedullary injection of alcohol into the thoraco-lumbar junction of the cord immediately and dramatically abolishes the most violent flexor spasms. However, the effect may gradually wear off, when it may be necessary to repeat the procedure.

The training of normal parts of the body in compensatory adaptation plays a very important part in the physical rehabilitation of these cases. By means of such training, normal muscles having a synergistic action in relation to the paralysed muscles can in part compensate for their loss. The normal muscles can also be trained to assist in the readjustment of the vasomotor control to postural changes. Most important of all is the over-development of those muscles which are essential for the patient's upright posture. After months of this treatment it is common for the patient to have trunk muscles that would do credit to a Hercules! For training the patients to walk, the key muscles are the abdominals, latissimus dorsi and trapezius. Because of their direct or indirect (through the lumbar fascia) attachment to the pelvis, these muscles can be trained to tilt the pelvis; with leg supports, limited walking is then possible. As an example, it is possible for a patient with a transverse lesion even as high as T1 to be trained to carry out rudimentary walking. The latissimus dorsi muscle, innervated from the cervical region of the cord and inserted through the lumbar fascia into the pelvis, can be trained to work from its anatomical insertion. Thus with a fixed arm as its functional origin, a greatly hypertrophied latissimus dorsi can assist in tilting the pelvis upwards. This is only one example of how a knowledge of "functional" anatomy



Patients at Archery practice

can be utilised to assist these patients. Though the amount of actual walking that a paraplegic can perform may be very limited, the adoption of an upright posture, even if only for short periods, is of immense psychological value.

Sport

One of the most important features evolved in the treatment at Stoke Mandeville is the part played by sport in the active rehabilitation of paraplegics. It might well seem paradoxical at first to associate paralysed patients with sporting activities, but it is in fact possible to adapt such games as archery, netball, javelin-throwing, badminton and billiards to the disabilities of paralysed patients. Of these games, archery and netball have been found to be particularly valuable as games suited for paraplegics. Such sports are, of course, of great benefit in encouraging an interest in activities which help the patient to over-develop the muscles of his arms and trunk, thus enabling him to acquire a certain degree of mobility and self-sufficiency. Guttmann has gone to great trouble to foster competitive spirit in the world of paraplegic sport. An annual sports day is held regularly at Stoke Mandeville, with teams from the various centres and convalescent homes competing against each other. Great interest is taken by the patients in such competitive activities, and the degree of proficiency which is attained has to be seen to be believed. Incredible though it may seem, teams composed of able-bodied people, when competing with paraplegic teams at wheelchair polo or netball—even though these able-bodied people are expert in the use of a wheelchair—have invariably been beaten. It is easy to appreciate the effect such performances have on patients' morale.

It has been found that archery is a peculiarly suitable sport for paraplegics (Guttmann, 1949b). Two of the main reasons for this is that it over-develops those muscles of the trunk and shoulder which guarantee the upright position of the patient, and the amount of exercise can be varied to suit the individual, by increasing the pull-weight of the bow. In addition, the patient does everything for himself, as nothing is mechanised. Guttmann even envisages the day when the disabled persons' equivalent of the Olympic Games will be held! But perhaps not the least valuable of these and similar activities is the encouragement it gives to the newly affected paraplegic, who on arriving at the Centre often and understandably has little interest in life. The whole atmosphere of the hospital is one that discourages self-pity. The patients are made to feel that, even with their terrible disability, they can achieve a degree of recovery sufficient to prevent them being the great burden to their family and friends they at first feared they would be. By seeing and hearing of the remarkable recoveries of his fellow-sufferers, the new entrant to Stoke Mandeville cannot fail to be heartened and encouraged.

After-Care

As soon as patients have recovered sufficiently, they are taught to become proficient in a skilled trade such as watch-repairing, engineering or draughtmanship. While in most cases it is not possible for the patient to return to his former occupation, every effort is made to enable him to acquire a new skill, in which his disability is not an insurmountable handicap. In this way, as they become able to earn their own living, patients develop increasing confidence in their powers of self-sufficiency. The aim of treatment is that when a paraplegic leaves his treatment centre, not only will he have achieved a measure of independence as regards his paralysis, but he will also be largely economically self-supporting. Eloquent testimony is given to the success of the methods employed at Stoke Mandeville by the fact that of the 700-odd patients treated there since 1944, approximately one-half now live at home, and most of them do some form of work. This in itself is a measure of the advances in treatment over the past ten years; no longer are paraplegics left as hopeless chronics. Nor is the paraplegic forgotten when he leaves hospital. Apart from periodic check-ups at a spinal centre, he keeps in touch with the paraplegic world by means of *The Cord*, an excellent monthly journal which gives news of activities at the various treatment centres around the country. The accounts it gives of how individual paraplegics the world over are overcoming their disabilities and adapting themselves to a new life make inspiring reading.

