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ON KILLING TIME

We are the hollow men
We are the stuffed men
Leaning together
Headpiece filled with straw.
(T. S. Eliot: *The Hollow Men*).

It is neither our intention nor our desire to start in the *Journal* a column entitled "City Notes," in which we could advise readers how to invest on the Stock Exchange the surplus left over from the Danckwerts award or Government education grants. But we cannot forbear handing on to readers financial conclusions drawn from a quite cursory survey of the domestic scene in England today. Therefore we advise you strongly—if you have shares in socks, *buy more,* for the sock industry is booming. On the other hand, if you have shares in pianos, *sell out,* and quickly too, while they are worth anything at all.

It is not long since—a mere six months, in fact—that we tilted at no less a person than the Archbishop of Canterbury for saying that two hours' work as a nurse was worth twenty-five years as a typist. To our rough Editorial he made a most courteous reply, but it was alas! not for publication. Now, however, we can make amends, for on one controversial matter at least, we can rally to the support of His Grace. He dislikes television, and behind the banner of his disapproval we will raise our own.

That socks are no longer darned and that pianos choke the secondhand market because television nightly plunges our parlours and sitting-rooms into Stygian darkness, readers can well understand, for many of them may well be reading this with holes in their socks. But what it all has to do with the *Journal* Editorial you may well find puzzling, for this, you probably feel, should be devoted to the Higher Things—like medical education, or the art of healing, or some such philosophical speculation.

You are not to be disappointed. It is impossible to start anything with a quotation from T. S. Eliot, which shall not soon become heavy with portent and pregnant with significance. The Higher Things are Coming.

The popularity of television is but a symptom, though the most marked, of a sickness which afflicts our generation. It is a chronic sickness, in the literal sense of the word. It is a mental sickness, and one of the most intractable nature. We can call it "the heaviness of time." Our industrial civilisation, by giving us eight hours' work—unimaginative, tedious, repetitive for the most part—in exchange for four hours' leisure, presents us with a most terrible problem. How are we, day after day and week after week, to fill those four hours? Our schools, which should be more concerned to teach us the answer to this than to train us for our future career, have demonstrably failed to help, for this generation will grasp at any form of entertainment so long as it is served up ready-made and is sufficiently exciting to be distracting. As John Garrett wrote five years ago: "The cinema, the Press, 'workers' playtime,' mass holiday camps, the sporting world, all show the world's oldest story in tragic action—the devil possessing himself of a vacuum." Since he wrote, television has established itself as the newest and greatest time-killer of them all. A process begun by the radio and the cinema is now finished. We are completely spoon-fed.

It has been fashionable for many years to laugh at the Victorians, and particularly, perhaps, at their attempts at home-made entertainment. But where is the family today

which could entertain from its own resources a few friends at an evening's party? We do not even make good conversation these days, but entertain each other at television parties, rushing off to make coffee in the interval. Millions watch games every week-end: a paltry few thousands play. Much of this is due to the cult of the professional, which is the new disturbing feature of the world of sport. The unlikelihood of ever being a centre-forward with a five-figure transfer fee is no excuse for not playing football at all. If we are to learn and teach that "leisure" is not just a synonym for "release," that it is a time for re-creation, not recreation, then we must recover that respect for the amateur which was one of the strengths of Victorian social life, and like the Victorians, learn how to entertain ourselves.

In his Rede lecture at Cambridge in 1944 Sir Richard Livingstone said: "The first step towards curing disease is knowledge of the meaning of health: the first step to good education is a clear view of what human beings should be." It is not necessary to have very advanced views on the sort of child our schools should be turning out to know that by giving us a generation which cannot entertain itself and whose leisure is purely passive, our system of education is failing in its task.

But much more than entertainment is at stake. Sir Richard continued: "The ultimate importance of any nation is estimated not by its conquests, commerce or comfort, but by the values which it has brought into the world and the degree to which they are embodied in its life." In our literature, drama, music and painting, those values are enshrined, revealed and handed down, and for their revelation, it is not enough to watch or to listen only. They must be re-created by performance, for only thus can they be truly appreciated.

What can we think of a generation which spends its leisure in small groups in dark rooms round little white screens?

Those who have crossed
With direct eyes, to death's other Kingdom
Remember us—if at all—not as lost
Violent souls, but only
As the hollow men
The stuffed men.

Congratulations to :—

Dr. Geoffrey Bourne, on his engagement to Miss Patricia Mary McCready.

Dr. W. E. Gibb, on his marriage to Dr. Mary Feetham on November 8.

Dr. E. D. Adrian, O.M., on his re-election as President of the Royal Society. This is, without doubt, the most exalted post in the world of science, and Dr. Adrian is the second Bart.'s man to reach this eminence within a decade. The other O.M. the hospital can boast, Sir Henry Dale, was P.R.S. from 1940 to 1945.

Dr. A. B. McGregor, dental consultant to the Hospital, on his appointment to the John Humphreys Chair of Dental Surgery at Birmingham University.

The Boat Club, on winning the Senior Eights Cup at the London University Winter Eights Regatta on December 13—the first hospital crew to do so.

St. Bartholomew's Hospital Ball

The Annual Ball is being held on Friday, the 23rd of this month, at the Park Lane Hotel, Piccadilly. A full four-course dinner is being provided, and later in the evening a running buffet. The Ball will be from 8 p.m. until 2 a.m.

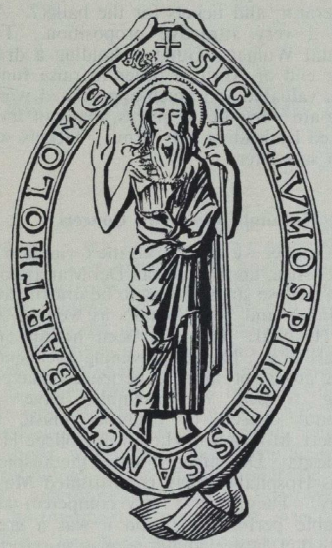
Double tickets are £2 17s. 6d. and are obtainable from the Ball secretaries, J. S. Murrell and J. Pearce, at the Hospital. It is hoped that the inclusion of a dinner in the price of the tickets—in itself a reduction on last year's price—will encourage as many students as possible (past as well as present) to come to the Ball.

Journal Appointments

R. J. Blow, who has been Manager for the past year, has resigned. R. J. Knight is the new Manager and C. N. Hudson the new Assistant Manager.

The New Cover

With this first *Journal* of the New Year we have a new cover. To alter the cover is, quite probably, the greatest single change that can be made to the *Journal* and, for that reason alone, needs justification. Moreover, our older readers will remember the *furore* excited by the drawing by Eric Gill, a pother which was only stilled by the obvious respectability of the cover which is now replaced.



Perhaps the words "obvious respectability" do less than justice to the cover of which we now write the obituary. It is, certainly, a very handsome seal—the first Hospital Seal—and has a neat little drawing of St. Bartholomew. But ask any contemporary student (and, we suspect, many of our older readers who have forgotten the circumstances of its first use), ask any of them *what it is* and very few will know. In short, the seal means nothing to them. It made an adequate cover because it was non-committal and familiar: but in most people it evoked no feeling whatever.

Our new cover is not only a very fine drawing of the King Henry VIII Gate, with the tower of St. Bartholomew-the-Less behind it: it is also, we hope, a symbol of the years spent inside that gate, and for this reason will probably be of more significance to past rather than present students. It is obvious that we cannot hope to please everyone, but we hope that it will not be greeted by the same chorus of disapproval that forced our predecessor in 1938 to hold a referendum. We invite readers to write to give us their opinions.

The drawing was carried out by Andrew Connidis, a young British architect, now living in Canada, who has made the *Journal* a gift of his skill. We hope that it will adorn its front page for many years.

A Pioneer in Thyroid Therapy: Dr. E. L. Fox

We are indebted to a Guy's man, Dr. R. E. Smith, F.R.C.P., for bringing to our attention the original work of a Bart's man, Edward Lawrence Fox, who, just over sixty years ago, was the first to administer thyroid by mouth in a case of myxoedema.

The classical description of this disease is that of Sir William Gull of Guy's, in the *Transactions of the Clinical Society of London* for 1874. He described two cases occurring in women, reasoned by a process of exclusion that the state must be *sui generis*, and concluded: "I am not able to give any explanation of the cause which leads to the state I have described. It is unassociated with any visceral disease, and having begun appears to continue uninfluenced by remedies."

In the *British Medical Journal* in January 1892 Mr. (later Sir) Victor Horsley of U.C.H. surveyed the evidence that myxoedema is due to a loss of function of the thyroid gland, suggested that the grafting of the thyroid from a healthy sheep might arrest the progress of the disease, and tried the experiment with success. Dr. G. R. Murray improved on this suggestion by introducing hypodermic injections of the juice of sheep's thyroid, and finally in the *British Medical Journal* of October 29, 1892, there appeared the note by Dr. E. L. Fox, recounting the successful use of thyroid by mouth, which is now the recognised treatment for myxoedema.

The case he describes is of a woman, "E.M., aged 49 [who] exhibited all the typical symptoms . . . of myxoedema. I was induced [by the disadvantages of continued

hypodermic injections] to try the effect of thyroid extract when taken by mouth. I directed the patient how to prepare a glycerine extract of half a sheep's thyroid. . . . Of the extract she was to take half one hour before breakfast and the remainder one hour before supper, and to continue doing so twice a week."

The patient started treatment on June 2, was showing visible signs of improvement by July 11 and was much better by September 12. Then, however, she pushed herself over into thyrotoxicosis. "She was ordered to take half a thyroid, lightly fried and minced, to be taken with currant jelly once a week, and to continue taking the extract once a week. By mistake she took the minced gland twice a week for a fortnight; she then noticed she was getting rapidly weaker, profuse perspirations breaking out on the least exertion; she was unable to walk or stand steadily. She left off taking the gland on September 22 and began rapidly to recover her strength. . . . Her condition now is in every way satisfactory. Her face has assumed its ordinary proportions, her speech is normal, the oedema has gone, and menstruation has returned."

By a coincidence the same treatment had been devised by Dr. W. G. Mackenzie at the Royal Free Hospital for a woman suffering from myxoedema for 2½ years. His more extensive paper appears in the same issue of the *British Medical Journal*, whence it can be seen that Fox commenced treatment by mouth some eight weeks before Mackenzie.

Dr. Fox died on December 11, 1938, aged 79. He had devoted most of his life to the Prince of Wales' Hospital, Plymouth, where he was senior physician. In his obituary are the words: "He was held in high esteem by his colleagues and the people of Plymouth on account of his integrity, his friendship and care for his poorer patients, and for his private generosity, which was never advertised."

Inter-Hospitals Rugger

Many were both surprised and pleased to see Bart.'s rugger players start practising about the same time as Scottish footballers, i.e., in high summer. This activity augured well for the future, and their performance, without being spectacular, has certainly been encouraging to those who have long awaited a revival of Bart.'s rugger.

In the draw for the Inter-Hospitals Challenge Cup we have drawn St. George's in the first round, the match to be played on February 3 at Richmond. If we win, we meet St. Mary's in the second round on February 17. All our readers are urged to keep these dates free, and to turn up in strength to support Bart.'s. The Cup has been away from the Hospital for far too long.

A Case of Champagne for 1s. ?

Or a six-guinea West-End perm., a refrigerator, and tickets for the ballet? All make a very attractive proposition. The Hospital Women's Guild is holding a draw at the end of April in order to raise funds for its valuable and much-appreciated work. These are a few of the prizes, many of them donated by leading City firms. Tickets will be on sale later.

Three Hospitals' Orchestra Concert

In October we announced the formation of an orchestra, under Norman Del Mar as conductor, whose strength was to be drawn from St. Mary's and St. Thomas's as well as our own Hospital. This has been holding rehearsals every Thursday evening ever since, and a group of more experienced players, having formed an ensemble, gave an inaugural concert of chamber music by Schubert, Mozart and Haydn in College Hall on Tuesday, December 9, under the auspices of this Hospital's newly reconstituted Music Society. They gave a very competent and enjoyable performance, and it was a great pity that a larger audience was not forthcoming. This is in no sense a criticism of the Music Society, which went to unusual lengths to circularise other hospitals and our own staff.

Musicians at Bart's, however unsure of their ability, are invited to join the orchestra. Norman del Mar can work wonders with the most unpromising material! Those interested should get into touch with Peter Kellett, Secretary of the Music Society, at the Hospital.

Prize in Histological Drawing, 1952

Awarded to M. E. Plumb. Prox. Access., E. R. Nye.

The Works of Philip Gosse

Readers of the *Journal* have been delighted, every now and again for many years, by the occasional articles of Dr. Philip Gosse, an old Bart's man who is well-known to the lay public as an authority on piracy and as an author of biographies and essays.

A bibliographical check-list of his works has been compiled in a limited edition by Raymond Lister and is obtainable at 10s. 6d. (plus 6d. postage) from John P. Gray and Son Ltd., 10 Green Street, Cambridge.

Wedding

Dr. E. H. L. Harries (elder son of Dr. G. E. Harries of Cardiff) to Miss Sheila Fountain (third daughter of Mr. and Mrs. Fountain of Hull) on December 6, 1952.

Birth

Collinson: on December 2 at Rotherham Nursing Home to Desne (née Service), wife of Dr. Peter Collinson, of Cortworth Cottage, Wentworth—a son.

SOME ASPECTS OF THE NATURE AND FUNCTION OF SEBUM

By V. R. Wheatley, Ph.D.

During the past four years pre-clinical students of this hospital have volunteered to participate in experiments which have involved the collections of specimens of sebum. These students are, no doubt, still puzzled concerning the nature of these experiments, and therefore it is intended to describe briefly some of the results of these investigations. These form part of a wider study of skin biochemistry, instigated by Dr. R. M. B. MacKenna and Prof. A. Wormall, which, it is hoped, will help to place some aspects of dermatology on a sounder scientific basis than heretofore, and lead to improvements in the treatment of certain skin diseases.

It has long been thought by dermatologists that certain skin diseases, notably "seborrhoeic" dermatitis and possibly psoriasis, were associated with a sebum which appeared to differ in composition from normal sebum, and it was planned to investigate such changes in composition in order to obtain a clearer insight into the causes of these diseases. Little, however, was known concerning the composition of normal human sebum and the first experiments were directed to the study of the chemistry of sebum.

Chemical composition of sebum

Human sebum. The human sebum used for these studies was collected by immersing the forearm in acetone and recovering the extracted sebum from the acetone solution. This method was devised by Prof. J. R. Squire and his colleagues of Birmingham University. The material thus obtained was an amber coloured wax-like substance resembling ear wax. Detailed examination of this material has revealed that its composition may be represented as shown in Table 1. There are several important features about this analysis which need to be stressed. The very mixed nature of human

Table 1. *Calculated average composition of human forearm sebum* (*MacKenna, Wheatley & Wormall,* 1950: 1952: *Wheatley,* 1952).

		%
Free fatty acids, unsaturated		15
Free fatty acids, saturated		15
Triglycerides (fats)		32.5
Waxes (including cholesteryl esters)		15
Sterols:	Cholesterol (free)	2.5
	Cholesterol (combined)	(2.5)
	Other sterols	2.5
Squalene		5
Paraffins		7.5
Unidentified compounds including oxidised squalene		5

sebum is noteworthy: it is a mixture of both fats and waxes. It also contains a high proportion of free fatty acids (30%) which

is an unusual feature in any naturally-occurring fat. The presence of squalene is of interest since this is the first time that this substance has been shown to be present in a normal human tissue fat, while the presence of a large proportion of paraffins is exceptional as these rarely occur in animal tissues. In addition to these general findings we were unable to detect any vitamin A, β-carotene, pro-vitamins D_2 and D_3, vitamins K, B_1, or C, and were able to detect only a trace of vitamin E.

Some sebum-like materials. In addition to the surface skin fat or sebum there exist several materials which are alleged to originate from normal or modified sebaceous glands. Some of these materials such as cerumen (ear wax), smegma and vernix caseosa are normal in origin, while others, like ovarian dermoid cyst fat, are pathological. Several of these materials have been examined in order to decide whether they are similar to sebum or not. These studies are as yet incomplete but a brief summary of the findings can be made. A preliminary report of the studies on dermoid cyst fat has already been published (Wheatley, 1951). This fat was thought by numerous workers to be true sebum, but analysis showed that while it was similar in composition to sebum it differed in several important details. The free fatty acids and also the paraffins were almost completely absent, while a very much higher proportion of waxes was present. It was suggested that dermoid cyst fat represented sebum at an earlier stage of its formation. Differences were also observed between both cerumen and vernix caseosa and sebum. Both these materials resemble sebum more closely than does dermoid cyst fat; they both contain more cholesterol than does sebum and very much less hydrocarbon. Ear wax contains more free fatty acids than does sebum while vernix caseosa contains less. They are, however, sufficiently similar to sebum to indicate that they do, in fact, originate from true or modified sebaceous glands. It is noteworthy, too, that dermoid cyst fat, cerumen, vernix caseosa and also smegma (Sobel, 1949) all contain squalene.

Animal sebum. Our knowledge of the composition of animal sebum is very limited; only one animal, namely the sheep, has been studied in detail. An attempt has been made in Table 2 to summarise the little information that is available. The sebum of the horse appears to resemble human sebum in composition and contains squalene; that of the ox contains mainly waxes and cholesteryl esters, while that of the dog and rabbit appears to contain cholesteryl esters only. The sebum of the sheep is very different; it contains lanosterol and other unusual alcohols and also branched-chain fatty acids instead of the more common straight chain acids. The sebum of the goat, llama and dromedary is similar to sheep sebum, while that of the rat is slightly different.

Table 2. *The nature of the component fatty acids and unsaponifiable matter of the sebum of some animals.*

Animal	*Fatty acids*	*Unsaponifiable matter*
Man	*n*-series (odd and even)	Paraffins
		Squalene
		n-Alcohols
		Cholesterol
Horse	?	Squalene
		Cholesterol
Ox	*n*-series	*n*-Alcohols
		Cholesterol
Dog	?	Cholesterol
Sheep (Goat, Llama)	Branched-chain and *n*-series	*n*- and *iso*-Alcohols
		Cholesterol
		Lanosterol
Rat	?	*n*-Alcohols
		Cholesterol
		Lanosterol

The most noteworthy feature of these results is the wide variations in the composition of animal sebum, much more wide than the variations in composition of animal depôt fats, and the marked difference between human sebum and that of most other animals. This fact is not without obvious clinical implications, for lanolin (sheep sebum) has been widely advocated as a substitute for human sebum to lubricate the skin, and as an ointment base. Those who recommend its use stress its resemblance to human sebum whereas, in fact, it is very different. Further studies are now in progress on the composition of the sebum of common laboratory animals with the object of selecting a suitable experimental animal for biochemical studies on the origin and functions of sebum. Present knowledge indicates that horse sebum most resembles human sebum, but the horse can hardly be regarded as a convenient experimental animal.

The study of sebum secretion

Methods. Besides studying the nature of sebum and the factors that influence its composition it was also necessary to study the quantitative activity of the sebaceous glands. For such a study two types of measurements have to be made, determination of the "sebum level" (i.e. the amount of sebum which covers a measured area of skin) and measurement of the rate of secretion of sebum by a particular area of skin. These measurements involve the collection and estimation of the amount of sebum that can be removed from an accurately measured area of skin. A careful study was made of the methods that can be used for the collection and estimation of such small amounts of sebum (Hodgson-Jones & Wheatley, 1952). It was concluded that the best method of collection was accurately to demarcate an area of skin by firmly pressing a glass cylinder against it. The sebum from this area of skin was then extracted by placing carbon tetrachloride in the cylinder and allowing it to remain in contact with the skin for about a minute. The solution of sebum thus obtained was pipetted from the cylinder, filtered to remove scales and suspended matter, carefully evaporated to dryness and the residue of sebum weighed on a microbalance.

Origin of sebum. One of the problems which we attempted to elucidate was the question whether the surface skin fat originates from the sebaceous glands alone or in part from the sweat. In studying this problem use was made of the anatomical fact that sebaceous glands are absent from the palms of the hands and the soles of the feet. Our findings indicate that no fat can be extracted from the palms either in normal subjects, or when subjects are made to sweat profusely, provided that sufficient care is taken to prevent contamination of the area with extraneous fat. This indicates that the surface skin fat originates from the sebaceous glands alone.

Variations in sebum secretions. Wide individual variations are found of the sebum levels of a given area of the body. There is, however, a definite gradation in the sebum levels of different areas, the highest occurring in the scalp and the lowest in the extremities. In Table 3 the average sebum levels of a number of different areas of the body are given to illustrate this variation.

Table 3. *Some sebum levels of various sites of the body (Hodgson-Jones & Wheatley, 1952).*

Site of body	Average sebum level (μg./sq. cm.)
Forehead	212 ± 73
Chest	120 ± 61
Back	106 ± 56
Axilla	84 ± 59
Groin	75 ± 28
Abdomen	67 ± 45
Arm	58 ± 34
Leg	36 ± 19

It has also been found that there is a wide range of sebaceous activity in normal persons and that a number of factors influence this activity. Hormonal activity plays an important part; for example, androgens stimulate sebaceous activity, and it has also been observed that during the female menstrual cycle the sebum level follows a recurrent pattern. There is a rise in sebaceous activity to a steady level occurring about the twelfth to fifteenth day (from the onset of the last period), which is maintained until menstruation, when a sharp fall occurs. It was found that during pregnancy sebaceous activity fell to a low level.

Changes in external temperature also influence sebaceous activity, though atmospheric pressure and humidity have no effect. There is some conflicting evidence that diet may influence sebaceous activity. On the other hand it is well established that age has a pronounced effect. In children the sebum secretion is lower than in adults; it increases at puberty and diminishes in old age. In certain diseases, too, sebaceous activity is markedly altered. A more complete review of these and other aspects of the study of

human sebaceous activity has been published elsewhere (Hodgson-Jones, MacKenna & Wheatley, 1952).

Some functions of sebum

Fungicidal and bactericidal activity. Two facts about the skin have long been observed; firstly that ringworm of the scalp in children may be cured spontaneously at the onset of puberty and secondly that certain bacteria disappear quite rapidly when placed on the skin. The skin thus appears to possess the property of killing certain fungi and bacteria. The spontaneous cure of ringworm of the scalp has been studied by Dr. Stephen Rothman and his colleagues in Chicago. They were able to show (Rothman, Smiljanic, Shapiro & Weitkamp, 1947) that adult sebum possessed fungicidal properties due to certain free fatty acids of moderate chain length (pelargonic, undecylic and tridecanoic acids) that were present in small amounts. The property of the skin to destroy certain bacteria has been studied by Burtenshaw (1942) and more recently by Prof. Squire and his colleagues. The general conclusion is that this property is due to the free fatty acids of sebum, in particular to the free oleic acid (Ricketts, Squire & Topley, 1951).

Possible rôle in keratinization of the epidermis. There is evidence that the process of keratinization of the epidermis is associated with changes in the lipids present. Early workers (Unna & Golodetz, 1909) claimed that during this process cholesteryl esters were being formed, while more recently it was claimed (Snider, Gottschalk & Rothman, 1949) that the process is connected with the hydrolysis of phospholipids. It is not clear at present whether or not sebum plays any part in this process but some very interesting observations have recently been made by Dr. Peter Flesch of the University of Pennsylvania. He has been able to show (Flesch & Goldstone, 1952) that when human sebum is applied to the skin of rabbits loss of hair occurs about ten days after a single application. Within a few weeks, however, the fur has grown again. Similar loss of hair occurs when squalene is painted on both rabbits and guinea pigs, but the application of either sebum or squalene had no effect on man. Suggestive as these results may be further work is necessary before it can be concluded that sebum plays any part in keratinization.

Vitamin D formation. It has long been realised that vitamin D is formed from the pro-vitamin by irradiating the superficial layers of the skin with ultra-violet rays. More than twenty years ago Hou (1930) showed that rats with rickets could be cured by irradiating a small area of shaved skin with a mercury vapour lamp. He was also able to show that if the area of skin was first cleaned with ether (which would remove any sebum present) before irradiating no healing occurred. This suggested that the pro-vitamin is secreted in the sebum on to the surface of the skin where it is irradiated by ultra-violet rays and converted to vitamin D which is then re-absorbed. Furthermore, Helmer & Jensen (1937) were able to show that sebum from human subjects that had been irradiated possessed vitamin D activity. Sebum from non-irradiated subjects possessed little if any such activity but could be made active by irradiating a solution of the sebum in ether. When, however, human sebum was examined (Festenstein & Morton, 1952) for the presence of pro-vitamin D_3 (7-dehydro-cholesterol) none appeared to be present. This suggested that the naturally occurring pro-vitamin in man was not 7-dehydro-cholesterol, a substance known to be the natural pro-vitamin in certain animals, but another as yet unknown substance. Further studies are being made to elucidate the mechanism of formation of vitamin D by the skin and of the rôle played by sebum.

These are just a few of the functions of sebum that have become apparent as the result of recent research. Further study will, no doubt, reveal other as yet unsuspected functions in maintaining the health of the skin.

The author wishes to thank the many students of this hospital, without whom this work could not have been performed, for their willing co-operation in these experiments. He also wishes to thank Dr. R. M. B. MacKenna and Prof. A. Wormall for much helpful advice and guidance during the course of the work and Dr. I. S. Hodgson-Jones for his collaboration in certain aspects of these studies.

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IN PRAISE OF . . . .

Games and physical training are not merely necessary to health and development of the body but to balance and correct intellectual pursuits. The mere athlete is brutal or philistine; the mere intellectual is either unstable or else over-civilised and spiritless; and the right education must tune the two strings of body and mind to a perfect spiritual harmony.

(Plato: *Republic.*)

CRICKET

There's nowt like a game of cricket, lad. I said 'a game.' Cricket was never made for any championship. . . . Cricket's a game, not a competition.

George Hirst thus expresses something of the essence of a game which above all other sports is peculiarly English. The English have an aptitude for it; it suits their climate, quickens their sense of tradition and has become part of their national character. Foreigners just do not understand it. One reason given is that "the Italians are too fat for cricket; the French too thin, the Belgians too bilious; the Flemish too flatulent; the Greeks too lazy; the Egyptians too long in the neck; and the Germans too short in the wind." Cricket is founded upon tradition and suitability; between them they make a sound basis for that gulf which separates England from the rest of the world.

Many complain that cricket bores them; that it goes on too long; that they stand about doing nothing for half the game or more. These complaints are very real, and very reasonable. Yet those who like the game are seldom bored, and even enjoy the periods of relative inactivity. It appears to be inherent in most Englishmen to enjoy leisure, and certainly one of the assets of cricket is that an individual is to a large extent able to decide for himself the degree of his activity. A man may choose to field in the slips, bowl slowly and bat like a stonewall; or if it suits him better his captain will no doubt put him to field at cover-point, allow him to bowl fast, and fashion the batting order so that most use is made of his ability to score runs quickly. One thing cricket does demand is patience—it is a game that makes placid men, imperturbable and unhurried men, men capable of persistence. Those who like to watch are held by the rhythm, as over follows over, a rhythm more leisurely than that of rowing, more continuous than the movement of rugger three-quarters. Cricket needs concentration like other games, but leaves room as well for relaxation and rumination. It is this quality which makes the game such an excellent diversion after the week's work is over. As Andrew Lang has written "Heaven might

*We invited three contributors to write about the sport which they personally played and enjoyed most, asking each to explain why he did so.

doubtless have devised a better diversion, but as certainly no better has been invented than that which grew up on the village greens of England."

Then look to the schools of this country: some play rugger, some hockey, some soccer, but all play cricket. Think what it teaches: loyalty, self-control, a fighting spirit, the ability to accept success or defeat, and more than most games it teaches good manners. The English are renowned for their sense of fair play what other game involves less foul play, the umpires willing? Why is it that peppery colonels are so often depicted, raging about "That's not cricket"?

Variety is the game's interest and its keynote. No other game is quite so capable of the unexpected. The greatest of batsmen score their ducks, the worst of bowlers may take wickets. Whether a man be good or an absolute rabbit, he can always find his place in the game and enjoy it in Test matches, County championship, club cricket or on the Village Green. Or Dickens tells of the cricketer in the West Indies where it was "Warm — red hot — scorching — glowing. Played a match once—single wicket—friend the Colonel—Sir Thomas Blazo—who should get the greatest number of runs—Won the toss—first innings—seven o'clock a.m.—six natives to look out—went in; kept in—heat intense—natives all fainted—taken away—fresh half dozen ordered—fainted also—Blazo bowling—supported by two natives—couldn't bowl me out—fainted too—cleared away the Colonel—wouldn't give in—faithful attendant—Quanko Samba—last man left —sun so hot, bat in blisters, ball scorched brown—five hundred and seventy runs—rather exhausted—Quanko mustered up last remaining strength—bowled me out—had a bath, and went out to dinner." What glorious possibilities! And then there is the winter to dream of what might have been, and discuss the possibilities of next summer.

Who could wish for a better epitaph than Shakespeare's: "An honest man, look you . . . a marvellous good neighbour, faith, and a very good bowler"? "Cricket is an idea. It was an idea of the gods."

