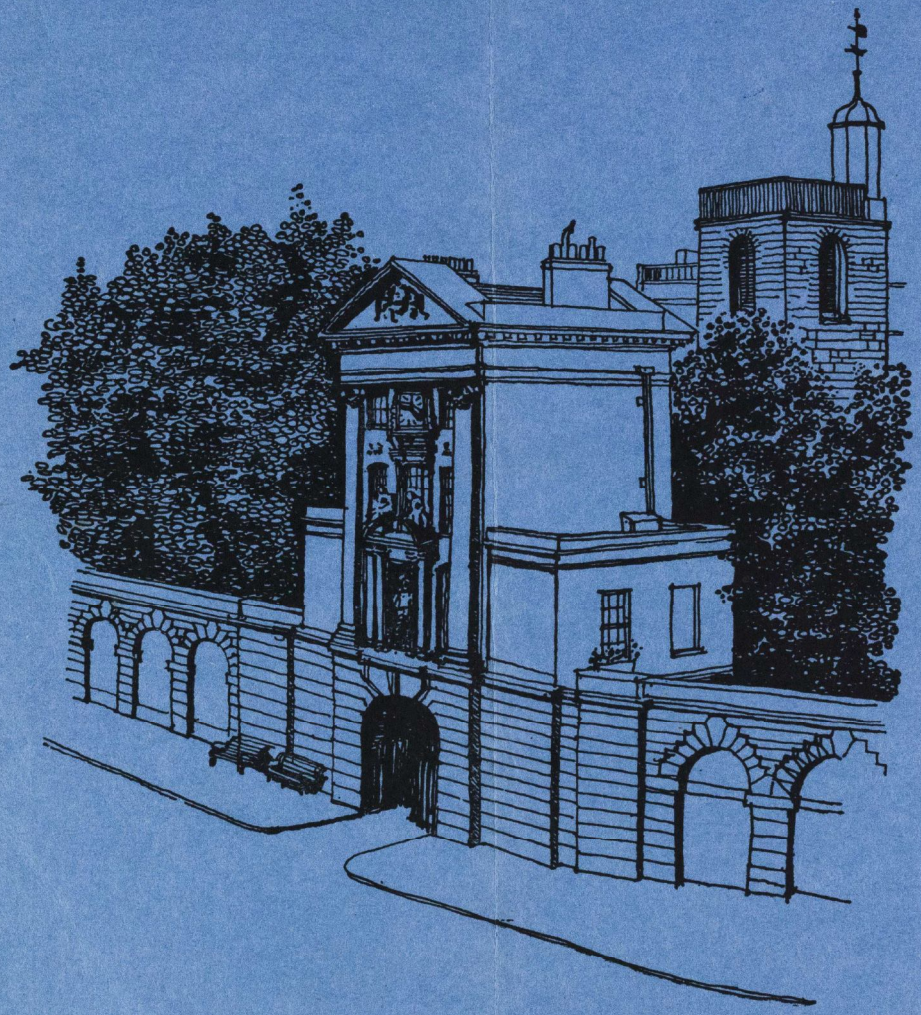
ST. BARTHOLOMEW'S HOSPITAL JOURNAL



VOL LVII OCTOBER 1953 No 10

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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October, 1953

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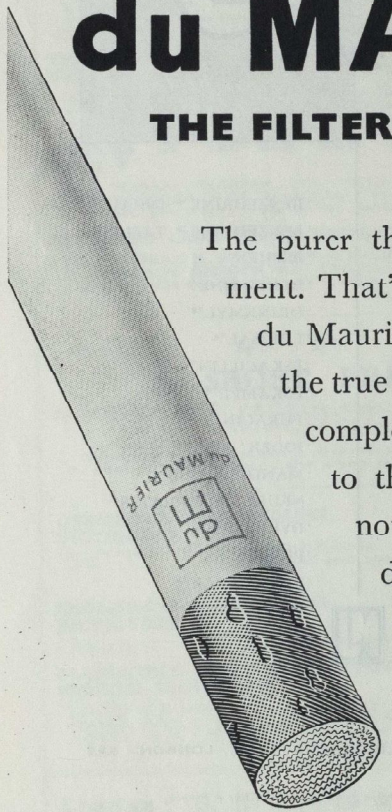

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. LVII. **OCTOBER 1953** **No. 10**

ANNIVERSARY

Sept. 11. 1953

Greetings to my old friend and colleague, the Barts. Journal, on its 65th birthday. "Age cannot wither, nor custom stale" my interest and esteem.

Hinder

ON BEING SIXTY

THIS JOURNAL has always taken an unashamedly childish pleasure in its anniversaries. In October, 1913, on its 20th birthday, it enthusiastically announced its 21st—probably nobody noticed, but any correspondence this may have provoked was suppressed—and this year we were thought to have held our 60th in June and now seem to be celebrating over again. We can only excuse these anticipations (for the first issue appeared on *October* 14, 1893) as evidence of the affection the *St. B.H.J.* has always won from at least its own staff, a regard most warmly recorded on the preceding page by its most senior and most distinguished past editor.

Certainly to have reached 60 indicates no great maturity for a hospital journal. In 1893 the hospital had already existed for 770 years, and the Abernethian Society was only two years short of a hundred. 1893, in fact, is so much the recent past that the first issue announced the appointment of Holburt Waring as an anatomy demonstrator and the award of the Harvey and Hichens Prizes to T. J. Horder himself. But at the same time the significance of the intervening years has made 1893 seem like a date from far away in history. In that first issue there appeared a tribute to the recently retired Sir William Savory describing him as "the great opponent to Listerism." Some issues later Dr. Elizabeth Blackwell herself wrote in the *Journal* of her reception at Bart.'s 40 years before as the first woman medical student in England. During the closing months of 1893 there was a cholera epidemic, and an intrepid Bart.'s man, R.M.O. of the Grimsby Cholera Hospital, wrote an account of how he had injected 8 or 9 oz. of saline intravenously and his patient had survived.

The succeeding years have hurried past, and with almost unfailing regularity each month has seen its issue of the *St. B.H.J.* It has watched, recorded and commented on every phase of hospital life in which the student shares and more beside. Nothing has been too big or too small for its interest. It has advised the hospital on its choice of fuel and campaigned on medical education. At the outbreak of war when there was a rush to enlist it spoke with sober wisdom—"It is necessary for us to remember that this is not a dream; that the world rolls on; that men and women are dying of vulgar diseases"—and with no doubt equal justification, in the same year it chided the Catering Company—"I have only to cross the road at the Little Britain gate to lunch well on fourpence and amply on fivepence, with a fire and the *Daily Express* thrown in." As its editors have varied so have its moods, it has sometimes been amusing and often dull. Early fears lest it should ape the *Pink 'Un* were never fulfilled, but anxiety that it might emulate the *Lancet* has proved at times only too well founded. The inevitable changes have occurred; printing, layout and cover design (and in this and succeeding numbers its colour) have all varied. But much of the interest of reading past issues is in this—to see how *little* in 60 years our *Journal* has altered and to find that it has evolved a stable and individual tradition.

The outlines of the pattern were clearly and boldly drawn by the first editor, W. M. Borcherds. Editor for only a few months, Borcherds later became a respected G.P. in South Africa, making, as the *Cape Argus* put it, "the Kalahari his consulting room." He died in 1948 unnoticed by his own *Journal*. But his first editorial remains a classical statement of what a hospital journal should be, and across the influence of the 50 odd editors who have followed him, his own is perhaps still the most strongly felt. We owe him much for that good foundation.

To have survived in rude health for 60 years, however, is no surety of immortality. Longer lived institutions at Bart.'s, as the *Reports* and Consultations, have disappeared. But, deeper than the fact that we can pay our way or that two in seven old Bart.'s men are subscribers, we have reasons for confidence in the future. The *Bart.'s Journal*, never a mere students' diversion, has somehow learnt to represent to Bart.'s men something in the character of Bart.'s, some expression of the spirit which holds and has always held—and always will hold—the affection of its students past and present. This is a fact beyond definition or analysis, but clearly recognisable in the shape of the *Journal* over 60 years and in the continuing support of many Bart.'s men—an invaluable legacy jealously to be preserved.

The simple profession of faith of an editor in 1904 remains our best guide, "but above all our *Journal* must be interesting and it must be personal." Loyalty to this evergreen tradition is the aim of the present editors of what W. M. Borcherds proudly described as "the Journal of the Hospital and the organ of the Amalgamated Clubs."

How to be Educated

The First World Conference on Medical Education had about it a look authentically international. The features of Spain and South America, of the U.S.A., of France, India, Germany, all this was there, and England, too. Publishers and chemists had set up their displays, and it was gay as a busy market. There was a booth selling brightly coloured models and rubber brains. Delegates crowded, bustled, drank coffee, greeted each other enthusiastically. How's Calcutta? What sort of a summer did you have in Texas?

Next month we hope to report more fully on the proceedings of the conference. Yet the simple reporting of what was said can not convey the enthusiasm with which it was said, and the enthusiasm with which it was received. And enthusiasm was the whole atmosphere. Four hundred delegates had come from a great many countries, to talk and to listen, to give and take ideas. It was not smooth or slick, people had not come to declaim their certainty and acclaim their unanimity.

Headphones which would switch to a version of the speech in any one of three languages were so fascinating as to tempt the Englishman to listen to the French translation of a paper that was being delivered in Spanish. It is surprising how vehement even the driest of English platitudes becomes when it is translated by a Frenchman working at speed. The system broke down when a delegate quoted in Persian. One doctor became so agitated by the translation that he was receiving of some remarks on education in Scotland, that his neighbours turned round and said "Hush."

Among the Bart.'s men who spoke were Professor Garrod, Dr. Harris, and a student who found next morning that he had achieved fame by being described in *The Times* as "nervous but resolute."

St. Bart.'s or St. Swithin's

An impressive galaxy of film stars including Dirk Bogarde, Donald Sinden and the alluring Miss Kay Kendall has been enrolled to make the film version (British) of Richard Gordon's *Doctor in the House*.

However subtly veiled ("the court contained a few plane trees and a patch of pale grass in the centre"), this best-seller by a former editor of the *Journal* is clearly based on the life of a Bart.'s student. Even so, it is hardly conceivable that Miss Betty Box, the producer, will do anything but reconstruct her own St. Swithin's at Denham or somewhere, and also likely that large numbers of us will not be lucky enough to be shot enjoying noisy drinking sessions in the White Hart or playing havoc in the Nurses' Home at a Christmas dance.

We hope the film version will not follow the book too closely. Everybody enjoyed the book, or most of it, but the film could go one better by crediting the average student with vices a little less worthy of investigation by Dr. Kinsey and the average doctor with at least average concern for his patients.

Nursing Tennis

Even if the sporting achievements of the Nursing Staff are not always as well known to us as they deserve to be, the distinction they bring to the Hospital is all the more valuable at a time when students' clubs are achieving so little.

Last year we were finalists in the Inter-Hospital Challenge Cup sponsored by the *Nursing Times*. This year we were again distinguished, but disappointed, as runners-up to the Middlesex, the holders for the past two years and now the winners of the Challenge Cup outright.

The match was played in the quiet grounds of a hospital off Ladbroke Grove. There was none of the noisy partisanship of student sport. Play was marked by good humour and a charming modesty—in fact it was hard to remember that these teams had eliminated 67 other hospitals in six rounds.

Nancy Funnell and Janet Bicknell, our "A" team, excited admiration with good tennis, hard-hitting and a particularly strenuous last set.

Bart.'s "A"	2	2	5
Middlesex "A" ...	6	6	7

H. Foster and V. Collett of the "B" team, beaten 6:8 in their first set in spite of tantalising us at 5:3 with a set point, suddenly raised hopes and excitement by winning their second set 6:love, Middlesex just weren't allowed to score. It was now still possible for Bart.'s to recover and win on games, but our luck was out, the initiative was wrested back and Middlesex won the last set 6:1.

The cup and prizes were given away by Dr. Michael Ward of the Everest Expedition. No doubt the nursing profession chose him for this duty to do penance for his admission (quoted in last month's *Journal*) that over 17,000 feet he quite forgot about the opposite sex. Later on I saw him surrounded by Matrons and female athletes; he seemed to be taking it remarkably well.

An Abernethian Link

Professor Blacklock has told us he dressed for one of Lister's former House Surgeons.

In August we published a letter which reveals a similar, though more distant, personal link with our own medical school founder. Dr. G. E. Deacon, the owner of the letter which Abernethy wrote to Mr. Utting, a Norfolk surgeon who had consulted him on the treatment of a carbuncle, has since written: "I believe my father—who was born in 1818—acted as locum tenens for various doctors before he settled down in practice, and I think he may have acted for Dr. Utting, and in this way became possessed of the letter, although it was written a few years previously." It would be interesting to hear if there are closer personal links with Abernethy, who died in 1831, among present-day Bart.'s men and others.

Cold Water

Historians are apt to discuss the strange failure of the Chartist movement to lead to revolution. They ponder on the absence of violence at the time of the General Strike. And why was there no bloodshed when the College Hall was deprived of hot water for 10 days?

The first day's deprivation came to many as a surprise. We sat by the sides of our baths while taps labelled Hot produced water that was Cold. We ran the water and it grew colder. There are psychologists whose lives have been devoted to the design of experiments that produce madness in rats. The idea is to build up a rat's trust in a conditioned reflex, and then to shatter its faith.

There was a notice downstairs that explained all about it. The hot water system was being connected to the new buildings, and for a few days there would not be any domestic hot water in the hostel. We were to be compensated by the showers in the gymnasium.

As day followed day, hope failed. Tomorrow, we said, tomorrow. Morning brought the smell of charred tea-pot handles, as men boiled their shaving water. Listlessly, hopelessly, we twiddled the hot taps. There was so much cold water. Unwashed washing accumulated. Some tried cold baths, and consequently developed an un-natural heartiness. Yet no one showed resentment, only a sad, unwashed apathy, the age-old look of the under-privileged who have no hope, the face of Ireland in the potato famine.

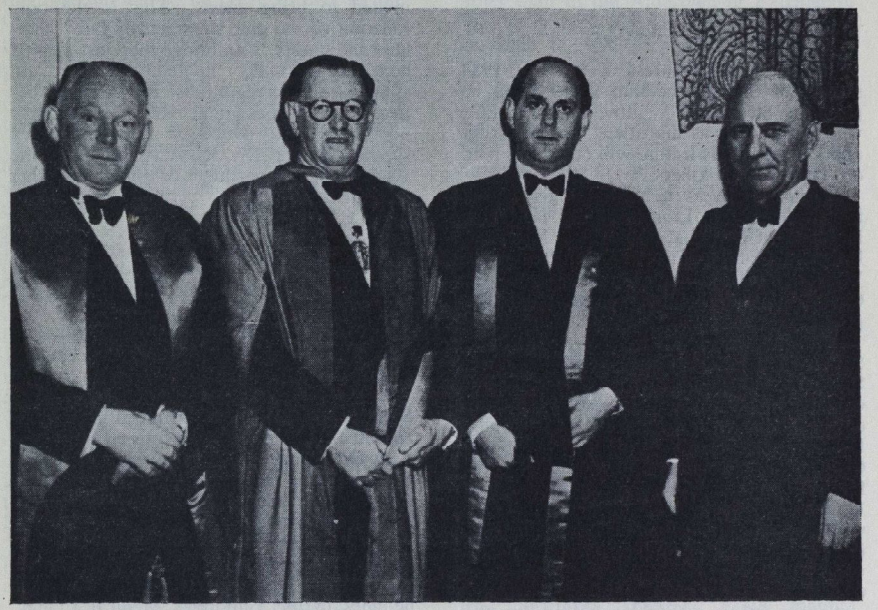
A week passed. Let us, we said, keep coal in the bath. The scrap-iron merchant sang below the window, his old voice like the caw-ing of a vulture, if vultures caw.

Then, one day, suddenly, unexpectedly, the end came. Steam, and singing in the bath-room.

Bart.'s in South Africa

Bart.'s men have flocked to South Africa. Whatever it was that took them out there, diamonds, the Boer War or *King Solomon's Mines*, there are now 82 of them in the Union, more than in any other country overseas.

We have been sent this photograph of four of them, all prominent at the recent 38th Scientific Congress of the Medical Association of South Africa, making it a uniquely



BART.'S MEN IN SOUTH AFRICA

Bart.'s occasion. Reading from left to right they are:

Prof. W. E. Underwood, Dean of the Faculty of Medicine, Professor of Surgery, University of the Witwatersrand.

Dr. L. I. Braun, Consulting Physician, Johannesburg Hospital and President of the Congress.

Dr. J. Gluckman, Organising Secretary of the Congress.

The Late Hon. Karl Bremer, Minister of Health and Social Welfare, of whom an Obituary Notice appears on another page.

"Ethel"

C. N. Hudson writes:

'The appearance of the name *Ethel* on the Light Four has been the cause of some speculation. The observant in the Boat Club will have seen a picture in London Rowing Club and again in the University Boat House at Chiswick (placed there not by Bart.'s but by U.C.H.) of an oarsman in Leander colours with the name *Ethel* underneath. Of these many probably know that *Ethel* was Mr. R. B. Etherington-Smith, of Bart.'s. But how many know that this former captain of the Bart.'s Boat Club was the greatest oarsman of his day, and one whose record has scarcely been rivalled since? His career was tragically cut short by a fulminating P.M. room infection, but he had already attained the position of Assistant Surgeon to the Hospital and Warden of the College. As an oarsman he was pre-eminent among the eight Cambridge Rowing Blues boasted by Bart.'s at the time. Suffice to say that the

only important events he did *not* win were the Goblets, Diamonds, and Wingfields, and to add that he captained a victorious VIII for Great Britain in the Olympics. A ward for sick members of the staff was opened with a memorial fund raised for him, but several years later gave way to greater things. However, as at Bart.'s, so at Putney, the name of *Ethel* on a Bart.'s boat still needs no explanation to the older men, and is remembered by them with affection.'

Abernethian Society

The Inaugural Address of the 1953-1954 session of the Abernethian Society will be given by Sir Lionel Whitby, C.V.O., M.C., who has chosen as his title, " Devils, Drugs and Doctors." His lecture will be at 4.45 p.m. on Thursday, October 22.

Eminent both as a haematologist and a bacteriologist, Sir Lionel Whitby is Regius Professor of Physic at Cambridge, Master of Downing College, and was, until recently, Vice-Chancellor of the University. He was Chairman at the recent conference on Undergraduate Medical Education.

Subsequent lectures to the Abernethian Society include one on October 29 by L. R. Shephard, Esq., on " Interplanetary Flight," of which he has made a close study, and one on November 6 by Professor J. Z. Young, F.R.S. He has chosen as his subject, " Some Changes in the Language of Medicine." Professor Young holds the Chair of Anatomy at U.C.H. and is well known through his writings and broadcasts for his challenging ideas and original scientific concepts. Many will remember his Reith Lectures, given for the B.B.C.

Among other activities planned by the Society are a discussion on medical education and two visits — one to Papworth Village Settlement and TB Sanatorium, and the other to the Maxillo-Facial Unit at Queen Victoria Hospital, East Grinstead. Details of these will be posted later.

Mountaineers O Mountaineers

The Hospital Alpine Club held a meet in North Wales over August Bank Holiday. The party, led by Mr. Cope, stayed at Helyg, the Climbers' Club mountain hut near Capel Curig, and enjoyed some fine climbing in brilliant weather. Climbs were made on Tryfan and surrounding mountains, and several new members were initiated into the mystery, learning for the first time, about belays and tricounis, slabs and chimneys. Meets under more rigorous conditions are planned for the winter.

Cambridge Graduates' Club

The annual Sherry Party will be held in the Library on Friday, October 16, from 6 to 8 p.m. The club subscription is only 3s. 6d. (drinks not included), and members are invited to bring guests. This is the only function of the club attended by lady members and guests. Cambridge men just arrived here are specially invited, and may not appreciate how regrettably few and far between such parties are at Bart.'s. If any have not received a notice of this party they should contact Dr. R. A. Shooter in the Bacteriology Department or one of the other secretaries.

Congratulations

to Mr. Ogier Ward, O.B.E., conferred with the Honorary Degree of D.Sc., Leeds University.

to Dr. L. I. Braun, conferred with the Honorary Degree of Doctor of Laws, University of Witwatersrand.

to Mr. A. W. Badenoch, appointed Hon. Secretary of the Council of the British Association of Urological Surgeons.

to Dr. M. B. McIlroy, awarded a British Post-graduate Medical Federation Fellowship. He is going to Boston for a year to study respiratory physiology.

to Dr. J. G. Millichap, awarded an Ely Lilly Travelling Fellowship in Medicine by the Medical Research Council. In October he goes to the Children's Medical Center, Boston, for a year.

to Dr. J. F. Andrewes, awarded the Polar Medal " for good services in Antarctic expeditions."

The Nursing Staff

Members of the Nursing Staff may not know that on leaving the Hospital they can receive the *Journal* at the same rates as newly qualified doctors. These are: by using the special banker's order form in the June issue, 10/6d. per annum for three years and then one guinea per annum; or otherwise 12/6d. per annum for two years and then one guinea. The *Journal* is post free. Nursing Staff in residence can buy the *Journal* at 1/- a copy.

BREWING AT BART.'S

THE brewing and consumption of ale on the premises was once an integral part of Hospital life. This time-honoured practice started, inappropriately, with the appointment of the first Matron. Mistress Rose Fisher took up office about 1548 : one of her duties was the purchase and distribution of ale for the poor. She succeeded so well in this that she had to be taken to task by the Governors who ordered . . . " that yf the porter of this house do fynd eny straungers drynkyng in the Matrones house, then he to have suche straungers to Ward, and yf the Governors of this house do fynd eny there being straungers, the porter sufferying them, that then the Masters to comytt the porter to Ward." Mistress Fisher disregarded these warnings and continued to disregard them : three years later she was deprived of the privilege . . . " and to have for the ale that is spent for the poore as myche money as she payeth to the Bruar."

Succeeding matrons appear to have fallen into the same temptations as Rose Fisher, for on Margaret Blaque's appointment in 1643, the Governors record : " there shal be noe tipplinge kepte in the Matrons celler nor any more beere or ale to be layd there but what the Governors . . . shall conceave to be of very necessity." A further entry in 1706 complained that the patients' cures were being hindered and great scandal occasioned to the Hospital by the practice of selling liquors ; and with the cryptic instruction that " Matron to be imediately supprest from selling any more ale or beere," there the matter ended for once and all.

The next two decades were temperate ones in the history of the Hospital, but in 1738 the Governors relented. Directions were issued for the construction of a Brewhouse within the Hospital . . . " and to set about the brewing of Small Beer for the use of the Poor as soon as conveniently may be." The Brewhouse was built within the year and a brewer appointed shortly afterwards. The brewery was constructed on a site now occupied by the Surgical block : it remained in operation at least until the 1790's and was probably forced to close from shortage of grain in the Napoleonic Wars.

In addition to these ventures the Governors had special powers to license five victuallers within the Hospital precincts. Prospective landlords made application to the Governors rather than to the Aldermen of Farringdon Without because the parish was a Liberty, and their contract stipulated " they to be severally bound not to receave any persons into there howses which shall demeane themselves lewdly and wickedly." Nevertheless, complaint was made in 1598 of " eight persons beinge common vittlers within the parish of Little St. Bartholomewes having no license and will not be refrayned from sellinge of beare and ale."

The list of alehouses includes such very English names as the Plough Tavern, the Red Lanthorne, Angel Inn, the Cock, the Hart's Horn Inn and the Blue Anchor. The Plough and the Hart's Horn held their licences for several centuries : the latter gave its name to Harts Horn Gate and was probably pulled down in 1743 to make way for Gibb's new West Wing. The Plough lay nearby in Windmill Court and was demolished about the time the present library was built in 1878. The Welfare Department occupies its site without taking over all of its functions.

Bart.'s pubs disappeared, brewing was never revived, but the brief career of the " Vicarage " did something to justify Evelyn Waugh's dictum that " beer is the staple drink of farm labourers, heavy manual workers and medical students." This institution foundered in 1946 and beer is now sold in a corridor of the Charterhouse Hostel between the hours of 6 and 8 p.m. four nights a week.

K.N.

I am much in debt to Miss Stokes, the Hospital Archivist, for help in the preparation of this article.—K.N.

It is hard to realise that a bunch of medical students, brash, flush-faced, earthy of conversation and enjoying themselves most with a Rugby ball, will one day doubt themselves in the silent tension of an operating theatre.

—Sunday newspaper.

FAILURE OF THE LUNGS

by N. C. OSWALD

THERE are only two structures in the body to which the term "failure" is commonly applied, namely the heart and kidneys. Heart failure, or perhaps more correctly cardiac failure, commends itself as a diagnosis for two good reasons. If a heart fails to maintain an adequate circulation, blood accumulates behind it and gives rise to a series of physical signs which are easily recognised at the bedside. Also, in its extreme form an absence of cardiac pulsation constitutes confirmatory evidence of death; indeed death is ordinarily considered to have occurred when the heart "fails" to beat. No such formidable arguments can be brought forward in favour of "renal failure": the clinical features are not necessarily striking and death, when it occurs, is usually attributed to "heart failure." Nevertheless, "renal failure" certainly exists in the minds of those best qualified to judge, and suggests a certain pertiness amongst renologists for claiming that they know when the organs of their specialty are failing. Those whose main interests lie elsewhere cannot bring themselves to be quite so dogmatic. "Pituitary failure" may occasionally be whispered with varying degrees of confidence, but the liver and thyroid glands rarely proceed beyond the stage of "insufficiency." In many systems the issue is not faced at all. For instance, "cerebral failure" is rejected in favour of "cerebral haemorrhage," or whatever else the cause may be, and the intestinal tract does not fail in so many words, nor are the testes commonly regarded as having a critical point of dysfunction beyond which they fail.

This uneven conception of "failure" of the constituent parts of the body derives from three different methods of measurement, namely by anatomy, physiology and integration. In the anatomical sense, a reduction in the volume of effective tissue occurs. Physiologically, the potential functional activity is diminished and may be modified in kind. Integration with other parts of the body, and sometimes with the environment, is altered, so that failure of a particular organ may be the cause or effect of changes elsewhere. If only these three factors were uniform and could be easily measured, medicine would be infinitely simpler. Unfortunately they are neither, and one of the greatest difficulties confronting students of medicine is the acquisition of information upon the extent to which each can be assessed in different parts of the body. Sometimes an anatomical assessment of the extent of disease can be made, sometimes the physiological secondary effects can be measured, but often the processes of integration obscure the primary site of failure.

The terms "failure of the lungs" and "pulmonary failure" are rarely heard in clinical practice, and with considerable justification. They might be used in an anatomical sense to imply that the lungs are failing to supply an adequate airway through the bronchi, or sufficient effective alveolar surface or both. Physiologically they might mean that the lungs are failing to maintain the normal gaseous exchanges through the alveolar walls. These two approaches are fundamentally different and by no means interchangeable, for, although anatomical failure will always eventually lead to physiological failure, physiological failure may occur when the lungs are anatomically normal. For instance, if the lungs are subjected to a progressive anatomical failure, such as occurs in advancing pulmonary tuberculosis, physiological failure will develop in due course and the process can justifiably be regarded as pulmonary failure. If, on the other hand, the lungs are normal and there is progressive anatomical failure of the left side of the heart, there will first be physiological failure of the lungs and later, as they fill with oedema fluid, anatomical failure as well. Further difficulties arise if the process of integration is explored. A variety of cerebral and mental states are associated with a depression of the activities of the respiratory centre and of the skeletal system generally, leading to a mixture of anatomical and physiological respiratory failure. The inhalation of excessive quantities of carbon monoxide or an obstruction in the upper respiratory tract renders the lungs incapable of carrying out their physiological functions, although anatomically they may be normal. Thus, if the terms "failure of the lungs" or "pulmonary failure" are to be used at all, they can either be applied to a vast number of conditions involving several different systems or else can be confined to diseases primarily of the lungs. There is much to be said for the latter alternative.