Conclusions

In this brief account, an attempt has been made to demonstrate how the treatment of the once-neglected paraplegic is being carried out today, notably at one world-famous centre. But much that has been learnt is still not sufficiently widely known in the medical world, as evidenced by the fact that at Stoke Mandeville " Belsen " cases are still received, even from the teaching hospitals. Undoubtedly, the best solution would be for recently paralysed patients to be sent as soon as possible to a Spinal Injuries Centre. Unfortunately, because of a waiting list this is not always possible. But it has been shown what can be done, and it is worth remembering in this connection one of Guttmann's maxims, that " no paraplegic is a hopeless case, unless the doctor is hopeless." And cases like that of the paraplegic from Stoke Mandeville who graduated in law at Oxford stand as examples of what will-power and courage, aided by proper medical treatment can achieve.

I would like to thank Dr. L. Guttmann for his assistance.

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Walsh, J. J. (1952) *Brit. Med. Journ., 2,* 811

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EXAMINATION RESULTS

UNIVERSITY OF OXFORD

Long Vacation, 1952

2nd B.M. Examination

Forensic Medicine and Public Health		*Special and Clinical Pathology*	
Best, R. W. G. P.	Cameron, A. E.	Best, R. W. G. P.	Bateman, J. G.
Rewcastle, R. M.	Ross, J. G.	Rewcastle, R. M.	Ross, J. G.

UNIVERSITY OF CAMBRIDGE

Examination in Pharmacology for Medical and Surgical Degrees. *Michaelmas Term,* 1952

Eminson, B. I. F. Spink, F. R.

CONJOINT BOARD

Final Examination. October, 1952

Pathology

Allan, R.	Caldwell, A. M.	Morgan, C. I.	Shere, S.
Beatley, W. M.	Castell, E. C.	Pearsons, D. E.	Shire, G. M.
Brown, I. P.	Jones, B. S.	Penn, M. J. W.	Southgate, B. A.
Brown, J.	McAdam, B. N.	Ryan, H. S. S.	Taylor, G. I.
Caiger, V. G.	Marker, H. R.	Scott, H. G.	Thomas, P. I.

Medicine

Beatley, W. M.	Jones, H. D.	Penn, M. J. W.	Thomas, B. D.
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Gretton, A. H.	Maskell, J. F. A.	Stevenson, K. M.	Watmough, G. C.
Hick, B. D.	Newill, R. G. D.	Tabor, A. M.	

Midwifery

Beale, I. R.	Jones, H. S.	Mackinnon, K. E.	Watmough, G. C.
Clark-Wilson, L. J.	Kenney, P. M.	Ryan, J. F.	
Jones, H. D.	Luke, M. F.	Tabor, A. M.	

Surgery

Allan, R.	Harries, E. H. L.	Kenney, P. M.	Thomas, B. D.
Bartley, R. H.	Jones, H. D.	Stathers, D. N.	Watkins, D.
Gompertz, R. M. H.			

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

Beale, I. R.	Kenney, P. M.	Stevenson, K. M.	Watkins, D.
Harries, E. H. L.	Ryan, J. F.	Tabor, A. M.	
Jones, H. S.	Stathers, D. N.	Thomas, B. D.	

OBITUARY

We record with deep regret the deaths of the following old Bart.'s men:—

John Weston Stretton, F.R.C.S., suddenly, on September 27, aged 64. He was educated at Cambridge and Bart.'s, qualifying in 1913 and taking the F.R.C.S. after the first World War. A year later he followed the family tradition and joined the Kidderminster and District General Hospital as surgeon. His grandfather had joined it in 1856, his father succeeded, and he himself completed nearly 100 years of family service.

He was a surgeon of a type that seems to be disappearing, the true general surgeon. He was able to apply his remarkable skill with equal ease to a bad fracture, to partial gastrectomy or to inguinal hernia (in which he had done much original work).

He was a man of high ideals, loved and respected by all who knew him, of truly Christian character and inflexible purpose.

To his wife and three sons we offer our deepest sympathy.

H. J. Burt-White, M.D., F.R.C.S., who died in tragic circumstances at Salisbury on October 20.

Harold Burt-White entered the Preliminary Science Course at St. Bartholomew's Hospital in September, 1918, from Epsom College. He showed an immediate and extremely keen interest in his work and it was obvious to all of us who shared this course that he, at least, was one who had found his vocation. In addition to an exceptional grasp of the book work, he displayed manual dexterity above average, and he was fortunate in the fact that he was ambidextrous, so that his practical work in biology and later in the dissecting room was of a very high standard. He won the Foster Prize in Anatomy and the Harvey Prize in Physiology at this stage and after taking the Primary Fellowship Examination in his stride he embarked on his clinical course. As a dresser to Mr. McAdam Eccles and Mr. Girling Ball, and later as their House Surgeon, he developed an outstanding surgical technique. He then became Intern Midwifery Assistant, and it was while occupying this post that he discovered an interest in obstetrics and gynæcology which was to persist throughout his career. He held various senior appointments at St. Bartholomew's and he was also elected to the staff of two outside special hospitals at an early age.