ROWING

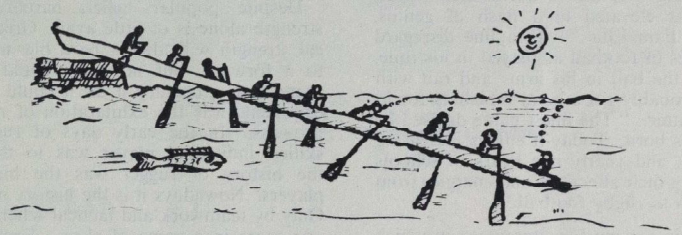
Yet my father was but a water-man, looking one way, and rowing another; and I got most of my estate by the same occupation.

(Mr. By-Ends in *Pilgrim's Progress.*)

A Cambridge tutor who had a litttle difficulty with his "r's" was interviewing a freshman from a rowing school, and warned him thus: "Sir, you may either wead or wow; you can't do both." It is a fairly safe bet that the freshman chose to "wow," thoroughly enjoyed his three years' residence, scraped a "third" at the end, and may even now be controlling some wealthy and reputable business. But why he chose to row—although that he should have done so will be strongly approved by all oarsmen—is indeed difficult to explain.

It is your contributor's opinion that there is no joy in rowing whatever until one rows in an eight which is at least moderately proficient. He finds little or no pleasure in watching rowing (except in the ideal conditions of Henley), and will readily agree that there is certainly none of the varying excitement of a rugger match, or the sleepy gentlemanly leisure of a game of cricket. In a regatta the boats are past almost before one has had time to estimate and compare the performances of the two eights, and he marvels at the annual stupidity of Londoners who wait for hours on a wintry Boat Race Day to watch two crews row by at about 15 m.p.h., not one in a hundred able to assess their relative merits, nor even knowing the difference between bow and stroke sides. Rowing, much more than any other sport, is one for performers, and not for spectators.

The first few outings in an eight—for after a little "tubbing" in safe fat unwieldy pairs this is how the beginner starts—are often sheer purgatory. At least, this is how it seems in retrospect, though probably the novelty of the situation and the pleasure of a spring afternoon on the river far outweigh the discomfort of blistering hands and uncomfortable bottoms as the boat lurches from one side to the other, now down on bow side, now down on stroke side, no "crabs" because no one dare put his oar into the water hard enough to elicit one, all rowing supremely badly as eight separate individuals.

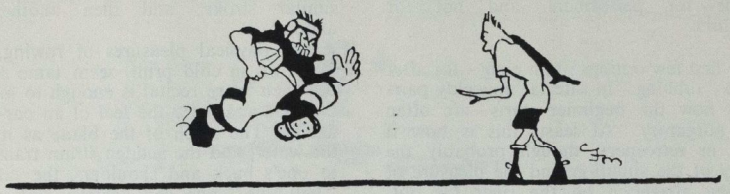


To the charge that rowing is a purely mechanical sport, with no scope for individuality, each movement being a repetition of the previous one and the precursor of the next—to this, there is no defence. Nor is one needed, for it will always prove impossible to convince the man who has never rowed how astonishingly difficult it is for eight men to row together as a crew, and how exquisitely enjoyable it is to do so. Great self-discipline is necessary to correct faults in training as they develop, not to relapse into them under the stress of a race, and all the time to increase the pressure as one feels oneself get steadily weaker, often enough with the other crew quite out of sight. (As in athletics, which rowing in many ways resembles, there are no pauses during a race—no overs, no half-time, no respite when the ball goes out of touch.) And great crew-discipline is necessary for eight men to put their blades in the water at the same time, pull them through at the same rate, bring them out simultaneously, and come forward together, smoothly and steadily, holding the boat balanced throughout, in preparation for another exactly similar stroke, and then another and another.

The physical pleasures of rowing, when set down in cold print, seem tame enough, but their mere recital is enough to make an oarsman yearn for the feel of an oar-handle again. The catch of the blade as it enters the water, and the sudden strain transmitted to one's back and shoulders, the satisfying "bell-note" one can achieve with a little manipulation, and the bubbling, swirling whirlpool that one sends rushing towards the stern, the joy of a clean finish with no "washing-out," no catching of the blade, and no sudden jerk to the boat, the swing at the back-stop and the controlled slide forwards, quick at first, and then slower and slower as one gathers up tension for the next stroke, then "choomph" and through again—these are the ingredients of a truly great sport. Put into a boat eight men who have learned the joys and discipline of rowing, put the best man at stroke to set a regular rhythm and lend the necessary leadership, give them a cox who will think them the best crew on the river, will steer a straight course, and will keep his mouth shut most of the time, and the nine between them will have the most enjoyable afternoon they can think of.

He who is chained to his books can never think why. The cricketer or the rugger-player can believe that it is so, but, again, never think why. The oarsman knows that it is so, but is often hard put to it to explain it. Nevertheless, the increased and increasing popularity of rowing is an indication that they can inoculate others with their enthusiasm. An oarsman may swear "Never again" at the end of a gruelling regatta on a cold winter's day, but offer him a place in a boat a month later and he'll jump at the chance. Yes, it's a sport for performers, not spectators.

RUGBY



And only joy of battle takes him by the throat and makes him blind.
(Grenfell).

On a murky winter's day 130 years ago a school game of football, which had been as dull as the day, was closing to a spiritless draw. One boy was particularly exasperated, and showing a spark of devilishness which history has elevated to a flash of genius, young William Ellis "with a fine disregard of the rules of football as played in his time, first took the ball in his arms and ran with it." He probably got a good thrashing for it, but no matter. "The finest game devised by man" was born. Today it enjoys increasing popularity, and yearly one hears of schools transferring their affections and energies from association to rugby football.

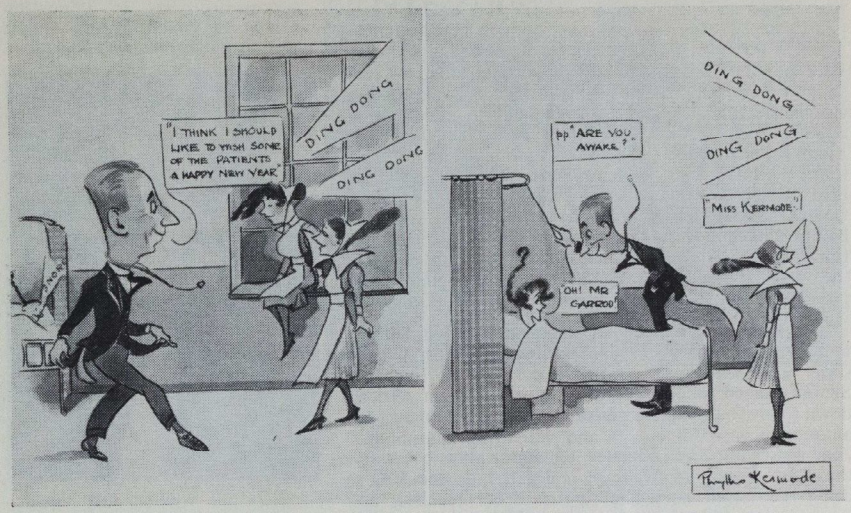
Rugger is a game for supremacy in which wits, physique and concentration are pitted with violent effort against the opposing team. There are three main facets to the game. First, the pure sporting element, the joy of beating one's opponents which all sportsmen can understand and appreciate. Secondly, the very high degree of technical skill required in a sport now so maturely developed. In a game so profligate of one's energy one scarcely has time to acquire it before the retirement age approaches. Thirdly, the opportunity to display one's superior cunning and craft. The sheer joy of out-manoeuvring an opposing player either by surprise, speed of passing, running or kicking, can only be experienced after the principles of the game have been mastered. To take in the situation at a moment's glance while half-a-dozen enormous opposing forwards thunder down on you, and then to clear or pass before you are engulfed demands quick thinking and a cool nerve. It's rather like driving round Hyde Park Corner in competition with taxis.

Despite popular belief, barbaric brute strength alone is of little avail. Great physical strength will always be a big advantage to a forward, but no game could survive more than a century if all it could offer its exponents was the exhilaration of muscular prowess. In the early days of rugger the skilled individual player was to the fore; the history of rugger was the history of players. Nowadays it is the history of teams. Only by teamwork and tactical scheming can one score in a game of class. Each player still has an important positional rôle, but unless he subordinates his personal ambition to that of the team, no goals will be scored.

It is not easy—and probably quite fruitless—to explain to the layman the pleasures of heaving and straining in the scrum, the joy of a quick, clean heel, the thrill as the dodging, dancing, sprinting line of three-quarters sweeps up the field, the shock as the ball comes back into one's own twenty-five quicker than it went to the other end, the wave of panic before the back gathers the ball to him with his safe, sturdy arms, and the quiet satisfaction as he evades the grappling clutch of storming forwards by a neat jinking movement and, with a strong soaring kick, finds touch well inside your opponents' half.

And at the end of a gruelling ninety minutes, while one's body aches enjoyably from the buffeting and one's mind relives the game, there is good friendship and good ale. It is a man's game. What more can a man ask?

The drawing above the article on rugby football is reproduced by kind permission of the Editor of *Lady Clare*, the magazine of Clare College, Cambridge.



HIGH JINKS IN ANNIE ZUNZ WARD:
NEW YEAR'S EVE, 1921
featuring Professor L. P. Garrod when Houseman

SO TO SPEAK . . . .

A very private joke

After a recent internal clinical pathology examination students fought a wordy battle with the examiner on the phrasing of one of the questions. It was suggested afterwards that he should have headed his paper: "Answers are to be expressed in a way which is comprehensible to the average intelligent Lehmann."

These new-fangled devices!

The story is told of the late beloved Geoffrey Evans, who was examining, with a very puzzled look, a complex E.C.G., replete with high-powered leads.

"Excuse me, sir," said his bright senior registrar, "but you're looking at that upside down!"

Back came the grave reply: "I know; I believe in looking at these things from all angles!"

On Sir John Hill, M.D., Playwright

For physic and farces his equal there scarce is;
His farces are physic; his physic a farce is.
DAVID GARRICK.

Our Dumb Blonde

A student was showing a Canadian visitor the sights and was walking through Charterhouse Square with her.

"And that," he said, "is Charterhouse Chambers. It's a bit more of the Nurses' Home—mostly twilight nurses live there."

The Blonde: "Who are they? Old age pens. . . .?"

"HAY FEVER"

In a mood of expectant anticipation, I settled in my seat—a lofty perch near the back of the circle at the Cripplegate Theatre, and my enjoyment mounted as the curtain rose to reveal a set which really looked like a room that had been lived in, instead of the more customary "stage scene." Perhaps the rug and Sofa (it really deserves the capital, for it withstood so many violent attacks on its upholstery during the evening, literally without turning a hair or showing a spring), perhaps they appeared a little too worn to match entirely the very authentic-looking panelling, the cunningly-placed furniture, and the carefully arranged flowers.

S. G. Thompson
Ann Gordon-Watson

The first few moments of dialogue between Simon and Sorel—surely two of Noel Coward's most loathsome juveniles—were a little shaky; Lowell Rees as Simon seemed not altogether at ease, but soon settled down to give a creditable performance with just the right amount of youthful energy and despairing infatuation. June Brady as Sorel fidgetted uncomfortably, but with the right amount of 'teen-age inelegance on the Sofa; her voice jarred somewhat in its higher reaches, no doubt in her enthusiasm to portray the required degree of precocity. She might have softened more in the amorous interludes, but she certainly gave a vigorous and commendable portrayal of a difficult character.

Ambrose Lloyd

With the entry—or should I say invasion?—of Ann Gordon-Watson, as Judith, the play was really launched. She "swep' in," wearing a magnificently atrocious hat, and with considerable skill took control of the stage, of the play, and of the players. She played the actress who had never ceased to act with great vivacity and power; her movements and stance, apart from a few awkward poses on the arm of the Sofa, fitted the character to perfection; and though—in common with the rest of the cast, I fear—the recollection of the right line at the right moment occasionally eluded her, her diction and intonation left little to be desired.

Of the other players, Peter Rycroft, as the diplomat Richard Greatham, while managing to look exactly like an imperturbable junior consulting physician, gave a well-sustained and most successful performance. In the heavy endeavour to make conversation with the mouse-like Jackie Coryton, he was particularly good, and in this scene had a useful partner in Sheila Dennis, whose presentation of semi-bewilderment and shy-violet naivety was exactly right.

The heavy tread of the Rugger Club brought an effective solidity on to the stage. Lester Cohen's hearty athletic Sandy Tyrell, beginning with adoring worship at Judith's altar, was earthy and real—his lines were delivered with just the right note of amorous asininity. Ambrose Lloyd gave David Bliss, the novelist, a natural belligerence and common-sense quality as husband and father that stood up well against the onslaughts of his obstreperous family, and the lilt of his Welsh enunciation enhanced rather than spoiled the characterisation. If a word of critical suggestion might be offered—Mr. Lloyd obviously found it difficult to keep still when not speaking; and Mr. Cohen accompanied his lines with unnecessary movements, chiefly a shifting of position on the Sofa—both common enough faults which, if rectified, make good performances excellent.

S. G. Thompson
Ann Gordon-Watson and Lester Cohen

The remaining feminine characters were not so well-handled. Helen Smith as Clare bounced too much and over-played the part of the retired dresser-cum-housekeeper—though she did succeed, unintentionally, in bringing the house down on Thursday night by slapping her head too vigorously to prevent a cloud of powder escaping over the stage. I must confess to disappointment at the advent of Myra, the much-heralded "vamp." It was a difficult part, but Geraldine Winch did not look or behave like the type of woman that mothers warn their sons about. This was puzzling because Miss Winch seemed not to be making good use of her obvious talents, though her lines were well-delivered, and especially in the barbed sparring-match with Judith she proved able to show her vixenish character.

Despite these criticisms, it was certainly a most entertaining and enjoyable evening. I shall not readily forget Ambrose Lloyd's porpoise-like movements on the Sofa; nor the brilliant arranging and re-arranging of the flowers by Ann Gordon-Watson in Act I. As a general word of criticism it might be said that the cast pulled well individually, but were not in close harmony as a team: and the cues needed polishing—especially with a Coward play on hand. Incidentally, the Dramatic Society should next time choose a play that it can really get its teeth into, and allow full scope for the talent that it can so obviously command.

A.E.B.

COMPETITION

It is hoped, if the response of readers warrants it, to take a leaf from the pages of our senior contemporaries, the *New Statesman and Nation* and the *Spectator*, and to hold, from time to time, a literary competition. This competition will be open to all our readers, in fact, to anyone who chances to pick up this *Journal* and read these lines. There will be a first prize of a book token, valued one guinea, and two other prizes of half-guinea tokens. Entries will be judged by the usual panel of experts drawn from the highest walks of English Literature. Entries for this competition must be sent to the Editor at the Hospital, to arrive on or before Saturday, February 15.

All our readers will have, or should have, read the *Just So Stories* by Rudyard Kipling, and will, therefore, be familiar with the fantasy of "How the Camel got his Hump," "The Cat that Walked by Himself" and "The Butterfly that Stamped." We do not insist on their style, but we do want their whimsy.

And so, O Best-Beloved, you are required to write the 'xtraordinary tale of

"How Little Britain Got Its Name"

in the High and Far-Off Times when the world was so new-and-all. We've often wondered just how it was, and we are sure that some readers must know that it was just so.

PINEWOOD SANATORIUM

EXPERIMENTAL CENTRE FOR THE REHABILITATION OF STUDENTS FOLLOWING TUBERCULOSIS

On September 30, 1952, an experimental rehabilitation centre was opened at Pinewood Hospital, near Wokingham, Berkshire, by the British Student Tuberculosis Foundation. The purpose of this centre is to provide students with the opportunity to recommence their studies under adequate medical supervision prior to returning to full-time study at their university.

Applications for entry by male students are considered by Academic and Medical Selection Committees. Students must be full-time and recovering satisfactorily. They must be sputum negative and up for not less than four hours a day.

Pinewood is 32 miles from London and is situated in Bagshot Heath, which has a sandy soil, pine woods and a bracing atmosphere which is noticeable especially during the winter months.

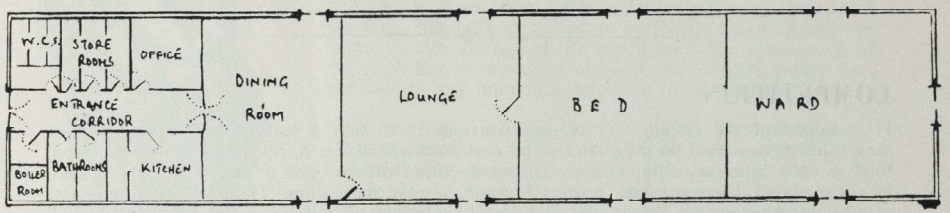
Part of Pinewood Hospital was used as a French-Canadian Army Hospital during the last war and the centre consists of a converted hut which is divided into four parts by partitions. There is a bed ward containing sixteen beds, a lounge and a dining room. The fourth part contains a kitchen, two bathrooms, lavatories, store rooms and an office.

X-ray and tomography. Routine laboratory tests are also carried out in the few days following arrival. These consist of an E.S.R. and sputum tests. If there is no sputum, laryngeal swabs are taken. The chest X-rays and routine tests are repeated at monthly intervals. Students are weighed on arrival and the weight is checked at weekly intervals. The temperature and pulse of each patient is taken twice daily; in the morning before rising and at 6 p.m.

Once a week each student is personally interviewed by the Medical Superintendent when he lays down the amount of exercise and study to be carried out.

The basis of the general treatment and routine is rest with graduated amounts of study and exercise.

Rest periods are spent in the bed ward lying on the beds. Only reading is allowed during these periods. Exercise is taken round a circuit known as "the track." The number of circuits per individual per day is laid down by the Medical Superintendent at the weekly interviews. As can be seen from the timetable there are four meals a day. The food is excellent and plentiful. Milk is served at lunch and dinner.



Ground plan of Students' T.B. Centre Scale: 25ft.—1in. approx.

The three main rooms are well ventilated and comfortably furnished. Heating is supplied by stoves which are kept alight continuously and there is constant hot water.

Medical Treatment and General Routine

The students are under the care of the Medical Superintendent at Pinewood. On arrival each student is given a thorough examination by him followed by a chest

Daily Timetable:

a.m.	
8.30– 9.00	Breakfast
9.00–11.00	Study
11.00	Coffee
11.00–12 noon	Exercise and Recreation
p.m.	
12.00– 1.00	Rest Hour
1.00– 1.30	Lunch
1.30– 1.45	Rest
1.45– 4.15	Study and Exercise
4.15– 4.30	Rest
4.30	Tea
4.45– 6.00	Recreation or Study
6.00– 6.30	Rest
6.30	Dinner
9.00	Bedtime
9.30	Lights Out

Study and Recreation

This is under the supervision of an academic committee from London University which arranges tutorials and courses of instruction for the students. Tutors from London University and neighbouring colleges (e.g. R.M.A. Sandhurst) visit the centre to give individual tuition. Their expenses are paid by the Foundation.

The amount of daily study laid down by the M.S. varies with each individual case and depends upon fitness and progress. The average time is three to four hours daily for students up all day.

Arrangements have been made for students to attend lectures at other colleges (e.g. The Royal Holloway College, Virginia Water) and for clinical medical students to attend out-patient clinics at neighbouring hospitals. Transport on these occasions is provided by the Foundation. Facilities for reading and private study are good and any literature required is supplied by the London University Library.

The centre is equipped with a wireless and a radiogram. A wide selection of records is available for use with the latter.

The students have the use of a billiard room and a table tennis room. Whilst students are at the centre there is an allowance of 10/- per head per month to be spent on recreational amenities, such as gramophone records, magazines and extra games equipment. Once weekly there is a film show in the main part of the hospital and there are concerts at regular intervals. Students are allowed out on Friday afternoons and occasional weekend leave is granted.

Summary

The establishment of a students' rehabilitation centre is a great step forward in the treatment of tuberculous students. It enables them to recommence their studies whilst under proper medical supervision. Pinewood is in many ways an ideal choice for an experimental centre. The greatest disadvantage is its inaccessibility. Wokingham is the nearest station (six miles away) and there are very few buses to the hospital. The ideal site for such a centre and for the proposed enlargement to 100 beds would seem to be in London itself. Districts such as Hampstead Heath or Wimbledon Common have their possibilities as they are within easy travelling distance of the colleges of London University. The centre could then be run along the lines of those already established in France. Students live in a centre on the outskirts of Paris and attend a regulated number of lectures, practical classes or tutorials at the Sorbonne. They remain under medical supervision and live under conditions ideal for tuberculous patients.

There are, at present, approximately 2,000 students in Great Britain suffering or recovering from tuberculosis. It is therefore obvious that some provision should be made to enable them to continue their studies yet remain under medical care and supervision. Pinewood is the experimental half-way house for sixteen of these students. It is hoped that in the not-too-distant future the 100 bed centre proposed by the British Students T.B. Foundation will be established within easy travelling distance of adequate teaching facilities.

My thanks are due to Dr. John J. McCann for kind permission to publish this article.

H. W. W.

OBITUARY

We record with deep regret the deaths of the following Barts.'s men:—

Dr. H. G. Reeves, of the Department of Biochemistry, on November 23. An obituary will be printed in our next issue.

Herbert Massinberd Pentreath, M.C., on October 23.

Lt.-Col. G. T. Burke, C.I.E., M.D., F.R.C.P., aged 70, late professor of medicine at the University of Lucknow and Secretary of the Medical Council of India.

Dr. Thomas Acton, on April 3.

Alan Hargrave Pinder, on October 15.

IMPRESSIONS OF A UROLOGICAL TRIP

By A. W. BADENOCH

IN September 1952 I attended the triennial convention of the International Society of Urologists, and subsequently visited medical centres in New York, Boston, Baltimore, Ann Arbor, San Francisco, Los Angeles, and the Mayo Clinic, Rochester. I was, of course, mainly interested in urological problems, but could not but notice that the arrangements for the hospitalisation of the sick are entirely different from what appertains in our country. The public wards appear to form a much smaller part, certainly not more than half of the average hospital, and many hospitals are almost entirely private. In the so-called public wards, the average payment per patient is in the nature of £3 10s. per day. These cases, as a general rule, are operated upon by the Resident Surgeon, who is of the same status as a Senior Registrar, or the Resident Surgical Officer of St. Peter's Hospital for Stone. The Director of the department or his visiting associates will give help if this is asked for, but in the main all cases are dealt with by the Resident Surgeon.

One important difference which I noticed at most Clinics was in the approach to the treatment of Carcinoma of the Prostate. In each of the centres I visited, a high percentage is treated by radical prostatectomy, certainly 5 per cent and probably nearer 10 per cent of all cases seen. A certain number of these cases is comprised of patients referred as the result of a routine examination for insurance purposes or after a yearly test for clinical fitness under an industrial scheme, or on private auspices. When a suspicious nodule has been found on rectal examination, the perineal approach is used almost exclusively. In doubtful cases, and these form the majority, the patient is prepared for radical prostatectomy: the gland is exposed by the perineal route, the nodule is excised, a frozen section is prepared and is examined histologically. If the result of this examination shows no evidence of malignancy, the wound is closed and nothing further is done. Should, however, the examination reveal a carcinoma, a radical prostatectomy is performed.

In the group where carcinoma has spread beyond the confines of the capsule, and has perhaps given rise to local node metastases, but without distant spread, in certain clinics viscerectomy is being performed. I cannot think there is much place for this.

An alternative to oestrogen therapy is being employed by Professor R. H. Flocks of the State University of Iowa, Iowa City. He has recently been using radio-active gold in colloidal solution for the treatment of the earlier of these cases, i.e., some spread outside the capsule but without evidence of metastases. This solution is apparently non-toxic and most of it appears to remain at the site of injection, although there is some local diffusion. Its half-life is 2.7 days and energy is released in the form of beta radiation with a maximum range of 3 millimetres. By injecting this radio-active solution directly into the tissue, Flocks claims that he can destroy the cancer without producing the side effects in the rectum and bladder, which are so frequently associated with radium or X-ray therapy. In applying this method, he exposes the prostate retropubically, the size of the gland is measured or estimated as accurately as can be and the dosage is worked out. The radio-active solution is then introduced into the prostate by multiple injections. Flocks claims that by this treatment it is possible to give intensive radiation which will produce tremendous destruction of the tumour and in some cases apparently completely eradicate it.

In the large group of cases of carcinoma of the prostate when radical prostatectomy is unsuitable, castration would appear to be more commonly used than oestrogen therapy in the majority of clinics, although the two are often combined. In some clinics, especially Boston and Chicago, late cases with metastases have been treated by bilateral adrenalectomy. Claims have been made that the patient's condition has been greatly improved after this. I am doubtful if this line of treatment can often be indicated, although occasionally, in carefully selected cases, it may do some good.

The treatment of bladder growths appears to be no more effective in North America than it is in this country. In most clinics, endoscopic removal or destruction is carried out when at all possible, as is also done in this country. An important advantage is in the use of a large right-angled telescope with the McCarthy resectoscope. The field through this instrument is a great help in the assessment of cases, both before and during treatment. The Ellick suction pump and its modification by Hutch, are most useful for all forms of endoscopic resection.

Whilst in most clinics endoscopic resection plays a big part in the treatment of benign prostatic obstruction, suprapubic prostatectomy is still fairly widely practised, as is also perineal prostatectomy. Millin's retropubic prostatectomy is employed in several clinics, but I was surprised that it had not "caught on" to the same extent as it has in this country. It was not possible for me to check up on the follow-ups of the perineal prostatectomy, because most of the cases which I saw were private patients. More than one surgeon told me, however, that even in the best of hands, incontinence can be expected in 2 to 3 per cent. On the other hand, I have no doubt that with similar skill the percentage of incontinents after retropubic prostatectomy is negligible.

I was very interested to see Dr. Ormond Culp, of the Mayo Clinic, demonstrate a flap operation for hydronephrosis. When the ureter is implanted high up in the pelvis, he raises a flap from the pelvic wall and turns it down: he then slits the ureter for some 2 to 3 cms. and sutures the edges of the flap to the edges of the ureter. This method would appear to be suitable for the small hydronephrosis with a highly implanted ureter.

I gathered that in the majority of clinics, stones in the ureter, especially at the lower end, were on the whole manipulated more often than they are in this country. Most surgeons were against the more elaborate stone removers, such as the Councill expansile basket which can be made to expand, but more often employed the Johnson basket which is fixed, which often proves successful and which does not often cause damage.

EXAMINATION RESULTS

UNIVERSITY OF LONDON

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

October, 1952

Pass

Backhouse, K. M.	Dreaper, R. E.	Huxley-Williams, P. L.	Pierson, R. V.
Beale, I. R.	Duffy, T. A.	Jenkins, D. G. W.	Randall, J.
Braithwaite, R. F.	Eastwood, J. I. H.	Jones, H. S.	Robson, B. E. C.
Brydson, M. D.	Elliott, C. J. R.	Jones, H. Davies	Romanes, J. L.
Caplan, J.	Gaskell, F.	Kenney, P. M.	Rosser, E. M.
Chapman, P. J. C.	Gompertz, R. M. H.	Lamplugh, A. N.	Ryan, J. F.
Charles, H. P.	Goolden, A. W. G.	Lapage, S. P.	Shattock, F. M.
Clark-Wilson, L. J.	Grassby, G. C.	Lodge, A. B.	Singer, G. E.
Coole, C. W.	Harries, E. H. L.	Mackinnon, K. E.	Stanton, T. J.
Cretney, P. N.	Harwood, K. A.	Manuel, J.	Stevenson, K. M.
Cuthbert, D. M.	Hicks, J. P. N.	Maskell, J. F. A.	Taylor, M. G.
Davies, P. E.	Hill, F. A.	Newberry, R. G.	Third, A. J.
Derrington, M. M.	Hooker, D.	Page, A. R. W.	Watkins, D.
Dossetor, A. E.	Hughes, K. R.		Winser, M. A.

Supplementary Pass List

Part I

Bailey, R. D.	Davies, J. R. E.	Khurshid, M. N.	Ryan, H. S. S.
Bird, G. C.	Dunger, G. T.	King, P. A. H.	Shaw, D. M.
Bloom, M.	Evans, M.	Knipe, P.	Shere, S.
Brown, I. P.	Fieldus, P. L.	Langdon-Herring, L.	Shire, G. M.
Brown, J.	Geldart, R. E. M.	McKenzie, A.	Southgate, B. A.
Brown, J. R.	Glassett, M. C.	Marker, H. R.	Stather-Dunn, M. T.
Bunting, J. S.	Gray, J. M.	Marshall, L. J.	Stephenson, J. W.
Caldwell, A. M.	Hall, J. M.	Paterson, I. S.	Storey, V. C.
Castell, E. O.	Hill, D. A.	Pearsons, D. E.	Taylor, G. I.
Chitham, R. G.	Hodgson, M. J.	Pugh, M. A.	Thomas, P. I.
Clarke, D. J. A.	Hopkins, J. S.	Rimmer, B. K.	Ullmann, H. A.
Crosfill, M. L.	Ivens, H. P. H.	Roberts, T. M. F.	Vickery, C. M.
Davies, A. P.	Jones, B. S.	Rowley, H. E.	Warburton, T. H. M.