The lungs have an anatomical unit, the lobule, of which there are about 20,000 in a normal adult. Each lobule has a bronchiole, alveoli, a blood supply and a lymphatic system. The estimated total alveolar surface is equal to about half the size of a tennis court and up to 20,000 jets of air play upon it during inspiration in health. In disease, varying numbers of lobules are damaged or the flow of air to them is impeded. Clearly, there must be a point in either process beyond which the lungs will fail. In terms of lobules, this varies considerably both with their rate of disablement and with age. A child is only slightly handicapped by the reduction of his lobules to one-half the normal number, for example, by pneumonectomy. A middle-aged man having the same operation may well be able to lead a normal life but is unable to take much strenuous exercise. A man over the age of sixty similarly treated usually has to stop for breath after mounting a flight of stairs. The quicker the rate of disablement, the sooner the evidence of pulmonary failure develops. A lobar pneumonia or a sudden spontaneous pneumothorax may lead to much breathlessness and distress although only one-quarter of the total number of lobules have become ineffective. More gradual processes such as tuberculosis or a contracted lobe behind a chronic bronchial stenosis, whilst disabling an equal number of lobules, often cause only slight respiratory symptoms. These two factors must always be remembered when assessing pulmonary dysfunction.

If the anatomical extent of disease is to be measured, an estimate must be made of the number of lobules which are functionally impaired. There are three principal methods of determining this. Physical examination reveals the rough extent of such processes as consolidation, pneumothorax and pleural effusion. Radiology demonstrates much more accurately the type and extent of disease in the lungs and pleural cavities. Bronchoscopy shows the nature of any obstruction there may be in the larger bronchi. From these investigations a fair estimate can be made of the volume of lung which has been disabled. Then, bearing in mind the age of the patient and the rate of formation of the disability, the likelihood of pulmonary incompetence can be judged.

Anatomical assessment of damage is possible only when disease is circumscribed, as in the instances already cited. Unfortunately, many of the commoner pulmonary affections are diffuse, for example, bronchitis, asthma, emphysema and pneumokoniosis. Clinical examination reveals the state of patency of the air passages and the type of moisture they may contain. It also indicates the degree of thoracic mobility. Such abnormal radiological features as there may be are usually indefinite and rarely indicate the extent of loss of function. Bronchoscopy does little more than show the quality of the secretions in the main bronchi. These signs alone will not determine whether the lungs have reached the point of failure; they must be considered in conjunction with physiological changes and integrated with other systems. Abnormal breathlessness is invariably present when there is failure and its severity provides a good measure of the degree of failure. More accurate measurements can be made by physiological tests of ventilatory capacity and oxygen saturation of the haemoglobin. If the number of effective lobules is reduced to a critical level, one of two things happens. The heart may be unable to maintain a sufficiently rapid flow of blood through the less damaged parts of the lungs and proceeds to fail, or the sheer physical effort of breathing may lead to exhaustion and consequent cerebral anoxia.

Routine investigation of the lungs in terms of anatomy, physiology and integration yields much information concerning their functional capacity in disease. Confluent lesions such as consolidations of the lungs and diseases of the pleura can often be measured with great accuracy. In diffuse diseases, reliance must be placed upon indirect methods. Only after full assessment can rational treatment be instigated, keeping a proper balance between the methods of relief of the pulmonary condition, the heart, oxygen desaturation and the secondary effects upon other organs.

The object of this short paper is not so much to analyse the circumstances under which the lungs fail as to indicate a method of studying disease in terms of anatomy, physiology and integration with other organs. The system may be applied to any organ of the body, indeed each organ should be studied from this point of view. If a knowledge of pathology and disease processes is then added, a firm foundation of clinical medicine will have been achieved.

THOMAS VICARY

by D. P. THOMAS

(*Being a summary of part of the Wix Prize Essay*, 1953).

THOMAS VICARY may be considered the first of the long line of famous medical men associated with St. Bartholomew's Hospital and, in his services to the Hospital, one of the most distinguished. Vicary was the leading surgeon in early Tudor England, and he was Sergeant-Surgeon to four of the Tudor Monarchs. He was also five times Master of the Barber-Surgeons' Company, and the compiler of the first anatomy book in the English language. However, his greatest achievements are not directly represented by any of these positions, for Vicary was pre-eminently a medical statesman and hospital administrator. It is in these two spheres that his most valuable work was carried out, and for which he should mostly be remembered.

Little is known of his origins and early life and it is not even known when he was born, although it is generally assumed to have been about 1490. The first biographical reference of note is that which occurs in the Diary of John Manningham, Barrister-at-law, and the entry is dated April 18th, 1602: "My cosen told me that Vicars, King Henry 8. his Sergeant Surgeon, was at first but a meane practiser in Maidstone, such a one as Bennett there, that had gayned his knowledge by experience, until the King advanced him for curing his sore legge." This brief entry in Manningham's Diary represents all that is known of Vicary's earlier life, and even though he was very likely a native of Maidstone, the Town Records contain no reference to his name. However, Manningham's entry makes it quite clear that he was initially a relatively obscure surgeon, who had learnt his surgery as an apprentice as was the custom of his time.

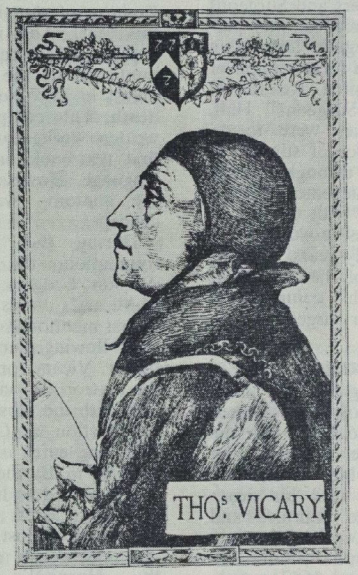
The event which was to prove the turning point in his life occurred when he was called in to treat King Henry VIII's 'sore legge', when the King was on one of his Royal progresses. This event, which is believed to have occurred in 1525, gained him Royal preferment, and indeed his subsequent career affords an excellent example of the benefits that were obtained by such preferment. It is probable that Henry was laid up with his leg at the Archbishop's Palace in Maidstone, and that Thomas Vicary was "called in" as one of the local surgeons. What exactly it was that he had the skill and good fortune to treat successfully is still a matter of dispute. It has been held by many historians that Henry suffered from syphilis, and that his 'sore legge' was due to a syphilitic ulcer. This view has not been upheld by certain eminent medical authorities, however, and the late Sir D'Arcy Power was of the opinion that Henry's leg ulceration was varicose in nature. However, at a recent meeting of the Osler Club of London, Mr. Dickson Wright was of the view that Henry was in fact syphilitic.

Whatever the true nature of the ulcer, Henry was in the event grateful to his new surgeon for healing it, and granted him Royal preferment (the ulcer broke down again subsequently, and was to trouble the King to the end of his days). In 1525 Vicary was appointed Junior Warden of the Barbers' Company, and it has been suggested that he gained this post as a result of the King's influence. Three years later he was raised from Junior to First Warden of the Company, and in the same year he was made one of the King's surgeons with a salary of £20 a year. By 1530 he was in such good favour with the King that he was granted the post of Sergeant of the King's surgeons, to take effect after the death of the then occupier of the post. Also in 1530, he became Master of the Barbers' Company for the first time. Although he was not to become Sergeant-Surgeon for another six years, Vicary was already at the head of his profession (not that the barber-surgeons of Tudor England were really a profession in the modern sense), and at an age of not much more than forty. In the amazingly short time of some five years, Vicary from being a modest surgeon in Maidstone, had secured, or been promised, the two leading surgical positions in the country. One can only conjecture on the extent to which the King was responsible for this meteoric rise; it can hardly have been inconsiderable.

Master of the Barber-Surgeons

The famous Act of Union of 1540, in which the Barbers and Surgeons of the City of London were united into one Company, should undoubtedly be considered as Vicary's greatest achievement. That he was instrumental in bringing about this Union is indicated in Holbein's painting commemorating the event. There the King is shown presenting the Act of Union Charter to Vicary, who was not in fact Master of the Barbers' Company at the time. He had been Henry's surgeon for 12 years by 1540, and he must undoubtedly have impressed upon the King the desirability of organizing a United Company to govern the activities of all those practising surgery. The following passage in the Act clearly describes the reasons for the Union: ". . . and forasmuche as within the said Citie of London there be nowe twoo severall and distincte companyes of surgeons, occupying and exercising the said science and facultie of surgery, thone company being called 'the Barbours of London' and thother company called 'the Surgeons of London' . . . which twoo severall and distincte companyes of surgeons were necessary to be unyted, and made one body incorporate, to thintent that, by their unyon and often assemble to-githers, the good and due ordre, exercise and knowledge of the said science or facultie of surgery shulde be . . . more perfett, spedy and effectual remedy . . . that it hath ben or shulde be if the said two companyes of Barbours and Surgeons shuld contynue severid a-sundre . . ."

Probably the most important provision in the Act was the power it gave the Barber-Surgeons to dissect "fower personnes, condempned, adjudged and put to death for felony . . ." This was the first clear authorization of dissection in England, and furthermore, it provided subjects for anatomy. The same year (1540), the City of London Repertories record that Vicary and his fellow surgeons were demanding the body of a felon "Accordyng to the fourme of An Acte of parlyament thereof lately made . . . " Thus for the first time in England, students were taught anatomy from the body: and although the early minutes of the United Company have been lost, it is probable that Thomas Vicary was the first Reader in Anatomy, in view of his pre-eminent position in the profession. The credit for introducing regular teaching to students of surgery by means of lectures and dissections belongs to



Vicary and his colleagues the Barber-Surgeons' Company. It is interesting to remember that it was not until 1565 that permission to perform dissections was granted to the Physicians, and thus for some 25 years the Barber-Surgeons' Hall was the only place in England where dissections could legally be performed.

About 1546, the United Company appointed John Caius as Reader in Anatomy, and no better choice could have been made, for Caius had lived and studied with the great Vesalius in Padua. Thus within the space of six years, the Barbers and Surgeons had been united, legal dissection was performed for the first time, regular lectures in anatomy were started, and a former pupil of Vesalius had been appointed Reader in Anatomy at the Barber-Surgeons' Hall. These progressive tendencies were to do much to improve the practice of surgery in London, and ultimately throughout the country. It was Vicary's achievement that he was so intimately connected with the Act of Union, and with the progressive work of the United Company during early years. He was appointed the first Master of the Company, and this again emphasises his commanding position amongst the barber-surgeons.

Hospital Administrator

The first reference linking Vicary's name with St. Bartholomew's Hospital is dated 1548. Thereafter, his association with the Hospital is a very close one, as attested by the numerous references to him in the Hospital Archives from 1549 until his death some 12 years later. The Journals and Accounts Ledgers of the Hospital—the day-by-day accounts of the Hospital affairs do not go back beyond 1549 and 1547 respectively, so there is no means of ascertaining whether or not he was connected with the Hospital before its suppression in 1536 on the Dissolution of the Monasteries.

The refounding of St. Bartholomew's may be said to date from 1546, when on December 27 of that year, the King made an indenture with the Lord Mayor and Commonalty of the City of London. The Hospital was made over to the Mayor and Citizens, who were to be responsible for its organization and administration. In 1548, the Common Council of the City of London enacted that the Hospital should be governed and administered by four aldermen and eight commoners of the City. In the Act of Common Council for September 29, 1548, the name of Thomas Vicary appears as one of the Commoners elected to act as Governor for the coming two years, and he is described as "Thomas Vicars, barbour Surgeon". The year 1548 was an important one for Vicary. Not only was he appointed a Governor of St. Bartholomew's, but he was also elected Master of the Barber-Surgeons' Company for the third time (for the fourth if his term of office as Master of the Barbers' Company in 1530 is included). Furthermore, he is believed to have written *A profitable Treatise of the Anatomie of mans body* in this year. This work, which was a virtual copy of a 14th century manuscript, was first published by the surgeons of St. Bartholomew's in 1577, some 15 years after Vicary's death. This compilation, which is the only written work attributed to Vicary, was the first text-book on anatomy in the English language. However, it was not original and the anatomy was entirely mediaeval in concept.

During the years following its refoundation, the Hospital Journals and Account Ledgers give a very good portrayal of Vicary's duties at St. Bartholomew's. He is first mentioned in the Accounts Ledgers in the following mundane manner: "Item. Paid to Mr. Vicary for a shert that he bought of the matron . . . viii d." His intimate connection with the Hospital at an early date after his election as Governor is shown by the following entry in the Journals for October 15, 1549: "By the same consent Mr. Vycker was lycensed to have a key of the backgate to com yn at his pleasure." At this time he appears at almost every Governor's meeting, and is obviously taking a very active part in the Hospital's administration. Several references occur in which various administrative matters are to be carried out at the "Dyscressyon of Mr. Vicarye." By 1551-2 he is living in the Hospital, for his house in the Hospital Close is first mentioned in the rent list for that year. In June 1551 he is given a Garden: "It is agreed that Mr. Vycars shall have the garden within this house called the Covent garden . . . " On January 16, 1551 (O.S.), the Journals record that "It ys orderyd that Thomas Vicary shalbe one of the assistauntes of this howse for terme of his lyff." This entry shows that Vicary, who must have been acting as a sort of resident surgical governor, was so efficient in the carrying out of his duties that the Hospital

wished to retain his services indefinitely. It was a great compliment to him that less than three years after his appointment to the Hospital, he should have been asked to remain for the rest of his life. As far as is known, no other person was ever made "assistaunte of this howse" for life until many years later, when the practice of appointing Governors for life was commenced. His position could not have been an easy one, for the reorganization and administration of the hospital after its refoundation must have presented immense difficulties. The hospital was, of course, very fortunate to have had someone of Vicary's esteem and influence managing its affairs at such a critical period in its history.

In September 1551, the Journals record the first regular gift of clothes to Vicary by the Hospital: "It is this day agreyd that Mr. Vyckers shall have yerely delyvered unto him for his paynees taken in this howse 1 gowne clothe or elles for a gowne." On October 2, 1554, the Journals record the following important entry: "Thys day yt ys orderyd that Mr. Vycary shall have the oversyte of all suche offycers as be Wythin the Hospytall in the absence of the Governors and to reforme suche thynges as he seythe amys in eny offycer and to make reporte at the Governors at theyr next metyng." It is obvious from his entry that Vicary was now the resident head officer in the hospital, with sole responsibility for the running of the hospital in the absence of the Governors. He was in a unique position, and in modern terms would seem to have combined the posts of resident Governor and Consulting Surgeon.

That he was no nominal administrator is repeatedly shown in the Journals and Account Ledgers by the numerous small tasks that he performed, and the perusal of all the entries relating to Vicary gives the impression very strongly that even the smallest details of administration were within his province. While his duties were primarily administrative, and he was not actually on the surgical staff, there can be little doubt that he would have given advice on any difficult surgical problems that arose in the hospital. It is hardly conceivable that the three surgeons at the hospital would not have freely availed themselves of the advice of so famous a surgeon. As we have seen, the Hospital was duly appreciative of his work, and he was provided with a house free of rent, together with all the necessities of living.

The last mention of Vicary's name in the Journals is on September 4, 1561, when he is listed as an Almoner. He must have died at the end of 1561 or early in 1562, for his Will was proved in the Prerogative Court of Canterbury on April 7, 1562. In the Hospital Accounts for 1562-3, the following entry occurs: "Item received . . . for legacies or bequests of the gift of Mr. Vicarie . . . £10."

It is not known where Thomas Vicary is buried. Despite all efforts, no record of his burial has been found, and the matter remains a minor mystery. In his Will he specifically states that he is to be buried "whersoeuer it shall please god that I shall departe out of this present lief." The obvious place would seem to be St. Bartholomew-the-less, as he was living in the parish, but there is no record of his burial in the parish register. The only other likely place would seem to be Boxley Church, Kent, as he may have been staying in Boxley at the time of his death. But the Church register does not record his burial, and the last resting place of the famous surgeon has yet to be discovered.

L'Envoi

It is never easy to attain a true understanding of the attainments of those great men whose best work was not something tangible like an important discovery, or the writing of a famous book. This is certainly true of Thomas Vicary, and it is only by indirect evidence that we can deduce and evaluate his most noteworthy achievements. Despite the remarks of some authors, Vicary's real claim to fame does not rest on his writings. However, it may justly be claimed that he was the first great medical statesman; he was the forerunner of medical men of more modern times, who, pre-eminent in their profession, and medical advisers to the Monarchy, have used their influence in both quarters to effect improvements in the practice of medicine. He was the first of a small band of Tudor surgeons who sought to elevate the standards of surgery in England, and he was the immediate predecessor of Gale, Clowes and Woodhall.

It has been suggested that Vicary's greatest work lay in the part he played in the union of the Barbers and Surgeons. No improvement in the deplorable general standard of surgery in the 16th century could be expected

until the reputable surgeons organized themselves into a Company which could conduct the teaching of the young surgeons, and decree who was to be allowed to practice surgery. England at that time was overrun with "quacks," who did much to discredit surgery in the eyes of the general populace. The anatomy taught at the Barber-Surgeons' Hall was the first step in improving the standard of surgery; and the organization of a United Company was an important development towards limiting the activities of the numerous untrained practitioners, who falsely professed a knowledge of surgery, and by all accounts did much harm. Vicary was the leader of his profession during the time when the foundation stones towards better surgery were being laid, and as such he may rightly claim much of the credit.

St. Bartholomew's Hospital also has good cause to be grateful to Vicary. For twelve vital years after its refoundation he was closely connected with the Hospital, and it was of inestimable advantage to St. Bartholomew's to have had someone of Vicary's stature administering its affairs. The answer of the Hospital to its critics, in the form of the beautiful "Ordre of the Hospital of St. Bartholomewes in West - Smythfielde", brought out in 1552, shows the flourishing state of the Hospital at that time. Only six years before, the Hospital had been in a pitiful state, when it was taken over by the City of London. Although Vicary's work was largely "behind the scenes", the unique position which he came to hold in the Hospital bears eloquent testimony to the value of his work. It is no exaggeration to say that the carrying out of the Charter of Refoundation into actuality was in large measure due to the work of Thomas Vicary.

It is, of course, well known that he was Sergeant-Surgeon to all the Tudors, with one exception, and that he was Master of his Company five times. No person subsequently held the Mastership of the Barber-Surgeons' Company so frequently, and few surgeons, if any, can have served so many English Monarchs. These bare facts alone say a great deal for Vicary's personal qualities, quite apart from his surgical skill; it was no mean achievement to have kept in Royal favour during the reigns of four of the Tudors. During the turmoil and upheavals of his time he worked quietly on, remaining for twenty years at the very height of his profession. He must obviously have kept well clear of politics, and been discreet in his religion, to have survived unscathed through the later years of Henry's reign and the reign of Queen Mary.

Thomas Vicary made no contribution to surgical knowledge, but nevertheless he contributed much to the advancement of English surgery. He was neither discoverer nor original thinker, but he was the most famous English surgeon of his day, and should be remembered as the person who was largely responsible for the early organization of surgery in England.

SO TO SPEAK . . .

They slipped out

The patient has no respiratory systems. . . has no cardiovascular system.

—*Clerk in M.O.P.s.*

A leg up

To let. A lower basement in Harley Street. Suitable for dentist.

—*Advertisement in B.M.J.*

HEALTH IS WEALTH

by MICHAEL IRWIN

Without health, in the fullest meaning of the word, Man is unable to produce according to his needs. He cannot raise his standard of life: he is condemned forever to be the slave of his environment.

As the result of a report—"The sanitary condition of the labouring population of Great Britain" — published just over a century ago, it became clear to the early pioneers of our modern public-health movement that poverty and disease were interrelated. The two formed a vicious circle — people were sick because they were poor; they became poorer because they were sick; and sicker because they were poorer.

The Cost of Sickness

Sickness is the heaviest tax levied upon human beings: disease not only causes suffering and pain but it also results in an enormous loss in economic potential. Although it would be wrong to measure the values of health in purely monetary terms, there is no doubt that it would be easier to obtain the necessary support for an effective health programme if one could show that such a programme would not only enrich the individual human life but would also bring considerable economic benefits to that community which chooses to invest in health.

The easiest way to show the economic burden of disease in any given country is to consider the mean life-expectancy of its population. In the United States, the expectation of life in 1900-2 was 48 years for males and 51 for females. By 1948, the corresponding figures had risen to 65 and 71 years respectively. Attempts have been made to translate figures such as these into terms of financial value to the community. Infancy and early childhood naturally represent a drain upon the resources of the family—this, however, is an investment made towards a productive return in later life. Therefore death at any age up to, say, 15 will result in an economic loss to society: however, death at 40 will be a net economic gain and a death at 65 will represent a net gain more than twice as great. Nations like the U.S.A., as a result of their sound public-health programme ,have reaped a rich harvest in "life-capital."

How different the picture is in other parts of the world. In countries such as China, Egypt and India, where the average expectation of life is in the region of 30 years, only 54 out of every 100 children born ever reach the age of 15 and enter the period of maximum economic productivity. Of those who reach young adulthood, all but 15 die or are incapacitated long before completing the normal span of working life at the age of 60. These figures may seem dry and materialistic, but they at least show in very concrete terms the human suffering that must exist in these regions. Health would mean wealth to these underdeveloped areas. People there would be able to grow more, make more, sell more and eat better.

In addition to considering the loss of "life-capital," it is also necessary to investigate the burdens imposed by non-fatal but disabling illnesses which result in the loss of productive power. Again taking the U.S.A. as an example, a survey made by the Public Health Service showed that on a given day at least 4.5 per cent. of the whole population was unable to go to work owing to illness. Nearly a quarter of these (i.e., 1 per cent. of the population) had been ill for a full year previous to the survey.

Finally, the large sums needed for the care and treatment of disease must not be forgotten. In 1949, the U.S.A. had a total national income of $217,000,000,000, of which 5 per cent. was spent on medical and institutional care of the sick.

If such heavy burdens as these occur in a country where the more outstanding diseases have been fairly well controlled, it is obvious that similar handicaps must be much greater in less favourable regions. For example, there are areas of the world where each summer four-fifths of the total population is stricken with attacks of malaria.

It is certainly clear that the cost of preventable diseases imposes a staggering burden upon the human race. All efforts to lessen this burden will not only diminish suffering but will also increase productivity. For, if

sickness and poverty go hand in hand, so also do health and prosperity.

Lifting the Burden

As a result of progress that has been made in the public-health services during the present century, it is clear that with the application of the scientific knowledge that we already possess it is possible to lift many of the burdens of disease.

The most dramatic results have been seen in the field of environmental sanitation—due to the purification of water supplies and improvements in waste disposal. In Western Europe and North America, not only cholera and typhoid fever, but also the various forms of dysentery have almost disappeared. In other parts of the world, for example in the Amazon Valley of Brazil, it has been shown that the installation of a small and economical water supply in a town would clear up all cases of typhoid there, whereas in the past there would have been many cases each year.

Considerable benefits have also been achieved in the control of the arthropod vectors of disease. In one region in South Africa, the elimination of malaria increased the amount of land under agricultural production from 700 acres to 12,000 acres within 10 years, while in another area the crops increased fourfold. In Sardinia, which has always been one of the most malarious areas in the world, not a single case of primary malaria could be discovered in 1940 after an island-wide campaign had been in operation for several years. It is possible to see the economic aspects of this successful programme from the fact that plans are now under way for settling a million Italians from the overcrowded mainland on this island, for with malaria eliminated there is no barrier to rich agricultural development.

Other diseases such as tuberculosis and syphilis (and the related infections, yaws and bejel) are also being fought effectively throughout the world, but at a slower pace. However, the use of BCG and penicillin respectively will only be of substantial value if they are integrated into a permanent health programme. Furthermore, although it may be possible to eliminate these diseases with modern methods of treatment, they will inevitably return if the conditions which give rise to them are allowed to prevail.

But, to know that a particular part of the world is ravaged by a certain disease, to attack and eliminate that disease is only half the battle. The initial success has to be followed by positive measures to promote health in, say, the fields of maternal and child care, nutrition and mental health. The infant mortality-rates in the West have decreased greatly even during the present century : yet there are still countries to-day with rates of around 200 deaths per 1,000 live births (e.g., Egypt in 1948). In nutrition, the more prosperous areas of the world have a daily food-supply close to 3,000 calories per head : but in Burma the figure is 1,900, and in India and Pakistan only 1,600 calories (these values are adequate for the basic needs of survival but totally insufficient for the maximum physical effort essential for economic development.

The Price of Health

It has been shown that where action has been taken that results in sickness and death-rates falling, it becomes possible to foresee an improvement in economic conditions—health is a capital that brings in returns.

Money spent on health is money saved on disease : public health can be bought at reasonable cost, for prevention is not only better but it is also cheaper than cure. One example will be sufficient to illustrate this point. An intensive campaign against diphtheria in New York between 1929 and 1939 reduced the cases of this disease from 14,000 to 543. The hospital, medical and nursing bills for the care of diphtheria in 1939 were only $44,000. To this figure should be added the cost of the campaign for 10 years — making a total of $500,000. Yet this amount was less than half that needed in 1920 alone for the care of the disease (i.e., $1,027,000).

Furthermore, the " cost price " of a disease drops considerably when treatment is accompanied by a mass campaign of prevention. Greece was once one of the world's greatest quinine consumers and used to spend $1,300,000 every year to obtain this drug : however, to-day, with an outlay of only $300,000 per year for D.D.T., she is able to combat the direct causes of malaria. The result of this was that the two million persons suffering from malaria in 1942 had been reduced to 50,000 in 1950 and some 20 to 30 million working days a year have been saved.

At this point it seems desirable to consider a question which is usually asked sooner or later, as to whether these public-health measures are doing more harm than good by reducing death-rates while birth-rates either stay at their present level or increase.