When all seemed set for outstanding success his career was suddenly cut short, and he spent five years in a professional wilderness. It says much for his courage at this time that he did everything in his power to preserve, and even to augment, his professional skill, and he took up his life again when his name was restored to the Register in 1937. The return path was by no means easy, although he was beginning to make headway up to the beginning of the war. He served in the Army as a Surgical Specialist and, on demobilisation, he settled in Salisbury where he was appointed Gynæcologist to the Salisbury General Infirmary. He suffered a severe

illness in December, 1950, and his recovery was never complete. During recent months he had been depressed and had felt that his surgical powers were failing. It was, no doubt, this feeling of physical deterioration which had a great deal to do with the tragic circumstances of his death.

Burt-White was a man of exceptional promise which was never fully realised but, in the earlier part of his career, he made valuable contributions to science, particularly in the field of the prevention of puerperal infection. J. M.

S. E. Crawford, F.R.C.S., at Palmerston North, New Zealand, on September 11. He was born at Weston-super-Mare in 1874 and emigrated to New Zealand to learn farming. But after a year he decided to return to England to study medicine. This he did at Bart.'s, entering the Hospital in 1897. He was a foundation member of the Hospital Dramatic Society.

He returned to New Zealand in 1905 and practised until he contracted poliomyelitis in 1928. After a break of ten years, in which he mastered a paralysed shoulder, he resumed practice, retiring in 1950.

W. P. Dyer, Surgeon-Commander, R.N., on November 5.

Edward Arthur Perram, M.D., at Teignmouth, Devon, on October 16, aged 88.

CORRESPONDENCE

THE CAT AMONG THE PIGEONS

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

As an ex-Vice-President of the Students' Union I thought I must write you a line after reading your Editorial in the October *Journal*, and your paragraph on the last Coronation Ball.

During my time on the Students' Union Council the "A.R." was refurnished at great expense. It took months of hard work, but when finished looked as good as any club premises in London (we had a job to get approval for carpets, I remember. The view was expressed that students would stub their cigarette ends out on them. We argued that if we left the A.R. like a pig-sty one could not blame students for behaving like pigs, and we got the carpets!).

After the war I revisited Bart.'s when I returned from overseas. I was horrified to see the A.R. back in its previous pig-sty condition, and I left with a feeling of disgust that students were apparently so unable to look after themselves, and so disinterested in their own affairs that they could allow their quarters so to disintegrate.

Your leading article seems to indicate that the modern student is even less interested in his surroundings than he was in our day. Is it that students are working too hard to worry much about their environment, or is it that the post-war attitude of lassitude and "let-the-other-chap-do-it" is just as much in evidence in a Students' Union as it is in other spheres outside the Hospital?

It was always a source of annoyance that nurses and students had to be so segregated. Guy's students and nurses gave a magnificent Gilbert and Sullivan production each year, but our Amateur Dramatic Society (we did not run to an Operatic Society—we could not in the absence of nurses) had to search round for relatives and friends to take the female parts. Mind you, the Nurses' Dance, officially non-alchoholic, ran only second to the Rugger Dance in its atmosphere of careless abandon—largely due to the emptying of about 100 hip-pocket flasks into the innocuous "cider cup" provided by our hostesses. Another example of repression finding an outlet!

The Coronation Ball was, I think, a great success (I have the programme before me as I write). It was about the second dance held in the Charterhouse Hall, and we spent hours trying to improve the floor; the walls and windows were very tastefully decorated to conform with the period in which the Hall had been built; the flood-lighting, carpeting, balloons and paper hats, etc., were added attractions, as was also a telegram from His Majesty thanking us for our expressions of loyalty sent to him before the Ball.

We worked very hard (I don't think we did any work for about a fortnight before the dance, and I can't remember much for a week afterwards!) and we had a £100 overdraft which the Students' Union had to pay off, but none of us would have missed it for worlds, and I am sure we shall always remember it.

I hope there will be another. The best Hospital should run the best Ball, and surely if it could be done then it can be done now. If it is, many of us "old boys" would appreciate an invitation.

Best wishes,
Yours etc.,
RONALD GIBSON.

51, Southgate Street,
Winchester.

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

Your October Editorial has indeed set "The Cat Among the Pigeons." It complains bitterly that the social life at Bart.'s is so bad that a student entering the Hospital should be advised to go elsewhere if he wishes to become a "whole, sound, round-about man." Now, this is indeed a sweeping criticism and it rests on the presumption that we must have very many more societies at Bart.'s, and that we should devote more of our spare time to one another's company if we are to attain to John Locke's Ideal.