Part II

Bartley, R. H.	Haggett, R.	McKerrow, M. B.	Thomas, R. D.
Biddell, P. B.	Kaan, N.	Mules, R. J.	Wilson, M. S.
Chia, A. K.	Livingstone, A. V.	Newill, R. G. D.	

Part III

Gretton, A. H.	Morgan, D. I. G.	Penty, P. R.	Shire, G. M.
McKerrow, M. B.	Pearsons, D. E.	Ryan, A. M.	

MUSÉE D'ANATOMIE

By A. P. Bertwistle, F.R.C.S. Ed.

It was about June, 1920, when I was in the P. & O. "Sicilia," loading cargo in Antwerp. The Walloons of Belgium speak French and have the French realism, as is shown by the following strange experience which I had there.

Hearing that there was a Fair in the main street of Antwerp, some of the officers and I decided to pay it a visit. We saw the usual "Aunt Sallies," rifle ranges, roundabouts, small and large hoop-las, and in the centre was a large circular tent stretching almost from pavement to pavement, labelled "Musée d'Anatomie." The other officers said I must go with them to explain the specimens (they had evidently visited this Museum before), and we went in, paying a few francs' admission.

Inside was a really wonderful practical museum, by which I mean a collection of common diseases, not of the curiosities which only too often ruin our pathological museums. Outstanding were wax models of the skin rashes, which would have been the envy of any dermatologist—they were so real. There were also preparations showing the foetuses in utero in different stages; the final stage, with the ossified skull about to be delivered, was much favoured by the Belgian beaux, walking arm in arm with their belles. Whether these were made of plaster of paris or not, I was unable to decide—they were not in cases and there was no dissecting room smell.

In the centre, a Holy of Holies, was a V.D. Section—for which a small additional charge was made—which would have done credit to any hospital V.D. Clinic. The models were of wax and featured the three forms, and also scabies. (The last is classified "venereal" in the Royal Navy, since sailors are such clean men.) There were models of the late results of the disease, including the "bonjour" drop of gleet. My companions, who had been growing greener and greener, now made a dash for the door, and I had reluctantly to follow. It was only after a couple of bocks that their spirits revived. Some preparations were of the whole body, some of the genital organs only, and all were in the natural coloured wax.

Where this extraordinary collection originated is a mystery to me—such specimens could hardly have been made specially for a side-show, owing to the expense involved. They may have been "salvaged" from some museum during the 1914-18 World War. We as a nation are reputed to take our pleasures sadly, but the idea of a Pathological Museum in the centre of a fun-fair seemed the height of incongruity. I could have learned much, had my companions not bolted.

HOSPITAL APPOINTMENTS

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

Assistant Plastic Surgeon
Mr. P. H. Jayes, F.R.C.S.

Pathological Department
Resident Pathologist ... Miss Hugh-Musgrove from 1.11.52
Junior Demonstrators ... Mr. E. G. Rees from 1.11.52.
Mr. D. A. Dawson from 1.11.52.

Junior Medical Registrars
Medical Professorial Unit ... Mr. A. E. Dormer from 1.1.53.
Dr. Spence's firm ... Mr. J. Jenkins from 1.11.52.

Junior Surgical Registrars
Mr. Hosford's firm ... Mr. W. W. Slack from 1.2.53.

Gynaecological & Obstetrical Department
Junior Registrar ... Mr. R. A. Struthers from 1.1.53 for 6 months.

HOUSE APPOINTMENTS
January 1st to June 30th, 1953

At St. Bartholomew's Hospital

Dr. G. Bourne	Miss E. Feldberg
Dr. R. Bodley Scott	A. N. Lamplugh
Dr. E. R. Cullinan	B. D. Lascelles
Dr. K. O. Black	E. D. R. Campbell
Dr. A. W. Spence	H. T. Davies
Dr. N. C. Oswald	P. J. Barber
Dr. E. F. Scowen	C. W. H. Havard
Dr. W. E. Gibb	D. B. L. Skeggs
Prof. R. V. Christie	M. G. Price
Dr. G. W. Hayward	Miss J. Cook
Mr. J. B. Hume	J. A. Girling
Mr. A. H. Hunt	G. I. Small
Mr. R. S. Corbett	J. D. H. Cave
Mr. A. W. Badenoch	W. M. Beatley
Mr. J. P. Hosford	H. B. Ross
Mr. E. G. Tuckwell	C. J. R. Elliott
Mr. C. Naunton Morgan	M. J. A. Davies
Mr. D. F. E. Nash	H. S. Jones
Prof. Sir. J. Paterson Ross	A. S. Blake
Mr. J. B. Kinmonth	K. R. Hughes

Casualty House Physician R. E. Dreaper

Children's Department
Dr. C. F. Harris — G. H. Apthorp
Dr. A. W. Franklin — A. J. Third

E.N.T. Department
Mr. Capps — Mr. Jory — R. C. Cochrane
Mr. Hogg — Mr. Cope — D. D. Cracknell

Skin & V.D. Depts.
Dr. MacKenna — Dr. Nicol — M. W. Sweet-Escott

Eye Department
Mr. Philips — Mr. Stallard — R. F. Jones

Gynae. & Obs. Depts.
Mr. Shaw — Mr. Beattie
Mr. Fraser — Mr. Howkins

Interns
R. V. Fiddian (Midwifery)
G. S. Banwell (Gynaecology)

Junior H/S T. A. Duffy

Anaesthetists: T. B. Boulton (S.R.A.), J. R. W. McIntyre, G. P. Greenhalgh

Dental Department Mrs. H. S. Hooper

Orthopaedic Dept. (Accident Service) G. W. Middleton

At Hill End Hospital

E.N.T. Department D. D. Cracknell, R. C. Cochrane

Orthopaedic Department R. M. H. Gomperz, M. G. Taylor

Thoracic Department J. H. Briggs, G. H. Haysey

Neuro-Surgical Dept. H. I. Lockett

Anaesthetists F. A. Almond, B. R. Whittard

At Alexandra Hospital

R.M.O. P. E. Davies

CORRESPONDENCE

BATTLE OF FURUNCULUS

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

Sir,

I am flattered after all these years by Dr. P. Hamill's textual criticisms of the different versions of "The Battle of Furunculus," which have appeared in the *Journal*, and *Round the Fountain*. The version which Dr. Hamill prefers was an early one, and may well have appeared in what perhaps I may call the MS. "first folio," which he says was destroyed in the Great Fire at the Charterhouse. But the lines, which he finds it difficult to imagine my approving, were, I am afraid, my own amendment in the "first octavo" edition of *Round the Fountain*, of which I was joint editor with the late B. T. Lang. I fondly thought they were an improvement and I am sorry he does not like them. Perhaps if I had written

"The deadly Orange Coccus
At the Battle of the Boil"

he would more readily have appreciated the oblique allusion to the similar invasion and eruption, which took place in Hibernia in the seventeenth century.

It is with some trepidation that I differ from my distinguished critic: I can still recall the terror that assailed me as a H.P. when I realised I was supposed to impart clinical instruction to a learned clerk, who was already a Doctor of Science. As he has concluded his letter with one of our playful contemporary rhymes, may I recall to his memory a list of his fellow-clerks which was compiled at that time—I wonder what has happened to them all:—

Now I rarely complain of an ache or a pain,
But I hope that if ever I am ill
My treatment will not be determined by what
Is considered effective by *Hamill*:
I must also remark I would not employ *Clarke*
Any more than the person aforesaid,
And woe worth the day when I call in *Dupré*.
Or submit to the treatment of *Morshead*.

In future editions of *Round the Fountain* I hope that the third and fourth lines of the above will be applied to "The Battle of Furunculus."

I am, Sir,
Yours faithfully,

Firdale, Lower Bourne, Farnham, Surrey. R. B. Price.

In the seventh line of Dr. N. S. Finzi's letter in the December, 1952, *Journal* (Gravitational Ulcers. A forgotten treatment), the date of a reference in the *Lancet* is given as 1902. This should be 1892. The reference in the footnote is correct.

A CAPTAIN'S COMPLAINT

Dear Sir,

After raising rugger practices on Wednesday afternoons, I am somewhat surprised to find how few preclinical students are willing to take a recognised free afternoon away from their studies, whereas clinical students, some with exams. in the near future, can find the time. It appears that Charterhouse students live under an omnipresent shadow of exams., possibly inculcated by the faculties concerned, very many months before their exams. are due.

This, besides being an unsound method of education, cannot foster all that a *college* sets out to do in the way of producing communal interests in the arts, sports and human affairs, which, surely, form part of a doctor's training. Are we here at Bart.'s to be specialised bookworming technicians or doctors adept in body and mind?

Yours faithfully,

Abernethian Room. E. F. D. GAWNE.

Dear Sir,

I was interested to read in the *Journal* of the retired solicitor who left £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 extension of my life by over fifty-five years."

The surgeon concerned was, of course, John Langton, the writer's great uncle who was on the Staff of the Hospital from 1867 - 1904. We have not enough data to ascertain the year of this operation, but if it was in 1885 the patient would have been looked after by the writer's father, the late Dr. J. Langton Hewer who was Langton's House Surgeon at that time.

I believe this is the only instance of a Bart.'s man being H.S. to his own uncle.

Yours faithfully,

Dept. of Anaesthesia. C. LANGTON HEWER.

Front row (from left to right): Dr. Glyn Morgan, Sir J. Paterson Ross, W. P. Jepson, *M.C.*, P. N. Cook, W. B. Heywood-Waddington, J. A. Pridham, *M.C.*, G. Day.
Second Row: Eric Donaldson, F. G. L. Barnes, Malcolm Donaldson, H. K. Griffith, Dr. Howard Tooth, F. H. Guppy, *M.C.*, ? Thompson, ?, ?.
Third row: Col. L. K. Ledger, *C.I.E., O.B.E.*, ?, ?, ?, Surgeon Rear Admiral L. F. Strugnell, *C.B.*, Randal Dale, ?.
Back row: Maguines (?), Brig. G. A (?) Smythe, ?, ?.
Readers are invited to identify those whose names are not remembered.

FIRM PHOTOGRAPHS

Dear Sir,

Reading your last edition of the Bart.'s *Journal*, I was most surprised to hear that the custom of having group photographs of a particular firm towards its termination was dying out. I am rather out of touch with things now, but don't tell me that the grand old custom of each physician and surgeon standing his firm a dinner each term has also died a natural death! If so, what is Bart.'s coming to? I am enclosing a group photograph in which there are several famous personalities from Bart.'s and other hospitals represented therein, some still very active.

24, Stow Park Avenue, Newport, Mon. Yours faithfully, GLYN MORGAN.

SPORT

Rowing : Winter Eights Regatta

Bart.'s prestige is restored on the River. After our narrow defeat in the Hospitals' Regatta, our victory in the Senior Division of the University of London Winter Eights Regatta was a much-needed morale-raiser to round off a successful year. Our first and last races in 1953 were both victories and the excellent performance of the Bart.'s four at Henley is an encouraging start to the history of Bart.'s at the Royal Regatta.

The Winter Eights Regatta was rowed at Chiswick on Saturday, December 13, and we entered crews for both the Senior and Junior Divisions. We certainly did not start favourites as we had had much less practice together than our opponents, and the Club Christmas Dance had kept most of the crew out of bed until late on the previous night.

However, in our first heat in the senior division we disposed of the favourites, University College, with Chelsea Polytechnic third. In the semi-final we beat Birkbeck College by two lengths, and in the final we beat London School of Economics by the same distance. We thus became the first hospital crew to win this cup, and it was also the first victory of a Bart.'s crew in a London University Inter-Collegiate regatta.

The second crew drew a bye in the first round of the junior division and were narrowly beaten by a canvas (5ft.) in the semi-final. They were slightly ahead of their opponents, London School of Economics, for most of the way and were undoubtedly robbed of victory by poor coxing. Their zig-zag course must have added considerably to the distance they had to row, but in spite of this handicap they rowed with determination and held on to their fitter opponents.

Crews in the Regatta were:—

Senior Division: Bow, J. M. Gray; 2, G. D. Langham; 3, R. I. D. Simpson; 4, I. H. Backhouse; 5, P. J. G. Smart; 6, B. P. Harrold; 7, C. N. Hudson; Str., P. E. Mann; Cox, P. A. Clark.

Junior Division: Bow, J. W. Maltby; 2, M. A. Bedford; 3, P. J. Fenn; 4, T. W. Bolton; 5, M. F. D. Burton; 6, T. P. Ormerod; 7, R. P. Doherty; Str., T. A. Evans; Cox, M. A. R. Manhire.

The Boat Club Christmas Dance was held in the College Hall on Friday, December 12, and was as successful and enjoyable as any dance organised by the Club.

Rugger

Bart.'s v. Old Alleynians. Result: Won, 6—3.

The Hospital playing far better football than in the past few weeks beat the Old Alleynians by all-round team work. The Hospital side were faster in all phases of the game, and had the greater share of the ball. M. H. Graham and E. F. D. Gawne worked hard in the line out, and C. W. H. Havard shone in the loose, scoring Bart.'s two tries. Both these tries should have been converted, being within easy range of the posts.

In the second half, Hackett, although tending to hold on too long, crossed the line after one of his thrustful runs but was pulled up and a five-yard scrum awarded. Grant gave a good display at scrum half, and Burrows was a very safe full back.

Bart.'s v. Cheltenham. Lost: 12—3.

Below the snow-covered Cotswold Hills, a crowd of 2,000 saw Bart.'s lose to Cheltenham by three penalties and a try to one penalty goal, knowing well that if the Bart.'s pack had possessed more fire and won the ball in the tight, the Bart.'s threes would have caused trouble.

Cheltenham pressed hard after the opening whistle, but Lammiman produced the first dangerous run, breaking away on the wing in the Bart.'s twenty-five. A Bart.'s forward then offended the referee and Walters converted an easy penalty for Cheltenham. Scott-Brown warmed the cockles of the heart by a fine break-through at half, but finished poorly by withholding a pass to Hackett. In turn, the referee disagreed with Cheltenham and Scott-Brown kicked a penalty: half-time, 3—3. After a fairly even start, with Graham playing well, the second half was all Cheltenham. They persistently hooked the ball (by a method of their own), and marking at the back of the lineouts was faulty. The Cheltenham threes were consistently knocked down by centres Hackett and Davies or buried into touch. Towards the close the home captain, Pearce, at scrum-half, broke blind and a high cross kick was collected by a forward on the line—a clever try. Cheltenham also scored two penalty goals for scrum infringements. Burrows played a very sound game at full-back.

Bart.'s v. Nottingham. Lost: 8—9.

This was a game that Bart.'s should and could have won. During the two periods that they were playing well, the first ten minutes and the last ten minutes, they looked and were a better side than anything that the visitors were able to produce. The game was lost through generally inadequate tackling, which was particularly noticeable in the high mauling of the two centres. Unless players tackle low and hard the opposition will never be sufficiently overcome to ensure convincing wins.

The forwards were not able to gain their fair share of the ball, mainly due to the run of play, but also due to inco-ordinated scrummaging in both the loose and the tight. Many games will be lost unless an effort is made to prevent elementary mistakes which result in penalty kicks for the opposition and which are only too often in our own half.

In spite of these criticisms, the team showed themselves to be a potentially better side than has been seen at Bart.'s for some years. The three-quarters run harder and straighter, and the team as a whole has greater spirit and more fire.

Lammiman scored a good try, after an opportunist pick up by his centre, Hackett. Scrum-half Charlton was responsible for the remaining three points in a neat cut through round the base of the scrum. Gawne and Havard were particularly prominent amongst the forwards, both working hard in their different ways in an attempt to win this interesting match.

BOOK REVIEWS

PSYCHIATRY TODAY. David Stafford Clark. Pelican Books, pp. 304. Price 2s. 6d.

This most interesting book deals with the many aspects of psychiatry in fairly general and very readable terms. A brief journey through the ages, from the sage sayings of Hippocrates to the infamous witch hunting of a mere 250 years ago, gives a clear indication of how little was understood of mental health during these many dark years.

A general classification of the various mental abnormalities is given, and indications of how the problems may be approached and the patients treated are well explained. The magnitude of the present large social problem is considered, and the author has suggestions for overcoming the difficulties, both for actual mental care and for dealing with reluctant adverse public opinion.

An absorbing book, which gives an overall picture of present-day psychiatry, and which is well worth reading.

A HANDBOOK OF PAEDIATRICS FOR NURSES IN GENERAL TRAINING, by Q. M. Jackson, S.R.N. H. K. Lewis, 1952. Price 9s.

A small handbook on children's diseases for nurses in general training is an excellent idea. The sections on the care of children and babies is good; so is that on medical conditions. Common surgical conditions occupy three and a half pages, and this well indicates the author's medical bias. Sclerema is described, but not harelip or any of the less common congenital abnormalities where surgery is being so successful. It is not cheap, having regard to the type of binding.

DR. WALTER BAILY (or BAYLEY), c. 1529–1592, Physician to Queen Elizabeth, his parentage, his life, and his relatives and descendants, by L. G. H. Horton-Smith. Campfield Press, St. Albans, pp. vii, 115. Price 10s. 6d.

Earlier this year, in our March issue, we reviewed this author's genealogical study entitled *The Baily Family*, 1951, and we now have a more intensive study of Dr. Walter Baily. The latter has been the subject of research by several authorities, notably Sir Norman Moore and Sir D'Arcy Power, but Mr. Horton-Smith has produced a thorough genealogical investigation based upon exhaustive historical research. He presents additional information on Walter Baily in a well-documented study that makes heavy reading, but is replete with factual information.

J.L.T.

PSYCHOLOGY, THE NURSE AND THE PATIENT. by Doris M. Odlum. Published by the "Nursing Mirror," pp. 114. Price 7s. 6d.

The junior nurse will find covered in simple terms in the first seven chapters of this book the psychology syllabus of the General Nursing Council. The author has put a finger on the student's difficulties when she says: "There are many psychological concepts that are extremely difficult to put into words and that is one of the reasons that the subject appears so complicated."

The second half of the book could profitably be read by all nurses and obviously has little connection with the first half. It is about ethics, courtesy and common sense, and the relation of these to formal psychology is slight. Normal psychology is learned in order to understand the abnormal variety, not to improve nurse-patient relations, and the Council should think of this when revising their syllabus.

TEXTBOOK ON THE NURSING AND DISEASES OF SICK CHILDREN FOR NURSES, edited by Alan Moncrieff. H. K. Lewis. Fifth edition, pp. 771. Price 37s. 6d.

Professor Moncrieff's new edition appears on a happy occasion, at the centenary celebrations of the Hospital for Sick Children, Great Ormond Street, and it is a handsome tribute to the Great Ormond Street nurses to whom it is dedicated. No aspect of children's nursing has been neglected, and up-to-date information on such topics as the newer antibiotics is included. The general trend of the book is conservative, as witness the accounts of wet cupping, and the surgeon's liking for a bolster under the knees of his post-operative cases. The price is higher than a nurse usually expects to pay for a textbook, but the production is good, and after her first year in hospital the sick children's nurse might find that this completely filled her needs as far as textbooks were concerned.

TEXTBOOK OF MEDICINE FOR NURSES, by J. W. Joule. H. K. Lewis. First edition, pp. 504. Price 30s.

We must evidently pay more for our nursing textbooks. However, this one is handsome and reads and handles well. It is comprehensive and written in a clear, direct style. As a new book it has the advantage of not containing outmoded information and ancient procedures, and it is as well abreast of medicine as the speed of modern advance allows.

Apart from tertiary manifestations, there is no account of syphilis, which most writers of medical textbooks deem to fall within their province. The skin section is devoid of illustrations, and if this is for reasons of economy, perhaps the author might consider omitting a few X-rays. Doctors never understand that X-rays do not appeal as much to nurses as they do to them.

The weakest section of a good book is that on drugs. Some drugs are mentioned as being controlled under the "Poisons Act," but this is not done consistently. "Morphia is in Schedule I of the Poisons Act" is a statement that could be criticised on several grounds.

CAREERS IN MEDICINE, edited by P. O. Williams. Hodder & Stoughton, pp. 265. Price 15s.

This book does not find for the student that imaginary niche which awaits his peculiar talents after qualification; it rather indicates the equipment he will need to carve a niche for himself once he has obtained a foothold in medicine. It is a collection of essays mainly on various specialities and perhaps most useful for those about to make a choice in their interests. It can be read throughout, however, as an interesting and stimulating account of the opportunities offered by the profession as a whole.

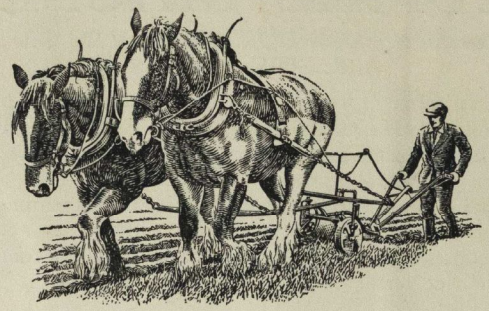
The section on General Practice is rather disappointing. Although enthusiastically written it occupies a disproportionately small space and it is difficult to avoid the impression that here is one branch of medicine in which one "ends up" rather than "starts out." The subject requires a book to itself, of course, and difficult enough to write in the uncertain conditions of the present-day, but one feels that a collection of essays from the highways and byways of General Practice would have a wider appeal and serve a more useful purpose than the present volume. Advice about entry into specialities is easy enough to obtain in any teaching hospital, but the great majority of students look up and are not fed—perhaps a valuable first lesson in General Practice.

AIDS TO TRAY AND TROLLEY SETTING, by M. Houghton. 5th Edition, Baillière, Tindall & Cox. Price 6s.

New sections added to this useful little book in its latest edition include trolleys for tracheotomy dressings and intravenous anæsthesia.

ANAESTHETICS AND ANAESTHESIA FOR NURSES, by W. J. Finnie. Published by the Nursing Mirror. Price 7s. 6d.

If some of this book is difficult, it is because the subject of modern anaesthetic apparatus is not easy. The author's style is simple and readable, and the price is modest for the amount of information the book contains. The standard of illustration varies, some of the diagrams being rather naive. There are some errors in the type to be corrected when the book is reprinted.



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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

VOL LVII FEBRUARY 1953 No 2

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Editors: S. P. LOCK: I. H. BACKHOUSE. *Manager:* R. J. KNIGHT.
Charterhouse Representative: F. J. C. MILLARD.

February, 1953

CONTENTS

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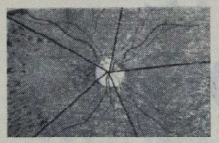

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ST. BARTHOLOMEW'S

HOSPITAL JOURNAL

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WHITHER SHALL I WANDER?

"A man is of all sorts of luggage the most difficult to be transported."
Adam Smith.

Of the novel concepts introduced during the week's course at University House, Bethnal Green, perhaps the most important is that of regarding one's fellow men with the cool scientific precision of a biologist watching an anthill. Were such an extra-human naturalist to exist and concern himself in the study of the human race, there would be many things which would interest him—our vast wars, in which paradoxically the winners lose the most, our reckless use of irreplaceable raw material, the striking disproportion between standards of living in different parts of the world. The list could be multiplied indefinitely to include our customs and habits as well as peculiarities as members of a unique species. One of these would be the successive migrations of the species. This he would notice occurring not only from the poorer areas, but also from the relatively prosperous ones, especially those of Western Europe. One may imagine the extravagant flights of fancy to which our biologist might commit himself to explain the urge, which inspires these apparently reasoning animals to seek a life far away, offering little prospects of success or security: perhaps a chemotactic influence, or simply another of those wretched hypothalamic-pituitary mechanisms to be investigated and written up for the learned journals.

In past centuries persecution, both religious and civil, has been the predominant motive for human migration. Now, in the twentieth century, when Western Europe, at any rate, has achieved a tolerance unparalleled in history the movement has not stopped. Much of this is due no doubt to a basic urge for adventure (too often unfulfilled in the modern world), a desire to escape a restricted environment and also to increase the standard of living. The constant human need for another chance—a purgation of things past—is a feeling common to all and is made use of by the church in the service of confession and absolution: on a lower plane it is analogous to the relief we experience at the beginning of a new year or going on a new medical firm. Thus it is that emigration from Europe into the newer parts of the world has in this century reached record figures which are not solely accounted for by the great increase in population and improved transport facilities.

It is only since the end of the last war that the problem of emigration for the doctor has become really pressing. On another page in this issue we publish an interesting and informative article by Mr. A. J. Walker about his experiences in Canada. We hope that other Bart.'s emigrants may similarly be inspired to pen their experiences for our benefit. As

with many other medical exiles, Mr. Walker was reluctant to leave the country, but was faced with few alternatives on finishing his registrarship. If we adopt the high moral tone, which, for some reason, is expected of the leader writer, perhaps it is to say that these displaced registrars have the greatest "right" to emigrate. "Men whose education has been state-subsidised, who may also have been excused their military and other duties, should not try to escape their responsibilities as soon as they qualify: rather should they man the pumps of the ship they believe to be sinking," say the cliché-ridden critics from their armchairs. These critics forget that the registrars have some claim to their attitude. By no means highly paid, they have devoted some of their most valuable years to posts of disproportionately high responsibility, finally to find no further job available, and the *entrée* into general practice more exclusive than when they first qualified.

In fact it is ridiculous to regard emigration with such chauvinism. The emigrant may be of far greater value working in the country of his choice; nor are the other categories, the adventurers and the misfits, to be discouraged by outdated moral arguments. The decision to leave one's native country is inherently a personal one and rests largely on temperament. In some cases it is founded on idealism, in others on a deep sense of frustration, or again a simple wish for more bread and fewer circuses. Though it is unlikely in our lifetime that anyone would arise as arbiter of this question, emigration to-day is already severely restricted because of the adequate supply of doctors in most countries. The only countries which at present extend the proverbial open arms are the Gold Coast, Ethiopia, Pakistan and Malaya. Western Europe and the Americas already have sufficient practitioners for their needs, though individual posts may exist, as the pamphlets have it, in a few "remote rural areas."

This problem is yet another disturbing symptom in *Plethora medicorum*, a disease characterised by the unheeded proliferation of immature forms of the parent cell. Economists have long been preaching the doctrine of overvaluation of doctors, and as long ago as 1950, Dr. Grey Turner, of the British Medical Association, warned the profession of the dangers of a considerable surplus. They suggest that when supply overreaches demand, the doctor will automatically lose much of the status which until now has been his by right. A further consequence of this unpalatable doctrine, which can already be seen in countries such as Italy and Austria, is a corresponding decline in his income. That the profession should form itself into another "closed-shop" and restrict entrance would be to give it an unfair advantage over the other fields of life, and is unthinkable in any true democracy. However, the problem is a very real one, and will probably become more apparent with the new Pre-registration year appointments. No doubt it is capable of solution, at least temporarily, as for example by extending the scope of the Health Act, but not to consider it would be foolish in a profession which has always prided itself on its farsightedness.

The Annual Ball

This was held on Friday, January 23, at the Park Lane Hotel. It proved a most enjoyable occasion and a great improvement on last year. Our warmest congratulations and thanks are due to the Ball Secretaries. A full report will be printed in our next issue.

Women's Guild Draw

The Hospital Women's Guild exists to provide for the patients and nurses comforts and services which they cannot obtain under the N.H.S., and for many years now it has worked quietly but most effectively behind the scenes, achieving these ends in a host of different ways.

All connected with the Hospital will have an opportunity of showing their gratitude by buying one or more tickets for the Guild Draw, to be made late in May. The Draw will provide the Guild with funds to continue and extend its work. The tickets will be 1s. each, and will be on sale later. A most imposing array of prizes is topped by a refrigerator, valued at £160. It is hoped that many will be willing to sell books of tickets for the Guild.

Poetry

On another page we print one of the prize-winning poems in the nurses' competition. There were relatively few entries for this and it seems a far cry to the days when every gentleman, and lady for that matter, could dash off a few Cantos before the dinner bell, just for devilment. The poetry that was received, however, was of remarkably high standard and refreshingly enough did not reflect *Angst, Weltschmerz*, the "death-wish" or any of the other high-powered catchwords employed by the reviewers of modern poetry.

J. S. Malpas' article in the December *Journal* has provoked a long contribution to our correspondence columns. Whatever the merits of Mr. Auden's work, the burden of this letter, we should remember that he has marked views on the behaviour of doctors himself, as summarised in his "Footnote to Dr. Sheldon."

> Give me a doctor partridge-plump
> Short in the leg and broad in the rump,
> An endomorph with gentle hands
> Who'll never make absurd demands
> That I abandon all my vices
> Nor pull a face in a crisis,
> But with a twinkle in his eye
> Will tell me that I have to die.

College of General Practitioners

Within four days of its formal creation on January 1 this year the new College of General Practitioners had received nearly 1,000 applications for membership and had opened an endowment fund. We congratulate most warmly the Steering Committee on its notable Report, published on December 20, describing the need for, and the purposes of, a new College, and announcing its foundation. One correspondent wrote to the *B.M.J.*: "For many general practitioners Christmas will be brighter this year than any since the war . . . "; and another: "The foundation of the College will be looked upon as a triumphant step forward, and as deserving of the fullest support." It is impossible to remain unmoved by the spirit of hope which both inspired and imbues the Report. The foundation of the College may well prove one of the outstanding events in the history of British medicine.