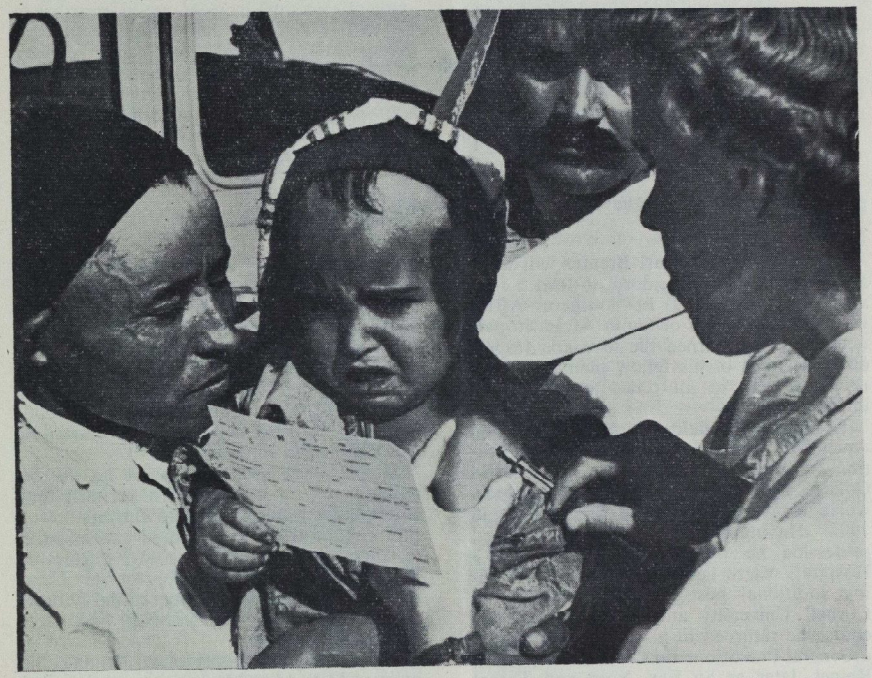
There are a number of valid answers to this challenge and they can be summarised as follows :

(a) Public-health measures prevent disease as well as death ; and therefore increase the potential efficiency of the population (e.g., the elimination of malaria in Sardinia).

(b) A major effect of the modern health programme has been to reduce mortality occurring before the productive period of life. As has been mentioned before, a death in childhood is an economic loss, while later in life it can be a gain.

(c) The potential food supply of the world is not a fixed quantity. Irrigation in many areas can turn deserts into fertile fields. Erosion can be checked as has been shown in the Tennessee Valley in the U.S.A. Improved methods of agriculture can help to bridge the gap between a yield of 10-15 bushels of wheat per acre in India and China and 40 bushels per acre in Western Europe ; or between 26 bushels of rice per acre in India and 76 bushels per acre in Japan.

(d) Where necessary food supplies cannot be obtained within a country, other possibilities exist. The development of mineral and other natural resources could, if coupled with free international trade, increase a country's income and so enable it to purchase food elsewhere.



BCG FOR A TUNISIAN *Photo : Unations*

(e) Finally, there is the all-important fact that increased prosperity is normally associated with lower reproductive rates. The present excess of birth-rates over death-rates is 10 per 1,000 for the world as a whole : but this figure falls to four for North-West and Central Europe, and six for North America, and rises to 15 for the Near East and 20 for Latin America.

Therefore, to quote Professor C. E. A. Winslow of Yale University, " On the whole,

the fear of over-population offers no valid grounds for modifying the responsibility of public-health workers for the control of preventable disease."

In many areas of the world, health aims cannot be attained without increased agricultural production, control of animal and plant diseases, and the development of timber and mineral resources. More and more governments are recognising that the basis of all economic progress for a nation is a healthy and productive population. Economic development starts with health and stops with disease. The public-health worker must discuss his problems with experts on industry, on economics, on agriculture, and on education and thus integrate his specific health programme as a part of the much larger programme of social reconstruction, for it must be obvious to all that "health is wealth."

OBITUARY

The Hon. Dr Karl Bremer, D.Sc., LL.D.

The death of Dr. Karl Bremer will leave a sad space in the memory of Bart.'s men and especially those in Southern Africa where, in the Union of South Africa in particular, he had earned the love and respect of all sections of his fellow men for whose needs he had at all times a sympathetic understanding.

Born at Hopefield, Cape Province, on April 27th, 1885, he received his early education at Wellington and later at Victoria College, now the University of Stellenbosch, where he was awarded the B.A. degree in 1902. Having decided to enter the medical profession he went to St. Bartholomew's Hospital, where he finally graduated, gaining additional post-graduate experience at Cornell University and in Berlin; in due course he returned to his mother-country as a General Practitioner in Cradock and Graaf-Reinet, later as an Ear, Nose and Throat surgeon until relinquishing active professional work in 1947.

His early political career was tempered by his keen activity in medical practice, although he undertook an important part in parliamentary work until elected to the Senate in 1948.

He was appointed to the Cabinet as Minister of Health and Social Welfare in 1951, in which position he had placed far-sighted measures on the Statute Book, which showed him as a man determined to improve the foundations on which the health of the community is based and whose whole career has been one of service to all.

He was a member of the South African Medical and Dental Council for 17 years, and its president for seven; it was under his presidency that the internship system was brought to fruition, perhaps the most important step forward since medical education was established in the Union.

In his purely academic sphere he will be remembered by students as a versatile and entertaining lecturer, and the Universities of Pretoria and the Witwatersrand were pleased to confer upon him the honorary degrees of Doctor of Science and Doctor of Laws respectively; he was a member of the Council of the University of Stellenbosch and Vice-Chancellor in 1950.

He was a great family man. In 1911 he married Miss Alice Mackenzie, and they had four children, a family who still uphold their father's professional traditions.

Soon after arrival in the country of one's adoption I remember well offering congratulations to Dr. Bremer at an important ceremony—my first meeting with him—also his reply, "It is nice to receive congratulations from a Bart.'s man"; by this token his memory will remain in his Alma Mater of St. Bartholomew's Hospital as something we all treasure—"A Bart.'s man."

W. E. UNDERWOOD.

This month's list of deaths is on p. 268.

THE DISTRIBUTION OF BART.'S MEN

The Coronation issue of the *Journal* was sent out to all Bart.'s men, and as no complete register with up-to-date addresses is held by the Medical College, members of the *Journal* staff had systematically to examine every entry in the *Medical Directory* to compile the necessary list. As this is the last year in which the *Medical Directory* will record the names of doctors according to the region or country in which they live, it will prove virtually impossible to repeat this study, which, so far as is known, has not been done before. Try as they might, the editors do not claim complete accuracy for the *Medical Directory*, but it is very probable that the possible errors, slight in themselves, cancel each other out.

The total number of British-qualified doctors in the world is given as 78,730: of these over 66,000 are living in Great Britain and Eire. Of the total number 3,856 are Bart.'s men—a proportion of one in 23. Of these 2,265 live in the provinces of England, that is, a proportion of one in 11.1 of all provincial doctors (35,213) and 896 live in London, a proportion of one in 12.2 of London doctors (10,836). In Wales there are 154 Bart.'s men among 2,805 doctors, a proportion of one in 18.2.

It is clear that Bart.'s men thickly leaven the medical profession in England and Wales, but very few have managed to penetrate the wild confines of Scotland and Ireland; countries which are notorious for their large exportable surpluses of medical men. Here in Bart.'s at least three members of the senior clinical staff (including two of our four professors) are Scottish-trained, yet of 8,917 doctors resident in Scotland, no more than 15 are Bart.'s men, a proportion of one in 594. In Ireland there are 14 Bart.'s men among 5,940, a proportion of one in 414.

In the Regular Armed Services there are 140 Bart.'s men among 2,313, and abroad, 372 among 12,703 civilian doctors, giving proportions of one in 16.5 and one in 34 respectively. These findings are summarised in the table.

When one comes to analyse the distribution abroad there are one or two interesting findings, but short of carrying out the same task for every other medical school it is impossible to tell whether Bart.'s men have a *penchant* for any one country more than another.

Of the 372 abroad, a greater number, 82, are in South Africa than in any other country. Australia comes next with 50; then New Zealand with 28, Canada and India with 25 each, and the British West Indies with 23. American medicine just keeps its head above water with the aid of the 20 Bart.'s men who practise in the United States.

While Bart.'s men are to be found as far afield as British North Borneo, Bahrein, the Canary Isles, Peru, Sierra Leone, Costa Rica and Israel (all with one each), the whole of Europe boasts no more than six (three in Switzerland, two in France, and one in Italy). Bart.'s men have, however, practically cornered the market in one Central American State. In Panama, of six British-trained doctors, four are Bart.'s men, and one of them, according to good authority, achieved distinction while at Bart.'s by being simultaneously a medical student and one of Panama's diplomatic representatives at the Court of St. James's.

I.H.B.

The analysis of the "abroad" figures is as follows:

South Africa	82
Australia	50
New Zealand	28
Canada, India	25
British West Indies	23
U.S.A.	20
Southern Rhodesia	14
Kenya	10
Egypt	9
Uganda, British Guiana, Mauritius, Gold Coast	5
Tanganyika, Panama, Malaya, Hong Kong	4
Tasmania, Ceylon, Northern Rhodesia, Switzerland, Nigeria	3
Belgian Congo, Zanzibar, Siam, Malta, France, China, Aden, Pakistan, West Africa	2

British North Borneo, Canary Isles, Peru, Brazil, Nyasaland, Sierra Leone, Gibraltar, Bahrein, Bechuanaland. Iraq. Sudan. Israel. Costa Rica. Italy, Argentine 1

Region	*Total number of doctors*	*Bart's Men*	*Proportion*
English Provinces	35,213 ...	... 2,265 ...	... 1 in 11.1
London	10,836 ...	... 896 ...	... 1 in 12.2
Regular Armed Services ...	2,313 ...	... 140 ...	... 1 in 16.5
Wales	2,313 ...	... 154 ...	... 1 in 18.2
Abroad	12,703 ...	... 372 ...	... 1 in 34
Ireland	5,940 ...	... 14 ...	... 1 in 414
Scotland	8,917 ...	... 15 ...	... 1 in 594

BUYING A PRACTICE

by PERCY HAYES CARPENTER

Maybe I hadn't said it right, or perhaps I should have stood instead of sitting down. "Hope I haven't offended you," I ended, thinking it a nice way to end up.

"No offence, Tony. Just not the man."

"I see," I said.

She sat down.

I stood up.

"I just thought what an adorable wife you'd make," I added.

"I see."

"Then you won't reconsider it?"

"No, thank you, I don't think I will."

I paused.

There was something so final, if you understand me, so stultifying, or was it tongue-tying? Whatever it was, my tongue clove to the roof of my mouth and stayed there.

But Mavis continued:

"I want a man when I find one who'll do a decent job of work, who'll look the world in the eye and not turn tail. You're too fond of doing locums. My man needn't be clever, but he must be responsible. You want a life all sugar plums. It won't do, you know."

"Of course, put like that . . ."

"Don't think I'm moaning. Lead that life, if it suits you; but you can't do it and have me too. Some people hate responsibility, but then yours is a responsible job. Look at Dad; he enjoys life, has a thoroughly good time, but he *is* capable. Capable of earning an income, keeping his house and running his practice as he likes and as everyone else does too, apparently, for it's a good practice. You'll dodge all the issues and have a good time, but you'll never have any money. That kind of life becomes chronic."

"But if I tried?"

She laughed; she really was lovely.

"Much might happen," she said, as if also that it conceivably might not.

I rang up the agent in her hearing and told him to get me a practice at once.

She laughed.

"Why put the agent to all that trouble? You know you'll never get a practice."

As usually happens when one gets worked up, no practice was immediately available. "If I do get a practice, will you marry me then?" I asked her.

"I'll consider it then," she conceded.

"And who will pay for the practice?" some inward voice wanted to know.

"I'll manage," I told the voice.

"Oh, yeah!" retorted the voice.

"I shall buy a practice," I told Mavis that night.

"Oh, yeah!" the beastly voice said.

"Yeah!" I shouted back again.

I rang the agent again, told him the matter was urgent, straightened my tie and felt every inch a man. "I take it you won't be available for further locums?" the agent enquired.

Certainly I would. I would be available now and up to the time I obtained my practice. "If you ever do," the voice said. I stressed the point with the agent. Time for another locum or two, but the practice was the thing. "Oh yeah!" the voice said.

"Yeah!" I shouted again.

Mavis was alarmed: "Are you quite all right?" she asked kindly.

"*Quite*," I said. "I was only replying to a voice."

"A voice?"

"Yes, you know, a voice. Keeps whispering."

"That's rather serious, isn't it?"

"No, no, I don't think so."

"I know Dad said . . ."

"Ah, that's different. That's hallucination. Auditory hallucination."

"Which is hearing voices?"

"No, hearing voices which do not exist."

"Which is what you've been doing?"

"Well, yes, in a way, yes."

"You should get it seen to," she said gravely. "It is serious. I know Dad thinks so. Why Dad . . ."

"Hah, hah!" the voice said.

"Hah, yourself."

"What did you say?" Mavis asked, now thoroughly alarmed.

"Only 'hah, hah'; you see, the voice . . ."

"I know. Would you care to lie down?"

"No, no, it's only my thoughts. They get a bit mixed. Nothing to worry about."

"Make yourself a tonic."

"I'm quite all right."

"Think so?" the voice said.

"Like all charming women Mavis distrusted those who talked to themselves. She distrusted them and locums in particular. They should be normal, if not specially bright. Should be sober, careful as to dress and manners. One had picked his teeth with a tram ticket and left a fried egg in his bed, and her father had explained it away as just a feature of locums on account of age, usage or trying duties. He had neither encouraged nor remonstrated nor called in the police, and the matter had passed into that great abyss of regrettable but pardonable misdemeanours. However, this one might be different. He had left no egg in his bed; yet she was anxious.

"She's rumbled you," the voice said.

"Shut up and be damned!" I said.

"Really!"

Mavis left, determined to see the nurse at once: send for her father, if necessary. Marry an hallucinated person! One who talked to himself. She knew now what her father meant, when, after his second port, he had said that Tony had been in asylum. True, it might have been to do a locum, or might not. Now all this. She would wait and she would watch. It was really most unfortunate. She fondled her Scottie, who stared at her sympathetically.

The agent telephoned that a good practice had come into the market, one quite near, that it was thought the chance of a lifetime, and did I wish to negotiate?

I thanked him very much and said I'd consider it.

"Don't delay, Doctor," the pleasant gentleman said. "This is right up your street."

"I'd like the address."

I glowed with excitement. Nothing venture, I thought. I would take Mavis with me.

"I . . . I can't go," she said indignantly. "They'll think we're engaged."

"Well, aren't we?"

"What?"

"Engaged."

"*Certainly* not," she said shortly.

"You said, if I got a practice you'd consider it."

"But you haven't got one."

"I'm going to see it."

"Go, by all means."

It wasn't very encouraging. I was to go and see this practice, possibly buy it, after which anything might happen. She might shy at the colour of the garden gate, dislike the bathroom, or jump should the windows rattle; all very vague. And I was to go and buy, and pay large sums, sign cheques, documents or deeds, and for what? That she might consider it. It wouldn't do for little Tony. "Then you won't have anything to do with it?" I said, having wrathfully summed her up.

"I didn't say that."

"Then what did you say?"

"That I would consider it."

I went to see the practice.

"No wife, or fiancée?" the doctor asked, raising his beautiful eyebrows, and looking

round as if, like Moses, she were hidden in the bushes.

"I'm afraid not."

"But . . . how will you run the place?"

"I have a young lady in the offing," I said, wondering whether I had.

"Then, why not bring her? Who is it?"

"Er . . . Miss Queerbody."

"*Mavis*!"

"Er . . . yeah."

"We, of course, know her well. Didn't know she was engaged."

"She isn't."

"Isn't?"

"Well, not quite. In a manner of speaking."

The doctor, his wife and two daughters, laughed. Two dogs undertook to bark. "I understand," he said, not looking as if he did.

"I think," I said, "she's putting me on my mettle, so to speak. I think . . ." I went on, getting more and more tied up. "I think she thought I hadn't courage enough." My face went hot, my stomach cold. "It's a serious undertaking."

"Well, yes," the doctor replied.

"Truth is," I blurted out, "we're not engaged, but may become so, if you understand?"

"Afraid I don't," the doctor's wife said.

"I think *I* do," the doctor said.

"*Sure*!" his two daughters added.

The doctor continued:

"The position, I take it, is this. Mavis wants a man with a home and practice to offer her, and her decision will depend on you having one to show her. That it?"

"That's it, exactly," I said, warming to this kindly gentleman who had so aptly summed up the case and who had momentarily forsaken the superciliousness of upper Medicine for leanings towards the lower. I liked him. My cards were now on the table. Not specially good, either.

"Come this way," the doctor said.

"Get out, quick," the voice hissed. "Pay nothing, sign nothing, if you have to, bolt for it."

"Shut up!" I told the voice.

The doctor turned. Had he diagnosed by state? "I take it you are serious about all this? The books are there for your inspection. This is a good practice. It will soon sell, so make up your mind."

"I see," I said.

"And if *I* know anything of Mavis, she won't like you any the less for being brisk. In short, my lad, if you mean to marry her, and I see you do, you'd better buy it. You can give me a cheque for the deposit, if you like. I can put it in the safe, then if she turns it down I'll let you have it back again. What do you say?"

"It may be for more than I've got."

"Write a cheque for what you have got. I'll give you a receipt."

"Thanks very much," I said.

"Now go and tell her you've paid the deposit, and hear what she says."

"I've bought a practice," I told Mavis immediately on her return.

Does one believe in presentiment? I did before, and do so now. How some desirable people literally "ooze" dislike, being doubtless resemblers, if not definitely part of, the feline species. One senses their claws, though none is visible. Sees disdain on their lips, fire in their eyes, not the old-fashioned Christmasy, chimney corner fires, but an unquenchable one of dislike. Such blazed away now in those of Mavis.

"You haven't bought a practice at all," she said with exceptional coolness. "Only bargained for one, the security being a woman. I object to being the subject of such barter, either now or at any time. How cunning! You would have the practice, if I would have you. Well, I will *not* have you. Rest assured of that. Had you shown courage I would have thought about it. Better get your cheque, or you'll lose it. I'll have nothing to do with such transactions."

Later that night I found Mavis in tears. Mavis in tears! Her shoulders shook as with great grief, or as one shakes a cocktail; then came sobbing, loud and prolonged, terrible to hear, pitiable to contemplate. Could she, had she, might she, be relenting? Second thoughts possibly, accentuated by the sadness of my face. It was an attractive thought. I advanced on tip-toe. But no, she was bending over a small Scottish terrier who appeared at its last gasp. He frothed and gurgled, then gurgled and frothed.

I reached for the stomach tube.

"Stop!" she cried.

I went on.

"What are you going to do?"

"If you watch, you'll see," I said.

It was then the inspiration came that was to affect my whole life. It was a bone in the throat.

Fetching a Sydenham's gag I placed it *in situ* and wound and wound and wound,

applying a torch that did not work. "You'll dislocate his jaw," she blazed at me. "*I shan't*," I blazed at her, as with a little more wind the bone shot out on to the floor.

"Now he wants a drink," I advised.

Next day I was off. My car had been brought round, the petrol tank filled, the bonnet polished, the tyre levels checked, oil also. I went into the house for my cheque and to say good-bye to Mavis. I had not had much luck. I peered in all the rooms, then up the stairs, then I saw her sitting in my car and looking perfectly sweet. "Where are we going?" I asked, as I got in beside her.

"To see that practice," she said.

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

Edmund Francis Neville Currey, in July (*Qualified* 1895).

Parmanand Harumal Jhangiani, on July 5 (*Qualified* 1919).

SPORT

CRICKET

SUSSEX TOUR—

August 2nd v. **Hurstpierpoint**—Drawn.
Hurstpierpoint—117.
(Winton, 4—32; Bloomer, 3—25; Batterham, 2—19.)
Bart.'s—110—9.
(Batterham, 26; Winton, 20.)

August 3rd v. **St. Andrew's, Burgess Hill**—Lost.
St. Andrew's—297—5 dec.
Bart.'s—170.
(Rycroft, 68; Nicholson, 37; Roxborough, 21.)

August 4th v. **Rottingdean**—Won.
Rottingdean—75.
(Winton, 6—36; Taylor, 2—14.)
Bart.'s—79—5.
(Nicholson, 21.)

August 5th v. **Littlehampton**—Won.
Bart.'s—170—9 dec.
(Nicholson, 35; Bloomer, 27; Roche, 25.)
Littlehampton—116.
(Foy, 4—22; Roxborough, 3—26; Ford, 2—24.)

August 6th v. **Barcombe**—Won.
Bart.'s—126.
(Rycroft, 51 n.o.)
Barcombe—94.
(Ford, 4—12; Foy, 4—25; Taylor, 2—13.)

August 7th v. **Keymer and Hassocks**—Drawn.
Bart.'s—224.
Roxborough, 92; Nicholson, 45; Taylor, 30.)
Keymer and Hassocks—201—7.
(Roxborough, 3—25.)

August 16th v. Bromley—Lost.
Bromley—118.
(Ford, 6—24; Foy, 3—13.)
Bart.'s—93.
(Gillett, 26; Roche, 24.)

August 23rd v. Foreign Office—Drawn (rain)
Foreign Office—173—6 dec.
(Bloomer, 3—60; Winton, 2—22.)
Bart.'s—46—0.
(Winton, 23 n.o.)

ATHLETICS

United Hospitals Championships, 1953

These were held at Motspur Park on Saturday, June 13th, and from our point of view the results were rather disappointing—we finished in fourth position, with 35 points.

Results:—

100 yards	... ...	P. McDonald, fifth.
120 yards Hurdles	...	A. S. Wint, fourth.
440 yards Hurdles	...	A. S. Wint, first.
440 yards	... ...	A. S. Wint, first.
880 yards	... ...	J. A. Stainton-Ellis, fourth.
One Mile	... ...	D. M. Stainton-Ellis, fourth.
Three Miles	... ...	D. M. Stainton Ellis, third.
Shot	... ...	D. Craggs, fifth.
Hammer	... ...	D. Craggs, sixth.
1 Mile Medley Relay		Bart.'s, second.

It can be seen that the real weakness lies in the field events—our performances on the track

being satisfactory—and it is this weakness that we must remedy before we can hope to win the Championships again. In addition, we must try to rekindle the true club spirit, which seems to have been waning during the past four years.

We have been fortunate in having Arthur Wint as a keystone around which we could build our efforts, but now that he has retired from athletics we shall have to find a new foundation for the club—this foundation must inevitably be laid by the new members of the club, and unless their response is good, then the outlook for the future of the club is rather depressing.

June 17th, at Chislehurst

A very enjoyable meeting was held with Westminster Hospital and Middlesex Hospital—in such a congenial atmosphere the result seemed relatively unimportant, but it is believed that Bart.'s won.

The season ended on June 24th with a match against Goldsmiths' College at Chislehurst. All the events were evenly contested and Goldsmiths were worthy winners, although by only a narrow margin.

During the season A. S. Wint represented the University and A. S. Wint, L. Pringle, P. McDonald, J. A. Stainton-Ellis and D. M. Stainton-Ellis represented the United Hospitals.

CROSS-COUNTRY RUNNING

Anyone wishing to indulge in this healthy and invigorating sport is asked to get in touch with D. M. Stainton-Ellis.

HOCKEY

At the Annual General Meeting of the Hockey Club, held on June 4th, 1953, the following officers were elected:—

Captain—E. J. Batterham.
Hon. Secretary—C. B. T. Grant.
Hon. Match Secretary—J. A. Tait.
Hon. Treasurer—P. Ford.

Reporting on the season's play, I. G. Tait said that the club's most pressing need was for more players, particularly from Charterhouse. It was essential to have a sound reserve of regular players upon whom one could depend. We must therefore find, and if necessary, train, these players, for it is upon them that the future of the club depends. One hidden source of talent, he thought, lay in the older universities from which source we might improve our supply by personal contact. It would be to our advantage to convince hockey-playing Blues how much Bart.'s is to be preferred before all the other London hospitals.

SKI CLUB

The club was active as early as 1935 as a branch of the Alpine Club, but like so many Bart.'s clubs, lapsed during the war. This year, due mainly to the number of people in Bart.'s who skied during the winter, it was reconstituted. The president, Mr. John Howkins, has recently been elected to the committee of the Ski Club of Great Britain, to which Bart.'s Ski Club is affiliated.

The club strength is now just over 70, including students, nurses, and members from most branches of the hospital. All members of the Students Union are exempt from subscription, but due to precarious funds at the moment it has been found necessary to bring in a nurse's subscription of 3s. 6d., and a staff one of 5s.

Ski Party, 1954

With the new ski-ing season almost upon us plans are under way to form a mixed party of about 24 to go out to Zermatt for the last two weeks of January. Provisional arrangements have been made at the Hotel Dom which is in the centre of Zermatt, and possesses an excellent cuisine; the journey, by third-class rail, is included in the overall cost of £35-£38. So far the response has been most encouraging, and it is hoped to complete the party in the near future. Guests from outside the hospital are included.

Future Meetings

All arrangements are provisional, and for confirmation a notice will be posted nearer the date.

October 30th.

Film Show, 8.30 p.m., College Hall, followed by a discussion on points relevant to the Zermatt party. There will be an admittance fee of 6d. to defray expenses incurred on hire of the film.

November 23rd.

"Ski-ing Equipment, and the Problems of the Beginner."

The speakers, it is hoped, will be the president, Mr. Howkins, and the vice-president, Mr. Hogg. The guest speaker will be Mr. Ben Watson, late president of the Cambridge University Ski Club. Skis and clothing will be on display.

Coffee and biscuits will be on sale at all meetings.

EXAMINATION RESULTS

UNIVERSITY OF LONDON

Special First Examination for Medical Degrees—June, 1953

Al-Adwani, A.R.M.	Dale, C. C. H.	Law, H. M. I.	Smith, H. E. A.
Brown, E.M.	Ellison, A. J. H.	Neely, J. A. C.	Stephenson, C. G.
Collier, B. R.	Gould, W. A.	Phillips, R. M.	Tabor, A. S.
Charlton, C. A. C.	Harding, E. I.	Richards, H. M.	Thwaites, J. M.
			White, S. J.

Special Second Examination for Medical Degrees—July, 1953

Bickham, E. E. M.	Edwards, V. G.	McGladdery, J. A.	Read, J. M.
Blake, H. V.	Freestone, D. S.	Newton, S. E.	Rosborough, D.
Butler, A. C.	Harrold, B. P.	Nicholson, J. R.	Snart, A. G.
Cochrane, I. H.	Jewell, W. H. M.	Nixon, T. C. P.	Taggart, P. I.
Docherty, R. P.	Lammiman, D. A.	Pool, K. S. J.	Taylor, G. P.
			Thom, B. T.

B.Sc. Special Examination—1953

Physiology:
First Class Honours: McKinna, I. A., *Misiewicz, I. I.
Second Class Honours (Upper Division): Womersley, B. J.
* Awarded a University Postgraduate Studentship in Physiology.

Ph.D. Examination—July, 1953

Watts, R. W. E., Richards, D. E.

ST. BARTHOLOMEW'S HOSPITAL Scholarships, August, 1953

Junior Scholarships in Chemistry, Physics and Biology:
H. E. A. Smith (Miss), (1st Scholarship.) J. M. Thwaites (Miss), (2nd Scholarship.)
Combined Hospitals University Entrance Scholarship:
R. E. Troughton (Miss).
Exhibition: M. S. Whitehouse.
M. S. Whitehouse.
Shuter Scholarship: J. H. W. Shaw.

BOOK REVIEWS

The following books have been received:

Introduction to Functional Histology. G. Bourne. Churchill, 12/-.

Disc Lesions. J. Cyriax. Cassell, 5/-.

Advice to the Expectant Mother, on the Care of her Health and that of her Child. F. J. Browne. Livingstone, 1/-.

Anatomy, Physiology and Hygiene. A Textbook for Nurses. Ashdown and Bleazby. Dent, 5/-.

British Medical Science and Practice. An Anthology. Petrie. Longmans, Green. 15/-.

Clinical Endocrinology. A. W. Spence. Cassell, 50/-.

FIFTY YEARS OF MEDICINE, by Lord Horder. Gerald Duckworth & Co. Ltd. 5/-.