The Editorial offers no reason for this supposedly deplorable lack of social life; but it is possible that it is because many students think that there is enough social life already and do not want any more. There are students who, after a day's work, a hurried meal in a crowded refectory and possibly a journey home in a rush-hour train, like to return home, go to their rooms, shut their doors and be alone. Alone to think, alone to read, and alone to write. All day long students are regimented and organised; they work together, they play games together, they eat together and in the evening some find it a good thing to shut themselves up, away from the crowd and away from society. The Editorial insinuates that the Bart.'s student is inferior to others because his notice boards are never full; but it is possible that this is because the Bart.'s student thinks more for himself and is more of an individualist than the gregarious student whose ways the Editorial advocates.

The Editorial goes on to complain that too few dances are held at Bart.'s, and endorses a letter criticising the Students' Union Ball. The letter advocates an all-night ball which the authors claim was wonderfully organised by another hospital. Now, it is very easy to criticise by saying "So and so does better than us; why can't we do the same?" But it would be interesting to know if the authors of this letter could produce all the exact details of the dance they mention. It would also be interesting to know just how many students want to dance until 5 in the morning. There are some students who think that four or five dances a year are quite enough. They think that a dance should end while everyone is still enjoying themselves and they do not like to go on, until nothing but alcohol will keep them going.

Last month's Editorial must have been depressing indeed for new students, but I hope that they realise that not all Bart.'s students think of our 829 years' history as a "cold, heavy weight," and not all Bart.'s students find it necessary to "Scotch Hop" in order to meet a nurse.

Yours truly,
F. J. C. MILLARD.

Abernethian Room,
Charterhouse.

GRAVITATIONAL ULCERS. A FORGOTTEN TREATMENT.

Dear Sir,

I am very interested in Miss Truda Wareham's article on the above subject in the September number of the *Journal*, p. 495, for several reasons. When I was a student, my father taught me how to treat this condition by the best ambulant method available in those days. He had published a paper in the *Lancet* in 1902.(1) In particular he taught me to bandage with unbleached calico, a difficult art, but wonderful support was afforded if the bandage was put on properly by the doctor or his pupil.

As the result of Leduc's work in France (2 & 3) Lewis Jones introduced ionic medication (iontophoresis) into this hospital and into this country. In the discussion on a paper by him at the R.S.M. (4) Hartigan mentioned that he had had success in ulcers of the leg. In the days when one had to be an electrologist as well as a radiologist, I was working at the treatment of these ulcers at the Metropolitan Hospital. I did various controlled experiments with different basic ions. I found that zinc ions gave the best results with gravitational ulcers and mercury with gummatous ulcers (5). Healing occurred much more quickly than with any other treatment and apparently more quickly than with Miss Wareham's treatment. Relief of pain, after an initial exacerbation, seems to be just as great. In fact, by the time I left the Metropolitan Hospital, all the gravitational ulcers had healed, with one exception of multiple ulcers, which were diagnosed as gummatous. Years later I found this treatment most valuable in the treatment of late radium ulcers.

Now there is no reason why zinc ionisation should not be combined with the Physiotherapy and I am sure that healing will be much speeded up. As Lewis Jones was one of our most distinguished sons, it would be nice to perpetuate a treatment first introduced into Bart.'s. Details will be found in my paper, but I should be happy to furnish any further information on this subject, if I can remember.

I am, Sir,
Yours faithfully,
N. S. FINZI.

The Garth,
Cobham, Surrey.

References:

(1) Finzi, J. M., *Lancet*, 1892, V.I., p. 1297.
(2) Leduc, Congress of Electrobiology, Paris, 1900.
(3) Leduc, *Gazette Medicale de Nantes*, 1901.
(4) Lewis Jones, *Proc. R.S.M.*, Feb. 28th, 1908.
(5) Finzi, N. S., *Proc. R.S.M.*, May, 1909.

RAHERE'S CAMPANOLOGISTS

Dear Sir,

May I offer my congratulations to the Bart.'s bell-ringers on their recent performance at St. Bartholomew-tide.

Bell-ringing is a good relaxation for the medical man, for not only is the mind fully occupied but also some slight physical effort is involved. It also has the merits of only having a short closed season during Lent!

Incidentally, I have found it very useful as a congenial treatment for the adolescent asthmatic patient. The mind is diverted from his condition and the movements involved increase the vital capacity of the chest.

Yours sincerely,
L. S. CASTLEDEN.

Dunmow,
Essex.

SPORT

Squash

Bart.'s were eliminated from the United Hospitals' Cup, losing to U.C.H. by 3 matches to 2. The defeat was as honourable as the score suggests and only several points separated us from victory.

Roberts, at No. 1, was outclassed by a University player, whose superb drop-shots largely contributed to his comfortable win. Murrell, the captain, won a long struggle by 3 games to 2 in which some of the rallies lasted minutes. He deserved his win by virtue of his superior stamina and court speed.

Bush could not get into his stride until the later stages of his match, and so was defeated in straight games.