It is of pride and interest to us that two of the three general practitioners who guide the fortunes of the Foundation Council in its first year are Bart.'s men. Dr. G. F. Abercrombie, in practice at Hampstead, becomes the first chairman, and Dr. John Hunt (who, with Dr. F. M. Rose, the new vice-chairman, was the first to suggest a new College) has been made secretary.

We urge all Bart.'s men to give the new College the support it so richly deserves.

Alas, poor Yorick

Bart.'s made a successful début on the B.B.C. Television programme on January 6, when there was a debate between the President of the British Phrenological Society, Mr. J. Louis Barr, and our own Professor Cave. The project for this performance seems to have been kept as secret as a military operation—possibly to counter the heavy sabotage which disfigured another transmission from a sister institution a few days previously.

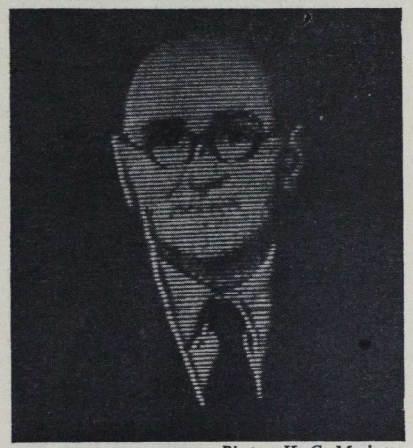


Photo: H. C. Masheter

The session opened with a short introduction from the Secretary of the Students' Union, whose tact and careful handling of the debate were the main factors in its smooth progress. Mr. Barr then stated his case and outlined some general principles of his subject. A Long Head, he said, is associated with activity, a Broad one with energy and force, a Round head with selfishness (cavaliers, please note); the possessor of a Tall head has respect for authority, but he of the flat vertex has none until authority has proved itself.

Professor Cave's contribution was shorter, but enlivened with demonstrations on the hemisected skull and human brain, specimens which must have produced many a pleasurable shudder in Tooting and West Lothian. The high spot of the discussion then followed. With Mr. Barr in an adjacent soundproof room two well-chosen victims were invited to give us a searching self-analysis. The phrenologist having been recalled, we were able to compare his interpretation of these two very distinctive pates with their owners' own estimates. It would be unfair to arrive at too rigid a conclusion on the basis of this demonstration alone. One must remember that Mr. Barr needs at least an hour to interpret a head accurately, and that this is better not done under the sceptical gaze of 300 medical students and for the diversion of many thousand televiewers. At the more mundane level of entertainment, however, general reactions were favourable, though the Press remarked on our easily provoked sense of humour. Had the cameras, also, recorded the whole of our anatomy professor's repertoire of facial contortion — a veritable Greek chorus in its implication—we might have been spared some of the platitudinous, if interesting, theories of our ready laughter.

Matron's Ball

This was held at Grosvenor House, Park Lane, on Wednesday, January 7, and was acclaimed by everyone as one of the most enjoyable Balls ever attended. Over 1,000 people comfortably filled the large ballroom, and danced almost non-stop to Sidney Lipton's excellent band. All, as they arrived, were graciously received by their hostess, the Matron, Miss Loveridge, who presided at "High Table." Her guests there included Mr. and Mrs. Carus Wilson, Dr. and Mrs. Bodley Scott and Dr. and Mrs. MacDougall.

Conversation among the nurses for the first hour was almost wholly confined to discussing the partners their friends had brought, and their partners, in turn, were scarcely less interested in who had, and who had not, come. It was soon evident that the interests of many of the nurses lay farther afield than the Hospital, though Bart.'s doctors and students were there in strength. Registrars and housemen were two-a-penny. Dinner was served at 10.30 p.m. and was a much-appreciated innovation, being both excellent in quality and sufficient in quantity. It would be tedious to recount all the "goings-on," but mention must be made of Mr. Naunton Morgan whose Gay Gordons with a taller partner was a sight for sore eyes, and Sister "Percival Pott" who seemed to be dancing every dance, and with great energy. The departure of the night nurses just after 1 a.m. heralded the end of a Ball which will long be remembered for its good humour, good behaviour, comfort and all-round excellence.

As many are under the impression that the Ball is an annual gift to Matron *by the Lord Mayor*, it is instructive to review its history, to destroy this myth, and to place the credit where it is due.

The idea originated in 1932 in the former Treasurer's and Almoner's Committee of the Hospital. It was considered suitable that the Hospital should make some gesture of appreciation to the nurses, who did so much to sustain and enhance the reputation and good name of the Hospital, both within and outside the medical profession. After some discussion with Miss Helen Dey, who was then Matron, it was decided to finance a Ball (without cost to the nurses) at which Matron was to be hostess. The Goldsmiths' Company was well represented on the Committee and in the first year, when 500 people attended, it generously lent its Hall and made a grant to the cost. The following year the Merchant Taylors' Company was equally generous, and the Ball was fairly launched, being held in alternate years in these two halls.

During the war the Ball was discontinued, and bombing totally destroyed the home of the Merchant Taylors and badly damaged that of the Goldsmiths. After the war the Ball was revived and for one year was held in the sumptuous *venue* of the Mansion House, by kind invitation of the then Lord Mayor. In 1948 it found its present home at Grosvenor House. Two years ago the pressure of numbers made necessary a migration from the small to the large ballroom there.

From the start the main burden of the cost has been borne by the Governors of the Hospital, who are to be congratulated on finding such a happy use for certain of the endowed funds at their disposal. We sincerely hope that they will always feel able and willing to continue their generosity.

Hospital Flowers

There is a hospital in London, and a well-known one, too, which manages to conceal its identity so well that one might think on entering it that one was in the foyer of a West End hotel. Here at Bart.'s we probably go to the other extreme. There is no doubt that this is a hospital from the very moment that you clap eyes on it.

But there is one softening feature, and that is the most attractive vase of flowers which stands hard against the wall in the Out-Patients' Department. This is renewed weekly with the pick of the season's blooms, and is tended daily by one of the porters. Footing the bill is another of the services of the Hospital Women's Guild.

The other floral display, though possible only in the spring and summer months, is Sister Tutor's window boxes, the subject of a leading article in the November *Journal*. This has inspired a most charming letter from Sir Matthew Fell, who also encloses a cheque for one pound towards the cost of filling the boxes. Other old Bart.'s men may also feel they would like to contribute to the founding of other window boxes in the square, and we will undertake to pass any contributions so received to the correct quarters. Perhaps, if enough contributions were forthcoming, we could make a special effort in Coronation Year to beautify the Betjemanish shelters in the square. Ferns and other exotics in old ginger jars suspended from their roofs could make the area around the fountain even more enticing than usual.

Christmas Parties

Two of the most popular events at the Hospital over Christmas were the Children's Party on Christmas Eve and the Old People's Party on January 10.

The Children's Party is run by Miss Deal, Sister Surgery, and this year was enjoyed by 200 children, all of them young out-patients. The party was held in the Out-Patients' Hall, and the highlight of the afternoon was, undoubtedly, the arrival of Father Christmas and the Jester, played by Mr. Eric Dormer and Mr. Hugh Davies respectively. They crept along the glass roof to the Hall, making their presence loudly known to the party, and the children (and adults, too) were very awestruck by the realism and imminence of their shadowy outlines. Their appearance from the first floor via a lift looking for all the world like a large chimney completed the vivid impression. Presents from the Tree followed, and a colossal tea was demolished in no time.

Forty-five old out-patients, most of them in the 70's and 80's, and many of them living entirely on their own, were the guests of Miss Cross, one of the lady almoners, in M.O.P.'s and S.O.P.'s on the afternoon of January 10.

The house-men put on a modified version of their ward-show, and this was followed by high tea. Then a police concert party gave the old people an excellent variety show. Each guest was given a present of a hot-water bottle, or sugar or tea, and all enjoyed themselves very much.

Money for these parties comes from several sources. Some comes from the Governors, some from the Christmas Fund; Sister Surgery's annual draw brings in more. Last, but by no means least, there is the private generosity of individuals—patients, staff, students, and other friends of Bart.'s, like the lady who systematically "screens" the printing firm she works for, obtains money or presents from nearly every employee, and this year presented Sister Surgery with 170 toys!

Not for those with hangovers

Recipe: A Hubertusglass (that is to say three wineglasses full) of good Mosel wine before sunset and an equal Portion afterwards is a superb Physick for the belly. For the nonce all evil Humours are banished and especially the Sorceries and malign Aspeckts of the Plannetts.

A prescription for the hour about sundown.

Magister Reinbert.

New Year Honours

K.B.E. (Military Division)

Kenneth Alexander Ingleby Mackenzie, C.B., B.M., B.Ch., Surgeon Vice-Admiral. Medical Director-General of the Navy.

C.B.E. (Civil Division)

Ivor Jones Davies, M.D., F.R.C.P. Consulting Physician to the Ministry of Pensions Hospital, Rookwood, Cardiff.

We congratulate these two old Bart.'s men on their awards.

Journal Appointments

S. P. Lock has been appointed joint Editor with I. H. Backhouse.

Tapeworms and ladders

On the middle page will be found "Tapeworms and ladders," a new variant of the old game, recommended to ambitious students as a substitute for poker-dice and to housemen for the education of their young. It can be played by any number of players, with suitable counters and two dice. The artist acknowledges his debt to *Time & Tide*, who first had the idea.

Contributors

Professor C. F. D. Moule was appointed Lady Margaret's Professor of Divinity at Cambridge in 1951, having previously been Dean of Clare College. The Pauline Gospel and Epistles have been his special study and interest. His knowledge of Bart.'s is first-hand, for he was our guest in a surgical ward for nearly four weeks in the winter of 1951.

Mr. Alan Walker was House Surgeon to the Surgical Unit at Hill End during the war. He then went into the Army and served in Italy, where he was a graded surgeon. After the war he returned to the Unit as a Junior Registrar, took the Final F.R.C.S. (England) and became a Registrar and remained in this rank till he went to Leeds as Surgical Tutor. After a year there he went to Canada and has recently passed the examination for the F.R.C.S. (Canada).

FOLLOW-UP

by

IAIN MACDOUGALL, M.D., M.R.C.P.

THE crude death-rate from lung cancer in England and Wales doubled itself in the decade ending in 1950 (1). If the same proportionate increase continues for the next 50 years, in the year 2000 it will be 64 times the 1940 figure. Malignant disease in other sites has not increased to the same dramatic degree, but cancer as a cause of death is showing a steady increase. This must, in part at least, be attributed to the outstanding advances in the prevention and treatment of non-malignant conditions which have been made in the last half-century.

Unlike many other potentially lethal diseases, the natural history of cancer is such that a period of many years must elapse after treatment before a patient can be assessed, even tentatively, as a cure. A fully efficient follow-up system which traces each patient from the date of treatment until death is therefore essential before the results of therapy can be evaluated.

Cancer Registration

The present nation-wide system of cancer-registration is an attempt to do just this. The scheme has its headquarters in the Registrar-General's Office at Somerset House. It has been in operation since 1945 and in many respects is still only in the early stages of development. Great difficulty is experienced in obtaining uniformity of reports from different hospitals except in the simplest matters. Thus differing methods of treatment (often involving only small numbers of cases), differing degrees of skill in diagnosis or treatment, and variations in methods of "staging" and "grading" the different types of growths have so far defied large-scale classification. It is believed, however, that about half of all cases of cancer are being registered and by 1955 some very valuable "epidemiological" information will be available, and the end-result of current methods of treatment should be ready for comparison with whatever is yet to come.

Technique of Case Tracing

The follow-up department of this Hospital has been part of this organisation since July, 1947. It has, of course, inherited the pre-1947 follow-up cases, and it has acquired a few small groups of cases of a non-malignant nature for which the system seemed useful. These groups are not registered with Somerset House.

The first function of our department is collection of every case of cancer seen at the hospital. Every case-note of every patient who attends the hospital passes through this department before being returned to the hospital's main files. The notes are scrutinised for the diagnosis of suspected or confirmed cancer, and where such a diagnosis appears, the case is registered in the department's files and at Somerset House. At the same time a mark is stamped on the case-note cover to indicate this as a signal that the case-sheet is to be kept in current files until the patient's death. The patient himself is issued with an appointment card of a distinctive colour which indicates that all appointments for out-patient attendances are to be made through the follow-up department. In this way the case notes and the patient, whatever wanderings they may make through the hospital, have both a sort of flag which prevents their becoming lost. As a supplementary part of this case-note scrutiny, the admission waiting-lists are inspected at short intervals and this serves a double purpose. Cases admitted direct without having attended out-patients are picked up; and cases in whose notes the symbol "T.C.I." appears are checked against the waiting list; about 30 cases a year are discovered in this way to have failed to be placed on the waiting list.

After in-patient or out-patient treatment the new cancer case is put on our "conveyor belt." This brings him up to see the doctor (or at least an appointment is made for him to do so) at six-monthly intervals for the succeeding two years and annually thereafter. A filing system is in operation whereby the follow-up department is automatically aware of any failure to keep an appointment and, when this occurs, the patient is written to and a second appointment is made.

Distance, disinclination, or illness may prevent personal attendance at the hospital, and a follow-up is then made by letter. These are written to the patients' doctor, and in only 10 per cent. is a second application required. Third applications (required in only two per cent.) are *never* made, as we feel that to do so might antagonise the general practitioner in charge of the case.

Letters to patients are sent routinely in cases of rodent ulcers as we think it unnecessary to trouble their doctors about these. To other patients, they are sent only when other tracing methods fail, and great care is taken to refer to the patient's illness only in the vaguest terms. The majority of replies express pleasure in the continued interest of the hospital.

Other tracing methods such as personal visits by district nurses, or letters to National Health Executive Councils (who can sometimes give us the name of a "lost" patient's new doctor) are occasionally required; and where it seems likely that a patient has died, application to Somerset House for particulars of the death certificate may be made, if other sources of information fail.

The findings at follow-up are recorded on a special sheet in the case-paper, and at specified intervals an abstract is made of this sheet and forwarded to Somerset House and filed there in a central bureau.

Results

The results of these methods are interesting. In a three-year follow-up involving 1236 cases only 0.57 per cent. were untraced. This compares with an overall figure for the National Cancer Registration Scheme of 5.75 per cent. untraced. This is entirely due to the very high degree of co-operation obtained from the general practitioners in charge of our cases. Untraced patients are by their very nature composed entirely of those who cannot or will not attend the hospital and we depend entirely on the general practitioner for news of them.

Some other figures

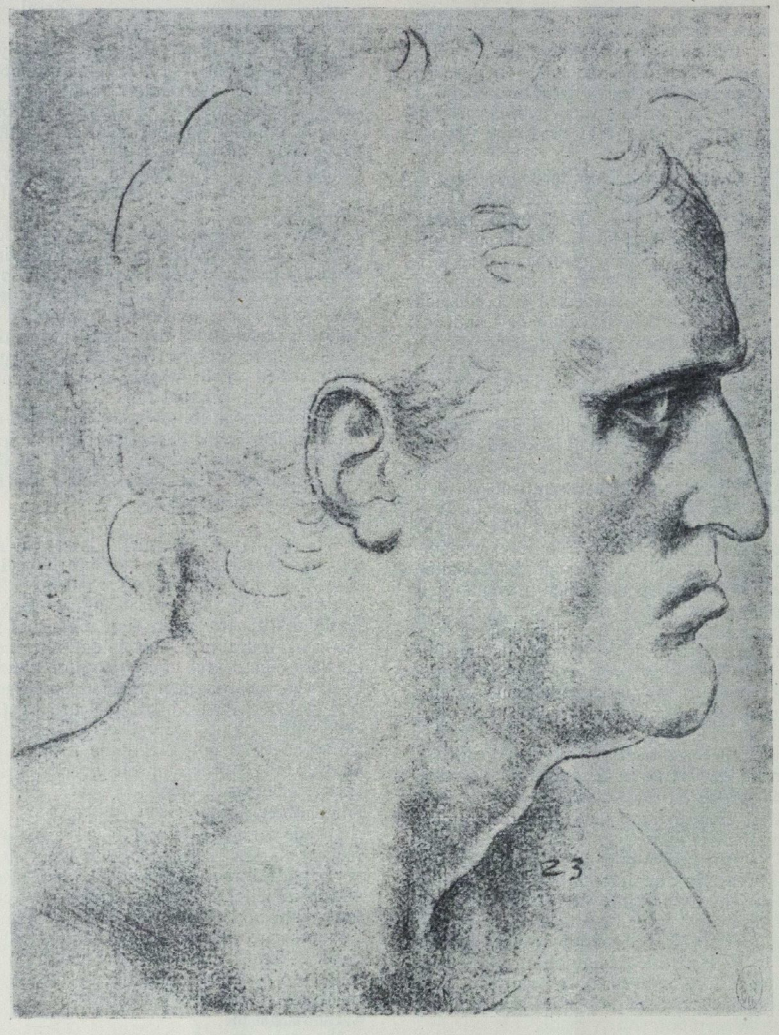
In the first five years 6,764 cases were registered. 2,824 of these have died. 3,940 are being followed up by 8,000 appointments and 1,600 letters each year. 1,797 other cases (non-malignant and pre-1947 malignant tumours) are in our files, of whom 370 are dead. Almost a quarter of a million case-notes are examined annually by the department, which has a staff of seven.

Acknowledgments

The machinery of the department was devised by Dr. D. I. Crowther, and is basically unchanged. I have quoted extensively from "Follow-up Department—First Five Year Report 1947-1952" by Dr. R. B. Terry (unpublished).

Reference (1)

Registrar-General's Statistical Review 1950 (H.M. Stationery Office, 1952).



By gracious permission of H.M. The Queen.

Head of ? Saint Bartholomew: Leonardo da Vinci

Study in red chalk for the *Last Supper*.

ST. BARTHOLOMEW

by C. F. D. MOULE

IT is a striking fact that creative imagination can be fired to action by something which, in itself, appears to be a very small trigger, and the results are sometimes potent to a degree. Leonardo has made a wonderful and convincing personality out of the faintest of faint legends, and — still more remarkable—it may be said that the same faint legend gave impetus to the rearing of the solid structure of St. Bartholomew's Hospital.

For all that is known of St. Bartholomew with any certainty is that he was one of the twelve Apostles of Jesus. As such, he figures in all four of the New Testament lists—in the Gospels according to Matthew, Mark, and Luke, and in the Acts of the Apostles. Just a little more may be regarded as plausible guesswork—namely, that he is to be identified with the Nathanael of St. John's Gospel. The arguments for this are that Bartholomew is probably only a "patronymic" title, meaning "Son of Talmai or Tolmai" (or, perhaps, "of Ptolemy"), and that therefore there is nothing to prevent his having borne a name of his own; and that Nathanael is, in St. John's Gospel, a friend of Philip, with whom, in the first three lists of Apostles, Bartholomew is uniformly associated (though not in the Acts). Supposing this identification were secure, then one might add to our knowledge of Bartholomew all that the Fourth Gospel tells us of Nathanael—that he was a guileless Israelite of Cana in Galilee, sincere and honest, slow to believe in the Messiahship of Jesus until he was actually introduced to Him by his friend Philip, and then as quick to give him the whole of his allegiance. There seems to be no reason to doubt that this is genuine character drawing in St. John's Gospel, or to question the allusion to Nathanael again in the unearthly and yet circumstantial last chapter of St. John: the only hesitation is with regard to the identification.

Outside the Bible, the fanciful legends begin and, in due course, grow luxuriantly. No serious student can hold that they are worthy of credence, except so far as to allow that there may be some truth in the assertion that the Saint travelled far afield as a missionary (possibly reaching the Caspian Sea), and laid down his life as a martyr. That he was flayed alive is a gory legend which has caught the imagination, and Michelangelo's Judgement in the Sistine Chapel represents St. Bartholomew carrying his own skin which shows, it is said, the artist's likeness in its face. The journeys attributed to the Saint's relics are (as is so aptly said in Butler's *Lives of the Saints*, edited and supplemented by Herbert Thurston), "even more bewildering than those of his living body."

Nevertheless, his person fastened upon the imagination of the courtier Rahere in such a way as to give form and decisiveness enough to his aspirations to enable him to carry through the majestic project which led to the building of this great Hospital.

It is an experience common to preachers—and a duly humbling one it is—that members of their congregation are sometimes helped by a thought which has been put into their minds by the sermon, but which was certainly remote from the preacher's own mind and intention. So it would appear that Bartholomew the Apostle has, as it were unconsciously, been used to stimulate great art and great philanthropy. But the fact remains that one thing which is not fiction about him is that Jesus chose him to be one of the inner circle of acquaintances who bore witness to His life, death, and resurrection: he was chosen to be a witness—this much we know; and he responded to the call; and that concurrence of Divine Call and human obedience always has been creative of great things.

The engraving of St. Bartholomew by courtesy of the Royal Academy of Arts.

POT-POURRI 1953

"THIS performance is entirely PRIVATE, and is not open to the General Public." So ran a note at the foot of the programme, doubtless to appease the tax-collector. But perhaps in these words lies the secret of the recurring success of the Pot-Pourri of the Christmas ward-shows. For Christmas is the one occasion in our hospital calendar when Aesculapius really lets his hair down, and the Pot-Pourri provides the opportunity for all members of the Hospital and their friends to see him do it, without any fears of what the neighbours may think. The senior members go, perhaps, to see deflationary forces at work. The juniors go to recognise their colleagues, well plastered without by *Bert* and possibly duly fortified within, performing feats of asininity which are as brilliantly successful in the hour as they may be embarrassing to their performers in retrospect. But whether they go to perform or watch, all at Cripplegate go to enjoy themselves, and they invariably do, as we did at the performance on New Year's Eve.

Owing to the great demand for tickets last year it was decided to extend this year's run to a third evening. The decision was well justified, for nearly every seat was filled at every performance.

The programme began with a chorus from "Out of the Blue," and continued with an extract from "Scott's Emulsion" by Dr. Bourne's firm, which included some amusing advice on how to scale the heights of medicine.

Photo: B. I. F. Eminson

"That's why they call me the rock of Gibraltar" (1123 *and all that*).

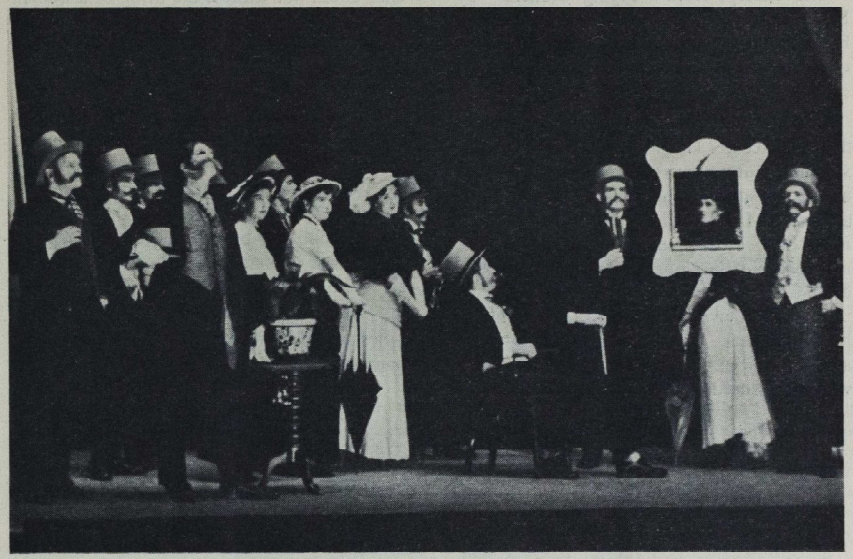


Photo: B. I. F. Eminson

"But it's only a beautiful picture" (*J's Fluid*).

The next item, "L'Eric Review" by Dr. Scowen's firm, provided one of the highlights of the evening in the form of a can-can by an all-male trio. This was performed with tremendous zest and was accorded an encore by an audience who were clearly not to be satisfied until the last of the performers' scarlet garters had succumbed to the strain.

There followed songs from "Café Incontinentale" by the Second Time Clerks (and someone in the row behind asked, "Does that mean they have all failed?"), and then "1123 and All That" by the Children's Firm. This was the most ambitious show of the year and was one of the most enjoyable. It contained in full measure those two essentials of a ward-show, colour and music, and there was a commendable dearth of medical jargon. The characters included King Henry VIII, whom we saw descend from his Gate for the occasion, Cardinal Wolsey, and an engaging gentleman wearing a black patch over one eye. Opera-lovers may justifiably have been impressed by the similarity between the floral costumes worn by the chorus and those in the Covent Garden production of *Parsifal*.

The second part commenced with an Edwardian scene by the Gynaecological firm, which was perfect in detail right down to the last aspidistra. Your correspondent hardly knew whether to admire more the aplomb of an age when one could with decorum wear a magnificent canary waistcoat, or the talent of the waistcoat's wearer as he mimed his way through "If those lips could only speak."

No party given in the first decade of this century was complete without its dramatic monologue, and we were not denied this completeness by the authors of "J's fluid." The title of this pretty piece was "The Obstetrician," based on another well known, though certainly not Edwardian poem, and was given a rendering full of the simpering and coyness, inseparable from one's conception of the Edwardian Miss.

The excerpt from "Flying Cinders" by Mr. Hume's firm followed surgical tradition by including a skilful and thorough dissection of every member of the senior and junior staff of the firm.

Finally came "The House" presenting their panacea, "House Specific." The outstanding features were the antics of the two ageing consultants and the superb singing of the song, "The Old Hand and Shears," which must have awoken a nostalgic memory in many an old Bart.'s man present. The Songs of the Chiefs, that traditional ingredient of the Housemen's show, held a prominent place this year. They were introduced with an analysis of possible repercussions and we were assured that even if the present audience could not witness the firing of a human cannon-ball, someone would undoubtedly be fired—"at the next meeting of the Board of Governors."

The annual miracle of producing from a collection of individual ward-shows an entertainment which runs without apparent hitch for two and a half hours is now taken for granted. How it is done in the rehearsal time available is beyond the comprehension of the mere layman. But it is done, and with an almost professional smoothness which says much for the efficiency, and probably at times the *sang-froid*, of producers, stage-managers and compères alike.

M. B. McK.

SOLITUDE

Alone ; alone . . .
With sky and wind ; and far below, the sea
Whose shoulders strain to reach this height ;
Whose hands spread groping ; from whose white
Strange fingers, comfort flies
And on the wind suspended lies.
Then as I stand, the wind's soft arms,
So damp with their sweet burden, twine my hair
And wrap me in the sky.
Now all has passed ;
And only sometimes in the deepest night
The moon sighs softly, framed with sleep
And through the starry arches whispers low,
"The sea is far,
In storm, in sun, shrill cries and motors jar
The air—but take the wind you know."
And as I drowse,
Those gentle arms enfold again myself,
The mountains and the sea.
And time is no time and infinity.

SOME POPULAR FALLACIES IN MEDICINE

With an attempt at their explanation

by

P. F. Lucas, M.D. (Camb.), M.R.C.P.

During the course of several years' clinical teaching, mostly of final year students, I have been struck by the frequency with which certain fallacies and misconceptions recur. Because they are mainly final year students I suspect that many of these are carried into practice. Discussions with other practitioners have confirmed this opinion. I have kept account of these fallacies and marked the frequency at which I have come across them, and I think it worth while to examine some of them and to attempt their explanation. All those presented are from my personal experience but most have been the subject of comment by others to whom I have made reference where it seems appropriate.