The present generation, historically speaking, has always tended to take the achievements of the past for granted, accepting them none the less and building on their foundations, often without gratitude or acknowledgment. A book, therefore, which reviews the wonderful changes in medicine in all its branches over the last 50 years, is both timely and valuable. Few men in their 80's are available, mentally as well as historically, for such a task.

Lord Horder's book has thus a unique value, for it incorporates in its factual matter a personal experience of the medical advances of half a century. It is an expanded version of the three Harben lectures delivered in 1952 at the Royal Institute of Public Health and Hygiene, and runs to 68 pages.

To compress so much into so small a space has of course disadvantages, but this compression does not detract from the interest and lucidity of the text.

Koch discovered the tubercle bacillus in 1892, and Ehrlich introduced salvarsan for syphilis in 1910, and only just over 30 years later Fleming discovered and introduced penicillin. Lord Horder's review of this period of clinical pathology, in reference to treatment, gives a sense of historical proportion. He has a multitude of admirers, disciples, and friends, and to them perhaps the unique interest of the book is the keen sense of his personality which is conveyed in its pages. They will be glad to possess such a good reminder of the author as clinical pathologist, as physician, and as a man.

The causes with which he has identified himself, outside the realm of clinical medicine, bear witness to his personal courage. A lesser man, with a more labile sense of justice and more pliable convictions, would have evaded the battles he fought and would have thus achieved a greater political success. These causes, not all of them lost, are necessarily referred to. Their inclusion is justified, and completes the unconsciously drawn self-portrait of a great man.

G. BOURNE.

THE HEALING ARTS AND THEIR FUTURE. By Kenneth Walker. Frederick Muller. 12/6, pp. 222.

It is an excellent idea for a man to write about his own profession, about its impact on society, about its organisation and its relation to the State, about its present and its future. This is what Dr. Walker has done in his book "The Healing Arts."

Dr. Walker says that he has written primarily for the layman, and indeed those parts of the book that simply describe advances in knowledge are not likely to interest a medical reader. These parts do, however, fulfil their purpose. They tell, in

clear and simple language, of the advances in preventive and curative medicine, in surgery and psychiatry. He discusses health as well as disease, and emphasises the importance of harmony between body and mind. It cannot be an easy task to give a fresh and lucid account of modern medicine, and the achievement is hindered when fact and comment are so intermingled. Not enough is said of the researches that feed medical advance. The result is a survey that is good, but not brilliantly enlightening. There is no doubt though that the layman will enjoy these chapters, and learn much from them.

Part of the book is concerned not with medicine but with the medical profession, and will interest others besides laymen. The main themes are specialisation and the Health Service, and the evil that they have done to general practice. The General Practitioner, the key-man of the whole profession, is in danger of disappearing for good. He has been changed from a doctor to a health official.

The book also discusses medicine in relation to the world around it. Fundamentally, it is a discussion of the relation of the State to the individual. Dr. Walker does not like the State. His approach to the ancient problem of the Social Contract is not scholarly or deeply analytical, but it is the reaction of a man who experiences, feels deeply, and expresses himself strongly. This is an age, he says, "which moves blindly in the direction of the castrated cleverness of the ant-heap." Fortunately, Walter Lippman's "The Good Society" shows that it is possible, while assessing the danger as no less fearsome, to see the future with a brighter hope.

Dr. Walker has written more than a layman's guide to medicine. He has written boldly and disquietingly on the problems of the world. He deserves to be read, and contradicted.

G.F.

A BIBLIOGRAPHY OF THE WRITINGS OF DR. WILLIAM HARVEY, 1573-1657, by Geoffrey Keynes. 2nd Ed., revised. Cambridge University Press, 1953. Pp. 79., illus. 50/-.

The first edition of this bibliography was published in 1928, and was limited to 300 copies. Having been out of print since a few weeks after publication, a new edition is long overdue. Twenty-five years after the appearance of the first edition Mr. Keynes has had the opportunity, eagerly desired by all authors, of revising his work, but so thorough was the initial effort that we find few significant differences between the two printings. There are two new portraits of Harvey, another issue of *De motu cordis* (1753) is recorded from Dr. Erik Waller's collection, and there are a few additions to the lists of translations. Mr. Keynes has also slightly extended his bibliographical prefaces.

This *Bibliography of the writings of Dr. William Harvey* is an important desiderata to medical historians and bibliographers, and is of particular significance to Bart.'s men on account of the associations of both the author and the subject with this hospital.

Beautifully produced by the Cambridge University Press, this book is a desirable acquisition to more than the 750 possible owners, and it is improbable that it will be available for a period of much greater length than was the first edition.

J. L. THORNTON.

BRITISH MEDICAL SCIENCE AND PRACTICE. An Anthology, edited by G. F. Petrie, M.D. Longmans, Green & Co. 1953. 21 illus., pp. xvi and 172. 15/-.

This anthology was designed to show doctors and students abroad the trends of modern medicine in Britain. It is perhaps unfortunate that there is no extract from an article published in the last five years, when change has been so fast. However, the picture of the steady advance of British medicine, in its broadest sense, over the last 50 years is clearly presented in extracts from the works of 93 famous men. The first part of the book is extracts from biographies and letters of 10 pioneers of British Medicine, ranging from Harvey to Manson. Then a short section of selected aphorisms, from Harvey to Geoffrey Keynes, the latter's contribution being reprinted from the *Journal*. Here the editor seems to have been unable to decide whether he liked a line between the entries or not, some have it, some do not; the latter has the pleasanter look. The reproduction of the pictures is not as good as it might be, the two worst being Sir Charles Bell and Lord Lister. Even so, this book would make a most attractive Christmas present, not only for students, but for all from chiefs to laymen who appreciate a well-produced book and try to keep their view of medicine in perspective.

R.J.K.

THE PREPARATION AND WRITING OF MEDICAL PAPERS FOR PUBLICATION, by W. R. Bett. Mealey & James, distributed free to senior students.

HOW TO USE A MEDICAL LIBRARY, by L. T. Morton, A.L.A. 2nd Ed., 1952. Heinemann, pp. 44. 5/-.

These two small books are complimentary to each other and are both essential to anyone intending a thorough research of his subject and the subsequent writing of papers.

Dr. Bett (a Bart.'s man who has shot off down a side turning of medical history and literature and has more *Recent Papers* to his credit than anyone else who trained here) tells us that nearly a million scientific articles are published each year, and warns us that though it is our duty to write, we must have something worth writing about. He then takes us through the gestation, labour and delivery of our brain-child by easy stages, warning us to eschew jargon, to cultivate brevity and a pleasing style, to strike an arresting opening note (though the example he quotes approvingly would take the prize for circumlocution and jargon), not to despise the devices of popular journalism, to be careful with our statistics and scrupulously correct with our references. If, in addition to following Dr. Bett's advice, your prospective writer were to read George Orwell's classic essay, *Politics and the English Language*, in *Shooting an Elephant and Other Essays*, he will scarcely be able to put a word wrong, and will instruct and delight his readers in turn.

To put the horse before the cart, your writer should have read Mr. Morton first, and he would have learnt how to make the best use of those quiet, courteous and studious gentlemen who control our libraries. He would also learn how not to waste their time with silly questions, for he will learn here of all the chief sources of information on his subject and how to tap them. There is a very useful list of the principal medical libraries in Britain. This is a most competent and useful little book.

I.H.B.

LECTURES ON THE SCIENTIFIC BASIS OF MEDICINE. Athlone Press, London. 1953, pp. 396. 30/-.

In 1951, the British Postgraduate Medical Federation began a series of lectures each winter on the "Scientific Basis of Medicine." This volume contains 18 of the lectures delivered in this series during 1951 and 1952. The lectures are designed for the "younger research workers and teachers in the preclinical and clinical sciences, and for junior clinicians." The individual lecturers, most of whom have played a leading part in the experimental work they discuss, have accomplished their task well. Their contributions reflect the thoughts of these men on their own fields of endeavour, and in general the widely different subjects have been considered with just the right blend of historical background, recent experimentation, and speculation on future progress. The lectures on the adrenal hormones, renal physiology, anti-bodies, and blood coagulation may perhaps be singled out as being particularly successful, and they are undoubtedly the best general reviews of these rapidly expanding fields of knowledge to which the postgraduate can turn. One or two of the other lectures suffer from being too much concerned with details, or from choice of subjects in which there have been too few recent advances for the material to be of real interest. Apart from such exceptions, however, they combine to make a useful and interesting volume.

It is to be hoped that future lectures in this series will be published in these volumes, which will fill a need in postgraduate education to which in the past, far too little attention has been directed.

D. V. BATES.

THE PRINCIPLES AND PRACTICE OF MEDICINE, by L. S. P. Davidson and others, 1st. Ed., 1952. E. & S. Livingstone, pp. 919, figs. 57. 32/6d.

This new and already popular text book of medicine emanating from the Edinburgh Medical School, had its birth some 20 years ago in the "hand-outs" students received at the end of lectures. As a result the book retains its note form throughout and is punctuated on every page by enumeration and bold type. This, of course, is largely a matter of personal taste, but it seems to your reviewer that this method engenders a mood of grim determination—"Well, let's see if we can learn the anaemias in a couple of hours"—rather than permitting the words to lap reflectively through the mind, and fostering an attitude of thinking about disease. The amount of knowledge a student takes on board without properly sorting it out for himself is already vast, and to have it all so neatly docketed and tied-up in parcels is only to confirm him in a bad habit.

This consideration apart, it is an admirable book. Paediatrics, psychiatry and infectious diseases are left out by design, but the rest of medicine is competently dealt with. Each section begins with an anatomical and physiological introduction and ends with a few paragraphs on preventive medicine. No undue emphasis is given to the rarities, which are kept where they belong, in the background.

It is a good book as an introduction to medicine and for revision just before finals, but he who relies on it solely and fails to read monographs in addition will be sailing close to the wind.

I.H.B.

ROSE AND CARLESS' MANUAL OF SURGERY. Edited by Sir Cecil Wakeley. Baillière, Tindall & Cox, pp. 1471, figs. 1,011. Two vols, 63/-.

After a lapse of nine years this text book has reappeared in a new edition, in the shape of two well-produced, profusely illustrated volumes. A lot of pathology and bacteriology has been discarded and much new work on salt and water depletion, chemotherapy, haemorrhage and shock included.

It would be idle to expect a text book written by many hands to be consistently satisfying throughout, but this one is curiously uneven in its quality. Many of the chapters are excellent, but others are quite ordinary, sometimes misleading in their information and even archaic in the procedures recommended. There is a mass of information here, so much wood that many students will find it hard to see the trees.

I.H.B.

AN INTRODUCTION TO FUNCTIONAL HISTOLOGY. Geoffrey Bourne, D.Sc., D.Phil. 1st Ed., 1953. J. & A. Churchill, pp. viii and 198. 98 illus. 21/-.

It would not be correct to state that chemical or even functional histology is a new science. Differential staining uses the fact that the constituents of cells differ in chemical properties, and in the hands of Paul Ehrlich this technique was used to clarify the origin and the function of blood cells. Yet, as this book says, "one cannot any longer think of the cell as a red-stained object with a blue nucleus that one sees down the microscope; one thinks of it as a pulsating, living object; its cell membranes selecting and rejecting as chemical substances pass in and out; its long protein chains forming a plasmatic framework on which its enzyme systems work, among which its products of storage or secretion accumulate, and in which organelles such as mitochondria float. We think of the passage of nucleic acids in and out of the nuclear membrane, of chromosomes and genes . . ." Only in the last two or three decades has a systematic attempt been made to demonstrate chemically defined compounds within the intact cell and to locate enzymes by staining their reaction products. One of the pioneers in this field is the author of this book who, about 20 years ago, produced the first of his brilliant studies of vitamin distribution in tissues. There are 198 pages, including 10 pages of elaborate—possibly too elaborate—index. There are 98 photographs, nearly all of them choice specimens,

perhaps the most impressive is a 15 cm. long reproduction of the tail end of a spermatozoon. The refinements of modern microscopic technique are worthily represented, particularly phase contrast and electron microscopy. There are the four conventional chapters: The Cell, The Tissues, The Organs, Technique. The last part appeals probably most to those working in a histological laboratory, but the book is written so simply otherwise that it can be understood by the sixth form science pupil, the junior laboratory technician, and will equally delight the medical student—preclinical or clinical—and graduate. The pictures here collected are usually available only in scattered scientific journals, though some of them may be found in one or two expensive text books. Dr. Bourne's contribution will be particularly welcome to the preclinical student as a supplement to his orthodox text book of histology, and as the price is only one guinea it is the kind of present he may ask for when a kindly uncle or aunt tries to discover what he wants.

H. LEHMANN.

AIDS TO GYNAECOLOGY, by W. R. Winterton. 11th Ed., 1953. Baillière, Tindall & Cox Ltd., pp. 196, illus. 6/.

A book useful as a supplement to a standard text book, or for reading in the train. The style is clear and concise, though the sub-headings are occasionally difficult to see. The chapter on gynaecological endocrinology is the simplest explanation of this complicated subject that your reviewer has yet met. This book is to be recommended as a final revision before examinations.

MISS HECTOR.

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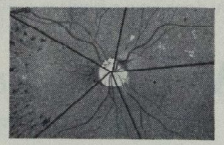

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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EDITORIAL

" It is easier to move a cemetery than to change the curriculum."

EARPHONES and simultaneous translation rapidly produce headache, but this was no price to pay for the excitement of attending some of the sessions of the First World Conference on Medical Education. Six hundred doctors representing 86 of the medical schools and universities of the world were met in London to appraise the anatomy, physiology and pathology of medical education, to consider a diagnosis and, if possible, to suggest treatment.

Their main preoccupation was, rightly, with the medical student himself. With humour and with sympathy, but with a note of high responsibility, his teachers discussed him and his career, considered how to choose, how to teach, what to teach him and enlarged on his potentialities for everything from suicide to specialisation. If some idealised him, at least most understood and all seemed to like him. They seemed to say with Maurice Chevalier, " Really at our age we must be reasonable," and aimed their criticisms more at the system they were using and had helped to make than at the material they were called upon to fashion.

At the very start of the conference Sir Lionel Whitby made the confession: " There can be little doubt that when we individually think of medical education (he might as well have said *medicine*) we think only of our own countries." But as the Tannoy system hummed with Spanish, French and English —or as often, American and men of the most diverse colour and country stepped to the microphone, false and insular perspectives had to give way. Indian, Iraqi and Peruvian commonly spoke from a wisdom as wise as our own. Medicine we found is no longer the monopoly of Western Europe. We had to envy the students of Madras and Uruguay their teachers as much as those of Ottowa and Uppsala. There could have been no better demonstration of the educative influence of medicine, of which so much was being said.

It was, too, a conference of enthusiasts. A teacher of English literature from Cambridge, with perhaps more objectivity than tact, listed boredom as one of the causes of failure in medical examinations. An amazed Swede hurried to the microphone and after two minutes of enraptured protest sat down amidst applause with the cry " Medicine is happiness—thank you."

But besides enthusiasm there was a note of urgency. It showed in a general determination not to toy or tinker with bits and pieces of the curriculum, even not to become absorbed with problems of curricula at all, but to probe as far as possible to the roots of not merely medical education but of education itself and to ask not only what should doctors be taught but why teach them, why have doctors at all, why teach anyone ? Only so could the complexity of the problem be reduced ; it must be tackled at source. In this light the majority of the speakers declared themselves, perhaps involuntarily, as idealists. It was strange how again and again they turned to the vocabulary of the pulpit to express the terms in which they thought and felt about the practice and teaching of medicine. On the first day, Sir Richard Livingstone, invited to speak as an expert on education, and perhaps too, as a practical demonstration of wholly educated man, said that " an education which leaves us without a philosophy of life is as incomplete as one which leaves us unable to think or

express our thoughts." Much of the rest of the week was spent, whatever was immediately under discussion, in examining medical teaching with this in mind and trying to grasp and suggest the outline of such a philosophy.

For most of its time, the conference was divided into four sections discussing separately—the requirements for entry into medical schools, the aims and content of the medical curriculum, techniques and methods of medical education, and preventive and social medicine; but always it seemed the same problems were being grappled with. These were outlined at the start by Sir Lionel Whitby, whose twinkling and sympathetic personality presided over the plenary sessions. Medical education, he recalled, was a matter not of medicine but of education. Its aim was not to produce specialists or general practitioners, but "an educated person grounded in principle and method, able to see what the whole of medicine stands for and means, trained to observe with his hands and his senses, encouraged to think logically and critically, instructed in the use of the instruments of measurement and equipped with a basic knowledge upon which he will continue to build for the rest of his professional life." Against the fulfilment of all this was set the massive and paralysing growth of medicine, a disintegrated curriculum, the lure of early specialisation, the absorption both of teacher and taught with examinations and a lack of general basic education.

Nobody doubted that the curriculum must be unloaded and re-orientated. Too often, they said, it is divided up and broken by now meaningless separations—between medicine and surgery, anatomy and physiology, clinical and pre-clinical. These were but historical survivals now only wasteful and confusing. Disintegration prevented the student from relating his different studies to each other and to their proper end. The special departments themselves were at fault, because instead of using their special knowledge to demonstrate the general principles of medicine in particular fields, each tended to teach its own speciality as an end in itself. No wonder the general practitioners, forced into competition with the specialities, were demanding special treatment for their field.

On the whole, two particular suggestions seemed to recommend themselves to speakers more than others. First, that curricula should be made more plastic. Since medicine moved fast nowadays, curricula must move too, they must be made dynamic and often experimental. In Sir Henry Cohen's words, "A curriculum can never be final, it is always moving but it never arrives."

Secondly, that the curriculum, i.e. the teacher, must be limited to laying foundations. Three years was felt to be so short a time in which to learn something of clinical medicine, surgery and midwifery that if due proportion was to be preserved only the very fundamental principles could be taught. Sir Lionel Whitby asked "Does the intending and practising doctor need to memorise in detail and then forget the three-dimensional relations of the posterior triangle of the neck? Does he learn anything as a student when spending hours in an operating theatre watching the surgeon remove a tumour of the brain? Could he not spend his time more profitably in the out-patient department, the casualty reception, the polyclinic or even in an art gallery or on the football field?" And again, "the student should receive continuous and lengthy instruction only in the common and basic and useful and everyday clinical problems, but he should content himself with a single experience in rare or specialised procedure."

There were suggestions, too, that the only justifiable break in the course should come after a period of well integrated teaching in general medical principles of (say) four or five years, when students could divide themselves among courses which would fit them specially as physicians, surgeons or family doctors after another two or three years. The warning was given that a failure to teach adequately the fundamentals, combined with the mass production of immature specialists could have but one end—the conversion of the profession into a technology. Again and again the senior men appealed for more and better grounded *general* physicians and *general* surgeons.

But the unbalanced curriculum was recognised as due to an error of thought, to an unbalanced philosophy. To cure organic disease is no longer the sole aim of the profession. Medicine taught to this single end can never be true education. Not only must absorption with disorder be secondary to a study of order, but the limitation of teaching to hospitals must not be allowed to give students and doctors a wrong view of disorder itself. Men and women are not entities in isolation or in hospital beds, but members of families and communities. Their illnesses are often but the symptoms of disease of the group. Families and communities have their own pathology, rightly studied by doctors in social and preventive medicine. But, at least in this country, these disciplines are largely untaught because their fields do not usually find any place in hospital practice. This bias and many others, some delegates suggested, will only be corrected when the aim of medical education is to study neither physiology, nor disease, nor therapeutics; but humanity, human ecology or man, call it what you will. The medical student must study man, alone and in community, alive as much as dead, in order even more than in disorder. His teaching must make besides a doctor of him, both a natural philosopher and a humanist.

Two other points raised in the conference particularly struck this observer. The problem of training men for general practice is largely reduced if medical schools aim to teach the fundamentals of medicine and not to impart as much information about each speciality as three years will allow. But speakers did feel that not only do the special problems of general practice need indicating to the student whether he was going to become a G.P. or not, but that the patient's home offered opportunities for teaching and studying medicine in a closer and more realistic manner than anywhere else in the world.

Secondly, many delegates were evidently with Sir Lionel Whitby when he said, "There is much to be said for the wide use of some form of tutorial system in the teaching of medicine. By this I do not mean what is generally implied by a medical tutorial—namely, question and answer in preparation for an examination. I think, instead, of the relatively young, experienced, keen member of a hospital staff to whom a small group of students can be permanently attached during the whole time of their hospital learning. The group could gather with the tutor, once or twice a week, from their several and different duties and discuss with him the doings and experiences of the week. Such a tutor, who might well be a general practitioner, could direct studies, review the work of the week, integrate and co-ordinate the various experiences, and give point and emphasis in such a review to all the aspects of medicine, social, hygienic, psychological, ecological, historical and so on, which various advocates would especially wish to have inserted into an already overloaded medical curriculum. Such a tutor would indeed help to correct the departmental attitude which tends to overemphasise a narrow subject. Good tutors are difficult to find, and they should not be overloaded with too many students, otherwise the personal atmosphere, that of a family rather than a tutorial class, would be destroyed." It was observed by John Fulton himself that from the earliest times the teaching of medicine has had a highly personal flavour, and suggested by him and others, that to-day it needed to return to a closer physician-pupil relationship.

After all this, every medical student and many another, will impiously think, if he doesn't ask: "So what? Will anything be done?" The World Conference was called only to explore a problem, it couldn't solve one. But no doubt its members would never have assembled had they not hoped to be able to do something in consequence. The remark which heads this article was made by a well-known medical dean after a meeting of his board of studies. It is encouraging to know that cemeteries do sometimes get moved, but important also to remember that disturbing them has always been a slow, difficult and unpopular business.

* * *

Inauguration

In the eighteenth century intelligent and cultivated governors crowned their work of rebuilding the Hospital with James Gibbs' Great Hall. In the days when Romney, Hogarth and Gibbs were governors it saw no doubt many distinguished gatherings. Kings and Queens have graced it since. Within living memory the Buck Feast and other celebrations have gained occasion from being held there and have made it what it was meant to be, a focus of Hospital life.

Thursday, October 22, was just such an occasion. Well over 300 staff and students alike assembled beneath the brilliant gilded ceiling; behind the dais were the portraits of the Hospital's worthies with Abernethy himself placed forward as if to preside over the society which bears his name, and on the dais was one of the greatest living figures of British medicine, Sir Lionel Whitby.

"Devils's drugs and doctors," Sir Lionel's provoking title, was but the mask of an arresting and far-ranging survey of the history

and significance of preventive medicine, marked with the insights and sympathy which those who have heard him know always to expect.

To all Bart.'s men and women present and perhaps most of all to those just joined from other universities, this was one of those occasions for which Gibbs' Hall was built, which declare and illuminate the character and qualities, too often forgotten and obscured in the mêlée of normal routine, of this Hospital, which when spoken of by others on public occasions can only and best be described by the one word "great."

Professor Garrod in wittily proposing a vote of thanks and remarking on the distinction of the occasion, regretted that only once before could he remember a lecture of any sort being held in the Great Hall. We hope that it will see many more such inaugural lectures. Gratitude is owed to the Abernethian Society for a memorable lecture, to the Governors for their permission to use the Great Hall, to Mr. Carus Wilson and Mr. Goody for their help, and to the Dean for excusing us all from a clinical lecture.

Bart.'s and Everest

Before we all become so familiar with the summit of Everest that we forget that it was ever hard to reach, it should be put on record that one vital piece of equipment design which was contributory to the achievement was the work of a Bart.'s man. Having worked on problems of high-altitude respiration in the R.A.F., Dr. J. E. Cotes, now doing pneumoconiosis research for the M.R.C. in Wales, was given the job of designing the oxygen masks worn by the British team this year. The standard R.A.F. mask had to be remodelled to provide a lower resistance for the climbers, who breathe more rapidly and deeply than aircrew personnel. In addition, it had to be protected from high winds at temperatures below zero, which might blow the valves open. To do this, Dr. Cotes designed a rubber cowl which fitted over the mask and which also tended to warm the air inhaled by the climbers. A special version, with a sampling tube was made for the expedition's physiologist.

The co-operation of Bart.'s men with previous expeditions and often as climbers, is recalled by a case of blood smears from one of the earlier expeditions, seen lately in the Hospital, some labelled with the names of celebrated climbers and all taken at impressive altitudes.

Dramatic Society

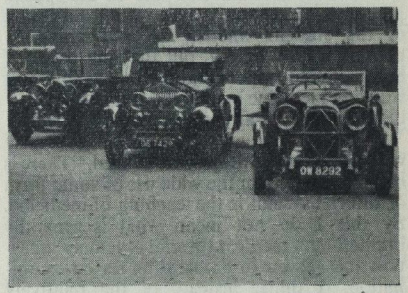
Captain Carvallo, by Denis Cannan, is the Dramatic Society's annual production at the Cripplegate Theatre on November 19 and 20. Tickets are obtainable from the secretary at the hospital.

The dates fixed for the Pot Pourri are December 28, 29 and 30.

Horseless Carriages at Bart.'s

Our motoring correspondent writes:

On the first Sunday in October, as the sun struggled for existence and the leaves floated in a still fountain, the morning calm was disturbed by the arrival in the square of five ancient and conspicuous motor-cars, that swept past a pop-eyed porter and formed a circumfontal concours d'elegance to be judged by Mr. George Ellis. During the inspection a small crowd gathered, which was rewarded by the sight of a green 'Swift' setting off first for the country, while two top-hatted gentlemen burrowed into a blue



The line-up

'Bean' which refused to start till persuaded with hammers. 'Bentleys' and 'Lagondas' rushed homicidally after them.

Out in the Surrey countryside Bentleys broke down and a Bean boiled, but a terrible speed was maintained and all arrived at Brook in time for the opening of the 'Dog and Pheasant.' Here, the sun smiled impartially on the abandoned cricket green, the autumn-tinted trees, the silent shimmering radiators and the golden depths of gently circulating stoups of ale. Hours later,

Under Starter's Orders

warmed and refreshed, drivers crouched in the roadside grass and awaited the signal to leap into their cars, frantically coax them to start, and surge—or struggle—to the top of a hill in less time than anyone else. This excitement over, the strange cavalcade wound its way through beautiful scenery until it reached Midhurst, the 'Spread Eagle,' and luncheon.

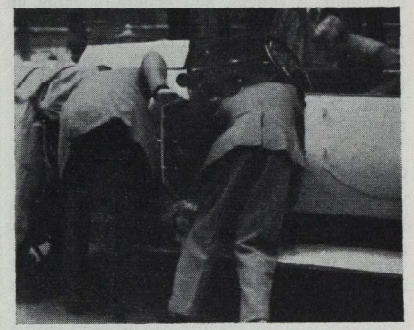
A post-prandial nap in the comfortable embrace of deep leather-covered armchairs was followed by a gentle meander through uncharted sleepy country lanes to tea. The day finished upon some blasted heath where, in the failing light, competitors shot backwards through taped corridors and shuttlecocked into an imaginary garage with fantastic cunning. So the party ended, some cars speeding straight to town, while others preferred a less direct and more convivial route, but all got safely home.

As a result of the energy, skill, and zest of the competitors, and of the ingenuity of the umpire, each car was found to have gained an equal total of marks. The success of the rally was largely due to the fine organisation by Peter Scott—who held the post of umpire extra-ordinary, and Chris Hudson—who designed the rally so that he might win, which, of course, he did.