Nicholson won his match without losing a game. He played intelligently and economically and never allowed his opponent to settle down.

Burrows lost what proved to be the "decider" by 3 games to 2, after being 2 games down. He led 7-6 in the final game, but his last desperate effort just failed. A broken racquet and 2 points cost us a place in the next round.

Rowing : United Hospitals Regatta, 1952

The Regatta this year was a disappointment in that we failed to retain the cups which we have held for the past two years ; but we were certainly not disgraced.

Only three of last year's winning crew were available and consequently we had to train a new crew from scratch with resulting delay in getting started. Considering how late we were in commencing training and the formidable opposition, it is surprising that we did so well against the crews of Blues and Olympic oarsmen which our opponents were able to get together. We could muster no oarsmen of repute, yet we gave every winner their closest race. Certainly St. Thomas's, packed with the élite of the rowing world, must have sighed with relief on sighting the winning post which they passed only a third of a length in the lead and with our bows gaining on them every stroke.

Middlesex Hospital, with two Olympic oarsmen in their senior four, were also made to fight every inch of the way before scraping home by three-quarters of a length over our senior four.

The second eight might have won a cup for us had they been lucky enough to draw the Surrey side of the river. In the final of the junior eights against St. Thomas's, they were leading most of the way but coming into the last straight St. Thomas's had the advantage of the stronger current and just won by a quarter length.

Both junior fours had to contend with a Westminster Hospital crew containing four Henley veterans, and both were beaten by the same distance, two lengths. However, the stern four of our second eight were revenged on their opposite numbers in St. Thomas's second eight when they beat them in the junior fours.

We were honoured that Dr. Spence was asked to give away the cups, and sympathise with him for being unable to present any to his own Hospital.

The successful Rugger IV.

The Rugger four provided us with our only victory; in spite of a series of "crabs" they beat the London Hospital in the final.

However, we are not discouraged. The fact that we were able to compete on equal terms with crews packed with Blues, Olympic oarsmen and Olympic trialists, shows that we have some good oarsmen in Bart.'s. Most of these have at least three more years in the Hospital. Whereas other hospitals will now disband their crews and give up rowing, we shall start planning for victories next summer.

The Annual Dinner after the regatta was the usual success ; we were glad that our President Mr. O. S. Tubbs was present, as also were Professor Franklin, Dr. Coulson and "Ham" Ward, who coached us so well.

On Saturday following the Regatta the first eight visited Cambridge and raced against Queens' first eight on the Cam, whom they defeated by one-and-a-half lengths on a five minutes' course. This visit to Cambridge has become an annual event ; for the past two years the flag has been shown in competition with Clare.

1st Eight—J. M. Gray (bow), P. E. Mann, P. J. G. Smart, C. C. H. Dale, J. F. G. Pigott, D. H. Black, C. N. Hudson, D. Fairbairn (str.), R. J. Blow (cox).

2nd Eight—J. W. Maltby (bow), R. E. Nottidge, C. J. W. Hunter, R. W. Beard, R. I. D. Simpson, G. D. Langham, J. D. Salmon, B. P. Harrold (str.), R. Rothwell-Jackson (cox).

3rd Eight—W. G. Harris (bow), M. A. Bedford, P. J. Fenn, T. W. Bolton, M. F. D. Burton, T. A. Evans, R. P. Doherty, T. P. Ormerod (str.), M. G. Kielty (cox).

Senior Four —C. N. Hudson (bow—steers.), C. C. H. Dale, J. F. G. Pigott, D. H. Black (str.).

Junior Four "A"—R. I. D. Simpson (bow), G. D. Langham, J. D. Salmon, B. P. Harrold (str.), P. A. Clark (cox).

Junior Four "B" — R. W. Beasley (bow), E. J. R. Rossiter, A. H. Luscombe, I. H. Backhouse (str.), M. A. R. Manhire (cox).

Rugger Four—A. D. M. Thomas (bow), E. D. F. Gawne, J. M. Jones, J. F. Pearce (str.), C. Charlton (cox).

Junior Sculls—R. G. D. Newill.

Rugger

Bart's v. Old Cranleighans. Won ; 9—0

Bart.'s took the field at Thames Ditton undeterred by their opponents' undefeated record against St. Mary's Hospital and Moseley. The Bart.'s forwards put real punch into the first five minutes of the game and settled down to winning the ball from the line-outs and loose scrums. Mackay gave good service to a new fly-half, Murphy, and made some fine dashes from his forward's feet woefully unaccompanied. Davies opened the scoring with a brilliant penalty drop kick to give the lead. This enthused forwards and three-quarters to combine, but two tries were lost by a faulty "last pass." Half-time : 3—0.

The second half meandered for a while, until Badley backing up well took an inside pass from the Welsh wing, Phillips, to cross the line for a try. Bart.'s had tasted blood and while the referee was raising sufficient pressure to blow the final whistle, Lammiman was over after a good run by Davies for a further try.