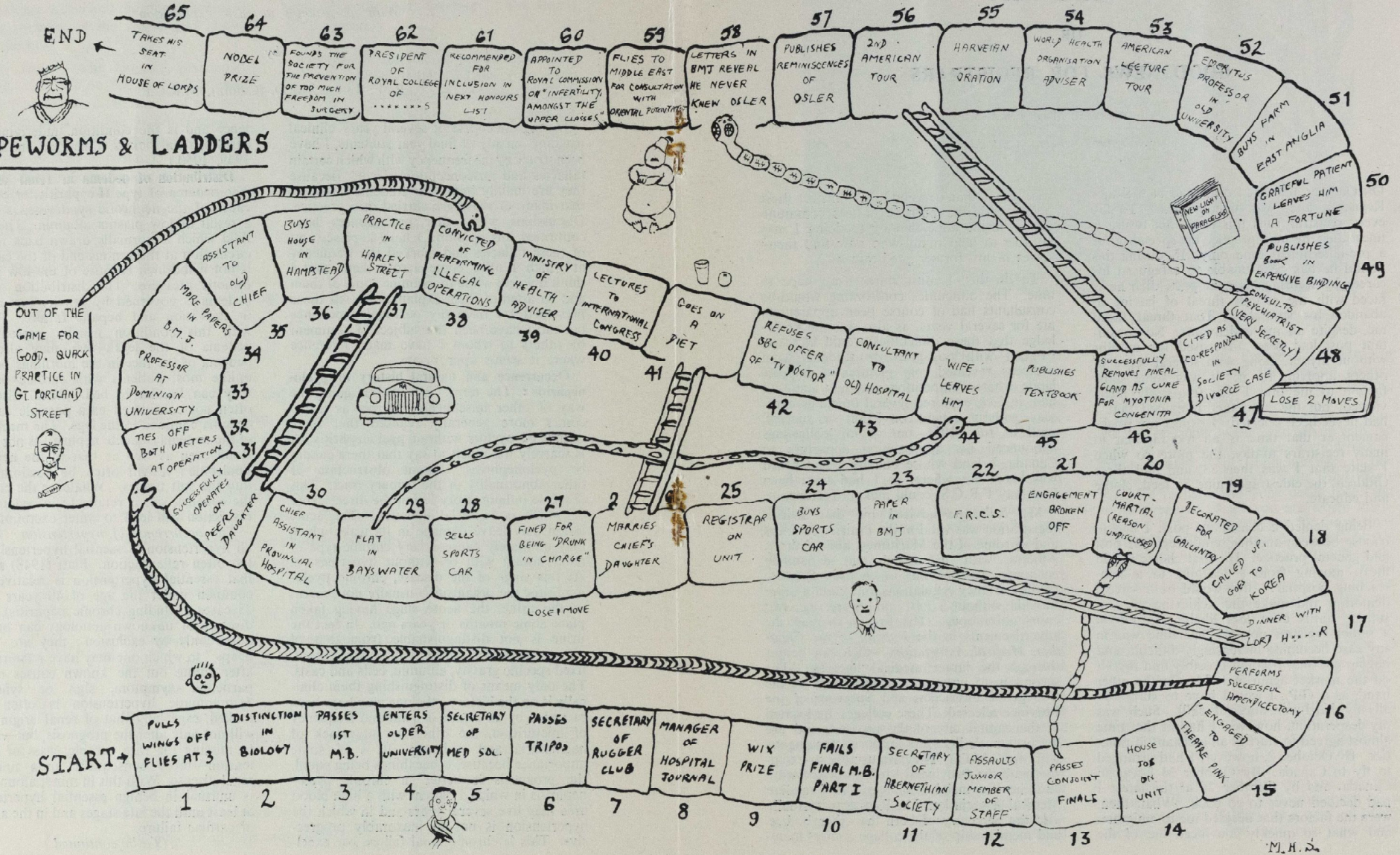
Occurrence and natural history of pyelonephritis : The term "pyelitis" is going the way of other misconceived terms as it becomes more generally realised that there cannot be pyelitis without pyelonephritis ; it is scarcely too much to say that there cannot be pyelonephritis without obstruction or other abnormality of the urinary tract. This is a true inflammatory lesion the direct cause of which is bacterial infection. The acute lesion may leave damage in its wake which may ultimately cause a very chronic type of renal failure with or without hypertension. At this stage of the disease, chronic pyelonephritis, the organism is usually not present in the urine, the acute stage having taken place some months or years ago. In fact the urine is not distinguishable from that of chronic nephritis; there will be low output, fixed specific gravity, albumin, cells and casts. The only means of distinguishing them clinically is on the history ; the one may have been preceded by an attack of pain and frequency of micturition, the other by an attack of haematuria and oedema. It is of some importance because, other things being equal, the prognosis is better in chronic pyelonephritis in which a patient with a high blood urea may live several years and in which the hypertension is not so inexorably progressive. This is chronic renal failure par excellence and is the condition underlying most cases of renal rickets. (See Platt and Davson 1949, 1950.)

Distribution of oedema in renal disease : The oedema of type II nephritis, or of other cause of the nephrotic syndrome, is mainly a result of low plasma albumin. The tissue fluid which is normally drawn back into the circulation at the venous end of the capillary is not withdrawn because of the low plasma osmotic pressure. The distribution of such oedema is governed by gravity just as it is in starvation and hepatic failure. Patients with this condition usually present with oedema of the legs ; they may also have oedema of the face in the mornings because, unlike most patients with cardiac oedema, they can lie flat in bed. Renal disease is often not considered as a possible cause of oedema confined to the legs. The mechanism of the oedema of acute nephritis is not understood even as well as that of the nephrotic syndrome ; it will often be predominantly into the soft tissues. Whatever the cause of the oedema, salt is retained ; in oedema, salt restriction will lead to water excretion.

The occurrence of hypertension : To call all hypertension "essential hypertension" is too often reflex action. Platt (1948) showed that essential hypertension is relatively uncommon under the age of 40 years (13 of 45 cases excluding chronic nephritis). Most diseases of unknown aetiology can be diagnosed only by exclusion ; they are "scrap heaps" to which one may have recourse only after ruling out the known causes of that particular symptom, sign or syndrome. Symptomatic hypertension is often overlooked, especially that of renal origin. This will not only alter the prognosis, but will lead to missing the rare curable cases of hypertension—those consequent upon unilateral renal disease. With this in mind, albuminuria is unusual in benign essential hypertension, at least until the late stages and in the absence of cardiac failure.

(To be continued.)

TAPEWORMS & LADDERS



ON GOING WEST

OR

GOOD NEWS FOR REGISTRARS

A. J. WALKER, M.B., F.R.C.S.

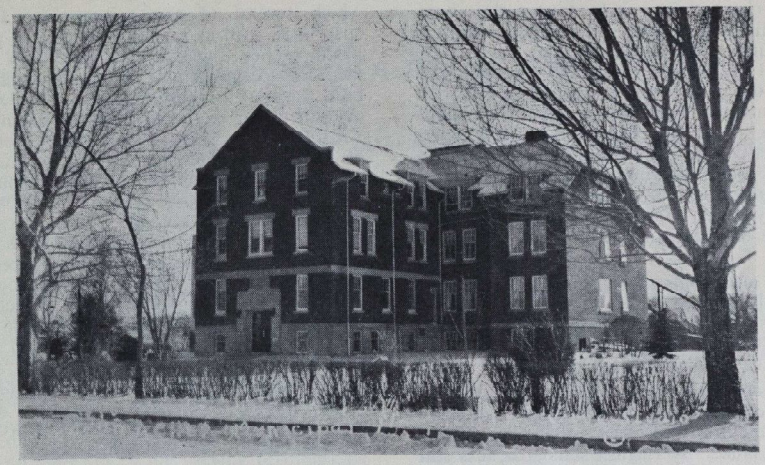
Drumheller, Alberta, Canada

ON October 1, 1951, I ceased to be a Senior Registrar and was unemployed. To-day every registrar runs this risk: his future is uncertain: he may practice his speciality for a pre-determined time only. If, during this period he has been unable to safeguard his career by securing his next post, then he is faced with the serious threat of having to abandon his speciality. That threat faced me, despite all my endeavours. No consultant post had been advertised for months without myself, along with several score of others, applying for it. It was some satisfaction to me that I was frequently interviewed, but the hard fact remained that I had never been selected. I expect my predicament at that time is all too familiar to many registrars to-day, the more so when I state that I was then 33, and had three children, the eldest aged nine, to feed, clothe and educate.

Being denied a consultant post, I had to choose between another senior registrar post and general practice. The first choice would mean moving from a teaching to a non-teaching hospital: this would be a virtual demotion and make the achieving of consultant status even less likely. To obtain a senior registrar post at that time was in any case becoming increasingly difficult, and having got one, I would possibly find myself on the market again in 1954. On the other hand, as a G.P., I would have to surrender all my hard-won surgical skill. Such was my desperation, however, I had at that time almost agreed to start as an assistant in practice. By October 2, however, I had arranged to fly to Canada. By October 23 I was in Canada, and by October 26 at the latest I had decided never to go back. What, then, were the factors that decided me to emigrate, and what so quickly convinced me of the wisdom of that decision? To answer these questions is the purpose of this communication, in the hope that by so doing I may be able to help many who now find themselves in my former predicament.

To do this, I must retrace my steps in time. The difficulties confronting would-be consultants had of course been apparent to me for several years, as also was the knowledge that these difficulties would increase. Contact with post-graduate students from overseas revealed rosy pictures of happier lands where competition was less acute. I had, in fact, explored several openings overseas without much conviction or success, until in July, 1951, one of my colleagues announced his approaching departure to Canada, a land whose climate I had heard was hard, but where, so I had once been told, any F.R.C.S. could make a fortune.

My colleague advised me that British registration was valid in the Prairie provinces and in some of the Maritimes, and of these, Alberta, with its mixed and expanding economy, was the one to choose. Because of the currency regulations, one cannot enter Canada without a job: to secure one, two courses are open. The first is to read the advertisements in the *Journal of the Canadian Medical Association*, which can be got through the larger medical libraries. The second is to write to the Registrar of the College of Physicians and Surgeons of the Province selected. These colleges are located in the capital city of the province and are the province's licensing authority (analogous with the G.M.C.). They are usually co-extensive with the Provincial Medical Association and the Provincial branch of the Canadian Medical Association. The Registrar is usually also the Secretary of both the other bodies, and membership of the college confers membership of the other two. The Registrar is thus in an excellent position to know where doctors are wanted. If time permits, both courses should be adopted. My time was short, so I merely answered an advertisement in the July, 1951, issue of the *J.C.M.A.* for an assistant with surgical training with a view to partnership. In reply I was offered, as I shall show later, excellent financial terms. I finally agreed to come here on October 2. This, I hope, answers my first question: offered all I wanted professionally and economically, emigration became akin to liberation.



Drumheller Municipal Hospital.

Emigration will always be an emotional strain; it is also a bureaucratic one. Fortunately there is no lack of helpful friends, chief of whom are one's bank manager, travel agent and Canada House, or, in my case, Alberta House. First get a passport. Get chest X-rays of yourself and your wife, and retain the plates and reports. Next, a medical examination. Even if you do not intend to travel together, the whole family must be examined together, and all adults must produce their chest plates and reports. From this you emerge with a medical card, without which entry into Canada is impossible. Your travel agent will know the address of the local Canadian Government roster doctor, who, for a fee, is empowered to examine would-be immigrants and issue the medical cards. Alternatively, the whole business can be done free through the medical centres maintained by the Dominion in London, Liverpool and elsewhere.

Meanwhile your banker should be conducting negotiations on your behalf with the Bank of England (it is often a good plan to enlist the help of the London branch of one of the Canadian banks). Your solid assets must be realised and your debts paid, and a list prepared of all you are worth financially. Finally, they give you for the journey £5 and $60. Over the next four years, £1,000 for yourself and £250 for each of your dependants can be transferred across, any funds remaining must stay in England. If buying a house, the whole sum can be transferred to Canada at once on receipt of a bill of sale, but the total cannot be exceeded. Such of your portable possessions as you wish to bring—furniture, china, glass, carpets, books, etc., can be imported duty-free as settler's effects.

Finally, your travel agent will supply an international vaccination certificate which you must get completed, and your tickets which you can pay for in sterling right through to your destination.

I flew across the Atlantic and do not regret it. I went at T.C.A. immigrant rates right through to Calgary, at a cost not much greater than the first-class boat and train.

The cheapest way is by tourist class boat, but there is a delay of several months in booking. The intelligent thing to do is to travel out alone: remember you may well hate the place when you get there. If so, a few months' work will pay your fare home again. But if you elect to stay, and I expect 95 per cent. will stay, then you can live in a hotel while looking round for a suitable house and making plans to bring out the family. Mine came over in April '52, and I drove to Montreal and brought them back here.

To answer my second question—why I so quickly realised I had done the right thing, I must relate something about this Province of Alberta. I cannot speak for the rest of Canada, I know nothing of it.

Firstly, Alberta is new. It is still the frontier. A lot of it was only opened up after the first War; before that it was empty range land. By English standards, it is still phenomenally empty. Its area is double that of Great Britain, yet the population is only that of the city of Leeds. Admittedly about half the area is unusable—the country north of Edmonton is largely barren, while in the west are the mountains and in the east are the dry lands along the Saskatchewan border — but even so the population is very sparse and is chiefly situated down the north-south axis that leads from Edmonton through Calgary to Lethbridge, the three largest towns. The greatest wealth of the Province lies in its farm lands, chiefly wheat, but oil and natural gas are found all over the place, and other industries of importance are coal and tourists.

Now for the medical picture: Edmonton, despite a limited population, has a medical school and consequently acts like a magnet. Calgary and Edmonton are really over-doctored, and definitely over-specialised, although the specialist spectrum is by no means even. Anaesthetists, psychiatrists, neurologists, and dermatologists seem to be scarce, and in these fields an outsider would stand a chance, but in other lines the competition is tough, even for native Albertans. But whereas the larger cities are full of doctors, the rural towns are empty. For your native Albertan, the cities have a great fascination, but for an Englishman, who knows all about real cities, this fascination is lost in a wider perspective. He would be wiser to try his luck in a rural centre and try and get into a group practice or "clinic" in which several of the partners are G.P. specialists, such as existed so widely in pre-health service England. To succeed in this field, the speciality must be of wide application, general surgery, general medicine, anaesthetics, eyes, or radiology, for example. An F.R.C.P. or M.R.C.P. ensures the holder of a good position, but are not essential: provided one's experience is broad enough, one is almost bound to do well. I can best illustrate this with my own story. I came here as an assistant at $600 per month. I was offered a partnership after nine months at a premium of $12,000. We are now a group of five equal partners, and expect to draw $18,000 a year each. We include an ex-patriate Scot with his F.R.C.S.Ed., a Toronto graduate who does our X-rays, and an Edmonton man who was very well trained in anaesthetics in Chicago. The fifth, also from Edmonton, has done some T.B. work. We also employ two young assistants.

Together with three independent doctors (who send us some surgery) we serve an area of 30-40 miles radius, but most of the population of about 17,000 lives in the valley and mines coal. Consequently, there is much contract work. The government pays for the treatment of industrial accidents, T.B., V.D., cancer, polio, rheumatoid arthritis, and mental disease, and for the medical care of old age, blind, widows and war pensioners. There is considerable private work, and I am, surgically, a jack-of-all-trades.

In the mornings we are specialists and work in the hospital and we can do up to two major and six minor cases in the theatre each morning. The hospital has 80 beds and is well equipped and efficient, but, like most Canadian rural hospitals, has no resident, so it pays to live quite close: in lay-out and organisation our hospital more resembles an English nursing home than an English hospital. The office (as one learns to call the surgery or consulting room) is open 11-12 a.m. and 2-5 p.m., with Wednesday a half-day. House calls are relatively few and are fitted in round the other duties. We have a rota system for night and Sunday calls. It is easy to get away to the city for a day or so, and we take a month's holiday annually. The cost of living is not much above England. It will thus be easy to appreciate why I so quickly decided to stay. England is a grand place to live in, but as I have to work, I'll work here in future.

MAN'S SEARCH FOR HEALTH

Biology, physiology, psychology and the allied sciences can give true accounts and can provide adequate explanations of various aspects of man's behaviour as a psycho-physical organism. They can never give a true or full account of man himself, because he is more than that.

THIS extract from the Report of the Lambeth Conference of 1948 refers to the need to include the supernatural or spiritual element in man if he is to be considered as a whole, and the same thought is the theme of *Man's Search for Health** by Miss Phyllis L. Garlick, a book from which every medical man could profit.

The book traces the varying relationships of medicine to religion from the dawn of history till the present day; from the times when learning was almost confined to the priesthood and the physicians were therefore priests; through the slow process of the growth of science bringing with it the need for specialisation and, among its many other effects, the separation of the practice of medicine from the other secular duties of the clergy; right up to the present century which is witnessing a renewed attempt to comprehend the wholeness of human personality, and to combine medicine with religion not only in ministering to the sick, but also in the maintenance of health.

In days gone by when little was known about natural phenomena and the cause of disease, superstition and magic played a prominent part in religion and in medicine. Though the growth of knowledge tended to dispel the belief in magic it also favoured a false sense of the self-sufficiency of science, which in its turn has been rectified by the realisation of the immensity of the unknown, and, in the case of man himself, the many imponderable factors which influence his destiny. In regard to medicine it may be said that while science provides us with the technique of healing, religion is required to provide the impulse and the motive—or, in the words of Thomas Sydenham, "Whatever skill or knowledge he (the Physician) may, by divine favour, become possessed of, should be devoted above all things to the glory of God and the welfare of the human race."

This quotation from the writings of a seventeenth-century physician illustrates the importance of an historical approach to our subject, and Miss Garlick's references to the teaching of the Greeks, and to yet more ancient sources, serve to correct the impression that the concept of man as a trinity is a modern invention. Even in this book, however, the suggestion is made that it is through modern psychiatry that we have an insight into the influence of mind on body, yet a moment's reflection will remind us that once when King Ahab suffered from depression and loss of appetite and finally took to his bed, it did not take Jezebel long to discover that his real trouble was a sense of frustration over Naboth's vineyard. We ought to feel thankful, however, that modern psychiatrists do not dare to adopt Jezebel's most effective method of treatment, and this should perhaps make us a little more tolerant of their apparent shortcomings. Furthermore, we often forget that there is in this interdependence of mind and body what Dr. Geoffrey Evans called "a two-way traffic"; yet he would have delighted to point out that Francis Bacon knew all about it when he wrote *Of Deformity*—"Deformed persons are commonly even with Nature; for as Nature hath done ill by them, so do they by Nature, being for the most part (as the Scripture saith) 'void of natural affection'; and so they have their revenge of Nature." We can all recall patients who were at first difficult if not impossible, and who gradually changed into sweet-tempered, charming creatures as they recovered from what they had feared would be an incurable malady.

* Man's Search for Health by Phyllis L. Garlick. London. The Highway Press. 15s. 0d.

A copy has been given to the Library.

The portion of the book which traces the history of the relationship between religion and medicine in the ancient cultures of Africa, China and India is of very great interest; but its latter half which deals with the influence of the Christian conception of God and Man upon the care of the sick, upon the foundation of hospitals, and upon medical missionary work must be to most of us of greater interest still. The key-note to this part of the work is given in a quotation from an address by Lord Horder—"It is clear that there is a very definite point of contact between medicine and religion. For the whole of man and not merely a part of him is concerned, or may be, in medicine, whether this be preventive or curative, and this whole includes his spirituality or religious temperament." In other words, in addition to a body, man has a soul which is the seat of his emotions, and a spirit which distinguishes him from the rest of creation, making him God-conscious and also capable of communion with God.

Many of the early hospitals were monastic foundations, as was our own, and it is natural to assume that the needs of the spirit as well as those of the body would be attended to in such institutions, and in the hospitals established within the past hundred and fifty years by Missionary Societies. The whole story of the missionary movement which started in the eighteenth century, and of the process whereby medicine was grafted into the main enterprise, is extremely well told by Miss Garlick, and students of the history of medicine must be fascinated by her account of the number and diversity of the valuable contributions made by missionaries to medical science. Quite apart from the great scientific advances in the treatment of tropical disease, enormous benefits accrued from merely tackling poverty, ignorance and dirt, and due tribute is paid to the devoted and selfless service of missionary nurses who not only did the work themselves, but also established training schools, and organised a national Nursing Profession in many lands. That the Christian belief in the importance of every individual person has its effect upon primitive peoples is shown by the testimony of the patients who tell of "something different" which distinguished the mission hospital from other medical centres. "They take trouble about everyone there—they *care* about people" was a patient's characteristic tribute to a mission hospital.

In a recent article Canon Roger Lloyd suggests that 1952 may be known in British history as "The Year of the Many Missions"; and he concludes his analysis of what a mission must do in order to convert a great city by saying, "... the heart of it all is friendship offered on equal terms for Christ's sake to all who will accept it." Surely that, at least, can be offered by any doctor to his patients.

But what of the relationship of medicine with religion in everyday practice? Miss Garlick says, "... today medical practice in this country has little obvious link with the Church ...", and if by "obvious" she means "planned and organised" there must be general agreement with her statement. Yet it would be far from true to say, as is sometimes suggested, that this indicates a divorce of medicine from religion. It might be nearer the truth to suggest that many pastoral visits are of more therapeutic value, and many consultations convey more spiritual comfort than would ever be suspected by a casual observer—only the patient himself could bear true testimony, and he is not usually asked for it.

To arrange a cut-and-dried scheme of collaboration between ministers of religion and practitioners of medicine would be a difficult matter, and is probably a mistaken idea. Co-operation between doctor and parson is something which may be of great benefit to a parish, but it must depend on mutual understanding and goodwill, and therefore ultimately on the personalities concerned—yet one feels that it would always have to be spontaneous and informal, each having a proper understanding of the special contribution which the other can make towards the common objective of ministering to the *whole* man.

The relationship between doctor and patient may be regarded as a peculiar manifestation of a man's duty towards his neighbour, which demands that his neighbour's interest shall be more important than his own. This unlimited and unselfish devotion to the welfare of others was the foundation of the Greek Commonwealth, and their philosophers taught (as indeed do some of our own today) that because this ideal offers not only the best but also the most reasonable method of assuring the peace and happiness of mankind, man as a reasonable creature is therefore bound to carry the ideal into practice. The Christian, who places his duty to his neighbour second to his duty to God, acknowledges his inability to achieve the ideal by his own unaided effort—in the words of the Catechism, "My good child, know this, that thou are not able to do these things of thyself, nor to walk in the commandments of God and to serve Him, without His special Grace."

In the final chapter of her book Miss Garlick reviews the attempts which have been made during the past few years to establish an organised association between Medicine and the Church—for example, in the Churches' Council of Healing which was set up in 1944 on the initiative of Archbishop Temple. All these endeavours deserve our sympathetic attention, such as this Council has received from the British Medical Association; yet we must return again and again to the conclusion that the problem is ultimately one to be tackled by individuals rather than by associations. And the individual who is seeking for sustenance and encouragement in the pursuit of the ideal will do well to remember a quotation from the inspiring broadcast by our late beloved King on Christmas Day, 1939:—

> "I said to the man who stood at the gate of the year: 'Give me a light that I may tread safely into the unknown.' And he replied, 'Go out into the darkness, and put your hand into the hand of God. That shall be to you better than light, and safer than a known way.'"

J. PATERSON ROSS.

COMPETITION

Set by Burbank and Bleistein

Readers of the recent correspondence about R. B. Price's "Battle of Furunculus" may remember the following limerick our famous contributor produced on one occasion:—

> "If man could work miracles, the bishop of this diocese
> "Would rid the Cornish miners of their Ankylostomiasis."

The usual prizes are offered for similar rhymes, the last line of which should end with one of the following words. Competitors should try, if possible, to indicate the features of the three conditions or signs they choose from the following list:—

Ayerza; Higomenaki; Onychyogryphosis; Hackenbusch; Mönckeberg; Perthe; loa-loa.

We would remind readers that this competition is open to all reading the *Journal*, whether members of the hospital or not. Entries by March 15th.

EXAMINATION RESULTS

UNIVERSITY OF LONDON

Special First Examination for Medical Degrees

December, 1952

Hinton, J. Johnson, P. A. Thomas, W. D. A.

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

Badley, B. W. D.	Lewis, J. H.	Richings, J. C. H.	Rowswell, E. F. D.
Coakley, M. C.	Hackett, M. E. J.	Rowlands, D. F.	Vyle, E. A.

Examination for the Academic Postgraduate Certificate in Public Health

December, 1952

Rigby, E. P.

UNIVERSITY OF OXFORD

2nd B.M. Examination

Michaelmas Term, 1952

Medicine, Surgery and Midwifery

Barber, P. J. — Macartney, B. W. M. — Skeggs, D. B. L. — Smith, J. H.
Green, H. E.

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:—

Aston, J. N. — Bourne, G. L. — Marsden, H. E. — Siriwardena, M. H. G. K.
Birnstingl, M. A. — Denny, W. R. — Ong, G. B.
Blumberg, L. — Hunt, M. F. — Pimm, L. H.

UNIVERSITY OF LONDON

Ph.D. Examination for Internal Students
Faculty of Medicine (Non-Clinical)

November, 1952

Lloyd, H. M.

CONJOINT BOARD

First Examination

December, 1952

Anatomy

Arthur, J. K.

Physiology

Burrage, M. V. — Roberts, I.

Pharmacology

Godwin, M. H. G. — Need, R. E. — Smith, G. C. — Williams, W. D. W.
Lacey, S. M. — Pelosi, M. A. A. M.

SOCIETY OF APOTHECARIES

Final Examination

November, 1952

Pathology

Hill, A. N. — McAdam, B. N. — Stevens, J. L. — Tait, I. G.

Medicine

Hill, A. N. — Newberry, R. G.

Surgery

McAdam, B. N.

Midwifery

McAdam, B. N.

Pathology

Kaan, N. — Mercer, M. H. — Rowley, H. E. — Wilson, M. S.

Medicine

Brown, J. R. — Knipe, P. — McAdam, B. N. — Storey, V. C.
Bunting, J. S. — Marshall, L. J. — McKenzie, A. — Wilson, M. S.
Ivens, H. P. H. — Mercer, M. H.

Surgery

Brown, J. R. — Hill, A. N. — Lewis, B. — McKenzie, A.
Bunting, J. S. — Ivens, H. P. H. — Marshall, L. J. — Storey, V. C.
Chapman, L. — Knipe, P. — Mercer, M. H. — Wilson, M. S.

Midwifery

Hill, A. N. — Kaan, N. — Mercer, M. H. — Wilson, M. S.

The following candidates having completed the Final Examination are granted the Diploma of the Society:—

Brown, J. R. — Ivens, H. P. H. — Mercer, M. H. — Storey, V. C.
Bunting, J. S. — Knipe, P. — McAdam, B. N. — Wilson, M. S.
Hill, A. N. — Marshall, L. J. — McKenzie, A.

UNIVERSITY OF CAMBRIDGE

Final M.B. Examination

Michaelmas Term, 1952

Part I (New Regulations)

Blow, R. J. — Eminson, B. I. F. — Knight, R. J. — Sleight, P.
Bower, D. B. — Fitzgerald, M. V. J. — Lock, S. P. — Smeed, I. M. P.
Bradford, T. C. — Gibbon, R. H. — Low, F. M. — Stevens, J. L.
Carver, J. B. — Gibbs, J. T. — Oliver, K. R. — Stretton, L. J.
Clarke, A. — Heyes, F. — Penn, M. J. W. — Tait, I. G.
Cowper-Johnson, H. F. — Hutchinson, R. — Roxburgh, R. A. — Vernon, J. D. S.
Cozens, F. S.

Part II (New Regulations)

Beatley, W. M. — Dallas, S. H. — Stretton, L. J.
Chapman, W. H. — Griffiths, A. N.
Preece, J. F.

SPORT

Then ye contented yourself your souls,
With the flannelled fools at the wicket,
Or the muddied oafs at the goals.

(Kipling, The Islanders.)

Rugger Club

Bart.'s v. Bedford. Lost 3-13.

The well-known Bedford side appeared at Chislehurst for the first time for very many years, for the annual match which for Bart.'s is usually an away fixture over the Easter holidays.

The game opened very well, and Bart.'s soon attained superiority over the opposition, but were unable to score in spite of a plentiful supply of the ball. The first score came from a brilliant run by Lammiman from the home twenty-five. The try was not converted. Half-time score: Bart.'s 3 Bedford 0.

In the second half Bedford changed their half-backs, and a vast improvement was immediately obvious in the speed of attack of their backs. A try was scored in the corner from an orthodox movement, with the wing going over in the corner. This same wing, Oakley, later intercepted a pass and went straight through the home defence to score between the posts. The game was now very even, with the Bart.'s pack regaining some of its previous advantage, but neither line was crossed again. Bedford kicked a very good penalty goal. The Hospital side have still to learn to tackle low and hard the first time, and a really good place kicker would be a great asset to the team.

Team: P. J. Burrows, M. V. Weatherley, M. Phillips, P. Knipe, M. Hackett, F. I. MacAdam, M. J. A. Davies, B. Reiss, D. A. Lammiman, M. Graham, L. Cohen, G. Scott Brown, E. Gawne (Capt.), B. Grant, C. W. Havard.

Bart.'s v. U.S. Chatham. Won 9-0.

Bart.'s kicked off on a rainy and squally day at Chislehurst, and from the start endeavoured to play open rugger. By plenty of quick inter-passing they were for a time right on top of their opponents, and it was not long before Lammiman, coming in from his wing, took a pass from Scott-Brown at stand-off and after an excellent run scored near the posts. The kick failed, once more emphasising our dire need of a good kicker. In the set scrums Knipe was hooking well and our backs repeatedly looked dangerous. The next try came from a fine team movement in which nearly everyone handled the ball and Scott-Brown finally touched down. At half-time the score was 6—0.

By this time the ball was becoming very greasy and heavy, and although to date Chatham had appeared considerably rattled, after the interval the game became such a melée that there was little in it. The Chatham backs never looked really as though they would score, and it became more a tussle between the forwards. After a rush and forward dribble Havard touched down for our third try. At 9—0 the score remained until "no-side" and although both teams tried to play open football, nobody ever looked really dangerous.

CORRESPONDENCE

ELIOT & AUDEN

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

Dear Sir,

Mr. Malpas's proselytising enthusiasm is admirable, though a touch of the benevolent schoolmaster is detectable, but to me it is not clear what kind of article he intended to write.

One can discuss a subject such as modern poetry from a personal angle, making clear one's own likes and dislikes; or attempt a survey of the whole field, aiming at presenting the characteristics of the different poets in as objective a manner as possible. Your contributor has combined these two approaches in a manner which is, at best, misleading, and which at times descends to cheap sneering.