Those who took part were:—

Peter Durham—1928 4.5 litre Bentley.
David Black and John Jones—1930 3 litre Lagonda.
Chris Hudson and Geoff Cunningham—1926 3 litre Bentley.
Richard Beard and Jim Tait—1926 12 h.p. Bean.
Dick Fiddian and Harvey Ross—1926 10 h.p. Swift.

Regrets were expressed for the absence of Wyckham Balme and his Rolls-Royce, Anthony Lamplugh and Jimmy Girling and their Humbers, David Bates and his Sunbeam.



They're Off

A pretty Pass

T. A. Boxall writes:

"Things have come to a pretty pass when religion is allowed to invade the sphere of private life," said Lord Melbourne, and no doubt everyone at times agrees with him. We reserve the label "impertinence" for just those things which have become too pertinent to remain comfortable. But worse still, not only does religion invade but it insists on altering every sphere of a man's life until he can no longer call himself his own. Not until this point is reached does a man know the truth of the Christian statement that a man is his own worst enemy, a thing usurped and disorganised until he allows himself to become absorbed and dominated by God in Jesus Christ.

During the present term in the University, Christian Union members are organising in many of their colleges a special series of meetings under a collective title of Mission to London University. This will be an occasion for people to reconsider both the basic statements of the Christian faith and also their own verdict of "pertinence" or "presumption."

Bart.'s is participating in this mission week (which will run from November 15 to 22) and details of meetings in the hospital and Charterhouse Square will be found at that time on posters and on the distributed programme cards. A number of speakers will

be visiting us, including Mr. W. Melville Capper, M.R.C.O.G., F.R.C.S., an old Bart.'s man (three times captain of the XV) who is clinical dean of Bristol Medical Faculty. Speaking at one or two meetings, acting as chairman at others, and generally being in and around Bart.'s for most of the week will be Dr. O. R. Barclay, Ph.D., whose aim will be to be at the disposal of all, and in particular of those who desire to talk with him about the topics of the meetings, and the theme of the mission itself.

Occupation

The Statistical Tables of St. Bartholomew's Hospital used to list the occupations of patients who had received treatment in the wards. So, in a strange way, you can find a picture of London sixty or seventy years ago.

One sees what an important animal the horse was, by the number of cabmen, carmen, grooms and ostlers. There was a rural flavour of cowmen and shepherds and drovers. In the year 1880 the most frequent occupations among the men were schoolboy, labourer, carman and porter, in that order. This was leavened by one betting-man, a housebreaker, and three clickers. In those days there were two or three clickers every year. Other little-known professions also appear. 1880 saw a feather curler, and a goldbeater's skin dresser. The paupers are fewer than one would expect, only one or two a year, scarcely outnumbering the relieving officers. 1876 had one mine-girl and one muff-stuffer. One hopes that the singer of comic songs was able to pursue his trade in the wards, undaunted by the three undertakers.

Among women, the three most important occupations were: housewife, servant and harlot. From time to time there was probably some revision of nomenclature, there being 262 harlots in 1876, and in 1878 only four, with a compensatory increase in other professions. In 1880 the old terminology was again in use.

Flower seller, muffin man, oyster seller and fish wife, they are all there, all the cries of London.

"And, my good man, what is your occupation?"

"Australian Bushman."

"Complaining of?"

But the answer is not there.

Abernethian Society

On Thursday, November 19, Sir Heneage Ogilvie, consulting surgeon to Guy's Hospital and editor of the *Practitioner*, will give a lecture on "The Hole in the Iron Curtain." Sir Heneage is one of the most prominent members of the shrinking class of *general* surgeons, and he is a consistent opponent of over-specialisation in medicine. The "hole in the iron curtain" is the oesophageal hiatus which enables the general surgeon to extend his activities into a region now normally reserved to the thoracic specialist.

On Tuesday, November 24, Professor R. V. Christie will take the chair at a discussion on medical education. A small panel of speakers will include a surgeon and two students, and the subject will then be opened to general discussion. The meeting will take place at 8 p.m., in the Recreation Room, College Hall, and it is hoped that as many students as possible will attend.

On Wednesday, December 2, a small party of members will visit the plastic surgery centre at East Grinstead, by kindness of Sir Archibald McIndoe. A notice will be posted on the notice board later.

Congratulations

to J. E. Cairns, on his marriage to Miss Denise A. Claydon, on July 25.

to Mr. G. Blackburn, M.B.E., on his engagement to Miss J. Bowen.

to Dr. C. Foster Cooper, on his engagement to Mrs. M. B. Heaven.

to Prof. H. V. Morgan, on his engagement to Miss M. J. Morley.

to Graham Harris, on his engagement to Miss Patricia Tippet.

Change of Address

The following Bart.'s men have sent us new addresses:

L. I. M. Castleden, 82 Twyford Avenue, West Acton, W.3.

P. N. Cretney, 81 Main Street, Fulford, York.

W. Chalmers Dale, Seabank, Marine Terrace, Gullane, East Lothian.

A. W. Nigel Druitt, Rutland, Okanagan Valley, British Columbia, Canada.

J. L. C. Martin-Doyle, Mowbray House, 7, Victoria Road, Great Malvern.

H. E. Quick, Craythorne, Shinfield Road, Reading Berks.

Journal

A most welcome change, noticed in the last few months, has been the increase in the number of articles offered to the *Journal* by Bart.'s students. This month four out of five articles are the unsolicited contributions of students and the fifth came with equal spontaneity from a member of the senior teaching staff. Perhaps it has been recognised that the shortest way of changing or improving the *Journal* is to write the articles that ought to be printed. At any rate such unprecedented support has very greatly eased the task of the editors.

Articles or features of all kinds are very welcome, and are accepted or otherwise by the Publication Committee as far as is possible on the sole grounds of merit. Short stories, case histories, poems, "clangers" for "So to Speak . . .", and so on, are all wanted. Club secretaries are urged to make more use of the facilities always available to them. The editor also grieves that so few people nowadays think it worth writing him a letter or else have nothing that is worth writing one about.

To be sure of inclusion in the following number matter should be received by the first day of the month.

Cambridge-Bart.'s Sherry Party

The Oxford coterie at Bart.'s meets for its revels, it is said, at a private house off Harley Street. But few private houses could have contained the large company of Cambridge men and women of every age who met for their annual sherry party this year in the Medical College library. Even there, hemmed in by tables laden with food and drink, there was hardly room enough. The real aim of this gathering is to welcome to the Hospital those just arrived from the University. In such a friendly atmosphere this was inevitably an enjoyable duty.

'SO TO SPEAK . . .'

Leading question

Don't you know at all what was the matter with your heart?

Yes! I think there was something wrong with the 'T' wave

—Digest Reader, perhaps?

Like what?

People like this may take their diet before or after meals.

—Heard in M.O.Ps.

RUGBY, TENNESSEE

by GEORGE J. CUNNINGHAM

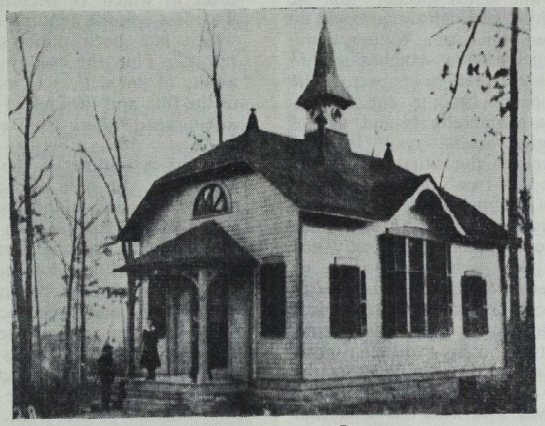
TRAVELLING in America, the occasional appearance of a disused mineshaft or a deserted shack reminded one of some pioneer whose hopes had never been fulfilled. Such unsuccessful venturers, even though much more numerous than the successful, are apt to be overlooked as they receive little publicity. Out of about 100 attempts to set up new communities in America during the nineteenth century only four or five have been successful. A chance acquaintance brought one of the failures to my notice and it is about this that I wish to tell.

Dissatisfaction with conditions at home often leads idealistic individuals to venture abroad to set up communities which are meant to be Utopian. Rugby, Tennessee, commands our interest because its founder was none other than Thomas Hughes, the author of "Tom Brown's Schooldays," and the recent appearance of his biography adds justification for a short study of his community. Hughes was greatly influenced by his education at Rugby under Dr. Arnold, and although he later became a practising lawyer he found time to interest himself in social problems. He allied himself to the Christian Socialists and played an important part in the founding of the Working Men's College of which he subsequently became principal. This background led him to consider the difficulties in choosing a career that faced many of the young men being turned out from the public schools at that time. The only careers really available were the three learned professions, the public service or the press. Handicrafts were frequently kept in families or were "closed shop" as we say nowadays. Trading was thought to be undesirable as it induced a certain lack of scruples which ran contrary to the teaching in the public schools. Manual labour was unsuitable as it caused loss of caste amongst one's social equals. These Will Wimbles (as Hughes called them from their resemblance to Addison's character in the *Spectator*) were athletic young men of gentlemanly qualities who possessed no great intellectual ability and were somewhat lacking in ambition. So the solution which occurred to Hughes was the formation of a colony in America where these young men could pursue manual work without losing caste and could at the same time create a cultural society of their own. In short, they were to have the working hours of a workman and the leisure hours of a gentleman.

In 1879, Hughes and a few others purchased a tract of land on the Cumberland Plateau, 1,800 feet above sea level in East Tennessee. A joint Anglo-American controlling body known as "The Board of Aid to Land Ownership" was formed, the aims of which were to provide assistance to both American and English settlers. The situation of the settlement was a delightful one, but the land was only moderately good for agriculture and there was much clearing of forest land to be performed. To produce adequate crops of peanuts, tobacco, vegetables, and fruit, much hard work and expert knowledge were required and the settlers apparently possessed neither of these qualities. Prior to the settlement the land had never done more than furnish a bare existence for some "poor whites" and a few negroes. A ceremonial opening took place on October 5, 1880, when Thomas Hughes welcomed a few men from the leading public schools and named the colony Rugby. Hughes followed this up with a lecture tour in eastern America, and on his return to England a speech at his own beloved school, Rugby, where he urged the desirability of emigration. In 1881 he published a book entitled *Rugby, Tennessee*, in which he stated the social problem as he saw it, gave a detailed account of the American settlement and its local personalities, ending with a report on the prospects of the land by the Minister of Agriculture for the State of Tennessee. Within 18 months 120 settlers had arrived, and whilst the total number eventually reached 1,000, there were never more than 300 residents at one time. In a recent account of the settlers mention is made of Charles Mason, a cousin of the novelist A. E. W. Mason and brother-in-law to Sir Frederick Treves. The colony grew

chiefly by English emigration, and so the Americans became rapidly outnumbered. During the early years several buildings were erected from the wood obtained by clearing the forest. These include an inn named The Tabard on account of some banisters said to have come from the original inn in Southwark. It was destroyed by fire, but later replaced by a larger building bearing the same name and subsequently sharing the same fate in 1886. A church open to all denominations was founded, and had for its first rector one called Joseph Blacklock. The cultural side of life was not neglected, as a library was established, to say nothing of a dramatic society and a cornet band. A quarterly journal originally called *The Rugbeian* was instituted, and much of the later history of the settlement has been obtained from its issues. Houses were given English names, for example, Uffington House named after the birthplace of Hughes, and amongst the English street names even Farringdon Road found a place. In spite of these enthusiastic beginnings the company fell into financial difficulties as soon as 1882, though it was put back on rather shaky feet thanks to the generosity of some friends of the founder. At first it seemed likely that the colony might recover, but further settlers were not forthcoming, and although it continued until 1891 its doom was really sealed by 1886 soon after The Tabard was burned down for a second time. Hughes died in 1896, and in 1899 the land was sold to an American business concern "The Rugby Land Company," who, in 1920, sold it to a Cincinnati capitalist.

The reasons for the failure of the project are complex. It certainly appears that Hughes' enthusiastic idealism outstripped his discretion, and he was unfortunate in trusting his American advisers too implicitly. In the first place the land was only of average quality, and it subsequently transpired that the company had paid three times as much as the land was worth though the transaction had not been unprofitable to the American negotiator. These mishaps need not necessarily have proved fatal had there been a genuine and responsible person in Rugby to supervise the development of the plan. But Hughes, as president of the board, lived in England and only visited his community once every year. The first manager, an American named Cyrus Clarke, turned out to be a rogue and was dismissed, though it was two years before he was detected and much damage had already been done. Other adverse factors were the situation, which was too far distant from markets and lacking easy access to the railway, and the transport rates were therefore of necessity high. As indicated before, this community was to provide an outlet for public schoolboys who by dint of their education had acquired the



* THE HUGHES PUBLIC LIBRARY

* *Photo by kind permission of Mrs S. L. Walton*

desirable characteristics of hardiness, reticence, and scrupulousness in money affairs. The aim was to produce a fairly tightly organised traditional English village community proof against the undesirable features appearing in the rapidly changing atmosphere of nineteenth-century England. But in spite of this Hughes did not wish to confine the settlement to Englishmen, for he realised the necessity of developing Anglo-American friendship, and in this respect was several years ahead of his time. He is even reputed to have said in one of his speeches that the most patriotic thing an Englishman could do was to become an American. We are, therefore, left to conclude that Hughes' enthusiasm ran so high that he expected the American settlers to become equally impressed with the characteristics and way of life of the English schoolboys. Here we have the real key to the situation, for the Americans were far from being impressed and the type of English settler was quite unsuitable. Likeable though he may have been, he was ill-equipped for a project which required a great deal of hard manual work and not a little self-denial. In attempting to make the prospects attractive these settlers were told to bring sports gear, fishing rods and guns, so that they could avail themselves of the amenities of the district. Many of the young men were so idle that, apart from not working themselves, they were unable to find sufficient energy to supervise the negroes whom they employed. Their general attitude caused Americans to doubt their seriousness and was in part responsible for the fact that few Americans were recruited into the scheme. This point is well illustrated by the publicity given in American newspapers to certain events at the opening of the colony. Due to some legal hitch the original settlers were unable to take over their plots of land on arrival. Having nothing else to do their first act was to build a tennis court, an act highly praised by Hughes but greatly despised by Americans who had been brought up to take practical tasks with the utmost seriousness. Yet another factor discouraging American settlers was the drought of 1880, followed by an epidemic of typhoid fever in which 17 persons lost their lives. This last episode augured ill for a settlement which had been publicised as a "health resort." Thus the colony failed through inability of the settlers to make the land yield to the full, and the lack of prosperity in turn discouraged others from emigrating to it.

Such, in outline, is the story of Rugby, Tennessee. In spite of its failure we must admire Hughes' enthusiasm for a venture which was to involve him in very considerable personal financial loss. One can now clearly see that no colony could be established in America without becoming absorbed by that country and thus becoming American. The misunderstanding between American and English settlers is easy to imagine, for Americans, essentially practical by their heritage, could never condone the crime of putting pleasure before work. To-day we may still see the church and a few houses, but the inn was not rebuilt after the second fire. These remains serve to remind us that pioneering is not always successful, and that the grass on the other side of the fence is not always greener.

There was once a young fellow of Caius
Who just passed his exams with a squaius
Ere removing at Bartholomew's
Inward partholomews
Such as heartholomews
To discover the course of disaius.

THE CASE FOR PSYCHICAL RESEARCH

by EDWIN R. NYE

THE publication of an article dealing with the occult in a journal of some scientific standing must seem to reflect either on the sense of discretion of the writer or on the critical faculty of the editor. It is, therefore, hoped to show that such a reflection is not involved and that the study of the occult is indeed a subject meriting the attention of a serious reader.

The term "the occult" has come, in modern usage, to cover certain features of human experience which are not explainable in terms of the generally accepted laws of science and logic. Thus the proposition "I saw this happening tomorrow," is meaningless to the logician but explicit in its import to the psychical researcher. Also the movement of an object apparently independently of the application of an external force is contrary to the laws of physics but represents an event with which the student of the occult must concern himself. The path of the psychical researcher is, however, a somewhat thorny one since, whilst a proper investigation of the occult demands the use of the scientific method, the phenomena to be investigated are not of the reproducible type that one meets in the physical or chemical laboratory.

Before proceeding further let us examine a few "case histories" taken at random from the records of psychical investigators:

The first one is recorded by an Indian doctor named Opal of a typical poltergeist infestation that occurred just before the war in southern India. The occupants of an artisan-caste house were troubled by having their household effects disturbed and flung about by some unseen agency; things reached such a pitch that the family were driven out of their home and an attempt at exorcism carried out by a Hindu priest. Such infestations are by no means uncommon in any country and there are usually one or two cases reported in the press every year in Britain.

The second case concerns the remarkable story of the horses belonging to the German trainer, Krall. The horses were found capable of carrying out mathematical computations, normally requiring several hours of human effort, within as many minutes and conveying the answers by tapping with their hooves on the floor. This phenomenon caused quite a stir before the 1914-1918 war, but the explanation became apparent when it was found that the animals could not give the correct solutions when these were unknown to the experimenters! The reason being, of course, that the horses had become trained to appreciate signals given imperceptibly, and unconsciously by the experimenters when the correct solution was reached.

The cases of the German brothers Rudi and Willi Schneider are certainly worthy of mention as being the most rigorously investigated instances of physical mediumship ever carried out in modern times. Rudi and Willi came of a middle-class family from the village of Braunau-am-Inn and their mediumistic powers were at their maximum in the early thirties. The phenomena they produced, at first, Willi, and later, Rudi, consisted of the levitation of objects placed in closed gauze cabinets, the playing of musical instruments, also in a closed cabinet, cold breezes in a closed room and the production of sudden unaccountable falls of temperature.

On the side of mental phenomena no list, even as short as this, could be complete without some mention of the "R.101" communication. Within two days of the destruction of the airship, a message purporting to come from its dead commander, Flight-Lieutenant Irwin, was "received" by a group of investigators working with a "direct voice" medium. Under the circumstances it is not very surprising that such a message should turn up since it can be prophesied with reasonable certainty that as soon as any well-known person dies mediums from all over the country will claim to have messages. The banality of some of the messages is incredible, but in this case at least there was something worth looking into. The alleged Flight-Lieutenant gave aeronautical and

technical details which not only could have been completely unknown to the medium but were subsequently confirmed at the inquiry. Furthermore there were references to secret experimental equipment. The Air Ministry were impressed at the time by the "message" when it was passed on to them and it created a furore in spiritualistic circles which has hardly yet died down.

The "haunted" house is, of course, part of Britain's stock-in-trade for visiting Americans, and I imagine the number of our traditional ghosts must run into hundreds. Whilst probably the majority of hauntings are merely those of repute or convenience, there does remain those fascinating few where "things" do really happen; of these Borley Rectory immediately comes to mind and nobody should consider his education complete unless he has read Price's accounts* of the investigations that were carried out there.

To discuss the issues raised by the above cases, taken at random, in detail, would probably prove an interesting exercise for the writer, but would make dull reading. What does emerge is that psychical research has been able, in some cases, to offer normal "scientific" explanations to what had hitherto been regarded as psychical phenomena, thus the talking horses were explained, many "ghosts" have been found due to natural causes, and the mystery of fire-walking solved. There is, however, still a large amount of unexplained material requiring investigation.

The only general theory which attempts to explain all psychical phenomena is that of the spiritualists who attribute these phenomena to the agencies of the surviving personalities of dead people. Such a theory which, it must be admitted, has the support of many people of all grades of intelligence, whilst having some superficial appearance of plausibility is shaky in many details and it is a brave, or uncritical, spirit who accepts all its implications without question.

The acceptance of the validity of many psychical phenomena can be made quite easily, without committing ourselves on the vexed question of explanation, if we remember that there is absolutely no case at all for arguing that, "This thing cannot happen because it contravenes the laws of thermodynamics/gravity/logic, etc." Three hundred years ago there was no known relationship between the mass of a body and its gravitational pull, but in spite of the absence of a law of gravity objects still fell to the ground when unsupported. Scientific "laws" are, of course, made to fit the facts, not the facts to the laws. An exception to a law simply indicates its inadequacy and the need for its revision or replacement, in fact, scientific progress could almost be measured by the number of times its laws are altered or discarded in favour of new ones.

It may well be asked why an article on the occult should be included in a medical journal. To this question there is a very good answer, namely, that as psychical phenomena (even the fraudulent ones!) are almost certainly centred around human beings and, as the medical man is probably the only scientifically trained person with so wide a contact with his fellow creatures, it follows that he has unique opportunities for observing and recording many of the strange events of which I have written.

> "There are more things in heaven and earth, Horatio,
> Than are dreamt of in your philosophy."
> (Hamlet, Act I, Scene V.)

* "The Most Haunted House in England." London, 1940.
"The End of Borley Rectory." London, 1946.

Further reading:
Price, Harry. "Fifty Years of Psychical Research." London, 1939.
Tyrrell, G. N. M. "The Personality of Man." 1947.
Carrington, H. "Psychic Oddities." 1952.

The Christmas meeting of the Junior Osler Club will be held on Monday Nov. 23rd.

ADDED WORDS FOR ADDED SOUNDS

THE terms used for the respiratory sounds heard in disease seemed to me to be used in so many different senses that I thought it would be interesting to inquire into the matter. It was clear to me that the first place to look was in the first book devoted to the subject—in Laennec's *Treatise on Mediate Auscultation*. Here he said, 'For want of a more generic term I use the word râle (or rhonchus) in a wider sense than usual and include under it all the abnormal sounds which the flow of air may produce during the act of respiration, whether in its passage through fluids in the bronchi or in the substance of the lungs or whether because of a narrowing of the air passages.' Râle means any rattling noise but was in those days particularly applied to the sounds heard in terminal pulmonary oedema; rhonchus is a Latin variant of the Greek *rhenchos*, a word used on occasion 'of a dolphin asleep' (Liddell and Scott—Greek Lexicon). To these terms of Laennec's we must add sibili and sonori—whistling and snoring—and crepitations, which should, by derivation, mean creaking or cracking noises; these complete the list of the more common terms used for abnormal respiratory sounds. If we add subcrepitous, tinkling, crackling and all the other terms which have been used, the list becomes quite unmanageable.

On sibili and sonori there is no disagreement, but on the usage and meaning of the other common words there are few authorities who completely agree with one another. To show this I have tabulated below some of their pronouncements on the subject; in doing this I have used the terms 'moist sounds' and 'dry sounds' as headings, not because they meet with universal approval, but because most medical people know what is meant by them and because they fit the page better than other alternatives.

How, then, shall I be guided in my choice of terms for abnormal respiratory sounds—by historical precedence, by etymology, by patriotism or by loyalty to a particular school? Historical precedence definitely denies a distinction between râles and rhonchi, for Laennec, who was the first to use them in medicine, used them synonymously. I find that he gives his reason for doing this in the preface to the second edition of his *Treatise on Mediate Auscultation*; after some remarks on the advisability of not saying too much in front of patients in case they understand the meaning of the words used he said that he habitually substituted for the word râle the word rhonchus, which frightened nobody; his patients, being Frenchmen in the early part of the 19th century, thought that the râles which he said he heard in their chests were the signs of imminent death—the so-called death

Source	*Moist sounds in general*	*Finest moist sounds*	*Coarse moist sounds*	*Dry sounds in general*
Laennec, 1826 Gee, 1883	râles and rhonchi	moist râles and crepitations	mucous râles and gurglings	râles and rhonchi
Hutchison & Hunter Savill	râles	fine râles and crepitations	coarse râles	rhonchi
Horder and Gow	râles	crepitations	coarse râles	v. Note 1
Coope Davidson ...	crepitations	fine crepitations	coarse crepitations	rhonchi
Christie ...	râles	fine râles	coarse râles	rhonchi

NOTES—1. Horder and Gow for 'dry sounds' give sibili and rhonchi, the latter only meaning low-pitched 'dry sounds.'

2. Detailed references are given later.

rattle. Dr. Gee, whom I have quoted above, used Laennec's nomenclature simply because it was Laennec's and in so doing favoured those who say that râles are rhonchi. I am told, however, that modern French doctors are not afraid of frightening their patients with the word râle as it is no longer in common use. There seems, then, to be little justification, even in France, for keeping rhonchus as a synonym for râle. Etymology certainly suggests that a râle is not a rhonchus. It might be argued that some heavy sleepers make snoring noises—rhonchi—which might well be called *gargouillements*, which Laennec said were the same as *râles muqueux*; these, however, are the only sounds which can be covered by the original meanings of both words. I find also that, although some count a rhonchus as a kind of râle, no modern author uses the term rhonchi to include all the sounds that others would call râles. I shall therefore be glad of one undisputed point and will neither treat the words as synonymous nor use the word rhonchus as a general term for all 'moist sounds'.

Etymology is less helpful about the words râle and crepitation: it does not show whether there should or should not be a difference in meaning. Historical precedence does not help much either because, though Laennec did not use the word crepitations in the list of sounds in the first edition of his *Treatise*, he admitted it to equality with moist râles in the second edition. Patriotism leads to no conclusion either; there is, so I am told, confusion in Italian, German and French, as well as in English. I cannot even fall back on loyalty to Bart.'s because there is disagreement among Bart.'s men. It is more simple and, therefore, I feel, better to use only one word for all 'moist sounds.' In favour of using râle as this one word it can be said that few people know its real meaning in French and fewer still know its etymology and there can therefore be little argument from the purists as to what the word should or should not mean; against crepitation is the fact that it only needs an acute accent on the first syllable to convert it to a word which some Frenchmen use to mean a pleural friction sound—a possible source of worry to those doctors who have to deal with the French.

If I have to choose I shall choose râle and use it to include all moist sounds, fine, medium and coarse. As for terms for other abnormal respiratory sounds—there is less confusion, especially about terms for the rarer and more spectacular sounds; I will not add to the confusion by writing on a subject of which I know little.

JOHN L. STRUTHERS

References

Laennec, *Traité de l'Auscultation Médiate*. . . . 2nd edition. Paris, 1826 (translated by myself). Also information on the 1st edition from various sources.

Gee, *Auscultation and Percussion*. . . . 3rd edition. London, 1883.

Hutchison and Hunter, *Clinical Methods*. 12th edition. 1950.

Savill, *System of Clinical Medicine*. 13th edition. 1950.

Horder and Gow, *Essentials of Medical Diagnosis*. 2nd edition. 1952.

Coope, *Diseases of the Chest*. 2nd edition. 1948.

Davidson, *The Principles and Practice of Medicine*. 1st edition. 1952.

Christie—remarks by Professor Christie on a Medical Unit teaching round 1953.

OBITUARY

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

George Frederick Briggs, on July 24 *(Qualified 1898)*

Ralph Henry Crowley, on September 25 *(Qualified 1893)*

Lewis Gladstone Glover, on September 25 *(Qualified 1892)*

THE ALMS GIVING

THE street was crowded with hurrying, jostling people. If you had looked out from a high window, you would have seen not a square foot of pavement, just a turbulent, bobbing mass of hats and heads. Everyone was drawn into the race, striving to pass the man in front, edging and manoeuvring, obsessed with hurry. The sky, disinterested, had the gentle empty blueness of a late September afternoon.

At a corner, a street musician was playing his violin. His hat was on the ground, and occasionally a coin would be dropped into it. Most people rushed past with only a vague momentary feeling of guilt. He played, but the sound of the fiddle hardly rose above the loud discord of the traffic. For a moment coherent music would break on the crowd, but then a bus would come by and drown it all. A bishop rushed past, competing with a negro for the inside position round the pillar-box. The music set a shop-breaker whistling, and a stockbroker caught the tune.