Cohen played a great game dazzling the opposition with runs in the calibre of a burly three-quarter. Fitness and team-work would take Bart.'s far this year, for the material is there.

Cornish Tour

The Pirates, Penzance v. Bart.'s. Lost : 8—5

Five minutes before the final whistle the crowd was brought to its feet yelling for "St. Bart's," "the Lilywhites," as the hospital wear new shirts for this match. From a quick heel, the only quick heel, the ball reached the centres, Hackett burst through the defending line, sidestepped the full-back and two corner flagging forwards to score under the posts.

At the beginning of the match, play moved rapidly from one end of the field to the other by forward rush and counter rush. The Bart.'s line was menaced on several occasions and Penzance would doubtless have scored but for the energetic covering and fine relieving kicking of M. Davies. For the first half the play was mainly dictated by Penzance, who soon realised that they were not playing a "local Derby" against another Cornish club, and started to open up the game, giving their outsides a lot of the ball. The first score followed a clever run by the pirate chief, Richards, playing at outside half ; running across the field he cut through and then found his wing with a long pass, for him to score in the corner.

The hospital outsides were paralysed by very slow heeling, both in the tight and the loose ; also in the lineouts, although Bart.'s almost invariably caught the ball, it then disappeared under a pile of forwards, finally to reappear in the opposing scrum.

In the second half Bart.'s were much steadier, but Penzance were making most of the running, and it was Richards again who found a gap in the defences which both he and the centre went through, to score near the post. Then Bart.'s woke up and began to play together. Following the Hospital's try in the last few minutes, the pirates' lot was not a happy one.

St. Lukes' College, Exeter v. Bart.'s. Lost : 3—24

Playing against what is reputed to be one of the strongest sides in the West Country, Bart.'s were outplayed by a faster and fitter team whose backs gave a classical display of three-quarter play.

In the forward tussle, which was very rugged, Bart.'s did well against their heavier opponents and the front row of Macadam, Knipe and Bliss deserve mention for getting the ball back as many times as they did. Their task was made no easier by the loss of Phillips early in the game, Nicholson, a wing forward, having to take his place.

Burrows, playing his first game at full-back for the side, performed a difficult task admirably.

St. Luke's scored four tries in the first half, Davies replying with a good penalty. In the second half they scored three more tries and a penalty, all their points being scored by their backs.

Paignton v. Bart.'s. Won : 22—3

After a scrappy start with both sides fumbling the ball, Hackett, playing in the centre, forced his way through his opponents to score between the posts ; Davies converted this try. Soon after, Davies, also in the centre, getting the ball from a loose maul on our line ran the whole length of the field to score a fine try in the corner ; this was not converted.

The Bart.'s pack was quickly settling down to do some grand work in the loose—honours in the set scrums and line-outs were equally divided. The backs were also beginning to give a display of speed and penetration so sadly lacking in the side for so long.

At half-time the score was 8-6.

The second half started with an orthodox movement in the backs, Badley, playing on the wing, going over for an unconverted try. Scott-Brown, playing a good game at outside half, broke through to score right between the posts and converted the try himself.

Although the scoring so far was all Bart.'s Paignton did produce some dangerous movements ; one of these enabled their scrum-half to scramble over from a loose maul following a line-out on our line. The score was now 16-3.

It was not long before Hackett again showed his worth by tearing through their side to score again. Charlton, at scrum half, getting the ball from a loose scrum, swerved his way through to go over near the posts—this try was again not converted. He was combining well with Scott-Brown, considering it was their first game together and was defending stoutly any break-throughs by the forwards.

The whistle for "no-side" went with the score of 22-3—a very satisfactory conclusion to an enjoyable tour. Worthy of special mention in this game were Cohen and Gawne in the forwards and Burrows, the full back, for another very consistent game.

Team : P. J. Burrows, B. W. Badley, M. Hackett, M. J. A. Davies, J. K. Murphy, G. Scott-Brown, C. A. C. Charlton, P. Bliss, P. Knipe, I. Macadam, J. M. Jones, M. H. Graham, J. R. Nicholson, E. D. F. Gawne (Capt.), L. Cohen.

Other Results

Bart.'s v. LX Club, Cambridge. Lost : 8—5

Bart's v. Aldershot Services. Drawn : 11—11

Bart.'s v. Woodford. Lost : 3—14

BOOK REVIEWS

HENRY VIII: A DIFFICULT PATIENT, by Sir A. S. MacNalty. Christopher Johnson, 1952. pp. 202. Price 18s.

The greatest complaint one can have with this book is its title, which is misleading in the extreme. The few pages devoted to Henry VIII's medical history are far outnumbered by those given over to his foreign and domestic policies—as evidenced by whole chapters entitled "The Rule of Cardinal Wolsey," "The Divorce and Breach with Rome," "Henry VIII and Scotland," etc. Little that is new has been added to the work of Pollard and Chamberlin. No work of history should be without an index.