To mention a few points of disagreement:

1. A. E. Housman does not fit into the "Georgian Group" by style or temperament. To call him an "easy optimist" is, to say the least, curious, when his enormous popularity was due to his own brand of pessimism.

2. To call T. S. Eliot the heir of Clough, Manley Hopkins and Pound, without reference to the great debt he owed to the French Symbolist movement, which decisively influenced his style before he met Pound, is a gross simplification. It was in the company of the so-called "Imagists" fathered by T. E. Hulme, that Eliot, together with Ezra Pound, came to maturity, and he acknowledges the work of Laforgue, Mallarmé, Verlaine and Rimbaud as a major factor in his development. The sneer that he "retired for protection behind Anglo-Catholicism" is meaningless as well as bigoted. Eliot's religious outlook was early in evidence and his great dramatic poems "Murder in the Cathedral" and "Family Reunion" were written long after his Catholicism was firmly established. With "The Cocktail Party" it would appear that he has at least partially solved the problem of finding a wider audience.

3. It is taking a remarkably superficial view to dismiss Auden as "witty, slick and quite the thing." Auden has always had a facility for verse writing which is paralleled by his contemporary, Benjamin Britten, in music. Both tend to arouse the envy and malice of their staider brethren. That Auden has frequently used slang and popular clichés is true, and it is also true that the effect is sometimes jarring; his use of alliteration, derived from early English verse, is often uncomfortable, and possibly results from a desire to impose greater restrictions on his free flowing stream of words. But his lyric gift, at its best, is unsurpassed in his generation, and the recently published "Nones" which includes the beautifully fashioned "In Praise of Limestone" should be evidence enough that he is a major poet at the height of his powers.

I am, Sir,

Yours faithfully,

M. H. STAUNTON.

Abernethian Room.

PATIENTS' LIBRARY

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

Dear Sir,

Will you forgive me for calling to your attention certain inaccuracies and omissions in your kind article on the Patients' Library in the December number of St. Bartholomew's Hospital Journal? When on the outbreak of the 1939 war the Patients' Library premises were taken over by the Hospital Authorities for necessary reasons, a period of at least two months elapsed before the Library Service could be reorganised on a war-time basis—the figure of 8,874 issues does not therefore represent the total for the year, but only for the period after the service was made available for the very reduced number of wards to be served.

I feel I must also emphasise that prior to the war, the Library Stock was constantly renewed by the Head Librarian, Mrs. Harold Raymond, who every year raised considerable sums of money by her own efforts, for the purchase of new books.

I should like also to point out that for the whole of the war period and until 1946 the voluntary workers in the Library were almost entirely supplied by the St. John and Red Cross Hospital Library Department—and I fear that to say that most of the workers under me were wives or relatives of the members of the staff would be very much an overstatement.

I am sure you will understand that my letter brings with these criticisms my sincere appreciation of the kind things you have said about the work of the Patients' Library.

Yours faithfully,

(MRS.) G. PAGET-COOKE.

76, Westbourne Terrace, W.2.

BOOK REVIEWS

"Reviewers, with some rare exceptions, are a most stupid and malignant race. As a bankrupt thief turns thief-taker in despair, so an unsuccessful author turns critic."

—(P. B. Shelley. Fragments of Adonais.)

REFRESHER COURSE FOR GENERAL PRACTITIONERS. By various authors. British Medical Journal. First Edition, pp. X + 500. Price 25s. 0d.

This is a splendid book and is by far the best value to come to the reviewer's desk for many a moon; it may be strongly recommended to those who are undecided as to what to purchase with their Christmas book tokens. Here are fifty-five of the commonest conditions and problems of general practice presented by the experts—clear presentation of the facts, a logical presentation of recent trends with their banner headlines reduced to a rational therapeutic perspective. Not that the tone of the book is condescending; on the contrary the writers evidently recognise that the average practitioner for what he is, a highly trained specialist in his own field, possessing a keen clinical acumen and understanding of men as a whole, but perhaps too busy to sift the wheat of valuable modern techniques from the chaff of over-inflated claims for Mr. X's method. But the book will be of value to others besides those already in general practice. One common nightmare is entering the therapeutics viva-room with one's head full of such valuable knowledge as the action of Compound F on the dioestrus uterus of a guinea pig, only to be asked in a languid tone: "Yes, Mr. Y, and how do you treat chilblains?" Have no fear, reader: this book will solve this and many other common examination questions.

Bart.'s men are well represented in this book; Dr. Hewer on Analgesia in Childbirth, Dr. Bodley Scott on Pernicious Anaemia, and Drs. Young and MacKenna on Tuberculosis and Psoriasis respectively; a particular high spot in the volume are the three chapters by Professor Garrod on Penicillin, Streptomycin and the newer Antibiotics. We shall look forward to the appearance of the second and subsequent volumes in this series.

THE ESSENTIALS OF MEDICAL DIAGNOSIS. By The Rt. Hon. Lord Horder, G.C.V.O., M.D., F.R.C.P. (Lond.) and A. E. Gow, M.D., F.R.C.P. (Lond.) revised with the assistance of Ronald Bodley Scott, M.A., D.M. (Oxon.) F.R.C.P. (Lond.) Second Edition, 1952. Cassell, pp. XVII plus 462. Plates 23. Price 22s. 6d.

It is a delight to welcome the new edition of this Bart.'s book. I do not know why it should have come as a "surprise to the authors when the publishers called for a second edition of this book" nearly a quarter of a century after the first. I waited for a year on the end of a long list at my favourite booksellers before receiving my battered old copy of the original.

Many of us feel with the authors, and with Trousseau that it is high time we had a little less science and a little more art. This excellent work comes as a timely and refreshing affirmation that we can still be good practitioners in the atomic age without having routine blood uraniums done on all our patients.

Were I asked to advise a newcomer to the hospital on what textbooks to buy, this book would certainly head the list. If he could be persuaded to read it twice a year for life, finals would hold few terrors, his clerking would be far more rewarding, and eventually the country's overcrowded Out Patients' Departments would be plagued by fewer "Dear Doctor's."

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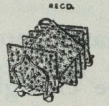

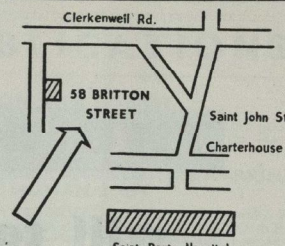

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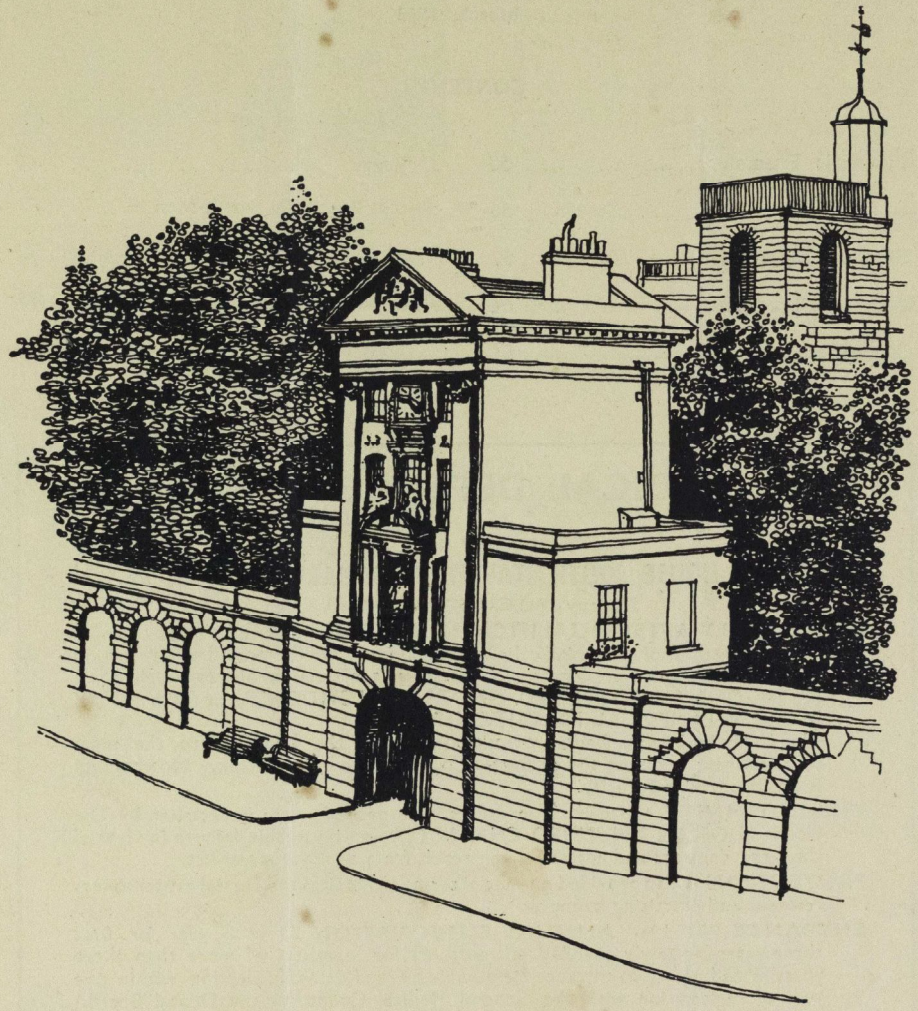
ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL LVII MARCH 1953 No 3

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Editors: S. P. LOCK: I. H. BACKHOUSE. *Manager:* R. J. KNIGHT.
Assistant Editor: R. E. NOTTIDGE. *Charterhouse Representative:* F. J. C. MILLARD.

March, 1953

CONTENTS

Mr. Pickwick's Good Opinion...

"'IN OTHER words they're Medical Students, I suppose?" said Mr. Pickwick.
Sam Weller nodded assent.
"I am glad of it," said Mr. Pickwick, casting his nightcap energetically on the counterpane. "They are fine fellows; very fine fellows, with judgements matured by observation and reflection; and tastes refined by reading and study. I am very glad of it."
"They're a smokin' cigars by the kitchen fire," said Sam.
"Ah!" observed Mr. Pickwick rubbing his hands. "Overflowing with kindly feelings and animal spirits. Just what I like to see!"
"And one of 'em," said Sam, not noticing his master's interruption, "one on 'em's got his legs on the table, and is drinkin' brandy neat, vile the t'other one —him in the barnacles— has got a barrel o' oysters atween his knees, vich he's a openin' like steam, and as fast as he eats 'em, he takes a aim vith the shells at young dropsy, who's a sittin' down fast asleep, in the chimbley corner."
"Eccentricities of genius, Sam," said Mr. Pickwick. "You may retire."'

—Charles Dickens (1812–1870).

ST. BARTHOLOMEW'S

HOSPITAL JOURNAL

Vol LVII MARCH, 1953 No. 3

FOUNTAINS

" Alors je rêverai des horizons bleuâtres,
Des jardins, des jets d'eau dans les albâtres."
Paysage.

Thus mused Charles Baudelaire in his *Tableaux Parisiens.* Who can resist, be he Goth or Gaul, Hellene or Hottentot, the temptation of this delectable trinity: azure skies, shaded gardens and whispering fountains? Who indeed would not choose of these to keep the fountains—those seemingly innocent charmers of eye and ear, even though now coloured with the purple insinuations of the Viennese psychiatrists.

The earliest fountains on record are said to have been built in Babylon in 3000 B.C. They were simple in construction and consisted of a sunken basin in the centre of a courtyard or of niches cut into the solid rock at successively lower levels, so that the water trickled down a series of steps. We are better informed of those in ancient Greece and Rome. In Rome they were numerous and built in two distinct types; the large basins (*lacus*) or the spouting jets (*salientes*). Sometimes the two forms were combined and embellished with marble columns and statues. From this it was only a short step to the *nymphoea*, large decorative structures which became dedicated as shrines to nymphs and gods, and which were later to be imitated in the designs of the Renaissance and Baroque. For in mediaeval times the fountain as an ornament underwent a sad decline; water was no longer the divinity of the ancient civilisations, but merely a bodily need: as such it could be well obtained through a simple pipe system or from natural springs.

At the end of the sixteenth century, however, the Florentine sculptors Tribulo and Bologna revived the massive designs of the Romans. Baroque artists, also, realised that the fountain was an admirable medium for the *extravaganzata* of this style, a style which depended on the abandonment of classical mass and line and its substitution by exuberant, theatrical perspectives in which curves and sensuous form took an increasingly large part. This unique mixture of grandiose impressiveness and sustained movement is well seen in any of the fountains designed by Bernini. He it was who gave the baroque fountain its distinctive character: groups of marine deities, fantastic monsters, seaweeds, shells and cliffs—from all of these oversize embellishments water cascaded, sometimes from the most unexpected places.

The record of fountain design from the end of the Baroque period—apart from the rococco *jets d'eau* at Versailles and the light fantastic *Wasserspiele* in the German palaces—is a depressing one of return to classicism, a reaction back into baroque and again into starker neoclassic forms. In this country we have never had any tradition of fountain design. This is partly due, one supposes, to the climate, partly to our Puritan dislike of the so-called "hysterical" and un-English exuberance of the baroque, and partly because the needs of dumb animals always come first, and the supply of cattle and horse troughs is still less than the demand for them.

No one can pretend that our own fountain at Bart.'s has any artistic merit. But he would be a monster indeed who suggested its removal on these grounds. Erected quietly in 1859, it has the virtues of being an unobtrusive focal point in the Square and giving this an atmosphere of calm and timelessness. The goldfish swim round and round in its basin, miraculously surviving the London environment to laugh at the ploys and gambits of successive generations of clever young men. But who has ever seen the jets of our fountain in real action? All we usually get is a miserable trickle resembling a decayed water-splash from the centre stem and three dejected parabolae from the peripheral nozzles. Surely we can do better than this, even if it meant moving the seats back a little? And could the lateral streams be made no stronger, the dignity of Gibbs' noble pile would certainly be enhanced by a thin vertical column of water, rising high with the trees to fall abruptly in the basin again with a resounding splash. While those responsible are about it, could they not also give the fish a rest on June 2 and charge the reservoirs with something a little more potent? To pledge the health of her newly crowned Majesty around the fountain in the products of the Rhine and Rhône would be an experience indeed.

This Column

Last month this column reached a record length and this month, too, it will not be much shorter. The idea of a collection of short pieces on differing topics following the leading article was introduced by a recent editor, A. N. Griffith, who gave the column, somewhat unexplainedly, the name of a relatively obscure Greek goddess (traditionally this is a trade secret.) There was a similar column in some of the Journals just before the war, which retailed chit-chat of a mildly scandalous nature, mostly about the senior members of the staff. Apparently it was stopped in response to popular indignation. We hope this innocuous series of random jottings meets with more approval: anyway, popular impression seems to be that more people read it than the leader, sports news, book reviews and correspondence put together. It is, however, difficult to have one's fingers on all the pulses of the hospital. Especially is this true of Charterhouse Square, where Illusion's reign still holds sway. Surely we should hear more of this unknown land, where beards and corduroys are still *de rigeur*, and Chatterton's poems are declaimed in the lunch queue? We are always grateful for any material for this column—the more bizarre, the better.

The Annual Ball

was held on Friday, January 23, at the Park Lane Hotel, and was a great success. Over 400 people attended, and the evening began—after the pleasure of being greeted by Mr. Garwood, resplendent in his best hospital uniform—with dinner. And an excellent one it was, too: especially delectable were the individual chickens, revelling in the voluptuous name of "Poussins Poêle à l'Auroré." Dinner over, the diners took the floor, and danced to Bill Savill's orchestra. It was noticeable that the most popular tunes were those that were in favour twelve months ago, from "Kiss me, Kate" and "South Pacific." The complaint was heard afterwards that the floor was too

crowded, but who has been to a big dance where it wasn't? And once a certain level of blood-alcohol has been reached it doesn't seem to matter. Everyone seemed to be enjoying themselves so much that the end, at 2 a.m., was greeted with genuine disappointment.

The staff, of all ranks, was there in much greater strength than last year, and among old Bart.'s men it was popular, too, perhaps because it is now the only social function left to them, apart from Decennial Clubs' dinners. And yet, though it is a Students' Union Ball, students and their partners were outnumbered three to one. This did not seem to worry them in the least, but surely a higher proportion than 10 per cent. could have afforded to come? From the whole strength of Charterhouse there were no more than five.

Something seems wrong here, and we are far from certain that it is the price alone. £2 17s. 6d. is a lot, certainly, but it is doubtful whether equal value would be obtainable less expensively anywhere else in London. Is it the time of year, following, as it does, hard on Matron's Ball, and preceding the Rugby Club's Annual Dance by a bare fortnight? If so, by all means move the Ball into the spring, preferably at a time when grants have just come through. Perhaps next year, with the record of this most enjoyable Ball before them, students will turn out in strength. Perhaps, after all, they were only saving themselves up for the night of June 12.

Twice in one month (the other occasion being Matron's Ball) we have had emphasised that the conviviality of a meal included in the evening's entertainment seems to help everyone to enjoy themselves much more. Obviously dining, wining and dancing all under the same roof solves social, financial and transport problems, and we hope that future Balls will always be to the design of this one.

Singing and Medicine

The author of the article on "Operatic Medicine," to be found on another page of the present issue, has omitted—perhaps on purpose, for it is hardly flattering to our susceptibilities—to record what we believe to be the only mention of medical *students* on the operatic stage. At the end of Scene Two of "Porgy and Bess," which recently enjoyed such a well-deserved success in London, the first climax of the opera occurs when Crown, the brutal villain of the piece, kills one of his neighbours in Catfish Row. The keening and wailing which follow the murder is only interrupted for the hat to be passed round for contributions to the cost of the dead man's funeral. Alas, subscriptions do not nearly approach this and everyone's pockets seem empty when a negress has the bright idea of shouting "De coroner'll give him to dem medical students for their dissecting room"; instant panic at this ghastly thought, and sufficient dollars are soon produced from unsuspected back pockets for the cost of a more dignified funeral.

Any excuse seems to be good enough to drag in *Ye Olde* quotation and we cannot resist the following from an eighteenth century apothecary:

"As singing produces an Influx of Spirits, and as the motion of the Heart and the Circulation of the Blood depend on a similar influx, the more we sing the greater the Influx will be and the stronger the Pulse. This is evident enough, for if the nerves of the eighth pair be tied or cut asunder in the Neck, the Motion of the Heart grows languid and the animal expires.

Singing aids Digestion, makes the Blood more fluid for Circulation, is indicated in Nervous Disorders, the Hypochondriacks, The hystericks and the Melancholic Affections. It exerts a secondary Influence in Cachexy, Jaundice, etc."

Medicina Musica, or a Mechanical Essay on the Effects of Singing, Dancing and Musick on Human Bodies.

Richard Browne. 1795.

It doesn't seem so long ago since the psychiatrists were proclaiming that the playing of a record of the "Flying Dutchman" overture was the latest and finest thing yet for producing an abreaction. Plus ça change, plus c'est la même chose.

Junior Osler Club

This month we are glad to publish what we hope is only the first of a selection of papers from those delivered at the Junior Osler Club. This body was founded in April of last year and has already revealed the wealth of wit and learning inside many a skull clothed outside by flesh of the habitually neutral English facies. One must not make the meetings sound too pompous and learned, however, for this is the very reverse of the general atmosphere. Many, possibly, do not even know of the existence of the

Club for, like many good institutions, its fame has not been disseminated in banner headlines. Some, too, may have been put off by the austere and dignified ring of the Club's name. These one would invite to sample a normal meeting (usually held on the second Monday of the month at 8 p.m.), and see if they do not agree that one evening a month devoted to the history and literary aspects of one's chosen career is more fascinating and delightful than they would previously have believed possible. Further details may be obtained from Mr. Thornton.

It is pleasant to be able to record that a long silence in the way of contributions from our feminine colleagues has been at last broken. One has always visualised Dr. Elizabeth Blackwell as the domineering *infirm of purpose, give me the menu* type of female, but Miss Nye's excellent article to be found in this issue, refutes this and shows moreover that the first woman doctor was human for a' that. The title of the article presented not a little difficulty. Should it be called simply "The first Woman doctor," or more slyly "The thin end of the wedge" (wench?) or the downright playful "Petticoats for Paget." In the end respectability held the day with "Marriage to Medicine."

Tiles

(*From the Archives Department*)

M.V.S. writes:

Among recent additions to the Archivists' small museum collection have been some eighteenth century Delft tiles from Mr. Nye, the Clerk of Works. These were set in the plunge bath that stood in the South Wing of Gibbs' square. As many as possible were saved when the building was demolished in 1935 for the erection of the present Medical block. Besides the plain tiles there are about 150 with scenes in blue and white, some with purple (manganese) borders. Most are in fairly good condition and the designs charming and often amusing, especially those biblical scenes such as Jonah and the Whale, and Samson pulling down the pillars, while the camels that Rebecca rode have a very supercilious expression. The greater number are of English manufacture and some are comparatively rare. Certain of the earliest date from circa 1740, but most are from the mid or late eighteenth century.

From the Hospital Archives we learn that hot and cold baths were built in this South Wing as soon as it was finished in 1739 (before this patients had used the Bagnio off Newgate Street, or the Cold Bath to the North of Smithfield). However, there seems to be no record of buying large numbers of tiles at this time and probably most were purchased later. Research on this aspect and on the tiles themselves is continuing, and we hope in the future to devise some method of exhibiting them, for in our small department there is no room to display easily in their present condition the variety and charm of these Delft tiles.

The "A.R."

The past weeks have seen the doors of the Abernethian Room closed to its habitués, who have had to seek refuge in the more dignified atmosphere of the library. We are informed that present operations are the beginning of a long-term policy, which envisages the conversion of the room from something more appropriate to the recent campaign of the *Manchester Guardian* to a shelter for human beings. The first stage in this process, which has just finished, has been the washing of the walls and ceilings and the sanding and polishing of the wooden floor, which should give a more cheerful look to our common room. It is also hoped gradually to replace the exquisitely uncomfortable Victorian sofas by more modern easy chairs: the long table will also vanish, and some individual bridge tables appear in its place. We must congratulate those finally responsible for biting this bone of contention, even if for financial reasons they are at present only able to have an occasional nibble. May we suggest that the next manoeuvre should be to replace the ineffectual lighting with something a little brighter, and that the door which perpetually allows a draught, colder than any man's ingratitude, to chill the room's inhabitants, should be fixed in the position of function—shut?

The Women's Guild Draw

will be made by the Lady Mayoress in the Great Hall on Wednesday, April 29, at 3 p.m. Tickets for the draw are 1s. each and are obtained from Matron's and the Steward's offices, Miss Abbey and Mr. Clark (Outpatients'), Miss Marton (X-ray Dept.), Miss Wareham (Physiotherapy Dept.), Miss Robertson (Patients' Library) and Mr. I. H. Backhouse (Students' Cloakroom).

Congratulations

To Mr. Geoffrey Keynes on being awarded the Cecil Joll Prize of the Royal College of Surgeons:

To Mr. G. T. Hankey on being appointed Tomes Lecturer at the Royal College of Surgeons:

To George Birdwood—a former editor of the *Journal* and until recently Captain of the Boat Club—on his engagement to Miss D. Gaynor Evans, a former gold medallist of the Nursing Staff here.

To the Boxing Club on winning the Blott Cup of London University. A full report will be found at the end of this issue.

The Coronation Ball

will be held at the Royal Festival Hall on Friday, June 12, from 11 p.m. until 5 or 6 a.m. Dancing will be non-stop to the orchestras of Geraldo. Both a buffet supper and a hot breakfast will be served, and there will be a bar extension until 3 a.m. Double tickets are £2 10s. 0d. each and are obtainable *now* from the Coronation Ball Secretaries at the Hospital. Their sale will, for the time being, be confined to those with an obvious connection with Bart.'s—students, past and present, nurses, and both lay and medical staff. Parties composed of relatives and friends may be arranged, but the host must be of Bart.'s.

These are the bare details of an occasion which, we hope, will be an outstanding success and long remembered. The Students' Union, who are organising the Ball for the Hospital, are to be most warmly congratulated on assuming the responsibility. Its financial position, precarious since before the war, will not allow of any loss and we strongly urge all at or of Bart.'s to come in strength. A minimum of 400 double tickets must be sold to cover the cost: a maximum of 600 tickets is available. The more tickets that are sold, the better the Ball will be, for the Ball Secretaries will then have a free hand in ordering food, flowers and other decorations, and perhaps also a cabaret. They regret that they have not been able to arrange for a full moon, but they have managed to get a new one, which may be a blessing in disguise.

Make a note of June 12 *now*.

P.P.S.

Through the courtesy of the author, we have recently received a copy of the Hunterian Society Oration for 1952 by Dr. George Day. Dr. Day is physician at a private sanatorium and has applied his extensive knowledge of tuberculosis to a general consideration of psychosomatic medicine. He concludes that recovery from the disease is more dependent on an attitude of mind than any treatment the physician can provide. He postulates that the real Giants — the Beethovens, Shakespeares, da Vincis, Gandhis, Schweitzers of the world are Immunes. Hamlet might have developed tuberculosis, the long-drawn-out Five-Act variety, as might possibly Falstaff as well after his fall from favour. He arrives at the concept of an Invisible Triad, spirit, mind and body—Pneuma, Psyche and Soma. Were Pneuma—the spirit—to be restored to a level equal to the consideration we now accord the other two, the outlook for the patient who had "lost his bearings" would be greatly improved. It is, however, impossible to do justice to this exciting thesis and moreover to convey the flavour of Dr. Day's prose in bald summary. We would advise everyone to read the copy to be found in the library, and to supplement this with Dr. Strauss' tour de force — *Reason and Unreason in Psychological Medicine*—the 1952 Croonian lecture which was later reprinted, in an abbreviated form, in the *Lancet* for July, 1952.

A Stickler for Accuracy

One of the most distinguished Bart.'s men of this century was the late Sir Humphry Rolleston, who rounded off a life of great eminence as a physician by his appointment as Regius Professor of Physic at Cambridge. In fact, except for Francis Glisson, he is the only man who has been both P.R.C.P. and Regius Professor at Cambridge. He also enjoyed another distinction which he shared with all too few Bart.'s men, that of playing in the winning side in the Hospitals Rugby Cup final—which he did way back in the '80's.

He was also a St. George's man, for at the time when he wanted a post there were too many aspirants at Bart.'s: so he migrated to Hyde Park Corner, and, as we should expect, was on the senior staff by the time he was 35. He took a keen interest in, and for many years was President of, Papworth

Village Settlement, the foundation, readers will remember, of another great Bart.'s man, Sir Pendrill Varrier-Jones. He was also the Editor of the first edition of the *British Encyclopaedia of Medical Practice,* now edited by Lord Horder.

While still Regius Professor at Cambridge, he was offered, and accepted, the post of Senior Editor of the *Practitioner.* His professional *aide,* Dr. Scott Stevenson, has recently told how he advised him that he was required to turn up at the office only once a month or so, to sign the letters of rejection and to decide matters of high policy.

Not a bit of it. Sir Humphry was there every week, throwing himself with energy into the workaday tasks of an editor. Especially was he a stickler for accurate references in the articles he published. He verified every single one personally, turning each one up separately, and occasionally journeying across London to the large medical libraries to see for himself that the volume and page numbers quoted were correct.

We commend such scrupulousness to our contributors.

Music Club

A Correspondent writes: it was a pity that technical difficulties should have prevented one from appreciating the excellence of the pianoforte recital given by Miss Teresa Gee in the College Hall music room on Thursday, 22nd January. Both her programme, which included a Bach fantasia and a Beethoven sonata, and her technique—as far as the continuous added sounds from the pedal apparatus would allow one to judge it—would have promised an enjoyable evening, had it not been that the instrument was well past its prime. It is rumoured that the cost of renovating the present baby-grand piano in the Hall will be at least £120. May we hope that those responsible will take a long-term view and pay a little extra towards the cost of an entirely new piano, which should be kept locked and reserved for visiting recitalists? It would be a pity if the Music Society, only just reformed after a long period of inactivity, were to perish again for want of a suitable instrument for its guests.

Rahere Society (Wales)

The Annual Dinner of the above Society was held at the Park Hotel, Cardiff, on Saturday evening, January 17, when there were sixty Bart.'s men present.

The special guests of the Society were Mr. Rupert S. Corbett and Dr. Donald B. Fraser, Honorary Staff of St. Bartholomew's Hospital. The toast of Bart.'s and the special guests was proposed by the President, Mr. Rice Edwards, Newport, and responded to by Mr. Corbett and Dr. Fraser. The toast of the other guests was proposed by Dr. Colston Williams, Cardiff, and responded to by Professor Strachan, Welsh National School of Medicine, and Mr. Harold Edwards of Kings College Hospital, London.

The gathering stood as a tribute to the memory of Sir Milson Rees, one of the first Honorary Members of the Society.

Dr. Kenyon Davies was appointed President and Dr. Cyril Joyce Vice-President of the Society for the ensuing year, and Drs. Fred Campbell and Emrys Harries to continue as Treasurer and Secretary respectively.

In accordance with tradition Mr. Corbett and Dr. Fraser were elected Honorary Members of the Society.