A gay young man swept along, a gay young woman with him. They swept past the musician, both pretending not to have noticed the cap on the pavement. But suddenly the man stopped.

'Wait,' the man said, 'I'm going to give him something.'

'Oh, don't,' the woman said, 'he'll only get drunk.'

The man went up to the musician, paused awkwardly a moment, and then pushed a pound note into the hand that held the violin. The street-player scornfully nodded his thanks.

'And now he will drink himself blind and throw his wife down stairs and it will be all your fault,' the woman said, shouting above the traffic.

'Nonsense,' the man said, 'he'll do something wonderful with the money, and grow rich and good and famous, and found a monastery in my memory.'

'You awful useless romantic,' she shouted back. They pushed along, buffeting with the crowd, laughing.

* * *

It was a small back-street pub, warm and friendly. The bright light was reflected from the elaborately cut Victorian glass. A man was sitting with his back to the room, playing the piano. The music was loud and boisterous, and he made it louder and yet louder as if he were trying to prove that it meant something. Still playing, he turned round, staring at the room, seeming to be listening intently to his own rhythm, smiling. Some women sat silently at a table in the corner, drinking guinness.

With a crash that set the bottles rattling, the music stopped.

'Come on!' the man shouted, 'another gin, and we'll have a song.'

'You've had enough,' the barmaid pouted.

'No, I haven't,' he said, 'I'm going to be drunk as a lord to-night. I haven't even started.'

The barmaid frowned, and poured him out his drink. 'All the lords I know all added together wouldn't be as lit up as what you are,' she said.

'That a lord I saw you with last Sunday, Liz?' someone shouted. Everyone laughed, and there was a late echo from the women in the corner.

The man started to play. He was strong and broad shouldered, and there was a powerful, indisputable forcefulness in his music. He turned round, watching the room again, and his face was that of a man who is gay and sad at the same time.

'Start up!' he shouted. 'Sing! Don't pretend that you've all forgotten the words!'

So they put down their glasses and sang, a little embarrassed at first, but soon they were roaring. The barmaid laughed, and held her hands over her ears. They were old songs, sentimental things from musical comedies of 20 and 30 years ago, all about love and eternity, songs with long sad notes which the singers clung to. Only one man did not sing, a fat man in a grey suit, who seemed to consider himself more respectable than the others.

The last note of a song, and the player banged the piano shut. 'Another gin for me, Liz,' he said.

'No, really, come on now,' she said.

He came up to the bar. 'A double gin, Liz.'

The man in the grey suit said, 'Get away, you're drunk.'

'Here, do you want a fight?' the musician said.

'Clear out,' the other man said, and pushed at him.

'No scrapping," Liz said. 'I won't allow any scrapping.'

'Careful,' someone said. 'None of that in here.'

But the two men were standing up facing each other. Without looking behind him, in one quick movement, the man in the grey suit took up a bottle from the bar and crashed it on the musician's head.

The musician gasped. 'I'll teach you to fight dirty,' he shouted, 'I'll teach you!' and picking up the broken bottle, he threw it in the man's face. The man gave a cry of fright. Blood streamed from his neck.

'God,' someone said, 'now you've done it. You've killed him.'

'Quick,' a man said, 'fetch a doctor.'

The man in the grey suit put his hand to his neck and felt the blood. He gave another little cry and collapsed on the floor, knocking a stool over. The stool bounced and clattered.

The musician stood there, as if he were waiting for something to be explained. No one took any notice of him. He turned, and went.

* * *

The morning of the next day merged into the afternoon, and the blurred afternoon passed on to the evening. He lay there on his bed, fully dressed. The late sun came through the window, showing the scars and blemishes on the wallpaper. His violin was on the floor, and the bow thrown on top of the junk that littered the one small table.

He lay there, wondering how it could have happened. His landlady came, but he would not speak to her. He felt tired and sick, his mind a sick turmoil. He had got drunk on purpose, and killed a man. His own life was a useless thing. There was only uselessness to look back on, only despair for the future. So the day passed, and he was sickened with self-revulsion.

In the evening he made a resolve. He would go to the police and give himself up. Prison, that would be his salvation. He imagined a grey echoing prison, long corridors, timeless penance.

There was a knock on the door, his landlady again he supposed. He did not look up.

'May I come in?' someone said. It was an old man, white haired.

Surprised, he said, 'What do you want, who are you?'

'I'm a doctor,' the old man said. 'Your landlady sent for me. She said that you were ill.' He pulled a chair up to the bed. 'What's the matter?' he asked.

For a while the musician did not speak. Then he said suddenly, 'Last night I threw a bottle in a man's face when I had made myself drunk, and cut his throat, and killed him.'

'I know all about you,' the doctor said, 'you did not kill him.'

'What do you mean? How do you know?'

'He might have died, but they sent for me, and I was able to save him.' The old doctor's voice was gentle and frail.

The musician was silent again. Then he said, 'Now there is nothing. There is nothing I can do. There is no punishment and no salvation. My life is utterly purposeless.'

'Find a purpose,' the doctor said. 'You're an intelligent man. You've fallen to this way of life, but you can rise again.'

'How shall I find a purpose? the musician asked.

'Go to a labour exchange. I'll give you any help you need. I'll lend you money if you need it.' The doctor said enthusiastically, 'You know, last night's misfortunes may have altered your whole life for the better.'

The musician jumped up. 'You're all the same,' he said. 'You all give money, and you all think that the labour exchange is the way to heaven. I'm sorry, but I don't give a damn for all your phoney talk of purpose.'

The doctor looked startled. 'Even if you can't show gratitude. . . .'

'I'll tell you what,' the man interrupted. 'I'm going to stop moaning for a purpose.'

'I am disappointed,' the doctor said, and his old voice was angry. He stood up, and without looking at the man again, went out and closed the door.

The musician picked up the violin from the floor, and took the bow from off the table. Lightly, he started to play, a gay tune that danced and soared.

A CASE OF JAUNDICE IN INFANCY

by A. K. THOULD

MRS. B, aged 31, who had had one previous confinement, gave birth to a male child at term, which was found to be severely jaundiced, somewhat oedematous, and gravely anaemic.

Past Obstetric History

There had been one previous confinement, the mother being delivered of a normal infant, birth weight 10 lb. 4 oz., at 42 weeks, in hospital. The pregnancy and delivery were normal in all respects, but the mother's blood group was noted to be group O, rhesus negative. No rhesus anti-bodies were, however, detectable in her serum during this pregnancy. She had had no miscarriages, no blood transfusions, nor any previous illnesses of any note.

History of Present Pregnancy

Mrs. B. became pregnant again in September, 1952, and attended an ante-natal clinic at about the twelfth week of her pregnancy. Her chest x-ray was clear and blood group confirmed as group O, rhesus negative.

In view of her rhesus grouping, routine investigation of her blood serum for rhesus anti-bodies was carried out, and in May, 1953, when she was 36 weeks' pregnant, anti-bodies were discovered in her serum to a titre of 0 in saline and 4 in albumen. Her husband's blood group had been investigated and was discovered to be group A, rhesus positive, and the red blood cells were agglutinated with anti-rhesus sera C and D, but not with E and C. His genotype was considered to be probably $R_1 R_1$ homozygous.

In early June, when she was 38 weeks pregnant, the serum anti-bodies had reached a titre of O in saline and 256 in albumen, and she was admitted to a lying-in ward in preparation for labour. No attempt was made to induce premature labour.

History of Labour

She went into labour at term, on June 2[illegible] and the first stage lasted 14 hours 45 minute The second stage lasted 25 minutes, and after an episiotomy was performed she gave birth to a boy, presenting as a vertex, LOA. The third stage lasted 10 minutes, and the placenta was delivered by Matthews Duncan's method, with a total loss of 26 oz. 0.5 mgm. of ergometrine was administered to the mother at the end of the third stage, intra-muscularly.

The baby itself was obviously gravely ill. It appeared to be very anaemic, severely jaundiced and somewhat oedematous and had purpuric spots over its face and trunk. The spleen and liver were grossly enlarged, and the cord haemoglobin was found to be only 33 per cent. Haldane. Respiration was established at birth by mucus extraction, and continuous oxygen given by means of a funnel applied loosely to the face. The baby cried fairly well three minutes after birth, though it moved feebly and had a poor tone. The skull was not moulded, and owing to the baby's grave condition it was not weighed, though the weight was estimated to be between $6\frac{1}{2}$ and 7 lb.

The placenta, on examination, was found to weigh 2 lb. 3 oz., with a 21 in. long umbilical cord attached, and to be large and pink but not oedematous, and was said not to resemble that of hydrops foetalis.

Treatment of the Baby

Two pints of group O, rhesus negative blood were obtained, cross-matched and warmed, and in view of the baby's moribund condition, it was decided not to do a replacement transfusion there and then, but to give it a slow transfusion of 100 ml. of blood direct through the umbilical vein first, and the more radical procedure later. Accordingly, the baby was transferred to the theatre, kept warm with blankets and hot-water bottles, the head lowered, and the 100 ml. transfusion given. The baby was born at 7.35 a.m., and the blood given between 9.30 a.m. and 12 noon. Its condition improved slightly at the end of this, though its respirations were very shallow and rapid.

At 12.30 p.m. the exchange transfusion was started—a narrow-gauge plastic catheter was tied into the umbilical vein and the blood administered through this using a 500 ml. syringe with a four-way tap, and using sodium citrate to wash out the syringe. Between 12.30 p.m. and 1.30 p.m. 700 ml. of the baby's blood were withdrawn, and 540 ml. of warmed packed cells given, in

20 ml. portions, so that a total deficit of over 100 ml. in the baby's blood volume was obtained in order to compensate for the additional load on the circulation provided by the previous transfusion.

At the end of the procedure the baby's condition was very poor; it was cold and cyanosed, with very shallow respirations, and so ½ ml. coramine was given into the cord, with some improvement in the general condition. Chloromycetin palmitate 62½ mgm. six-hourly was also started.

The baby was kept in an oxygen tent in the theatre, and no attempt made to feed it, and at 10 p.m. that night its general condition was found to be a little improved, the respiratory rate being less rapid at 58 per minute and the heart rate regular at 130. The oedema of hands and feet was a little less, and as it was very restless, one grain of chloral was given, and the oxygen therapy persisted in.

Further Progress of the Baby

Next day, its condition was considerably better: the hand oedema was absent, the respirations down to 36 a minute and the heart rate 128, though the jaundice had deepened. The oxygen was discontinued, and the haemoglobin estimated and found to be 84 per cent. Haldane.

From then until June 30 its condition steadily improved, though the haemoglobin varied from 80 to 104 per cent. Haldane, and it developed a sticky left eye which was successfully treated with aureomycin cream four-hourly. On June 30, a further transfusion of 100 ml. of group O, rhesus negative blood was given at the rate of 40 ml. per hour to endeavour to raise its haemoglobin level.

By this time the baby was pea green in colour, with liver and spleen enlarged three finger-breadths, but its central nervous system had been left apparently unimpaired, since it showed no convulsions nor any signs of kernicterus. The stools were noticed to be pale on July 2, but apart from this the baby's and mother's progress was uneventful, and both were finally discharged 18 days after the birth.

At discharge the baby's haemoglobin was 76 per cent. Haldane, and apart from a sticky umbilicus (for which it was being treated locally by painting with 1 per cent. gentian violet every four hours) its condition was satisfactory.

Feeding

The baby was starved for the first 24 hours after birth, then fed with 3 oz. of expressed breast milk every three hours by bottle till the eleventh day. It was then breast fed every three hours for two days, but as it was found that it was being overfed by this method and was vomiting several feeds, it was put back upon the bottle, being given 3 oz. three-hourly. Finally, it was breast fed again from the sixteenth day, and at discharge its weight was 6 lb. 12½ oz.

* * *

I would like to thank Dr. Lehmann for his advice in preparing this article and Dr O'Reilly of St. Helier Hospital for permission to publish this case.

LETTERS TO THE EDITOR

BART.'S SPORT

Dear Sir,

Congratulations to the Boat Club on their victories in two open regattas this summer. You mention that this is the first open senior rowing event to be won by Bart.'s. However, I have been engaged in a bit of private research, as a result of which it would appear that our victory in the Horton Cup is the first open senior event ever won by *any* hospital crew.

I was also very pleased to read that a junior four had reached the final of an open maiden event at Kingston Regatta. Oarsmen who are good enough to reach the final of a maiden event one year can usually reach a standard good enough to win a junior-senior event the next year.

Incidentally, Dr. Allnutt would, I am sure, be interested to know that last year not one, but three eights from Bart.'s, as well as fours, entered for the Inter-Hospitals Regatta. Let us hope to see at least three eights rowing again this year.

Yours sincerely,

R. G. D. NEWILL.

Kensington.

'ETHEL'

Sir,

The reference in the October *Journal* to R. B. Etherington ("Ethel") Smith evokes bitter-sweet memories. I had the melancholy, if enviable, privilege of writing his obituary for the *Journal* just over 40 years ago.

The experts might not be in universal agreement that he was "the greatest oarsman of his day," but that is of no consequence. For in addition to his considerable athletic distinction, this king of men possessed physical beauty, professional ability and irresistible charm to compose a personality to remain indelible in the memory of all who knew him. The memorial service held at the hospital was an unforgettable experience through the number and quality that attended and the manifestations of grief.

In the interest of accuracy, I may add that his fatal illness was not due to a post-mortem infection. His great friend Charles Gordon Watson performed a laparotomy for what was said to be a primary streptococcal peritonitis attributable to his operating on a nurse when in a state of low vitality from physical and mental exhaustion.

As your correspondent reminds us, Bart.'s at that time could claim among its sons eight Cambridge rowing Blues, a circumstance that encouraged me to contribute an article with semi-serious, semi-facetious biographical details in the *Journal* of May, 1911, when I occupied the chair that you now adorn.

It may be of interest to recall those members of what I called the Bart.'s eight in the arrangement of which "Ethel" Smith, to whom I was then his (first) house surgeon, collaborated. (The years appended refer to those in which they competed against Oxford.)

Bow—*H. D. Gillies*, Cai (1904); 2—*J. S. Burn*, Tri. (1907, 1908); 3—*E. P. Wedd*, Cai (1905); 4—*H. G. Baynes*, Tri. (1907); 5—*M. Donaldson*, Tri. (1906); 6—*J. E. Payne*, Pet. (1899, 1900); 7—*R. B. Etherington-Smith*, Tri. (1898, 1899, 1900); stroke—*C. H. S. Taylor*, Cai. (1905).

Of these, Sir Harold Gillies, Malcolm ("Dotty") Donaldson, Jack Burn and J. E. Payne, are happily still with us.

Yours faithfully,

ADOLPHE ABRAHAMS.

Brooke Street, W.1.

SPORT

SAILING CLUB

The Sailing Club can look back on a highly successful season at Burnham. There has been a definite improvement in the standard of sailing throughout the summer, which has been reflected in the racing results. Bart.'s have, in inter-hospital racing, won the Bannister Cup and Harvey Gold Bowl, and come second in the Sherren Cup.

Results:—

Sherren Cup (between all hospitals over Whitsun)—1st, Westminster. 2nd, Bart.'s. 3rd, Royal Free.

Bannister Cup (between all hospitals in a series of six races)—1st, Bart.'s (51¼ pts.). 2nd, Guy's (48¾ pts.). 3rd, London (41¼ pts.).

Harvey-Wright Gold Bowl (a single race between the leading eight hospitals in the Bannister Cup)—1st, Bart.'s. 2nd, St. Thomas's. 3rd, Guy's.

The Bart.'s boat in the inter-hospital racing was sailed by P. J. G. Smart. Those crewing at various times were: Mrs. J. O. Boyton, W. M. Berry, G. Misiewicz, M. E. B. Hayes, H. V. Blake, and A. G. Smart.

The Bourne Trophy for individual racing was won by P. J. G. Smart. G. Misiewicz was second in the Brandyhole Trophy.

The United Hospitals Sailing Club has itself had a very successful season, having an almost unbeaten record in team racing, amongst other things winning the St. Matthew Cup, given for a team race between the five Burnham clubs.

Bart.'s own "Firefly" class dinghy, having been overhauled by members, is to be kept at the Welsh Harp for members to sail and race during the winter.

With the highest number of members and helmsmen of any hospital, the club looks forward to next season and welcomes any newcomer, whether or not he or she has had any previous experience.

RIFLE CLUB

With one gratifying exception, the Rifle Club has had a most disappointing year.

SMALL BORE SEASON

The club was able to enter only one team in the Intercollegiate League this year due to lack of sustained support.

Bart.'s Hospital were sixth out of 10 teams competing, having won three matches and lost six.

In the Inter-Hospitals Cup Competition which was won by Bart.'s last year, the hospital was sixth out of six teams competing, having won only one match and lost the remainder.

T. B. Catnach and F. P. Thoresby have both shot for the University "B" team during the

year, and T. B. Catnach is to be congratulated on being awarded a Team Purple.

In internal competitions, the results were:—

Lady Ludlow Challenge Cup—Won by H. G. Scott, 96/100; runner-up, T. B. Catnach, 95/100.

H. J. Waring Handicap Cup—Won by T. B. Catnach; runner-up, F. P. Thoresby.

In the Staff v. Students' match, the students won by four points (467/463).

The prize for the highest average throughout the season was won by T. B. Catnach, average 96.4; 2nd, C. D. Ellis, 95.1; 3rd, F. P. Thoresby, 94.6.

FULL BORE SEASON

Members of the club visited Bisley frequently during the summer months, and entered two competitions:—

Hospitals' Prize Meeting. This was won by Bart.'s with a score of 243, capturing the cup from Guy's, who have held the cup since it was first competed for in 1951. A medal was presented to each member of the team, which consisted of F. P. Thoresby, E. Clissold, T. B. Catnach and C. D. Ellis.

In the United Hospitals' Cup match however, Bart.'s were 5th out of five teams competing, with a score of 450. (Winners: Guy's "A", 467.) In view of the previous result this was disappointing.

In internal competitions the results were:—

The Benetfink Cup, won by C. D. Ellis, after counting out with the runner-up, T. B. Catnach.

The Mrs. Waring Handicap Cup, won by T. B. Catnach, 88/100; runner-up, F. P. Thoresby, 85/100.

Donegall Medal awarded to T. B. Catnach, 88/100.

So marked has the lack of support for the club become, that the club is obliged to forego its entry into the Intercollegiate League during the forthcoming year for the first time since the war. In view of the club's excellent record and previous reputation throughout the university for a very high standard of shooting, this is a deplorable state of affairs and damaging to the prestige of the hospital.

What is required is a number of pre-clinical students to come and shoot regularly, at least once a week during the winter months. Surely this is not asking too much. We are very fortunate in having a miniature range on the premises of the hospital. As far as is known only three other colleges in the university have similar facilities.

At the moment there is not a single preclinical student who can claim to be an active member of the club.

EXAMINATION RESULTS

SOCIETY OF APOTHECARIES—FINAL EXAMINATION. July, 1953

Gibbs, J. T. Passed Medicine.

August, 1953

Birdwood, G. F. B. Passed Medicine and Midwifery.

Smith, G. C. Passed Midwifery.

The Diploma was granted to G. C. Smith.

HOSPITAL APPOINTMENTS

The following appointments to the Medical Staff have been made, with effect from the 1st November, 1953:—

Dr. Spence's firm:

Junior Registrar ... ... Dr. B. B. Reiss

Dr. Scowen's firm:

Junior Registrar ... ... Dr. A. J. Popert

RECENT PAPERS BY BART.'S MEN

(Material received up to September 21, 1953)

ANDREW, J. D. Cerebral metastases from cervical carcinoma. *J. Obstet. Gynaec. Brit. Emp.* 60, August, 1953, pp. 545-6.

ANDREWES, C. H., (and others). Propagation of the common cold virus in tissue cultures. *Lancet*, Sept. 12, 1953, pp. 546-7.

BETT, W. R. Cecil John Rhodes (1853-1902), imperialist and invalid. *Health Horizon*, Summer, 1953, pp. 21-5.

*——. The history, folk-lore and anthropology of eneuresis. *Med. Press*, July 22, 1953, pp. 106-9.

——. John Warren (1753-1815), soldier, anatomist and surgeon. *Med. Press*, July 29, 1953, p. 1370.

*——. Nathaniel Chapman (1780-1853). *Med. Press*, July 1, 1953, pp. 22-3.

——. Of garlic in folk-lore and medicine. *Clin. Excerpts*, 28, Summer, 1953, pp. 27-30.

*——. Sir Henry Wellcome (1853-1936). *Alchemist*, 17, July 19, 1953, pp. 314-6.

*BLACK, K. O. Principles of dietary treatment of obesity. *Brit. Encycl. Med. Pract., Interim Supp.*, Sept., 1953, p. 132.

BLACKBURN, Guy. Fact and fallacy in thyroid disease. *Guy's Hosp. Gaz.*, 67, August, 1953, pp. 319-21.

*——. The modern treatment of thyrotoxicosis. *Med. Press*, July 29, 1953, pp. 121-4.

BOYD, A. M., (and others). Major venous ligation in the treatment of postphlebitic sequelae. *Lancet*, July 18, 1953, pp. 113-6.

BROWN, R. Warwick. A case of retrosternal diaphragmatic hernia. *Thorax*, 8, June, 1953, pp. 162-3.

*CHAMP, C. J. (and others). A case of male pseudohermaphroditism. *Brit. Med. J.*, June 20, 1953, p. 1369.

*CHRISTIE, R. V. Subacute bacterial endocarditis. *Brit. Med. J.*, August 22, 1953, pp. 438-9.

*CLARKE, H. A new infant cystoscope. *Brit. Med. J.*, July 4, 1953, p. 41.

*COHEN, E. Lipman. Cat-scratch disease. *Brit. Encycl. Med. Pract., Interim. Supp.*, 130, 1953, p. 3.

*CRONK, P. G. Myocardial calcification associated with pituitary adenoma and obesity. *Brit. Med. J.*, August 15, 1953, p. 374-5.

*DANGERFIELD, W. G., and FINLAYSON, R. Estimation of bilirubin in serum. *J. Clin. Path.*, 6, 1953, pp. 173-7.

DAY, George. A broadcast and its repercussions. *Tubercle*, 34, March, 1953, pp. 81-6.

DU BOULAY, G., *see* SIMON, GEORGE, and ——.

*FALLIS, L. S. Acute pancreatitis. *Proc. Roy. Soc. Med.*, 46, Feb., 1953, pp. 113-5.

FINLAYSON, R., *see* DANGERFIELD, W. G., and ——.

*FINZI, N. S. A new method of treatment for arthritis. *Brit. J. Radiol.*, 26, 1953, pp. 488-9.

*FLAVELL, Geoffrey. Hydatid disease of the lung; Tumours of the chest wall; Cysts of the lung; Cysts and tumours of the mediastinum. Reprinted from Marshall & Perry: *Diseases of the Chest*, 1953.

FLETCHER, C. M. Radiology in the diagnosis of pneumoconiosis. *N.A.P.T. Bull.*, August, 1953, pp. 134-5.

*FRANCIS, G. E. The use of isotopes in immunology. *Biochem. Soc. Symp.*, 10, 1953, pp. 49-61; *Proc. Biochem. Soc.*, 53, 1952, p. 12.

*FRASER, DONALD and TURNER, J. W. ALDREN. Myasthenia gravis and pregnancy. *Lancet*, August 29, 1953, pp. 417-9.

*GARROD, L. P. La scelta dei chemioterapici nelle infezioni batterichi. *Recenti Progr. Med.*, 14, April, 1953, pp. 285-306.

HEWER, C. LANGTON. Latest pattern of non-slip mattress. *Anaesthesia*, 8, July, 1953, pp. 198-9.

HORDER, RT. HON. LORD. On some abdominal conditions. *Med. Illus.*, 7, August, 1953, pp. 579-80.

*HOWELL, TREVOR H. Calcium chloride acrosol in the treatment of wheezing. *Practitioner*, 171, Sept., 1953, pp. 287-8.

*——. Relaxation of muscle spasm in chronic arthritis by prostigmin. *Brit. J. Phys. Med.*, 16, Sept., 1953, pp. 192-3.

*HOWKINS, JOHN. The urological aspects of gynaecology. *Modern Trends in Urology*. 1953, pp. 447-61.

*JEWESBURY, E. C. O. On disseminated sclerosis. *Med. Illus.*, 7, July, 1953, pp. 517-21.

*JONES, F. AVERY. The work of a regional hospital. *Lancet*, Sept. 12, 1953, pp. 556-8.

*——. (and others). Carcinoma of the gall-bladder —a statistical study. *Lancet*. Sept. 16, 1953, pp. 585-7.

*KEELE, K. D. The assessment of pain. *Med. Press.*, August 19, 1953, pp. 187-91.

*KERSLEY, K. D. Notes on new "treatments" for rheumatic diseases. *Med. Press*, July 22, 1953, pp. 97-8.

*KNOX, ROBERT, (and others). Use and abuse of Jungmann's method for the liquefaction of tuberculous sputa. *J. Clin. Path.*, 6, May, 1953, pp. 124-7.

*LEHMANN, H., (and others). A rabbit serum containing a specific agglutinin for the red cells of the newborn. *Brit. Med. J.*, Sept. 12, 1953, pp. 602-4.

*LEVERTON, J. C. SPRY A case of interstitial tubal pregnancy. *Brit. Med. J.*, Feb. 23, 1953, p. 421.

*——. A significant case of uterus didelphys solidus with gynatresia, adenomyosis, and pelvic endometriosis. *Obstet. & Gynec.*, 1, June, 1953, pp. 681-8.

LONGLAND, C. J. Collateral circulation in the limb. *Ann. Roy. Coll. Surg.*, 13, Sept., 1953, pp. 161-76; *Postgrad. Med. J.*, 29, Sept., 1953, pp. 456-8.

*MARSHALL, R. Rapid method for detection of barbiturates in urine and stomach contents. *Brit. Med. J.*, August 15, 1953, pp. 379-80.

*MASON, MARK L. Osteochondritis of the capitellum. *Brit. J. Surg.*, 40, Jan., 1953, pp. 396-7.

*——. Intracapsular fractures of the neck of the femur. *Brit. J. Surg.*, 40, March, 1953, pp. 482-6.

*——. Colles's fractures. A survey of end-results. *Brit. J. Surg.*, 40, Jan., 1953, pp. 340-6.

*NASH, D. F. E. Retention of urine in childhood. *Med. Press*, June 17, 1953, pp. 569-72.

*OSTLERE, GORDON. The anaesthetist and the patient. *Practitioner*, 171, August, 1953, pp. 160-5.

*PARKINSON, THOMAS. Pregnancy complicated by mitral stenosis and pulmonary tuberculosis treated by mitral valvotomy. *Proc. Roy. Soc. Med.*, 46, Jan., 1953, pp. 48-9.

*PAYNE, REGINALD T. Mixed salivary tumour of cheek. *Brit. Dent. J.*, 95, August, 1953, pp. 67-8.

*REESE, A. J. E. Primary carcinoma simulating empyema of the gall bladder. *Brit. Med. J.*, August 22, 1953, p. 430.

SEDDON, H. J., (and others). Late results of treatment of the congenital dislocation of the hip. *J. Bone Jt. Surg.*, 35B, August, 1953, pp. 342-62.