WESTMINSTER HOSPITAL. Two centuries of voluntary service, 1719-1948, by John Langdon-Davies. London, John Murray (1952). pp. xiv, 274 + 21 plates. Price 21s.

"GREAT ORMOND STREET," 1852-1952, by Thomas Twistington Higgins. London, for the Hospital for Sick Children, Odhams Press (1952), pp. 64, illus. Price 7s. 6d.

The spate of histories of hospitals continues, as if the introduction of the National Health Service marked the end of all possibility of individuality, and it therefore became necessary to place on record work accomplished before that upheaval. We now have histories of Westminster Hospital, and The Hospital for Sick Children, familiarly known as "Great Ormond Street."

The first is lavishly produced by the publishers, the printing, plates, binding and paper forming a worthily produced volume. Yet the text does not present a connected history of the Hospital. The facts are there, many in the form of tables, but it is difficult to trace the chronological history of Westminster Hospital and its staff. We have much social history, pen-pictures of some of the outstanding members of the staff, but others are relegated to the appendices, and do not even appear in the index. The latter is far from complete; Bart.'s does not appear therein, although it is mentioned at least six times in the text. John Snow, a student at Westminster, is mentioned for his connection with cholera, but his work as a pioneer anaesthetist is ignored; Sir Anthony Carlisle, George James Guthrie, William Richard Basham and a few others are more adequately dealt with, but one acquires the impression that the author is not intimately acquainted with the Hospital of which he writes.

"*Great Ormond Street*" is cast in a much slighter mould, but is well produced and adequately illustrated. Written by a surgeon who has served the Hospital since 1912, it reflects his extensive knowledge of his subject. Founded by a Bart.'s man, Charles West, the Hospital has attracted several of our distinguished physicians and surgeons to serve on its staff, including Sir Thomas Smith, Samuel Gee, and Hugh Thursfield.

Before the foundation of "Great Ormond Street" there was little provision for children in hospitals in this country. They were mainly nursed at home, and only admitted to hospital as surgical cases, there being very few beds available for this type of patient, and only one hospital had separate accommodation for children. Following the establishment of The Hospital for Sick Children in London, the provinces followed suit, and we now find these specialist hospitals in most of the larger towns.

Mr. Twistington Higgins has dutifully carried out his labour of love, and if we may be permitted one criticism, we suggest that despite its small size, the book is worthy of an index.

J. L. T.

APPLIED PHYSIOLOGY, by Samson Wright. Oxford University Press. Ninth Edition, 1952, pp. 1190, illus. 688. Price 50s.

This well-tried physiology text has reached its twenty-sixth year and ninth edition and in including the advances in physiology since the war's end Professor Wright has written what is virtually a new book.

The first 130 pages are devoted to a consideration of the regulation of the constancy of the milieu intérieur, long appreciated and studied by physiologists, but only comparatively recently finding any clinical application in medicine. This chapter makes especially interesting reading and could be studied with profit by all clinical students, especially as a guide is given to those pages in the book dealing especially with clinical medicine. These pages, which have always been a notable feature of this book, make an excellent bridge between physiology and its applied aspects, and render the text of equal value to both pre-clinical and clinical students. Two hundred additional figures have been added to this edition.

Samson Wright easily retains its place among the three or four good physiology text books available to the student.

THE INFIRMITIES OF GENIUS, by W. R. Bett; Christopher Johnson. Price 18/-.

Dr. Bett is no novice in writing on subjects medical or biographical, as witness his biography of Osler, which is probably the best of a number on the subject. In "The Infirmities of Genius" he has given us a series of short accounts of the lives and afflictions of a number of world-famous authors, in an attempt to relate these afflictions to the outstanding character of their writings. It is open to question whether he has proved his point in the case of all the brilliant men he has chosen to discuss, but it is eminently reasonable to conclude, for example, that Carlyle's impassioned diatribes were influenced by the ever-present gnawings he felt at his insides; or that Byron's cries from the soul emanated in part from the cruel reactions of people—including his own mother—to his congenital lameness. But it seems difficult to relate the tragic background of Lamb's life to his gentle and sweet-sounding prose; in fact, one would have expected it to engender a mood of sourness and despair; indeed, one wonders why Lamb is included in the selection at all, for apart from one nervous breakdown and his enjoyment of a good pipe and a good drink, his was a remarkably sturdy constitution, both in mind and in body.

Leaving aside, however, the arguments in the case, there is no doubt that Dr. Bett has given us in this book a group of admirably written and thoroughly interesting sketches. If they read in parts somewhat like a list of statistics (as when he discusses Walt Whitman), yet in general the accounts flow easily along to a competent conclusion; and there is no doubt that his comments on the medical side are excellent. Not only the medical man, but also the layman should find this a readable and interesting book.