Any Bart.'s men with Welsh associations not yet contacted who are desirous of becoming members of the Rahere Society (Wales) please communicate with the Hon. Secretary, The Residence, Cardiff Isolation Hospital, Canton, Cardiff.

11th Decennial Club Dinner

The 18th Annual Dinner of the 11th Decennial Club will be held at Simpson's-in-the-Strand on Friday, May 1, 1953, at 7 for 7.30 p.m.

Dr. J. Parrish, M.D., will be in the Chair.

Any old Bart.'s men who joined the hospital between January, 1915, and December, 1925, are eligible. Cards should be received by all those who have joined the Club but sometimes a change of address has not been notified and would be welcomed by the Secretary: F. C. W. Capps, 16, Park Square East, N.W.1.

It is regretted that the third Friday after Easter, the usual date, is not available at Simpson's and the second Friday (as last year) will coincide with the Cambridge-Bart.'s Dinner.

Harvey Prize, 1953

Awarded to: E. R. NYE

The *Journal* sends its congratulations.

Journal Appointments

R. E. Nottidge has been appointed Assistant Editor.

History Repeats Itself?

"The medical conspiracy against Soviet leaders has shown the world the absolutely unprincipled and barbarous nature of the cold war waged by the Western Powers" (Daily Paper).

"The Czar (Fedor) trusted no one, not even his physician. Fedor suspected his integrity as his personal attendant and mistrusted his relationship with the courtiers. Hamey came into official contact with the nobles when the Czar sent him to attend those whom he wished to single out for special honour during an illness, and those whose lives he valued because he felt he could number them among his friends. But there were others . . . such as the Gudonovs . . . whose lives Fedor had no cause to value. It was not long before Hamey understood what was expected of him; he was not deceived about the character of the czar who, with the utmost arrogance, conscious of a well-deserved unpopularity, had reached a point when he made it abundantly clear, in connection with the illnesses of certain notable men, that in his opinion *medicine should have found some solution.*"

(From "Hamey the stranger," by John Keevil: Hamey was a sixteenth-century *bourgeois reactionary,* born in Holland and later a naturalised Englishman, who from 1594-7 was the principal physician to the Kremlin.)

Birth

PORTEOUS. On February 2, at St. Bartholomew's Hospital to Margaret, wife of Colin Porteous, a daughter, Rosemary Ann.

Marriage

COUR-PALAIS—GORSKY. On January 16, at St. George's Church, Campden Hill, Ian Cour-Palais to Anne Gorsky.

SO TO SPEAK

We are indebted to an Assistant Physician for this case for Spot Diagnosis, written in exquisite dog-English. Horribly to pun, it would be letting the cat out of the sack to reveal the answer immediately, but those sufficiently interested may find the answer on page 74.

Aziz entered Y . . . Sanatorium on 30-8-1950, and was suffering from a perforation in the right lung, a non-consumptive suppuration and a natural chest wind; all of which dates back to two years ago, without knowing the real causes of his illness. He was put under medical supervision and treatment, and he underwent an operation for channelling out the puss, together with washing the crystal cavity several times; but all was useless. Then in early February 1951, suddenly appeared in his crust a membrane of wormy water sack. Thus his illness was definitely and clearly diagnosed, that the patient was previously suffering from a wormy water sack which burst into the tracheae and the lung, and that is how the perforation took place in the lung and was obstructed by the side pouring out of the suppuration and the natural chest wind. Later on connection between the side and the tracheae took place and the patient started to spit out his puss; and became very necessary to make an operation for cutting out the right lung or a part of it. On 7-2-51 he was laid down on the operation table and the Anaesthetist tried to put him under anaesthesia according to the latest method necessary for such an operation but he could not enter the special tube. So the operation was left. On 26-2-51 we operated on him for extracting seven ribs, which then it became easy to open the narrow cavity for drawing the puss. But this operation was not enough for the patient, for he is still spitting out his puss, just as before, and his general condition has become worst, and it became very necessary to try to make the operation for cutting out his lung; but the patient refused to undergo such an operation in Y . . . and asked to be allowed to go to Bagdhad, so we given him whatever necessary, and for your information have written this report on 20-11-52.

Responsible Physician,
Dr. X. Y. Z.

Politesse

aux Chirugiens.

"The patient should be enjoined when coughing to put one hand in front of his mouth for politeness and one hand in his trouser pocket over the scar for safety." (*The Post-Operative management of herniae.* A textbook of surgery.)

aux médecins.

"He's no physician, he's just a Hippocratic oaf."

ELIZABETH BLACKWELL

or

Marriage to Medicine.†

"Whatever may be the future of women in medicine, their future in St. Bartholomew's would seem certain. Has it not been said that St. Bartholomew's will stand shoulder to shoulder with the London School of Medicine for Women, the last opponent of medical co-education?"

Dr. A. W. Franklin in the *Journal*, 1931.

IN the month of August, 1832, when Miss Elizabeth Blackwell, together with her family left home in Bristol and set sail for New York, she was not yet twelve years old. Her father's sugar refinery was burnt to the ground by riotous slave abolitionists in 1831 and this crisis determined her father, Samuel, himself a champion of the Wilberforce movement, to start a new life in America.

To the small, shy child, this, it might seem, would be a strange and fearful experience—to leave behind all that she had loved and grown accustomed to in a comfortably large and pleasant home in Regency Bristol. She was a child of miniature proportions. Everything about her appearance was pale—her lank, fair hair, pale blue eyes and white skin. Yet already her family had learnt to recognise the indomitable will that underlay her façade of frailty.

Third of a family of nine, she had two elder sisters, Anna and Marianne, both lively, good-looking girls, who together completed a striking contrast to "shy Bessy." She considered herself the ugly duckling of a handsome, sturdy brood and envied Anna and Marianne their vigorous and easy charm. Continually had she to fight against her natural inclination to retreat from the social contacts that they found so easy, and she grew to despise her small frame. She had constantly to show she was not as weak as she appeared.

Her sisters and brothers had learnt to respect her strength of will long before she was eleven, and by subjugation of her body to the sternest of physical trials she was able to run faster and climb higher than any of the boys, and could pick up and carry any one of them. On one occasion she refused for days to eat food and slept for several nights on a bare floor just to prove to herself that she could subdue her physical nature.

Stubborn and proud, she became one of those to whom every obstacle is a challenge, all defeat contemptible.

She had every admiration and affection for her father. Some of her earliest recollections are of peeping at him between her fingers during family prayers—and listening as he spoke to God with the simple reverence and fluency of a Non-Conformist lay-preacher. He was zealous and good-humoured. He championed with the fire of a fanatic the reforms of his time and Elizabeth records many of the riots and upheavals which took place in Bristol during her childhood—the anti-slavery struggles of Wilberforce, the strong opposition to the Established Church, and the tumultous rise of the Liberal movement.

The journey to America on the "Cosmo," a vile, stinking, dirty ship, lasted seven weeks and they arrived to find New York almost deserted because of the cholera plague.

They lived for six years in New York until 1838, and during that time the Blackwell family entered whole-heartedly into the anti-slavery movement.

Elizabeth recounts how "on one occasion the Rev. Samuel H. Cox, a well-known Presbyterian clergyman and his family sought refuge at our country house. This gentleman had stated in the pulpit that the Lord Jesus belonged to a race with darker skins than ours. At once the rumour went abroad that 'Dr. Cox had called Jesus Christ a nigger,' and it was resolved forthwith to lynch him! So he came out to our country house on Long Island until the storm had blown over."

Early in 1838 Mr. Blackwell had hopes of extending his business in the south and the family moved to Cincinatti, Ohio. But suddenly catastrophe overtook them, for within a few months of their arrival he died after a short illness, leaving a widow and nine children and the family capital a meagre twenty-five dollars.

† A paper read before the Junior Osler Club on Monday, January 12, 1953.

For the first time they were compelled to face the stern realities of life. As they had early learnt to do, the family turned to Elizabeth for decisions. The three eldest daughters founded a boarding school for girls and Mamma went into the town to electioneer for pupils. Young Samuel found work as a book-keeper with the Clerk of the Superior Court of Ohio, and Henry, an impetuous lad of fourteen, volunteered to be cook and bottlewasher. "I know how to make three kinds of bread," he declared, "and can make stew in the broken coffee-pot—and scrub the floors."

Despite the hard work to earn a living for the family the three eldest girls entered with characteristic vigour into the turbulent life of the town. Elizabeth, feeling always a deep-seated ambition to do she-knew-not-what, grasped hungrily at all the new movements that echoed reform for every aspect of life. Especially was she attracted to the stirring demands of Catherine Beecher, challenging women into the teaching profession and advocating advanced education for women.

From now on Elizabeth took on the full responsibility for her own life. After three years the girls gave up the school. Marianne devoted her time to the house and four youngest children, Anna earned a little money teaching private pupils and Elizabeth accepted an invitation to open a girls' district school in the heart of the tobacco-growing country at Henderson in Kentucky. But she soon found the contrast between the wealthy plantation owners and their slaves — "degraded to the utmost in body and mind, drudging on from early morning to latest night, cuffed about by everyone, scolded at all day long, blamed unjustly and without spirit enough to reply . . . smelling horribly and as ugly as Satan." This contrast and herself powerless to help, she found intolerable.

She was not, however, entirely immune to the dapper charm of the young men of Kentucky, and they too were attracted to this tiny, determined woman who appeared so meek and yet was able without argument or any loss of decorum to quell the fracas in the classroom or the gentle advances of a beau.

But always she felt that to give way to the natural instincts of her physical and emotional being was a sign of weakness, and so masterly was her self-control that even "the disturbing influence of the other sex" with which she now wrestled was not allowed to penetrate the equanimity of her façade.

She wrote home from Henderson at this time of two of her prospective suitors. "There are two rather eligible young males here, whose mothers have for some time been electionering for wives; one tall, the other short, with very pretty names, of good family, and with tolerable fortune, but unfortunately one seems to me a dolt, the other, well, not wise, so I keep them at a respectful distance, which you know I am quite capable of doing.

"There is a spot called Lovers' Grove, about three-quarters of a mile from the town, a sweet place on the river bank, encircled by trees, with a hill behind, and a delightful walk by the river-side connecting it with the 'city.' This used to be my Sunday afternoon stroll, but unfortunately it is the favourite resort of the beaux and belles of Henderson, who, during the summer, after afternoon church, regularly promenade thither in groups of four or five, and meet accidentally on purpose. Here they stroll about, recline on the grass, watch the steam-boats, flirt a very little (it being Sunday), and carve one another's names, and sentimental verses, on the unfortunate locust trees. I had many offers of an escort thither and as many beaux as I might desire. I went once or twice, but at last got dreadfully tired of it, so while my party was busily engaged round a tree, I started off on a good brisk walk home, where, sometime after, the others arrived, in some consternation to know how or why I had so suddenly vanished. I laughed at them and their sentimental doings, and they have not invited me there since."

At the end of her first term she resigned and returned to her family, who had by this time become embedded in the intellectual life of Cincinnati.

Still Elizabeth could not rest; she felt frustrated by the passivity of the life of music, letters and ideas. She feared she was slipping into a shallow routine of tea parties and idle talk.

It was at this time that she went to visit a friend dying of cancer. This sick woman was the first to suggest that Elizabeth should study medicine. Looking at the young girl's grave and steady face, she said, "You are

fond of study, Elizabeth ; you have health, leisure and a cultivated intelligence. Why don't you devote these qualities to the service of suffering women? Why don't you study medicine? Had I been treated by a lady doctor my worst sufferings would have been spared me."

This was an idea which had never before occurred to her—and indeed she at once repudiated the suggestion as impossible, saying she had always hated everything connected with the body and could not bear the sight of a medical book. But for this very reason the idea became a challenge. Her first recoil to this notion, which offended the very roots of her sensitive being, seemed at once to be but a further admission of the bodily and emotional weakness she so

Dr. Elizabeth Blackwell in her "doctorial sack" at St. Bartholomew's Hospital, 1850.

despised. She writes in her autobiography: "The idea of winning a doctor's degree gradually assumed the aspect of a great moral struggle, and the moral fight possessed immense attraction for me."

A few weeks later she wrote to various physicians known to her family enquiring about the possibility of a lady becoming a doctor. One and all said it was impossible. This merely increased her determination to obtain a degree and when one day she heard of the Rev. John Dickson who needed a music teacher and who had once been a doctor and owned a fine medical library, she wrote with haste and accepted the post. After a year's study and some teaching in anatomy she felt ready to plead entrance to a medical college. At last she found one man willing to take up her cause—a Dr. Warrington, in Philadelphia. In May, 1847, she left The Rev. John Dickson and set off for Philadelphia in her plain poplin dress and Quaker bonnet.

Helped by Dr. Warrington she began to make applications to the numerous medical colleges of America. The four colleges in Philadelphia were interested but did not offer her a place as a regular student. Attempts to enter New York schools were equally unsuccessful ; she met with repeated disappointments when, after obtaining a complete list of all the smaller schools in the Northern States and applying for admission to twelve, she received letter after letter of refusal.

And then late in October came the answer to her prayers. She received a letter from Geneva College in the western part of the State of New York.

The Dean of the College had received Dr. Warrington's letter with obvious alarm. The staff were entirely opposed to accepting a woman, but not wishing to take the responsibility for refusing her into their own hands they decided to shift the decision to the students who, they felt sure, would vote against her, and they stipulated that one negative vote would bar her.

The scene in the classroom would have surprised them greatly. Thunderous applause greeted the daring suggestion of this unknown woman and a unanimous vote in favour of her admission was returned to the faculty. "One wretch dared to raise a feeble "Nay" from his corner, and was pounced on at once from all quarters. "Crack his skull," they shouted. "Throw him downstairs."

He was dragged to the platform where he gave a terrified yell: "Aye, Aye. I vote Aye."

Elizabeth entered Geneva College on November 6th, 1847. She was twenty-six. In January, 1849, she received the full and equal diploma of Doctor of Medicine. At first she attracted a good deal of curiosity and attention. Dr. Webster, the little fat Professor of Anatomy, told her that his lectures had never before been so well attended. She was immediately fond of his jovial manner. "Oh! this is the way to learn!" she writes after attending his first lecture-demonstration. She was, therefore, very saddened when a few days later he wrote her a note begging her to be absent from his lecture on the organs of reproduction as he could not possibly do justice to the subject in the presence of a lady. Ishbel Ross, her biographer, writes: "Elizabeth had no inkling then that Dr. Webster was coarse and hearty in these lectures, seasoning them plentifully with jokes and anecdotes which the students greatly relished. In fact, it was a much discussed course at the College, invariably accompanied by so much stamping, shouting and uproar, that the really earnest student could scarcely take notes."

Her simple, earnest reply was a shaming surprise to Dr. Webster. "In this note I told him that I was there as a student with an earnest purpose, and as a student simply I should be regarded ; that the study of anatomy was a serious one, exciting profound reverence, and the suggestion to absent myself from any lectures seemed to me a grave mistake." She attended the demonstration. "My delicacy was certainly shocked. I had to pinch my hand till the blood nearly came and call on Christ to help me from smiling, for that would have ruined everything."

She passed her examinations to the satisfaction of the entire Faculty, and on Tuesday, January 23rd, 1849, "the day, the grand day," the ceremony conferring on her the diploma of Doctor of Medicine was performed.

(to be concluded)

We acknowledge with thanks the loan of the illustration of Dr. Blackwell which is taken from Miss Ishbel Ross's biography of her published by Messrs. Gollancz Ltd.

A CASE FOR DIAGNOSIS

The following case is of interest, in view of X-ray evidence of spontaneous retrogression of pulmonary infiltration without specific treatment; and at a later date, of more dramatic response to specific therapy.

The patient, Mr. S—, aged 54 years, a retired Indian Army Officer, was admitted on November 23, 1951, complaining of a cough, of feeling tired and of breathlessness.

H.P.C.

September, 1947, he retired from the Forces, feeling very tired and generally run-down.

December, 1947, he experienced a sudden onset of violent pain over the heart, lasting ½—1 hour.

During 1948, periodical recurrences of pain, all milder than the initial one, were experienced, mainly in the left side of the chest, occasionally in the left scapular region and the left hip. Local heat gave some relief.

He continued to feel mentally tired, but carried out normal exercise without discomfort.

June, 1949, he consulted a heart-specialist and was told he had an "infection of the pleura."

(X-ray appearances at this time were suggestive of malignant disease; bronchoscopy was intended but, for some reason unknown, was not carried out.)

Later he was informed that he had malignant disease, for which no specific cure was known; under these circumstances he resorted to "Christian Science therapy."

December, 1949, onset of cough, with white sticky sputum (never blood stained); breathlessness, especially after walking 200 yards, or climbing eight stairs; no chest pain at this time.

January to February, 1950, he had a sickly, uncomfortable, empty feeling deep to the xiphisternum, occurring in the mornings, and not relieved until the next meal.

November, 1950, he felt generally much better.

December, 1950, onset of severe coughing, worse than previously, and accompanied by general weakness, anorexia, loss of sleep and dyspnoea;

January to February, 1951, spent in bed—loss of 2½ stones in weight. (10½st.—8st.)

One night he took a sedative, and awoke "feeling a new man." His appetite returned, he began to gain 3 lbs. in weight daily and soon resumed normal activities.

September, 1951, epigastric discomfort returned, accompanied by flatulence.

October, 1951, cough and breathlessness recurred, the later progressing till he became orthopnoeic.

Eventually he was persuaded, in view of family anxiety and advice of friends, to enter hospital for investigation.

November, 1951, coughing accompanied by severe pain in both sides of the chest, until he became afraid to cough; persisted for 10 days, and then eased.

November 23, 1951, admitted to St. Bartholomew's Hospital.

Systems: A.S. Wt. on admission, 8st. 12lbs.; recent loss of 1½ stone.

U.G.S. No increased frequency of micturition: D/N=3-4/0-1; passes water rather slowly, no difficulty in starting: no dribbling; no dysuria; no pain; no haematuria.

Past History. Scarlet fever and "croup" in childhood. Jaundice—1916; 1926 (probably infective hepatitis). Malarial attacks for one year in India — then cured by i-v quinine. Chicken Pox 1936.

On examination. A pale, thin, tired man; dyspnoeic at rest; frequent exhausting coughing bouts, accompanied by raised jugular venous pressure. Eyes, ears, nose, mouth, teeth, cranial nerves—normal.

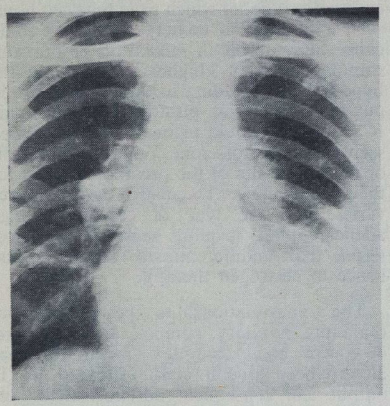
Neck. Engorged jugular veins; no venous pulsation. Supraclavicular arterial pulsation. No enlarged neck glands; no palpable axillary glands.

Chest: R.S. L. ant./lat. aspect of chest-intercostal spaces bulging: movements of L. side grossly diminished. *T.V.F.* Generally diminished; absent over L. side of chest. *P.N.* Stony-dull over L. ant. aspect; also from L. base up to 4th rib level posteriorly. *A.E.* diminished over whole of L. side of chest. *B.S.* Broncho-vesicular on R; distant bronchial over L. side with occasional sibili.

(From the above physical signs it was concluded that a massive left pleural effusion was present.) **C.V.S.** No abnormal cardiac signs present. Pulse—108 per min., regular, good volume, vessel walls normal. B.P. 120/80.

Abdomen. Liver palpable 2 f.b.; no other viscera or deep abdominal lymph glands palpable. No pathologically enlarged inguinal glands.

U.G.S. Testes small; otherwise normal.



Skiagram I
(26.7.50)

Per Rectum. L. lobe of prostate considerably enlarged, and fairly hard. (*Goss scale*: grade 4.) R. lobe normal.

INVESTIGATIONS

26.7.50—X-ray I: "Broadening of the mediastinum due to glandular enlargement. Metastases are seen retrosternally and throughout both lungs."

29.6.51—X-ray II: Considerable improvement is apparent.

November, 1951. C.S.U.: No abnormalities. Sputum: Gram film—a little pus, many epithelial cells and large numbers of mixed bacteria. Z.N. film—no tubercle bacilli seen.

24.11.51.—X-ray III: "A fairly large effusion on the L. side, with either an encysted effusion or metastatic deposits on the pleura towards the base and ascending up the axillary aspect.

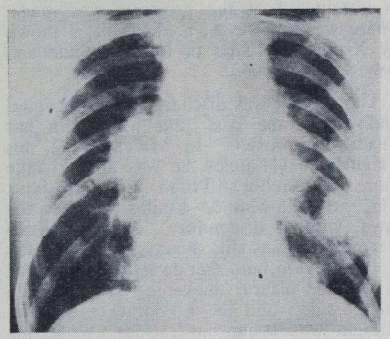
Marked increase has again occurred in the size of the secondary deposits in the R. lung. Heart and mediastinum are displaced towards the right."

During the six days following admission, a total of 109 fl. ozs. (5½ pts.) of pleural fluid (blood stained) was aspirated from the L. chest.

Pleural fluid: No malignant cells; Protein Total—3.3 gm. per 100cc.

Blood: Hb.—92 per cent. (Haldane) or 13.6 gms. per 100cc. W.B.C.—15,000 per cu.mm. Neut. Polymorphs—89 per cent.; 13,350 per cu.mm.

Liver function tests: Normal.



Skiagram V
(29.12.51)

Serum acid phosphatase: 12.0 K-A. units. (Normal 0—3.5 K-A. units.)

E.S.R.: 90 mm. per 1 hour.

30.11.51—X-ray IV: After aspiration of fluid, numerous circular shadows were revealed in the lower half of the left lung, as well as a massive oval shadow superimposed on the L. hilum.

In view of the raised acid phosphatase level, and the enlarged prostate, Mr. Badenoch was asked to see the patient and reported that the enlargement of the prostate was not as hard as the usual carcinoma, though he had little doubt as to its malignancy. He suggested a month's trial of Stilboestrol, 10 mgms. t.d.s. This treatment started on 3.12.51.

The patient's cough ceased after two weeks, his condition improved rapidly; E.S.R.: 13.12.51—49mm. per 1 hour; his weight increased to 9st. 7lbs. by 29.12.51, and at the close of one month's treatment no toxic

effects of stilboestrol, other than tenderness of both breasts, were noted.

29.12.51—X-ray V: "Again considerable improvement; large hilar mass on R., but the more peripheral deposits seem to have gone. Diaphragm raised on L., clouding at base, suggesting small adhesion, and there are some irregular shadows in the 4th space."

7.1.52—Serum acid phosphatase level 1 K-A. unit.

In view of the clinical history, investigations, and response to treatment, a diagnosis of carcinoma of the prostrate was made. There were, however, no metastases shown by X-rays (11.12.51) of lumbar, spine and pelvis.

The patient was discharged from hospital and during the past year his health has steadily improved. In March, 1952, his weight was 11 stones, he was able to take more exercise, but still tired easily. By June, 1952, he could walk 3—4 miles, and mow the lawn, without discomfort. X-rays (2.7.52) were reported as still showing a mass in the R. hilar region, but other deposits had cleared up. Some pleural thickening remained, on the L. side; and the L. dome of the diaphragm was somewhat raised. When the patient was last seen, in December, 1952, he felt well, had a good appetite, no micturition symptoms, and his serum acid phosphatase level was found to be 1 K-A. unit. Throughout the year he had experienced slight tenderness of the nipples, and treatment continues to date.

Comment. The following points in this case are of interest:

1. Almost complete absence of urinary symptoms.
2. Lack of bony metastases.
3. Apparent retrogression of lung metastases at one time without treatment.
4. Rapid and sustained improvement after treatment with Stilboestrol.

Space does not permit discussion of the first two points, but Nos. 3 and 4 are of especial importance.

From a comparison of X-rays I and II (26.7.50; 29.6.51), it appears that considerable regression of lung secondary deposits had occurred; such spontaneous improvements are not unknown, and the suggestion that "Christian Science"—which involves a belief that all disease and pain are mere illusions, having no existence other than in the mind of the patient (a belief, incidentally, which is neither Christian nor scientific)—could have played any relevant part in the amelioration of the patient's condition might be dismissed without further consideration. Nevertheless, the fact remains that a change occurred; the patient had previously been told that he was suffering from an incurable disease; it is surely at least feasible that by embracing a belief which gave renewed hope, such a relief from anxiety and stress could conceivably result in relaxation of previous stimulation from "higher centres" on the hypothalamus, leading to diminution of output of the anterior pituitary gorndotrophin ICSH, which would in turn cause decreased secretion of testosterone, on which the cells of the carcinoma of the prostrate depend for their maintenance. The degree of dependence varies with the type of carcinoma—e.g., adencarcinoma is more sensitive to testosterone than undifferentiated carcinoma, and hence to oestrogen therapy.

The interrelationships between hypothalamus, pituitary, adrenals and testes are, of course, highly complex; much work has already been done in relating stress to ACTH output and consequent adrenocortical hormonal action; similar lines of investigation may throw much light on oestrogen activity.

Prolonged oestrogenic treatment produced marked fibrosis in the prostate, (Fergusson, J. D., and Pagel, W. (1945), *Brit. J. Surg.*, **33**, 122), and this may be explained by transformation of the macrophages into fibroblasts, later to fibrous tissue, and this is the manner in which the beneficial sclerosis occurs in carcinoma of the prostate treated by oestrogens. It is to be hoped that a substance may be found which will exert a yet more powerful stimulating action on the reticulo-endothelial system, yet without the possible ill effects of oestrogens.

ANTHONY BASHFORD

I wish to express my thanks to Mr. Badenoch for permission to quote his remarks; to Dr. N. Oswald for permission to publish the facts of this case; and to Dr. H. Wyatt, for his considerable assistance and advice in the presentation and revision of the case history.

A.E.B.

OPERATIC MEDICINE

It is instructive, if not always flattering, to see one's chosen profession analysed and portrayed by the sensitive inquiring eye of the artist. The difficulty in writing of these is their enormous scope: think of the number of superb clinical descriptions, or of the pillorying of society doctors, by Dickens or Trollope alone, and one has the measure of the difficulty of considering this subject. It seems to me that opera—though possibly the most neglected of all forms of art—is compact and limited enough to bear such a short survey of the manner in which our calling and its practitioners are seen.

Present day opera had its origin in an attempt by Count Bardi and a group of the Florentine nobility to revive the style of Greek tragedy. This was at the end of the sixteenth century and for the following forty years the opera remained the province of the wealthy, often being used as a vehicle for mere extravagant display (in fact so much money was spent on a production to celebrate the marriage of Margareta Theresia of Spain and Leopold I of Austria, that the treasury was unable to afford to send the army into Hungary to repulse a Turkish invasion). But in 1637 the first public opera house was opened in Venice by Benedetto Ferrari and Francesco da Tivoli and it was inevitable that popular elements should eventually dilute the high-flown mythological subjects of the nobility. Notable among these was the Italian Comedy of masks, or the *Commedia dell'Arte*. Its English equivalent was the pantomime and there are many resemblances—a well known story or folk tale as a plot, stock characters such as Harlequin, Columbine and Pantaloon, and set to the popular tunes of the day interposed with an improvised, often indecent, dialogue. Few of these comedies survive now, which is a pity, for the doctor, of course, was one of the stock characters. Ferrucio Busoni tried to revive the spirit of the old Italian form in his *Arlecchino* (Berlin, 1917) and we see his doctor quarrelling with the Abbé who would give all the tinctures and potions in the world for a flask of Tuscan wine. From the libretto alone one would welcome its realisation on the stage, but nevertheless feels that Busoni, with his mixed Italian and German affinities, was too much of an intellectual to make a success of what was, after all, an entertainment for the mob.

This distinction between the Italian and Germanic attitude is constantly seen in the operatic treatment of the medical man. The Latin doctor is there simply to say "Cold and lifeless are her hands: she tarries little more in this world of woe." or something similar. Such a man is Dr. Grenville in *La Traviata* who takes the pulse of the dying Violetta twice in the last act. He is competent enough to have no illusions about the imminent fate of the *Lady of the Camelias*, though he reassures the patient herself. The effect of this piece of clinical etiquette is rather minimised a few bars later, however, when he indulges in a tactless aside *mezzo-forte* to Violetta's companion. He is there also for the final quintet and pronounces his patient dead in the penultimate words of the opera. Verdi also follows Shakespeare in giving us the observations of the trained clinician on Lady Macbeth's sleepwalking (*Macbeth*, Florence, 1847). Together with a waiting woman he waits for the nightly ritual and, against a sinister melody on the cor-anglais against strings in a high register, they sketch the progress of her malady; how for weeks past she walks here every night muttering and exhibiting well marked athetosis of the upper extremities. After this introduction we see the lady herself with a lighted candle in one hand, though on this particular evening she is good enough to let her muttering be heard in the back row of the stalls—the ensemble which follows is one of Verdi's most subtle strokes, and ends on a high D♭ from the "heroine" herself, who is by now off the stage again.