*STOOTER, R. A. The bacterial spectra of the antibiotics. *Med. Illus.*, 7, August, 1953, pp. 587-91.

*SIMON, GEORGE. Tuberculous bronchitis and bronchiectasis. *J. Fac. Radiol.*, 5, July, 1953, pp. 33-41.

*——, and DU BOULAY, G. The value of radiology in assessing the progress of duodenal ulceration under treatment. *Proc. Roy. Soc. Med.*, 46, August, 19, 1953, pp. 655-62.

*SPENCE, A. W. Deoxycortone trimethyl acetate in Addison's disease. *Proc. Roy. Soc. Med.*, 46, July, 1953, pp. 575-6.

*——. Endocrinology. *Brit. Encycl. Med. Pract., Med. Progress*, 1953, pp. 103-17.

*——. Myxoedema. *Brit. Med. J.*, June 20, 1953, pp. 1884-6.

*SWAIN, R. H. A., (and MITCHELL, R. G.). The isolation of a coxsackie virus from two cases of Bornholm disease. *Brit. Med. J.*, June 20, 1953, pp. 1354-6.

*TUBBS, O. S. Empyema. Marshall: *Diseases of the Chest*. pp. 18-48.

*TURNER, J. W. ALDREN. Myasthenia gravis. *Med. Press.*, Sept. 16, 1953, pp. 275-7.

WICKES, IAN G. A history of infant feeding. Pt. 3. *Arch Dis. Childh.*, 28, August, 1953, pp. 332-40.

*——. Modern views on infant feeding. *Med. Press*, July 1, 1953, pp. 5-8.

*WIGGLESWORTH, R. Peripheral vascular disease in a child. *Proc. Roy. Soc. Med.*, 46, April, 1953, pp. 275-6.

*WINNICOTT, D. W. Symptom tolerance in paediatrics. *Proc. Roy. Soc. Med.*, 46, August, 1953, pp. 675-84.

*WITTS, L. J. Anaemias of the alimentary tract. *Modern trends in gastroenterology*, 1952, pp. 1-21.

YOUNG, F. H., (GEAKE, M. R., and ——). The prognosis for the contralateral lung after resection for pulmonary tuberculosis. *Thorax*, 8, June, 1953, pp. 104-5.

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

BOOK REVIEWS

PROBLEMS OF FERTILITY IN GENERAL PRACTICE, by J. Stallworthy, K. Walker, J. Malleson and M. Hadley Jackson. 2nd Ed., 1953. Cassel, pp. 259. 18/6d.

When the first edition of this book came out this *Journal* welcomed it so handsomely that its review has been reprinted on the dust cover of the new edition. We see no reason to withdraw any of the pleasant comments written in 1948.

How prevalent the childless marriage is it is impossible to tell, for there are no reliable figures. But it needs little imagination to realise how big a personal problem it is to many childless couples. The investigation and treatment of sterility in both husband and wife are considered in detail, and though tubal insufflation and the examination of cervical and seminal smears will be techniques beyond the scope of most G.P.'s, there is a wealth of advice and information here for them to ponder. The second part — on clinical contraception — is particularly valuable, the merits and dangers of the various methods being thoroughly assessed.

The book is published under the auspices of that excellent organisation, the Family Planning Association, and a list of their clinics and municipal clinics is included.

I.H.B.

LECTURE NOTES ON THE USE OF THE MICROSCOPE, by R. Barer. Blackwell, pp. 76. Price 6s.

The author's statement in the preface that the average medical student receives only rarely any official teaching about the microscope is somewhat exaggerated, but he is nearer the truth when he says that "probably no instrument is more often misused than the microscope." For there is a big gap between theory and practice, and the present medical curriculum does not offer much opportunity to the student to become familiar with the working of this instrument. The result is that he seldom learns how to make the best use of the microscope, one of the important tools of his trade.

The little book by R. Barer should go a long way to remedy this situation, for it contains a concise and clear description of the functions of the various parts of the microscope, together with detailed instructions for the proper use of the instrument. The weakest part of the book is the chapter dealing with the theory of the microscope; the explanation of diffraction and interference of light may confuse rather than enlighten the reader, but the omission of this chapter will entail no loss. The chief value of the book lies

in the practical instructions and in the various hints and tips which one does not usually find in textbooks but which are most important to the microscopist. This book is strongly recommended to every user of the microscope; its study should not occupy more than one day, and this small effort will certainly be repaid.

J. ROTBLATT.

EAR, NOSE AND THROAT DISEASES FOR MEDICAL STUDENTS, by William McKenzie. E. and S. Livingstone Ltd. First Edition, 1953, pp. 256, illus. 95. Price 21s.

The author must be congratulated in attaining his aim, that of instilling into his reader an interest in this speciality. This has been accomplished first by keeping the presentation of the subject to important conditions and avoiding the rarities and, secondly, by the use of a conversational style and a text liberally spiced with short case histories illustrating the points to be made.

In a large measure this book expresses generally accepted views but the reader should not forget that in part it represents only one of differing schools of opinion. In particular, he will find that the treatment of acute otitis media differs in several minor points from that commonly taught in this hospital.

The book is well set out and contains some excellent illustrations. Other noteworthy points are the introduction of each chapter by its own short précis and the list of recent examination questions and prescriptions to be found at the back. While there are but few students who will wish to acquire a book on this speciality, there is none who will regret using such a book as a companion to his practical teaching.

J. D. H. CAVE

A STUDY IN MANIC-DEPRESSIVE PSYCHOSIS, by Ake Stenstedt: Acta Psychiatricia et Neurologica Scandinavica, Supp. 79, 1952.

This well-presented monograph is a study of manic-depressive psychosis from the genetical and statistical point of view, and as such is essentially of specialist interest. The summary and conclusions, however, are to be read with interest and profit by all. In keeping with the general high standard of the work issued by the Acta Scandinavica this study is comprehensive, painstaking and thorough. The material is drawn from a defined rural area of Sweden and the period of observation is prolonged over 20 years in 30 per cent. of cases, and from 20 to 10 years in a further 30 per cent. More than 200 cases of manic-depressive psychosis are involved in the initial case material, after exclusion of all cases not conforming to the author's requirements, which were strict. For instance, if hospital case records only were available and the author had been unable to trace the family and interview relatives, the case was discarded. In all over 2,000 individuals were seen and examined as part of the field work.

No radical or startling disagreement with accepted ideas emerge from this monograph, and in this instance this is as expected, except for the finding that children and siblings of manic-depressives are *not* adversely affected socially and economically. Some of the author's conclusions are worth restating, for they are indeed of interest to all doctors. Thus 83 per cent. of all cases of manic-depression start with depression, and over 50 per cent. of cases experience no more than one attack; marriage is less frequent among manic-depressives than in the general population, fertility is normal, but the expectation of life is a little reduced, while the suicide rate, particularly in males, is over 15 times than of the general population.

Manic-depression seems quite clearly to be inherited, but the mode is not beyond dispute. No genetic affinity with other types of mental illness can be established, either in the manic-depressives or in their near-relatives. The chances of inheritance of manic-depression are about 15 times the general risk rate, although these chances are not increased in the presence of recurring illness in the parent. Where, however, reactive or emotionally disturbing factors are involved in the patient's illness, his offspring are rather less likely to be afflicted. A broken or gravely disturbed home life occurring in a subject's pre-pubertive years appears to enhance the likelihood of manic-depression becoming manifest later on.

The author should be congratulated on his very solid achievement and the simplicity and clarity of his presentation.

J. GOULD.

CARDIOSCOPY, by W. Evans. Butterworth, 1952. 40s.

X-ray screening plays a large part both in the diagnosis of heart disease and in the management of cardiac patients. This book should, therefore, be of interest not only to the cardiologist but to the general physician. There is a clear account of the radiological appearances of the heart and great vessels in health and disease, and the book is illustrated by more than 200 excellent plates.

The failure to mention more than two cyanotic congenital malformations of the heart is in marked contrast to the space devoted to the rare conditions of familial cardiomegaly and of the heart in Friedreich disease and myotonia atrophica. This is clearly due to the personal interests of the author. It is a shame that such a defect, together with a lack of interest in heart size, should detract so much from an otherwise excellent book.

B. G. WELLS.

TEXTBOOK OF GYNAECOLOGY, by Emil Novak and Edmund K. Novak. 4th Ed., 1953. Baillière, Tindall & Cox, pp. 800, figs. 522. 68/6d.

This is the fourth edition of a text book which enjoys a widespread and deserved popularity among students in America. It is written by one of the world's leading gynaecologists and his son, and bears the stamp throughout of deep knowledge and mature wisdom. Over 100 pages are devoted to the anatomy, embryology and physiology of the female organs, and the profound interest in pathology of the senior author is apparent throughout the book, which abounds with the best illustrations yet seen in a gynaecological work. There is no doubt that this book reflects the best in American gynaecology. It is beautifully produced.

I.H.B.

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December, 1953

CONTENTS

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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EDITORIAL

'Physiology, when it does not encourage materialism, encourages mysticism.'
E. G. BROWNE.

OF the small band of Bart.'s men who have left medicine to make a name in some other field, one of the most interesting and charming is Edward Granville Browne. Writing of him in 1949, twenty-four years after his death, a friend could say, 'even now to speak of Browne to a Persian, to say that I really knew him, is to meet an instant response of wonder and delight. In a Persian's memory he is the great champion of a nation which has not had many champions in the struggle for freedom.' This reputation was earned by a man whose attention was first drawn to the East at the age of sixteen, by a romantic sympathy for the Turks defeated and oppressed by Russia in 1877. To help Turkey it was necessary to learn Turkish, and soon the study of Islamic languages filled his spare time. Going on to Cambridge it hardly seemed unusual that he should read medicine and oriental languages concurrently, and having in five years satisfied the examiners in both subjects, he came to Bart.'s in 1884. 'And now for three years,' he says, 'it was only an occasional leisure hour that I could snatch from my medical studies for a chat with my Persian friends . . . or for quiet communing in the cool vaulted reading room of the British Museum with my favourite Sufi writers.' On qualifying he was preparing for a medical career, when he received the unexpected offer of a fellowship at Pembroke, his old college, and the University Lectureship in Persian. Within a few weeks he was on his way with a fellow Bart.'s man to spend the first year of these new appointments in Persia.

Like many of the great books on foreign life and travel, Browne's *Year Amongst the Persians* * draws an unconscious and attractive picture of its writer. It tells, for instance, how, in order to understand fully the mind of the Persians and their religion, he took to opium smoking and all but succumbed to the habit; similarly, how he foiled a trick to ensnare him with Cannabis Indica by recognising its taste, from experience gained, he says, at Bart.'s: how also, being deeply interested in the life and teaching of the young religious reformer and mystic, Mirza Ali Muhammad, who had been martyred in 1850, and out of sympathy with his persecuted followers, he searched Persia for the hidden and disguised members of the proscribed Bábi sect. Later he returned to Cambridge to devote himself to the study of Oriental literature and language. He returned to medicine only briefly and partially in 1919 and 1920 with the Fitzpatrick Lectures, given at the College of Physicians, on Arabic Medicine, and later dedicated them to his former teacher Sir Norman Moore. With an international reputation for scholarship, he lived on until 1925, well known in and about Cambridge for the quality of his conversation and his hospitality.

As in similar cases, for example Robert Bridges and (from St. Thomas's) Somerset Maugham, it is interesting to ask what influence a medical education had on the career of Edward Browne. Fortunately, in *A Year Amongst the Persians* he has given us some

* *A Year Amongst the Persians*, by E. G. Browne. 3rd Edition, 1950. A. and C. Black. 30s.

indication. Writing of his time at Bart.'s he says, 'This period was far from being an unhappy one, for my work if hard was full of interest; and if in the hospital I saw much that was sad, much that made me wonder at man's clinging to life . . . on the other hand I saw much to strengthen my faith in the goodness and nobility of human nature. The spirit of man,' he says, 'seemed to me like a prince in rags, ignorant alike of his birth and his rights, but to whom is reserved a glorious heritage.' In the 1880's the influence of science was all on the side of materialism—it was still the age of Darwin, the electron had yet to be discovered—but Browne's own studies, academic and clinical alike, brought him to a different conclusion. 'Even my medical studies, strange as it may seem, favoured the development of this habit of mind; for physiology, when it does not encourage materialism, encourages mysticism; and nothing so much tends to shake one's faith in the reality of the objective world as the examination of certain of the subjective phenomena of mental and nervous disorders.' It is clear both that he learnt at Bart.'s to see through to the hidden but real identity of his patients, and that his medical experiences only reinforced in him a religious and a mystical view of life. It was these same points of view which enabled him later to see beyond the many failings of the Persian, to the real qualities that were behind and which led him into active sympathy with the followers and beliefs of another religion.

In these opinions Browne was at least a generation in advance of his time, for today science stands no longer on the side of materialism; the wheel has gone far the other way. As this year's President of the British Association said, 'Science has given back to the universe, one might say, that quality of inexhaustible richness and unexpectedness and wonder which at one time it seemed to have taken away.' And in the 1950's as we try to piece together the patches of information which we gain from our own studies in Physics and Biochemistry, it is no longer remarkable if the cosmic picture they suggest takes us, with Browne, to an ultranatural, if not a mystical, explanation.

Fortunately the wards today show much less of pain and sadness than they did in the 1880's. But we all see enough still to be faced with the question which Browne found himself being asked, 'What is man and what is his end?' Without some sort of working answer to this question it is hard to see how medicine can be intelligently practised. The doctor who dodges it with a materialistic answer is left with only current conventional standards to guide him through the moral and personal tangles met in medical practice. He must explain how a profession relying on conventional standards alone would maintain them in the other three-fourths of the world where clean water not only resembles a solution of penicillin but can be sold as such with impunity; and how such a profession would resist a Hitler who ordered it to exterminate the insane or to sterilise the Jews. But more important and pertinent still, he must explain how he personally, in the many cases where he is unable to cure and only partly able to relieve, will be able to fulfil the other duty of the physican, which is to comfort, when he believes that the questions which always distress sick people either have no answer or no need to be asked at all.

It was not like Edward Browne to talk much or freely about himself. We only know that he had a ready sympathy for the individual, particularly if he was in distress, and that he saw beyond the cul-de-sac of materialism into which nineteenth-century science had temporarily passed. From the better vantage ground of to-day it is easier to see that modern science probably owes more to the Christian doctrine of the rationality of the universe than to any other single influence, and that the most distinctive characteristics of modern medicine derive from Christian belief in the significance of the individual person.

Some of us are compelled to go still further in giving a Christian answer to the great questions of medical practice and hold with an anonymous contemporary of William Harvey—another student of the human heart—that

'Only the Trinity which made it can
Fill up the vast three-cornered heart of man.'

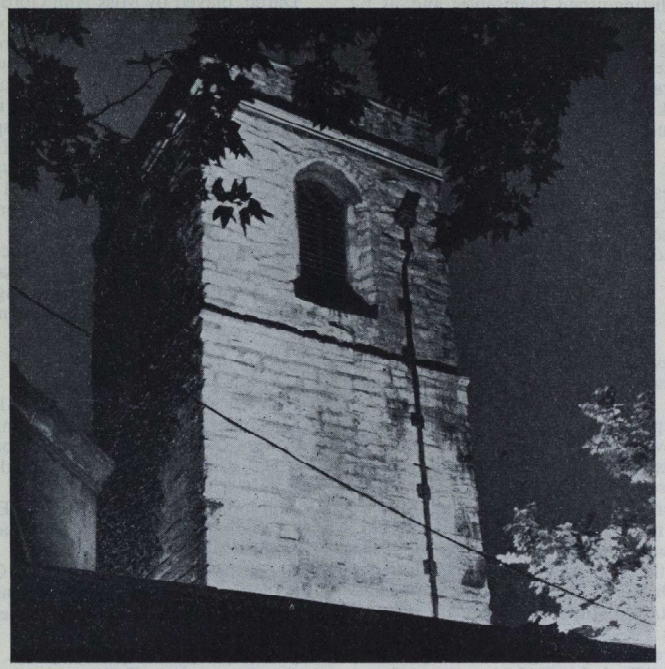


Photo: St. B.H. Nurses League News.

FLOODLIT FOR THE CORONATION

THE TOWER OF ST. BARTHOLOMEW-THE-LESS

A Great Victory

In spite of the serious lack of student support for our sports clubs, to which an important letter in our columns this month draws timely attention, on Wednesday, November 18, our oarsmen won a resounding victory against the other Hospitals at Putney. They signally distinguished themselves and us by carrying off every trophy at the United Hospitals Regatta for which they raced, with the single exception of the Senior Eights, lost by a bare three feet to a Thomas's crew of Blues and 'Pinks' stroked by David Jennens, the most memorable Cambridge stroke of recent years.

Six new 'pots' will about double the number at present in the Library display and are a most heartening demonstration of what Bart.'s men, given enthusiasm and determined leadership, can still do.

Dramatic Society

J. S. Malpas writes:

The Bart.'s Hospital Dramatic Society presented Denis Cannan's *Captain Carvallo* at the Cripplegate Theatre on Thursday and Friday evenings, November 19 and 20. The cactus is a strange plant; for a time it is a green presence, then quite suddenly bursts into flower, quickly fades almost apologising for its own brilliance, and then returns to its green potentialities once more. Anyone who watched the highly enjoyable performance that the Dramatic Society gave must feel that it has certain affinities with the life cycle of the cactus.

Here was an extravaganza, surely one of the most difficult kind of plays to perform, being put on with complete success by the cast and Messrs. Misciewicz and Sheaf. As to the play itself, most experienced critics could not make up their minds about the London production, so I am sure it would be hard to come to any conclusions either as to subject or style. However, the interpretation of some of the characters was better than in the other two amateur productions of this play that your correspondent has seen. Outstanding amongst them was Christopher Hudson's Professor Winke; together with Caspar Darde, played by Lowell Rees, these two caused enough outbursts of laughter to satisfy any partisan of humour. The removal of the explosives from the farm under the eyes of the dashing enemy Captain Carvallo, played by Peter Rycroft, was surely one of the high spots of the play. Peter Rycroft combined a good stage sense with fine diction, making his performance most convincing.

War, especially the clandestine sort, seems hardly the place for the ladies, but Smilja Darde, played by Miss Ann Gordon-Watson, seemed to be making the most of it! Miss Gordon-Watson gave a mature rendering of a big and complex part which had the difficult task of creating the drama and perhaps even tragedy of the play's theme in the midst of the revels of the Professor, Caspar, Private Gross and Anni. A good deal of the success of the play was due to the fine support given by David Black as Gross and Rosemary Stephenson as Anni and Henry Poirier's amusing caricature of the Baron.

Good luck to the Dramatic Society and, to return to our botanical simile, may the fruits of their recent labours encourage them to flower more often for our enjoyment.

A Gift of Medals

In the summer of the year 1881, there was held in London an International Medical Congress. It was under the patronage of the Royal Princes of the German and the British Empires, and Victoria's capital welcoming with pomp the great men of Europe and America, gave hospitality to virtuous and all-conquering science.

The band of the Coldstream Guards was magnificent in the afternoon sunshine when it played to the delegates in the garden of Mr. and Mrs. Spenser Wells. There was garden party after garden party. An excursion was made to Folkestone to see Harvey's statue unveiled. There was a trip down the Thames. South Kensington was the scene of a brilliant soirée, and on another evening there was a conversazione. The Lord Mayor gave a banquet. The visitors inspected a flourishing sewage farm.

These pleasures did not interfere with the work of the congress. The president was Sir James Paget. "Consulting Surgeon to St. Bartholomew's Hospital," and the greatest surgeon of his day. His opening address discussed problems which are still those of our own time. "The fault of specialism," he said, "is not in its narrowness, but in the shallowness and self-sufficiency with which it is apt to be associated." The reports speak

of his gift for oratory, and of the spell of optimism he cast upon the delegates. None but a very great man would have been fitted to preside over that congress, for beside him were to stand Pasteur and Virchow. That alone seems fabulous. But Lister was there too, and Huxley and Bowman. It is not surprising that the delegates saw the future, with Science, if not actually riding forward as a Knight in Shining Armour, then driving onward as a Knight in an impeccable frock coat and silk hat.

In honour of this congress a medal was struck in bronze. Among those who received it was Sir James Paget, and by acclamation a special silver medal was voted to Lady Paget. These two medals have been given to the library by Mr. Humphrey Paget, a grandson of Sir James Paget. We are most grateful to him.

The medals are on display in the library. Mr. Thornton has allowed us to reproduce a photograph of the design (on the other side is the Queen's head), which was by John Tenniell, the great cartoonist, and the illustrator of Lewis Carroll's books. Indeed, the allegorical shrouded Death in the background shows the genius of the hand that drew the Cheshire Cat. The medal was by Wyon, one of a family who had been medallists since the eighteenth century when an ancestor was appointed chief engraver of the king's seal.

On the day that the congress ended, the delegates went to the Crystal Palace for the final celebration. There was a pyrotechnic display. The lofty night of Victorian London was surprised by sudden pictures hanging in the sky, firework portraits of Professor Langenbeck, Monsieur Charcot, and Sir James Paget.

A Link with Abernethy

Mr. Ogier Ward writes, 'My great-grandfather, Charles James Beverly, F.R.S., F.L.S., was a resident pupil of Abernethy and in that sense a Bart.'s man. He became a naval surgeon and as such served under Sir John Ross in his north polar expedition of 1819-20, and under Sir Edward Parry in his polar expedition of 1827. For his researches in marine biology in polar regions, he was elected an F.R.S. in 1831. Abernethy bequeathed to him an excellent copy of the Bart.'s portrait by Sir Thomas Lawrence. This is of very much smaller size, and in respect matches the portrait of Mrs. Abernethy, also bequeathed to him which is reproduced in Mr. Thornton's interesting book on Abernethy. Beverly died in 1868.

This is a more direct if not quite such a close link as Dr. G. E. Deacon's whose father is believed to have done a locum for a professional colleague of Abernethy's. It reveals, however, a most interesting Bart.'s man of whom more should be known.

Three Hospitals' Orchestra

A correspondent writes:

This orchestra, whose concerts have hitherto been given at St. Mary's, will give a full orchestral concert at Bart.'s on Saturday evening, December 19, at 7.30 p.m. We are very glad to have an opportunity of extending our hospitality to this orchestra whose members are drawn from St. Mary's, St. Thomas's and Bart.'s, and we have been allowed the use of the Great Hall for the performance. It is hoped that all those who are interested will come to this concert in its splendid setting.

We have been fortunate in securing as our soloist Miss Amaryllis Fleming who is a promising young British cellist. She has performed in promenade concerts and has recently been the subject of an article in "Picture Post."

The programme will consist of: The Overture to Mozart's Opera The Magic Flute; Elgar's Cello Concerto and Rachmaninoff's 2nd Symphony.

Those who went to the last concert held at St. Mary's know the high standard of which the orchestra, under the direction of its conductor Mr. Norman del Mar, is capable. Unfortunately at the last concert the Bart.'s audience was small.

Many more instrumentalists are needed from this Hospital. However uncertain you may be of your musical ability, do come forward and help; otherwise there is a real danger that the orchestra may become a "Three Hospitals' Orchestra" in name alone. Rehearsals are held on Thursday evenings and about three concerts are given each year.

Christmas Cards

This year, for the first time in its history, the Abernethian Society has produced a Christmas Card for sale in the Hospital. It reproduces a print published in a periodical of December, 1875, and shows the police being worsted by Bart.'s students in a snow fight about the old Hartshorn gate—'The police and students of St. Bartholomew's Hospital. A fracas during the recent snowstorm'—is its subtitle.

These cards are on sale at 4s. per dozen, and are obtainable by application to the Secretaries of the Abernethian Society. There is nothing on the cards to indicate their source.

Abernethian Society

It is hoped to establish students' evenings as a regular feature of the Society's programme, and students who would like to read papers are invited to get into touch with the Secretaries. The subjects chosen may range over the whole of medicine from interesting clinical cases to the History and Literature of medicine.

Tenth Decennial Club

The Tenth Decennial Club Dinner was held at the Washington Hotel, Curzon Street, on Wednesday, October 14th. Mr. K. J. Acton Davis was in the chair and proposed the health of the club. Dr. R. R. Armstrong proposed the toast of absent friends.

The dinner was a most enjoyable one. Fifty attended out of a possible two hundred. The evening was very successful and showed the continued health of the club. It is hoped that those members who were unable to come this year will contribute to an even larger muster next year.

Congratulations

to Prof. A. Wormall, conferred with the Honorary Degree of Doctor Honoris Causa of the University of São Paulo after he had organised the first Latin American Course on Radio-isotope Methodology.

to Prof. Sir James Paterson Ross, appointed to the Archbishops' Commission on Divine Healing.

Change of Address

The following Bart.'s men have sent us new addresses:

W. B. Christofferson, Gable Hurst, Wroxham, Norwich.

R. E. Frears, 14 Park Terrace, The Park, Nottingham.

Kemball Price, 4 Palmeira Square (East Side), Hove, 3.

S. W. Savage, "Shepherd's Hey," Sheepwood Road, Brentry, Bristol.

F. W. Shepherd, Dryclough House, Crosland Moor, Huddersfield.

F. A. H. Simmonds, Cromdale, Barnet Road, Arkley, Barnet.

J. W. Trevan, 169 Woodside Green, S.E.25.

Tapeworms and Ladders

This cheerful medical variant of Snakes and Ladders which featured in last February's issue of the *Journal* can be obtained from the Manager, price 1s. 3d., post free.

Errata

Our apologies to Dr. J. D. Andrew and Dr. J. F. Andrewes for having announced the former's Polar Medal as awarded to the latter.

Our apologies also to Mr. A. K. Thould for a serious misprint in his article 'A Case of Jaundice in Infancy.' Lines 33 and 34 should read: with anti-rhesus sera C and D, but not with E and c.

SO TO SPEAK . . .

Bart.'s Conservatism

One patient died of aplastic anaemia, an occurrence which led to the abandonment of the treatment.

—A. W. Franklin and L. P. Garrod in the B.M.J.

Heard in Psychiatric Out-Patients

During the interview he was wearing sand shoes and appeared down at heel.

—Cobblers of Souls.

NOT YET DIAGNOSED

by R. R. PREWER

ONE often hears of haunted manor-houses, castles and rectories, but I cannot remember hearing of a haunted doctor's house—and in the middle of a town at that. We came to live in this rambling old house nearly six years ago ; and in spite of its draughts, inconvenience and coldness in winter we have been happy in it. The house stands within the close of an ancient cathedral, and presents a Georgian façade to the tourists who flock there in the summer ; but the back of the house is much lower and older, and contains all sorts of nooks and crannies—including what seems to be a small room which has been walled up. There are three floors, the top one consisting of attics—three in the front and two in the back ; but in order to get from one lot of attics to another, you must come down to the first floor.

I am the fourth doctor who has lived in the house. My predecessor was here for about five years, but the other two were here for shorter periods. When the wife of the outgoing tenant was showing me over the house, she made a mysterious reference to footsteps in one of the back attics, for which no cause had ever been found. This aroused my attention ; for, although I am not very interested in psychical research, I had followed the happenings at Borley Rectory over a number of years. She told me that both she and her husband were awakened in the early hours of the morning on one occasion by a noise in the attic directly above their bedroom. Shortly afterwards, while they were both wide awake, they distinctly heard heavy footsteps cross the floor above, going from the top of the stairs towards the smaller attic which opened off the first. As they entered the inner attic, the sounds ceased abruptly. Both the doors which led to the attics were kept locked, and there was a heavy cupboard blocking the kitchen entrance to the back stairs ; so they were completely at a loss to account for this intrusion. The doctor himself gave me an identical account of the incident about four years later. He had made no attempt to investigate at the time, but daylight showed no trace of disturbance in the attics, which were dusty and empty as usual. But he told me that his predecessor in the house, Dr. N., had given his opinion on a previous occasion that the house was haunted ; but what Dr. N.'s grounds were for reaching this conclusion, he did not know.