THE FOOT, by Norman C. Lake. 4th Edition, 1952, Baillière, Tindall & Cox, pp. vi+466, Figs. 166. Price 25s.

This book has been written to give an understanding of the "Evolution, Anatomy, Physiology and Diseases of the Foot in Theory and Practice." The author has managed this in the limited space available. The necessary compression means that the book is hardly "a standard text and reference book (omitting major orthopædic procedures)" as the publishers claim.

However, this book will be of use to any one whose professional life brings them in contact with painful feet, as the common ailments are mentioned, and the author shows that there are alternative, well-reasoned theories as to their causes to the orthodox. The account of the evolution of the foot from the primitive pentadactyl limb to the present specialised support is well-done, the author presenting the different theories fairly. Throughout the illustrations are good, but why not print the negative X-ray plates? That little is really known and much guessed about the causes of various foot disorders is shown by the chapters on Hallus Valgus and Club Foot. However the treatment works, and the purchase price will soon be paid back in the gratitude of patients.

SYMPTOMS AND SIGNS IN CLINICAL MEDICINE, by E. Noble Chamberlain. John Wright. Fifth Edition, 1952., pp. 480, illus. 354. Price 35s.

This well-tried favourite has now reached its fifth edition and has been considerably revised and a number of new illustrations added. These retain their normal high standard.

The subject matter is attractively presented and makes much more interesting reading than one or two of the book's competitors. The student will learn a wealth of medicine from these pages.

FORENSIC MEDICINE, by Keith Simpson. Edward Arnold. Second Edition, 1952. pp. 344, illus. 131. Price 21s.

There is no book on forensic medicine to rival Dr. Simpson's. He has taken advantage of this second edition to bring some of the sections up-to-date and to replace a chapter on war gases by one on poisonous plants and fungi.

The illustrations are gruesome and excellent. The text is interesting in its presentation and exhaustive in its "coverage." There is forensic medicine in Finals, so you must turn to this some day.

THE CONTROL OF COMMUNICABLE DISEASES, by Hugh Paul, M.D., D.P.H. Harvey & Blythe, Ltd., London, pp. x+526. Price 55s.

This has been written by a medical officer of health in the hope that it will be of use not only to public health doctors, but also to other medical men, and Dr. Paul is to be congratulated on a book which is both valuable for reference

and is most readable. The most satisfying control of communicable diseases rests on a knowledge of the epidemiology, and here the reader will find clearly stated, and at some length, present views on the causes and methods of spread of epidemic diseases. There are numerous statistical tables, and the accounts of outbreaks are in many cases taken from recent publications. It is unfortunate that the price of this book is likely to deter many who would have found it a useful and interesting addition to the bookshelf.

ESSENTIALS FOR FINAL EXAMINATIONS IN MEDICINE, by John de Sweit, M.D., M.R.C.P. 4th Edition, 1952. J. and A. Churchill, Ltd., pp. vi+183. Price 12s.

This is in no way a textbook, just a rather full aide-memoire. Though the style is at times telegraphic, the contents of the hundred odd articles are those facts that every student has heard and promptly forgotten. This book is well worth the 12s. it costs, though it differs in some places from Bart.'s teaching, for it will recall these forgotten facts the week before the examinations. The inclusion of two or three differential diagnoses for each disease is a very useful feature.

LUMBAR DISC LESIONS, by J. R. Armstrong. E. & S. Livingstone Ltd., pp. 228, 56 illustrations. Price 42s.

This book is well produced and deals with the anatomy and physiology of the lumbar discs and with the diagnosis, differential diagnosis and treatment of their lesions. The differential diagnosis is somewhat simplified and little mention is made of that large number of cases which fit with difficulty into any classification of low back pain.

Conservative and operative methods of treatment are discussed fully.

Operative treatment is advocated more frequently than in most clinics and manipulation of the spine viewed very critically. The operation performed involves inspection of L4-5 and L5-S1 discs, in all cases, through an approach involving a more extensive laminectomy than is performed by most surgeons.

SYNOPIS OF TROPICAL MEDICINE, by Sir P. Manson-Bahr. Second Edition. Cassel & Co. Ltd., pp. 248. Price 15s.

Eight years have elapsed since the production of the first edition of this book, during which time research has brought to light many new facts about the diagnosis, aetiology, prophylaxis and treatment of tropical diseases. This second edition contains all that is relevant of those new facts. It is a true synopsis, neither a word or illustration is wasted and a satisfactory index helps towards quick reference.

BLAKISTON'S ILLUSTRATED POCKET MEDICAL DICTIONARY. Edited by Norman Hoerr and Arthur Osol, pp. 1,006, illus. 60. Price 20s. (H. K. Lewis).

After using this book daily for the past month I have always found a brief and clear explanation of any word referred to (and incidentally, the book remains open, without persuasion, at the page of reference). A two-hundred-paged appendix contains some useful tabulated information upon anatomy, blood constituents, diets, etc. Well worth twenty shillings.