The Teutonic repertoire provides us with a limited though more varied selection of medical men and conditions. Wagner, of course, springs to mind immediately, but

most of his characters are too superhuman to suffer from the common complaints. It is interesting, however, to notice that the *Meister* foreshadowed the discovery of vitamins which was to be confirmed by Sir F. Gowland Hopkins some forty years later. In the second scene of *Das Rheingold* (Munich, 1869), *Freia*, the goddess of youth is removed by the brutish giants as hostage for Wotan's debts. Deprived of her golden apples, the secret of their eternal youth, the gods relapse into a trance-like state of gloom and despair. The description of this by *Loki*—the only god immune from this deprivation—could almost be a classical one of the early stages of scurvy.

The colour has drained from your cheeks,
The sparkle has fled from your eyes.
Look alive: the day's still young.
Why, Donner, does your hand fall from the hammer?
What ails Fricka—does she dislike
Her husband's wizened greyness so much?

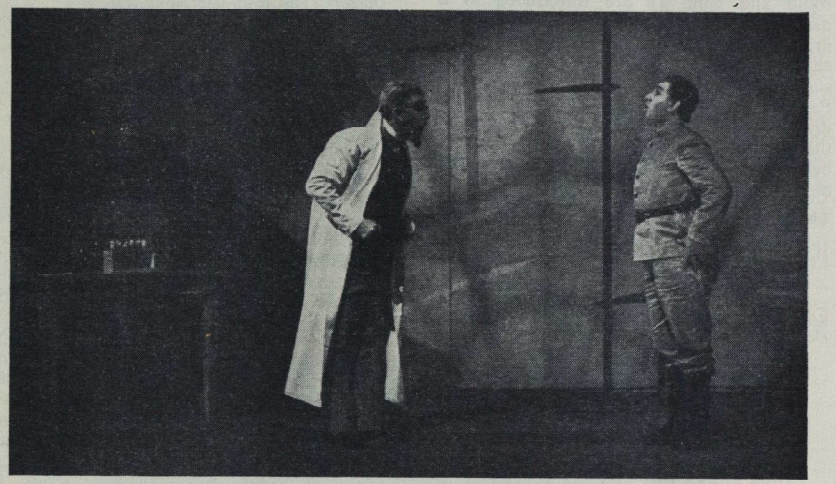
This preoccupation with the superhuman reduces the amount of operatic medicine practiced and one is driven into the high ways and by ways to find examples. One was excited a few weeks ago to see a real doctor on the cast list of Pfitzner's *Palaestrina* (Munich, 1917) which the B.B.C. let us have in its entire five-hour heavenly length. Alas for one's good intentions. I must confess to

Macbeth · Sleepwalking scene. Glyndebourne, 1952.
Action Photo: Roger Wood.

having dozed on a few occasions during the relay of this apotheosis of Teutonic opera, and I can only suspect that the doctor did his stuff during one of these momentary lapses.

It was left to Alban Berg in his *Wozzeck* (Berlin, 1925), to paint the operatic doctor in darker, and after the concentration camps, not so fantastic colours.

As this is certainly one of the three or four finest operatic works of the century, and the libretto shows a surprisingly accurate knowledge of the subject, it may be worth examining the work in some detail. Most of the



Wozzeck; Act I, scene 4: "Wozzeck, once more show me your tongue!" Covent Garden, 1952
Action Photo: Roger Wood.

text was derived from a play of the same name by Georg Büchner, a byronic figure of the last century (1813-1837), who died of typhoid fever at the early age of twenty-four. His father was a doctor in the town of Darmstadt and he was sent by him to read medicine at Strassburg University at the age of nineteen. In common with many of the youth of those times, he was possessed by the current revolutionary doctrines and the police were several times on his track. A year before his death he was appointed a lecturer in Natural Science at Zürich. His three dramas (another of them *Danton's Tod* also treated operatically by Gottfried von Einem, Salzburg 1947), all show an incredible perspicacity and understanding of humanity for their date of composition. They could well be dramas of the turbulent nineteen-twenties, times when the doctrines of Freud and Jung first made a wide impact and when the fashion of Surrealism, both in painting and in the silent film, was at its height.

Briefly, the drama—based partly on the trial of a mad barber, Woyzek, at Leipsig in the 1820's—concerns a half-crazed military barber Wozzeck, who is bullied unmercifully by his Captain and the Drum-major. His "wife" Marie, bears him a child, and to earn enough money to keep them he consents to be a human guinea-pig for the Doctor's dietary experiments. Marie becomes the Drum-major's mistress and in a fit of jealous rage Wozzeck stabs her by a moonlit pond—only to fall in and drown himself in trying to wash the blood off his hands.

Alban Berg spent seven years transforming this sordid drama into one of the most moving operatic experiences on record. Using a complicated *Twelve-note* technique (that is to say, the themes consist of all the notes of the scale arranged in a certain order—*a note-row*—which order is maintained throughout the movement. It is of course possible to obtain infinite variation by "blocking" the

notes into chords and by changing the rhythm, etc.), every scene also has its own musical form, thus: Pasacalia, Suite, Sonata movement, etc. However, these are mere technical details and, as the composer himself said: "from the moment when the curtain rises until it falls for the last time, nobody in the audience ought to notice anything of these (various devices)—everyone should be filled only by the idea of the opera, an idea, which far transcends the individual fate of Wozzeck."

Act 1, Scene 4 is the Doctor's consulting room and here we are introduced to a megalomaniac doctor, sneering at the cringing barber, who—for all his mental deficiency—is obviously less certifiable than his superior officer. Musically the form is a Pasacaglia and twenty-one variations: dramatically its flavour can be sampled from the literal translation quoted *in extenso* below. As a textbook study in paranoia and oligophrenia it could hardly be bettered.

The doctor is examining Wozzeck's progress on his diet of beans.

Doctor: I saw you, Wozzeck. You coughed again in the street, barked like a cur. Do I give you threehalfpence a day for that, Wozzeck? That is bad. The world is bad.

Wozzeck: But, Herr Doctor, the calls of nature.

Doctor: The calls of nature! Listen, haven't I told you that the diaphragm is subject to the will?
Nature, Wozzeck! Man is free! Mankind is a symbol of free will. Have you eaten your beans yet, Wozzeck? Nothing but beans. Nothing but beans! (*aside*) Does he understand?
Next week we shall begin with mutton. There will be a revolution in knowledge.
(*counting on his fingers*)
Albumen, fat, carbohydrate and then oxyaldehydeanhydride . . .

Wozzeck: But you were coughing again.

Doctor: No, I musn't get annoyed. Anger is unhealthy and unscientific. I am quite calm, my pulse is its usual sixty. . .

Wozzeck (*beseechingly to the doctor, who waves him aside with impatient gestures*):
But look, Herr Doctor, one certainly has one's own character, one's physique, but with nature it's all different . . .

Doctor (*breaking in*): Wozzeck, you're philosophising again.

Wozzeck: If nature, if the world becomes so gloomy
That one must grope about—
Ah, Marie, when everything is dark and
There is only a red glow in the West
Like a smithy's furnace
What can one cling to then?

Doctor: Knave. You're finding your feet
Are only spider's legs.

Wozzeck: Herr Doctor, when the midday sun was shining
And the world seemed on fire,
A fearful voice spoke to me . . .

Doctor: Wozzeck, this is an aberration.

Wozzeck: The toadstools: have you seen their rings on the ground?
Circles and figures.
If only one could understand them.

Doctor: He'll end in the asylum. He has a beautiful *idée fixe*
An extraordinary *aberratio mentalis partialis*
(beautifully expressed!)
Wozzeck. You're after more money. Do you do everything like this? Shave the Captain? Hunt for salamanders? Eat your beans?

Wozzeck: Everything is done correctly, Herr Doctor,
To earn money for my wife.

Doctor: This is an interesting case.
Wozzeck. You must eat your beans and mutton
Do not cough again, shave your captain
Cultivate your *idée fixe*.
(*Ecstatically*): Oh my theories. Oh my fame! I shall be immortal. Immortal! . . .
Wozzeck, once more show me your tongue!

But if Wozzeck seems a nightmare, it is a Sunday tea party compared to the composer's *Lulu* (*unfinished form*, Zürich, 1937.) Lulu is said to have been conceived "as the incarnation of the primal woman-spirit," whatever that may mean. She is brought on by a circus manager as a snake in the Prologue, and the rest of the opera is concerned with the fatal effects of her attraction for various lovers, including a doctor whom she murders in Act I. This opera, also, employs twelve-note technique and musical forms associated with particular characters; a particularly exotic touch is the necessity of a five minute silent film to show the "heroine" ill of cholera in a prison hospital while the orchestra illustrates the action. It is a far cry from Goethe's "all our actions are motivated by the eternal feminine"* to this interpretation of the primal woman-spirit.

In common with most affairs operatic in this country, the doctor in British opera gets a raw deal. In fact the only physician that comes at all readily to mind is Dr. Thorp in *Peter Grimes* (London, 1945). He is a silent character employed more to give a sense of continuity to the work than for any other reason. Thus, in Act I, the stage direction *Dr. Thorp comes down the street and makes straight for the "Boar."* In the third Act he is seen this time coming out of the

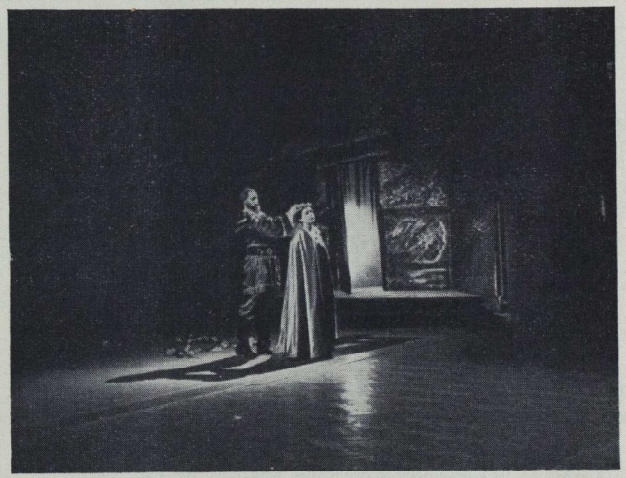
"... *Das Ewigweibliche*
Zieht uns hinan"
Chorus mysticus
(*Faust, Part II.*)

tavern. At the close of the work, when, forgetting the individual nightmarish episode of Grimes in its preoccupation with everyday things, the village returns to normal, Dr. Thorp is seen emerging from one of the houses along the sea front, in which, apparently, he has been conducting an all night confinement.

It is significant that not even a silent doctor was included in Britten's later *Albert Herring* (Glyndebourne, 1947)—an opera with a small cast and scored for a chamber orchestra of only twelve instrumentalists. Evidently the librettist, E. Crosier, felt—in contradistinction to the usual idea—that a doctor was not sufficiently representative of the village community to give him a place in the work.

So far one has omitted entirely to point out opera's supremacy for depicting the psychological. Although there are a few crude examples in earlier works, it is not until we come to the twentieth century that this property is employed on any large scale. To a great extent this was due to the basic psychological concepts remaining unformulated until this century. Also complexity of orchestral resources *per se* had in Wagner, the early works of Richard Strauss and Schoenberg, reached its limit. Scoring for enormous orchestras had caused the actual texture of many works to remain obscured in a welter of sheer sound. Composers, and especially operatic composers, looked around for something new, something to express the time-spirit in different terms. The composers of absolute music solved their problems by creating the Twelve-note technique, the operatic composers gave to their characters a psychological insight undreamed of previously; making them far more convincing as whole human beings.

A separate paper could be written on the psychiatric aspects of operatic characters, but have no fear, gentle readers, I will not inflict this more upon you. I have already instanced *Wozzeck* and *Lulu* as masterpieces of this psychological approach. Richard Strauss, with his early necrophilous *Salome* (Dresden, 1905) and *Elektra* (a heroine who lusts for revenge for her father's murder by her mother and paramour, finally persuading her brother, Orestes, to murder them) (Dresden, 1909), also comes very near to perfection in expressing the inner mental conflicts of the doomed characters. From the multitude of other suitable examples I would merely single out two others for special mention, both of them by East



'Judith love me, Judith don't ask. . . .'
Bluebeard's Castle. San Carlo, Naples 1951.
Photo: Troncone.

European composers. *Kat'a Kabanova*, by Leos Jánàcek (Brno, 1921), is another of those stories one finds so frequently in Russian literature: of an adulterous wife, whose powerful Slavic feelings of guilt force her to confess the truth and humiliate herself before everyone. The sheer hysteria of her confession and the mental unbalance before her final suicide, are splendidly suited to Jánàcek's episodic technique which employs many savage rhythmical phrases, each of only a few bars' length.

The other work, *Duke Bluebeard's Castle*, by Bela Bartók (Budapest, 1918), is a powerful treatment of the man-woman relationship. An allegory, it is set in a castle whither Bluebeard has brought his newly won wife, Judith. This is not precisely the Bluebeard of the nursery tales. He has secrets in his past life and secrets they must remain. But Judith for complete possession of her husband must know all, even though she instinctively realises that to do this will, in fact, mean losing him for ever. One by one she opens the doors which reveal her husband's past life, until finally the eighth door closes on her and Bluebeard is left in the ever-deepening twilight. A successful treatment of this allegory demanded a highly subtle approach, and this Bartók succeeded in achieving. He uses the speech rhythms of his native Hungary fusing with this an individual score, full of complex orchestration and rhythmic nuances. The total effect is of a work by a master hand, comparable with such masterpieces as Beethoven's *Fidelio*.

So concludes a short survey of operatic medicine. It would inded be a fascinating subject to pursue, and one must hope that some earnest graduate in America or Germany will make it the subject of their doctorate thesis.

Perhaps it is only a passing phase in contemporary European culture that all activity seems at a standstill. There may be at this moment some latent genius who will refertilise the Western tradition with the invention of some totally new form. Be this as it may, more and more musicians are turning towards the dramatic forms as solutions to their particular problems. Let us hope that one of these future explorations into the largely uncharted possibilities of the medium will give us our first taste of a doctor who is not a monster, and in whose practice of the art we may all suspend disbelief.

S.P.L.

All references in parenthesis are to the place and date of the first performance. I have to thank the Editor of "Opera" for kind permission to borrow the illustrations for this article.

OBITUARY

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

William Jones Richards, aged 79, on January 1.	(*qualified 1897.*)
B. L. Jefferson, aged 56, on January 7.	(*qualified 1913.*)
James Cole Marshall, aged 76, on December 24.	(*qualified 1921.*)
E. E. Saxby Wills, aged 64, on January 2.	(*qualified 1899.*)
A. M. Ware, aged 78, on January 5.	(*qualified 1900.*)
E. H. Hunt, aged 79, on December 15.	(*qualified 1900.*)

Harry Gordon Reeves, D.Sc., Ph.D., F.R.I.C.,
Senior Lecturer in Biochemistry in the Medical College, died in St. Bartholomew's Hospital on November 22nd, at the age of 58 years.

In recent years Reeves had developed a bronchitis which caused him considerable discomfort and ill health, particularly during the past three winters. We knew that he was finding it increasingly difficult to withstand the rigours of the English climate, but loyally and courageously he continued the work, which, I am convinced, he truly loved and enjoyed. No thought of early retirement entered his head, not for financial reasons but because he was happy to go on serving as a teacher in our Medical College.

His professional career can be divided into two distinct parts. After qualifying in chemistry (in 1920) at Birmingham, where he was president of the Guild of Undergraduates, he took his M.Sc. in 1921, his Ph.D. in 1924, and then became a Demonstrator in the Department of Physiology at King's College, London. He came to our Medical College as Demonstrator in Physiology in 1928, at a time when the members of the teaching staff of the Preclinical Departments had very heavy and varied teaching duties. Thus Reeves had few opportunities for doing research, but on the other hand, he acquired a knowledge of all branches of Physiology which was to stand him in good stead during his career as a teacher of Biochemistry. He made useful contributions to our knowledge of the metabolism of dihydroxyacetone in muscle and other tissues, and took his D.Sc. in 1928, but it is by his teaching that Gordon Reeves will be remembered.

It was during the second phase of his service at Bart's, starting with his transference to the newly-created Department of Biochemistry and Chemistry in 1936, that Reeves grew to full stature as a University teacher. Promotion came fairly rapidly. After a short period as Demonstrator he became Lecturer and then Senior Lecturer in Biochemistry, and no member of our staff was more worthy of this recognition of good work done during our war-time banishment to Cambridge and our subsequent period of rehabilitation and expansion in Charterhouse Square. Finally he was appointed by the College joint acting Head of the Department of Biochemistry and Chemistry during my six months' stay in Brazil. This indication that he had the full confidence of our College Committee and Council was one which gave him great pride and satisfaction.

Reeves was a beloved and deservedly popular member of the staff of my department, and he had gained the affection and esteem of all his Preclinical colleagues. His students liked and respected him. They knew that he was a good and confident teacher who would concentrate on the essentials. They delighted in his occasional mannerism or idiosyncrasy, and I believe that no member of our Preclinical teaching staff was held in greater affection by his students than was their "Daddy" Reeves. Besides being a first-class musician he was an authority on every aspect of the Theatre, and the Students' Dramatic Socviety has long had cause to be grateful to him for his advice and generous help.

It is a very sad thought that when I return to Bart.'s in April, Gordon Reeves will not be there to welcome me with his cheerful smile, his good humour and his willingness to carry out, loyally and unselfishly, any task which might help the department. However, I am happy in the knowledge that Reeves could not fail to have recognised that his loyal and valuable services had gained for him the respect and esteem of his preclinical and clinical colleagues, and the confidence and gratitude of the College as a whole. I believe that in recent years he had acquired that inner satisfaction which comes to a man with the knowledge that his work is appreciated and valued as a real and worth-while contribution to a common effort.

A. WORMALL.

Thomas Shirley Hele, O.B.E., M.D., F.R.C.P., died January 23rd, at the age of 71 years.

G. G. writes: The news of the sudden death of Dr. Hele, will have been received with great regret by generations of Cambridge and Emmanuel men. Although his family came from Devonshire, he was born and bred in Carlisle, and understood the attitude and peculiarities of both the Border folk and the Southerners. Tim, to his contemporaries, Timmy to the undergraduates at Emmanuel while he was tutor, and THE MASTER when he was elected to that post, was a much loved man. He came to the hospital in 1940 with the Shuter Scholarship and qualifying quickly became house physician to Dr. (Sir Wilmot) Herringham. While still a student, and while waiting for his house appointment, he worked with Dr. (Sir Archibald) Garrod on problems of two of the inborn errors of metabolism, alkaptonuria and cystinuria, spending many hours in the chemical laboratory. After his year as a house physician, during which he once and once only lost his temper with his tiresome junior H.P., he went to Bristol as a house surgeon. He returned to Emmanuel in 1911, as a junior Fellow and lecturer in anatomy and physiology, when Dr. (Sir Gowland) Hopkins migrated to Trinity College. He commanded the Emmanuel Company of the Cambridge Officers Training Corps, and soon after the outbreak of war in 1914 he joined the R.A.M.C. He served first in Cambridge and then in Salonica. After his return he was elected a senior Fellow and then a tutor. He married Muriel Hill, the sister of Professor A. V. Hill, and then lived in College after 1919. Their Sunday afternoons were a most attractive feature of college life. He taught generations of undergraduates and had an uncanny knowledge of their habits, both good and bad. His skill in dealing with difficult situations such as a donkey dressed in pyjamas in a college bedroom, was remarkable. He continued to work at sulphur metabolism all his working life, and was a lecturer in biochemistry. He also had a great deal to do with the organisation of the Biochemical Laboratory. When he was made Master he had filled all the junior posts in the college, except that of Dean, and his knowledge of college matters was unsurpassed. During the war, although over sixty he was very active in fire watching, and when the college was hit by a fire bomb he and the staff had extinguished the fire before the official fire watcher arrived. His term as Vice-Chancellor came in 1943, and he had innumerable problems to deal with. His work at this time was made especially difficult by a most painful osteoarthritis of the hip, which made walking most unpleasant. This was especially trying to a man who had been a fine walker, capable of walking forty miles over his native Cumberland fells. After the hip had been successfully pinned he resumed many of his activities, but a tiresome prurigo caused much discomfort.

Hele was a big man in every sense of the word, and carried great weight in the college, in the biochemical world at Cambridge, in the University and especially among the undergraduates who he was delighted to see in after years. His first wife died in 1941, and he then married Audrey Davis, the widow of Mr. F. M. Davis, who helped him greatly with the work as Vice-Chancellor, and in his subsequent illnesses. His elder daughter had a brilliant career at Newnham, and in biochemistry.

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SPORT

RUGBY FOOTBALL

Bart.'s v. Catford Bridge. Won: 20—0.

It was a great change to see Bart.'s amassing a big score, though the play of the opposing team was generally poor.

Bart.'s soon took the lead with Havard taking the ball from an opponent over the try line to score the first try. Lammiman, a very much improved player this season, crossed the line for what appeared to be the second try, but did not bother to touch the ball down. However, within a few minutes he had flashed over the line near the flag for a try. Just before half time, Scott-Brown, who was playing an excellent attacking game, dropped a goal.

In the second half tries were scored by Badley (two) and Knipe. Cohen replaced Philips, who had to leave through injury, and the new winger made two of the best runs of the match. The forwards—well led by fierce war cries from Gawne—were superior in the line-outs, through some fine jumping by Roche and in the fight, where Knipe's hooking was exemplary. Reiss and Macadam shone in the loose. Charlton did useful work, but must not delay his service to the threes by making short runs before passing. Burrows was not pressed at full back, but provided the only conversion of the day.

Bart.'s v. Rosslyn Park XVV Club. Won: 13—11.

Bart.'s just managed to win this game played under perfect conditions, and watched by a larger number of the staff than normally.

Within ten minutes Bart.'s were eight points up, as a result of a brilliant interception by Phillips, who handed on to Scott-Brown to score, and a second try by Scott-Brown after a break through by Cohen. The first try was converted by Davies. It was all Hospital until the whistle went for half-time, but no further score resulted.

Just after the restart of the second half Cohen walked over for a try whilst the defence were standing still. This was converted by Davies. From this moment the Hospital went to pieces. Rosslyn Park adding their eleven points within the next quarter of an hour by means of a converted try and two penalty goals.

BOXING CLUB

The Hospital Boxing Club was reconstituted two years ago after a lapse during the war. On the nights of January 27 and 28, the Club justified the loyal support which many students and staff have given to it by winning the London University Boxing Championships and bringing home the Blott Cup for the first time since 1935.

The Championships were held at the Eltham Baths, Eltham, and the Club entered a team of ten originally. Unfortunately, P. King, the Captain, was injured five days beforehand while representing United Hospitals against the R.A.F., and was unable to box. J. Gibbs and B. Wheeler also had to withdraw at the last minute, leaving a team of seven to represent the Hospital.

W. Thomas, boxing middleweight, was unfortunate not to reach the finals after a very gallant effort in the semi-finals. The rest of the team succeeded in reaching the finals. D. Hopkins won the lightweight final by outboxing and outpunching a more experienced opponent. J. Hobbs was unfortunate in losing the final of the middleweight contest to P. England of London Hospital, whom he defeated in the United Hospitals Championships last year. T. Cox, in spite of his lack of experience, lost by only a very narrow margin to the captain of the London University Boxing Club in the final of the featherweight contest. P. Bliss did extremly well to hold his own in a hard-hitting heavyweight contest with P. Merry, an Oxford Blue. (Bliss was not informed of this last fact until after the contest.) M. J. Hodgson won the bantamweight final the easy way—his opponent withdrew. J. C. Williams was unable to make the weight for the light welterweight contest, and was not therefore eligible for the championships. He did however box a contest with T. F. Carney of University College, which he lost.

THE RIFLE CLUB

The Club, though very short of members, again entered for both the United Hospitals and Engineers Cup Competitions, meeting with fair success in its matches to date, having won four and lost four. Two of the lost matches were exceptional for the misfortune of two different members of the Club in missing the target altogether!

The Club is desperately short of members and may have to withdraw from these competitions next year if the present lack of support continues. This would be a pity because the club won the United Hospitals Competition last year.

The Range is open on Mondays and Fridays from 4—6 p.m. and Wednesdays from 2—6 p.m. All newcomers are welcome.

As well as rifle shooting there is also pistol shooting.

RESULTS

Hospitals Cup		
London Hospital	Lost	458—476
St. Mary's Hospital	Lost	456—470
Guy's Hospital	Won	480—479
Engineers Cup		
Northern Polytechnic	Won	574—543
Westminster Hospital	Lost	571—580
King's College	Won	581—570
University College "B" ...	Won	581—566
Imperial College "B"	Lost	573—576

BOOK REVIEWS

PRACTICAL DERMATOLOGY. By George M. Lewis, M.D., F.A.C.P. W. B Saunders Company, 1952. Pp. 328.

This book is designed for medical students and general practitioners and has been compiled by one of the leading dermatologists in New York. It is excellently and lavishly illustrated with black-and-white photographs and covers very adequately the range of diseases likely to be seen in most practices. The sections on symptomatology are in our view too brief, but aetiology and diagnosis are carefully prepared.

It is interesting to note the differences between American and British treatment; a few examples may be quoted.

In the section on dermatitis herpetiformis, arsenic (Fowler's Solution) is mentioned as "an older remedy which is still useful in some instances"; most of us in England—whilst acknowledging its disadvantages—prefer this drug to all others for routine purposes in the treatment of this disease. The importance of antibiotics, particularly aureomycin, in the treatment of pemphigus, is very inadequately dealt with. On the other hand the author strongly recommends both aureomycin and terramycin for the treatment of herpes zoster. Proprietary medicaments from Acidolate to Zetar receive mention: many readers in this country will never have heard of them.

Because of the illustrations the work will be of interest to many: it will prove useful as a manual, but—in English practice—may require as a companion one of our homespun works.

R. M. B. MACKENNA.

HALE-WHITE'S MATERIA MEDICA, PHARMACOLOGY AND THERAPEUTICS. 29th Edition., pp. 512. Price 20s.

The aim of Dr. Douthwaite's book is "to give concise descriptions of pharmacological action and therapeutics in the hope that they will prove adequate for students and practitioners." In this he succeeds. The format has been modified and reference to a particular drug or other details is easily made. The student will not find this a book to read through, for the text is broken up by details of the preparations and the scope is far beyond his syllabus. It is an excellent book for reference and selected reading.

The earlier pages give general information on pharmacy, prescribing and drug actions. It is unfortunate that one example of a prescription uses the dangerously confusing symbols for drachms and ounces and Roman numerals.

MIRACLES OF SURGERY, by Jean Eparisies. Elek Books, 12s. 6d.

Serialised in *France-Soir* (Theatre page presumably) these monographs increased the circulation of that organ by 25%, but wait until you have read about the aortic embolectomy in Chapter 4. Judging by their intensity, the author must have found his first nights very exhausting even for a journalist. Perhaps he has the constitution and build of the obstetrician, whose sanguine wrestling match with the newborn he describes in Chapter 5; almost certainly he has his classic profile, for the section on cosmetic surgery is particularly sympathetically handled.

One can only conclude that much has been lost in translation from the French and I make no apology for not having read my copy throughout; it is for loan to sceptics outside the profession.

AIDS TO BACTERIOLOGY. (The Students Aids Series) By H. W. Scott-Wilson, B.Sc.B.M. Ballière Tindall and Cox Ltd., 8th Edition, pp. viii, 390. Price 7s. 6d.

This is a book that has almost grown out of the students Aid series. Full of useful information, it is too big to fit in any but the most capacious pocket, and finding any isolated fact is thus made more difficult. This is the first of this series that I have found interesting and almost readable. The next edition would be better received if it went back to being an aid and did not ape a text book.

FITNESS FOR THE AVERAGE MAN. By Sir Adolpe Abrahams, O.B.E., M.D., F.R.C.P. Christopher Johnson. Price 10s. 6d.

At a time when the Olympic Games have reappeared in the world of sport and awakened a universal interest in most types of athletic activity, this book makes a welcome appearance. Sir Adolphe, who is Honorary Medical Adviser to the British Olympic Athletic Team, relates most of his subjects to athletics, but at the same time he makes reference to the other segments of the sporting sphere.

What is "Fitness"? This question is answered at the beginning of the book, but a much more difficult question to answer is, Who is an "Average" Man? Many old wives' tales such as "an hour's sleep before midnight is worth two afterwards" are carefully dissected in order to expose their truth or fallacy, as the case may be. Sir Adolphe gives us his view on many highly controversial subjects, and his condoning of alcohol and tobacco in moderation will ensure him of many disciples and ardent supporters.

He calls upon his wealth of experience in discussing the psychology of record-breaking and just what really makes a champion; he also suggests reasons for the success of coloured athletes, and devotes a chapter to the topic of Women and Athletics. The subject is approached from such a wide aspect, that even the most critical of readers should find something of interest to them in this book.

Answer to Spot Diagnosis on p. 56:

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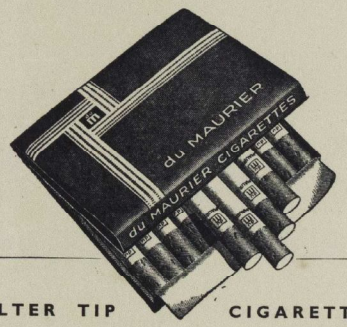

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