There was so much to do and arrange as we moved into the house that we did not pay much attention to this story at the time. But after he had been there about a week, my wife told me that she had heard footsteps in the attic above our head—the very same one where they had occurred before ; and they went in the same direction. Next morning my sister-in-law told us that she, too, had heard footsteps in the night above her room—she was sleeping in the front of the house ; she said that it reminded her of the slow, measured tread of a policeman on his beat. As it happens, policemen do not pass this house at night ; the nearest point patrolled, which is some considerable way off, is visited by a man on a bicycle. We have had very few mice in the house, and no rats indoors ; and there are no trees which might brush the roof of that end of the house. Neither are there any movable objects in the back attics, which are unfurnished and not even wired for electricity.

My wife has heard the footsteps on several occasions since that first week, always about the same time of the night and (with one exception) almost identical. But on one occasion she heard a sound as of somebody shuffling about, terminating in a dull thud, as of a heavy sack being dropped. I have never heard these sounds myself, as I am a heavy sleeper ; and before I can be sufficiently aroused to listen, they have always ceased. But one winter night, my son aged ten was temporarily sleeping in our room, and ran downstairs a few minutes after going to bed to tell us that there was somebody moving about in the attic above. He said that, among other sounds, he had heard a noise such as might be made by dragging a big bundle of sticks along the boards. I ran upstairs immediately, and was just in time to hear something (I could not put it higher than that) above me, followed by what sounded like a door being slammed.

Actually, the door leading into the first attic is permanently jammed open, so that it could not have come from that.

All these phenomena, with the exception of the footsteps heard by my sister-in-law, occurred in the back of the house. But one summer evening, when it was quite light, my wife happened to go into the room under the middle front attic. She was surprised to hear what sounded like a box or packing-case being dragged over a gritty floor in the room above. This room was unfurnished, and the floor was not gritty ; and of course there was nobody up there.

Increasing familiarity with the house, and the increasing rarity of the noises, tended to push the "haunting" to the back of our minds. But one day not long ago, without the matter having been mentioned by me, a patient told me that her mother had rented the house for several years before the first doctor came to live in it. When she and her mother were looking round the empty house, and were standing in the kitchen, the long row of old-fashioned bells (which have since disappeared) all started ringing together ; there was no explanation of the phenomenon. Later, towards the end of their tenancy, they both heard noises on many occasions in the two front attics furthest from the stairs. The intrepid old lady went up alone again and again, but never found anybody there. The sounds were identical with those which might have been made by somebody walking about. My patient also told me that long after they had left the house she met somebody who had been one of the maids in the house in the early years of this century. This person told her, without any prompting, that nobody would sleep in the two end attics in her time, because they had frequently heard someone moving about there. At one time there seem to have been half-a-dozen servants in all, but none of them would share a room with "The Lady," as they called it.

If these phenomena were isolated, they would not amount to much ; but bell ringing, shufflings, dragging sounds, and footsteps, for which no satisfactory explanation has been forthcoming, have been heard on and off for hundreds of years, and in places as far apart as Borley and Bengal. Lord Horder used to tell his Clerks that they must lay the ghosts as they came to them ; but I think he was referring to the mysteries of medical diagnosis, and not to those which disturb haunted houses. At any rate, after reading up the opinions of the experts one is none the wiser as to the real cause of the noises, and the ghost remains unlaid. Are they hallucinations—that is to say, perceptions experienced in the absence of appropriate peripheral stimuli ? Or are they illusions—perceptions due to the wrong interpretation of actual stimuli ? Psychiatry does not give the answer. Calling the disturbing influence a poltergeist does not get one very much further, because it merely raises the question, What is a Poltergeist ? Meanwhile I just don't know what makes the noises in the attics, while hoping that there is some purely physical explanation, if we could but find it. For, as C. S. Lewis wrote in "The Problem of Pain," "No one is afraid of what a ghost may do to him, but of the mere fact that it is a ghost." And on that seasonable note I will cease.

TO ALL OUR READERS—A VERY HAPPY CHRISTMAS!

MUSIC AT ST. BARTHOLOMEW-THE-GREAT

by PAUL STEINITZ *

AN account of music at St. Bartholomew's falls naturally into two categories: the music which is sung by the regular Choir of the Church at the Sunday Services; and Recitals and Oratorio performances by the London Bach Society.

There is one guiding principle (though certainly not a hard-and-fast rule) running through my choice of music which is played or sung in this beautiful and unique building, and that is that emphasis shall be on music which was originally intended to be sung or played in Church; even though personal tastes come into it, this principle happily admits of a very wide interpretation. It simply means that I am less interested in arranging instrumental recitals than I am, for example, in organising private rehearsals—purely for pleasure—of Bach's Church Cantatas; the latter demand a Church for their proper setting, whereas the former are equally effective in other buildings. This is not, however, to suggest that I should never arrange instrumental concerts at the Church, should circumstances seem favourable.

To tell something of the work of the Church Choir first (for although it may be smaller in scope, it is obviously of prime importance): I took over the work of Organist and Choirmaster (or Master of the Choristers, as I believe the post was called, although there were no choristers), in March, 1949; I found a quartet in being which sang regularly, and a larger group of people, most of whom belonged to the "Old Choir" from the days when there *were* choristers, singing about once a month. Any new ideas had, of course, to be realised through the medium of the quartet; I wanted to extend the scope and amount of the music to a greater extent than could be done by four people, however keen and willing (and they *were* keen and willing) and so it was not long before we increased the number to a double quartet of eight singers. This was achieved through the co-operation of many people, but chiefly by that of the original four accepting a smaller amount towards their travelling expenses in return for a greatly increased repertoire! These eight singers later increased to nine, and at one time rose to 10, the constitution of voices being three sopranos, two altos, two tenors and two or three basses. Choir practices take place on Sundays, before Morning Service and after Evensong; this makes a long and tiring day, but is the most convenient arrangement where a group of very busy people is concerned, many of whom live a considerable distance from the Church.

The type of service we sing might be called a miniature or chamber version of a normal cathedral service—that is to say, we sing a setting of one canticle in the morning, and of both canticles in the evening, and an anthem at each service; it is also 'miniature' in that we avoid the long, flamboyant anthems and settings which sometimes appear in cathedral music lists; but more of this later on. We actually established this type of service three or four months after I took over, and in order to avoid too frequent repetitions the choir had to work tremendously hard. I cannot imagine a more hard-working group of people, and I am glad to say that most of the original members are still in the choir. In addition to long Sunday evening practices, we often had extra rehearsals, perhaps on a Sunday afternoon or week-day evening at the house of one of the members. Any new music was always taken home and learnt; and members still take home new works. This high pressure was necessary, because I introduced an average of at least four new anthems or settings a month for the first year or so. After that, we could have sat back a bit, as we had a big enough repertoire to avoid repetitions within three or four months; but instead, we began tackling more difficult works, including moderns. These were probably often too difficult, and the standard of singing suffered, but I think it was worth enlarging the scope of the repertoire all the same.

What sort of music do we sing on Sundays? In choosing it I always try to think of what will be in keeping with the Church; this sounds obvious, and perhaps it is, but

* *Organist of St. Bartholomew the Great*

ST. BARTHOLOMEW-THE-GREAT. AN 18TH-CENTURY PRINT.

what it amounts to is this: an emphasis on Tudor music, which in any case provides most of the finest church music we have, with as much pre-Tudor polyphony and plainsong as seems practicable (unfortunately it is not practicable to get quite as far back as music contemporary with the founding of the Priory), together with the best of all other periods. Actually we do not sing very much 19th-century music, the thick texture of much of which doesn't seem to suit either the building or our slender resources, but we do sing a fair number of contemporary works not in the usual cathedral music lists, and have in fact given quite a number of first performances. I feel that to ape a big cathedral service is pointless, seeing that all the big standard works can be heard better sung round the corner (St. Paul's); we therefore concentrate on *simple* plainsong settings, the shorter polyphonic works (e.g. settings by Causton, Gibbons, Hunt, the Farrants and so on)—though I have an ambition to attempt part at least of Byrd's 'Great' Service one day—some Purcell, the slighter anthems of S. S. Wesley, Ouseley and Crotch, with a very little Stanford (the Evening Service in G being the only setting), several Bairstow anthems, Britten's Te Deum in C, Herbert Howell's new Te Deum, and so on. Some of the choir protest at Crotch, Wesley and Ouseley, but I dictate to them nevertheless (which they like while pretending not to), as I do not think one should omit the best of any period. We do not make a point of sticking to the English Church Music tradition, but in addition to well-known music by Palestrina, Lassus and Victoria, we have sung works by Josquin des Près, Schein, Schütz and Stravinsky and others. During one winter, we did a series of Bach Cantatas at Evensong; this taxes the resources of the choir to the uttermost, and provoked some opposition, but was much apreciated by the very large congregations which came on those occasions. The choir has done much work extra to the Church Services, including three Festival of Britain concerts, a broadcast in the Third Programme, two broadcast Choral Evensongs, and a broadcast Mattins for B.B.C Transcription Service: also recitals in many other places (Reigate, Berkhamsted, Bedford, Huntingdon, etc.). In this connection, mention must be made of the splendid work of Charles Farncombe, who was my valued assistant for four years 1949-53.

Now to turn to the music which my London Bach Society makes in St. Bartholomew's. This Society was founded by me in 1946-47, and was fairly well established when I went to the Church in 1949. We gave a number of unaccompanied recitals there during the following year or so, and broadcast from the Church once or twice; these programmes consisted of Motets and Masses by Palestrina and Lassus, Motets by Schütz and Bach, and modern works. It was not, however, until the Festival of Britain in 1951 that we attempted a major choral and orchestral concert in the Church, when we gave a programme in conjunction with the Riddick String Orchestra which included Bach's Church Cantata No. 150 and a Brandenburg Concerto. We placed the choir of about 50 in the choir-stalls and the orchestra in front. The combined forces were extremely successful as far as the listeners were concerned, but less so for the singers and conductor, for we had not then discovered the best disposition of an orchestra and choir in the Church so that the performers themselves could hear what they were doing. It wasn't until March, 1952, that we discovered the real potentialities of the Church for full-scale Oratorio performances, when we took the plunge and with enormous preparation gave Bach's St. Matthew Passion there (incidentally for the first time in London complete and in the original German). These preparations included bringing in 500/600 chairs (still a major problem and a financial burden), putting in extra lights, numbering seats, etc. We placed the not inconsiderable forces (60 choir, 30 orchestra, plus Soloists and Ripieni) in the Sanctuary and in front of it—if they had been anywhere else there would not have been room for the congregation. The performance was amazingly successful; to conductor and hearers in all parts of the building the work had perhaps never before sounded so wonderfully clear in texture or so rich in tone quality; and every aspect of the Church enhanced the spiritual qualities of the work. There were still difficulties of placing Soloists and Ripieni and so on; but probably every building has some drawbacks, though none such tremendous advantages for music as has St. Bartholomew's. Since that day the Society has made its permanent home there, and although the limitations of seating make the economic problem very great, we believe that these will

gradually be overcome, and that to make music there is worth every financial effort that is necessary. For example, it costs practically as much to present a full-scale choral or orchestral work in a building seating 900 (St. Bartholomew's) as it does in a place accommodating 2,500, although the possible takings from tickets or admission programmes are so different; in 1952 we lost nearly £300 on the St. Matthew in St. Bartholomew's; last year this was reduced to just over £100; next year, if our venture of two performances proves to be justified, we may still further reduce the loss.

Of modern works given in the Church by the Society during the past couple of years, one may mention the first performances of the Mass for Unaccompanied Voices (Anthony Milner), Two Songs of David (Francis Burt), Mass of St. Andrew (Newell Wallbank), and Song of the Soul (Rubbra), the last specially written for the Society: in addition, such interesting works as Alan Bush's Winter Journey and Rawsthorne's Canticle of Man were heard last season.

The Society has broadcast from the Church many times, last winter the main works being Schütz's *Musicalisches Exequiem*, Bach's Motet *Komm, Jesu, Komm*, and the Milner Mass. It may also interest my readers to know that in the Church we made about 50 of the Hymn Recordings used by the B.B.C. for "Five to Ten" in the Light Programme.

As to the future, our hopes for next year, St. Matthew Passion (19th and 20th March) have already been mentioned. Perhaps the most exciting, as well as one of the most important events in the history of the Society and the musical history of St. Bartholomew-the-Great, will be the performance of Bach's great Mass in B Minor on June 15th, 1954; the sound of trumpets and drums, in addition to the usual Bach orchestra of woodwind and strings will be, I know, quite shattering; the B Minor Mass is exhilarating anywhere, but in St. Bartholomew's it must be overwhelmingly so.

In all my so-pleasurable musical activities connected with St. Bartholomew-the-Great, one single factor has counted above all others; and that is the unfailing co-operation of the Rector. Himself a Doctor of Music, one might have expected to encounter at least a certain amount of criticism and opposition. Far from it: he has understood all the difficulties of the routine work of the Church Choir, and given full support without ever intruding; and has made my Bach Society welcome in the Church with all possible generosity, although the place is turned upside-down for the big concerts. It gives me great pleasure to pay my tribute to him here—behind his back, as it were; for he dislikes any spoken expression of thanks so much that he will talk about something else at once if one tries to say it to his face.

In conclusion, I will state two, out of many, ambitions regarding music in St. Bartholomew's: the first is to have a real London Festival of (mainly Church) music regularly centred there; and the second is to give all the hundred and ninety-eight Bach Church Cantatas there, spread over a number of years and in their proper seasons, and preferably during Church Services.

To the hands of the diver
The gains of the tide;
To the eyes of the bridegroom
The face of his bride;
To the heart of the dreamer
The dreams of his youth;
For me, O my Master,
The rapture of Truth.

SAROJINI NAIDU—poetess and politician of India, at her death in 1950 Governor of the United Provinces. Quoted at the recent World Conference on Medical Education.

MYXOEDEMA

by H.-J. B. GALBRAITH

THIS is a review of the case notes of 79 patients with adult myxoedema who were investigated in the wards of this Hospital at the time of their initial diagnosis. A patient was included in the series only if the clinical diagnosis was supported by at least one confirmatory investigation. In those cases which were observed after discharge from hospital, confirmation was also given by the satisfactory response to treatment with Thyroid. Cases of hypopituitarism were excluded. The survey covered a period of seven years.

Fifty-seven patients were suffering from spontaneous myxoedema, the myxoedema followed thyroidectomy in 17 and in five was associated with Hashimoto's disease. The incidence of post-thyroidectomy myxoedema in this series is abnormally low because many such patients are diagnosed and treated as outpatients, without the diagnosis being confirmed by inpatient investigation.

(1) Spontaneous Myxoedema

The 57 cases comprised 52 women and five men ; the ages at the time of diagnosis varied from 26 to 77, one-third of the patients being between 50 and 59. The symptoms had been present for an average of 2½ years at the time of diagnosis. It was not possible in retrospect to compare the frequency of symptoms generally, but in view of the frequent assumption that hypothyroidism is a cause of obesity, the weight changes noticed during the period immediately before diagnosis were of interest.

Of 53 patients about whom such information was available, only 26 had noticed increasing weight and nine believed that they had lost weight. Another approach to this problem is that of Plummer (1940), who compared the weights of untreated myxoedematous patients with the average weights of other persons of the same sex, age and height, the latter figures being obtained from the routine medical examination of proposers for life insurance. Using this method, it was found that of 49 cases of spontaneous myxoedema, 31, or 63 per cent., were above average weight and 18, or 37 per cent., were of or below average weight. The mean actual weight of these cases was 13 lb. more than the mean normal weight. These figures correspond very closely with those of Plummer. It is of some interest that in those patients who were grossly overweight, the obesity had been present long before the onset of hypothyroid symptoms.

Of these 57 cases, studied in an area where simple goitre is not endemic, the thyroid gland was palpable in 10 patients, a goitre of any size being present in only five, of whom two were suspected of having Hashimoto's disease. In the complete group of 79 cases a goitre was present at the time of diagnosis of myxoedema in eight patients, of whom three certainly and two probably had Hashimoto's disease.

In some cases of myxoedema with hypertension, lowering of the blood pressure occurs with Thyroid therapy, hypertension is not, however, a common feature of the disease: only 17 of the 57 cases in this series had readings of 160/90 or higher.

Of 35 women with hypothyroidism of all types, who neither were post-menopausal nor had had a hysterectomy, menorrhagia was present in 17 (49 per cent.), amenorrhoea in three (9 per cent.) and oligomenorrhoea in five (14 per cent.). This common and well-known association of myxoedema with menorrhagia should not allow other possible causes to be neglected: two patients thus affected had fibroids and one had a carcinoma of the body of the uterus.

Thirty-nine patients with spontaneous myxoedema had haemoglobin levels below 90 per cent. (Haldane) ; in those with levels between 70 per cent. and 90 per cent., the colour index (where estimated) was between 0.8 and 1.14 and many of these patients may have been suffering from the true anaemia of myxoedema, which is hyperchromic and usually not of great severity (Bomford, 1938). Sixteen patients, all women, had more severe anaemias with haemoglobin levels from 20 per cent. to 69 per cent. and with much lower colour indices suggestive of iron deficiency, eight of these patients had menorrhagia. True pernicious anaemia was present in three cases, having been diagnosed before the myxoedema developed in one case, afterwards in one and simultaneously in the third.

(2) Myxoedema Strumipriva

None of the 17 cases of this group was grossly underweight and there was a mean weight excess over the average normal weight of 8½ lb. The term Cachexia Strumipriva, originally given by Kocher in 1883 to the hypothyroid condition which may follow thyroidectomy, does not therefore seem very appropriate. The age and sex incidence probably depends on the age and sex of patients subjected to thyroidectomy, which was performed in every one of the present group of cases for hyperthyroidism. The symptoms occurred usually between two months and two years after operation, although in three cases they followed eight, 16 and 28 years afterwards respectively.

In five of these 17 cases, more than one operation on the thyroid gland had been performed, and in two cases subtotal thyroidectomy had followed a course of radiotherapy ; as thyrotoxic subjects only rarely require repeated operation, this probably demonstrates a hazard of repeated thyroidectomy which is not often stressed.

(3) Hashimoto's Disease

Only five patients suffering from this condition are included in this series. In two, the myxoedema developed after thyroidectomy had been performed. As with myxoedema strumipriva, the incidence of myxoedema as a result of Hashimoto's disease is probably higher than these figures suggest.

Confirmation of Diagnosis

In myxoedema, substitution therapy will have to be continued until the end of the patient's life, and effective therapy will eliminate all signs of the disease. It is not uncommon therefore for the patients or their subsequent medical attendants to doubt the initial diagnosis, especially if this has been made on solely clinical grounds. The cessation of treatment which may follow this disbelief is, however, not followed by gross symptoms or signs of myxoedema for one or two months and a similar period will elapse before the recommencement of treatment is followed by complete remission of symptoms. To prevent this unnecessary period of invalidism, even though mild, it is essential that the clinical diagnosis of myxoedema should always be supported by confirmatory investigations.

The most generally used investigation is the estimation of the basal metabolic rate. If figures of −20 per cent. or below are accepted as being significant, this method confirmed the diagnosis in 60 (81 per cent.) of 74 cases in this series.

The serum cholesterol is the other investigation most commonly used, a figure of 250mg. per 100ml. or over being suggestive of, but not specific to, hypothyroidism.

The electrocardiographic abnormalities (bradycardia, low voltage complexes and flat or inverted T waves) which improve and usually disappear with treatment, provide another valuable but relatively little used confirmatory test. In the present series, confirmation of the diagnosis was obtained by the estimation of the serum cholesterol in 72 per cent. of the 64 cases in which this test was used, and by the electrocardiographic changes in 80 per cent. of 51 cases. In the 44 cases where both these latter tests were used, confirmation of the diagnosis was obtained from one or the other test in 91 per cent.

In only seven cases was a radio-iodine uptake study made to confirm the diagnosis. Undoubtedly this test and possibly the estimation of the serum protein-bound iodine will be used more frequently in the future, as the results obtained depend more specifically on thyroid activity than do those of the first three investigations mentioned.

Treatment

The daily dose of Thyroid used in the maintenance treatment of these patients varied from one to five grains, although one patient was receiving nine grains. The average daily dose was three grains, but it would appear that many patients were kept slightly hypothyroid. Treatment in many cases lapsed, this might have been prevented by more enthusiastic outpatient supervision.

Conclusions

Myxoedema may be spontaneous, may follow thyroidectomy, or may be associated with Hashimoto's disease, the frequency of these forms being probably in that order.

Spontaneous Myxoedema is 10 times more common in women than in men and is most commonly diagnosed in the decade 50 to 59. Gain in weight is a symptom in only about half the patients, but in about two-thirds some excess of weight is present, although this is rarely gross. In women still capable

of menstruation, menorrhagia occurs in half the cases. Marked anaemia is usually of the iron-deficiency type.

Myxoedema Strumipriva is more likely to occur after repeated thyroidectomy.

Hashimoto's disease should be suspected whenever hypothyroidism is associated with a goitre.

The clinical diagnosis of myxoedema should always be confirmed by a special investigation. E.C.G. tracings taken before and after treatment with Thyroid and estimations of the serum cholesterol (both of which tests can be performed without admission to hospital, in contradistinction to B.M.R. estimations) will, between them, provide confirmation in over 90 per cent. of patients.

The daily dose of Thyroid required in myxoedema rarely exceeds five grains.

My thanks are due to the Medical Council for permission to publish these figures.

References

Bomford, R. (1938) Quart. J. Med. **7**, 495.
Kocher, T. (1883) Arch. klin. Chir. **29**, 254.
Plummer, W. A. (1940) Trans. Amer. Ass. Goiter, p. 88.

'GUNPOWDER, TREASON AND PLOT'

Please to remember the Fifth of November,
The night of the rag and the spree;
When medical students displayed the imprudence
To clash with the powers that be!
When baulked of the bonfire they should have set on fire
At some place or other elsewhere,
They promptly paraded in force, and invaded
The precincts of Parliament Square.
This was unprecedented, and might have prevented
M.P.s from performing their job!
Policemen on hosses assembled in posses
To deal with the turbulent mob.
Then long angry leaders, and letters from readers
Appeared overnight in The Times,
While the Bow Street exchequer—that revelry wrecker—
Collected large sums from the 'crimes'.
A similar crisis on Cam or on Isis
Would scarcely have ruffled their banks,
But in London the Town is not used to the Gown,
And resents undergraduate pranks.
Amid much confusion the common conclusion
Was: "Boys will be boys, and must play;
"But please to remember another November
"To do it a different way!"

R.B.P.

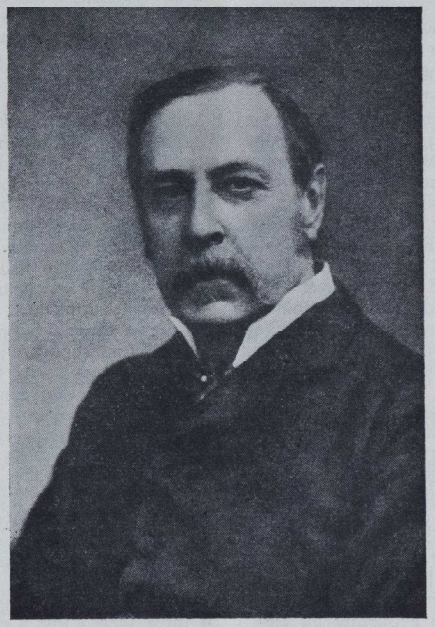
BRUCE CLARKE

A NOTE IN RETROSPECT

by H. S. Crichton Starkey

It is inevitable in the case of men of outstanding personality or achievement that, after death, stories and legends should be associated with their names, somed based on fact, others pure fiction.

This has been noticeable in recent years with regard to a former Senior Surgeon of Bart.'s, Mr. Bruce Clarke, universally known as "The Bruiser" owing to an incident which occurred on his way home from hospital, too well known to need repeating.



It would be nonsense, even by standards of the beginning of this century, to claim that he was one of the hospital's great surgeons, but his courage and resource in emergency might have earned him a lasting reputation had he lived during Wellington's campaigns. When I was his house-surgeon, if he was wanted urgently at night, a hansom cab had to be sent to convey him from Harley Street, and after one such emergency, resting in my room, he talked about the conditions prevailing at Bart.'s when he entered as a dresser. Major operations were mainly amputations and removal of calculi, it was considered almost certain death to open the peritoneum. The operations were carried out in a large, bare boarded room, in 1912 still in use as a gymnasium and store, the surgeons wearing old blood-stiffened frock coats which it was contrary to etiquette to clean. In the corner of this "Theatre" was

a cupboard with balls of strong twine, a pair of scissors, and some lumps of beeswax, and into the framework a stout nail had been driven. On operating days the dresser on duty cut lengths of twine about two feet long, made a loop one end which was slipped over the nail, and holding it taut rubbed in the beeswax. These were the "ligatures" for bleeding vessels, the flaps were left open for the subsequent drainage of "laudable pus." Rounds in the wards must have been fearsome. The procession was led by the surgeon with his house-surgeons (these had to pay for their appointment, so an avaricious surgeon might have a number), next two beadles bearing on a kind of stretcher a charcoal brazier with cauteries sticking in the red hot contents, and after these the sister, dressers and nurses. The patients lay with cradles over the limb, and when the bedclothes were raised the open stump was exposed with the beeswaxed strings hanging out. The surgeon pulled on these tentatively one by one, and if all went well they came away from the sloughed end of a clotted artery, but sometimes there was a gush of blood and instantly a house-surgeon snatched a cautery from the brazier and plunged it expertly into the wound. The Bruiser had indeed travelled a long road to his sterilised theatre combined with antiseptics . . . he never could quite give up the latter, always touching an appendix stump with pure Izal and washing out the peritoneal cavity after a laparotomy with a strong, hot solution of the same disinfectant. He wore rubber gloves but was never happy in them, and if anything was really difficult tore them off almost unconsciously. Bruce Clarke only liked the simplest of instruments, and his standard tray contained scalpels, probes, dissecting forceps, Spencer Wells and retractors. Someone once said that "Charles Barrett Lockwood's tray looked as if he proposed to castrate a kitten, and Bruiser's as though he was going to eviscerate an elephant" . . . an exaggeration but he *did* like man-size tools. Owing to early training, when anæsthetics were crude and uncertain and speed all-important, his surgery was sometimes dramatic. Picture the removal of a kidney. The unconscious patient lay on a small mound of sandbags so that the loin was stretched and exposed. Bruce Clarke took a large scalpel, made one long sweeping incision, the flesh gaped like a carved leg of mutton, and usually the kidney in its perinephric fat lay visible at the bottom of the wound, while artery forceps were being hastily clipped on. It was a tour-de-force of dexterity and skill, and even if it was considered a justifiable practice, I doubt if many modern surgeons could accomplish it with a scalpel.

The strength of his forearms was phenomenal and under perfect control. One day it was necessary to fracture an adult man's leg to straighten it. Gordon Watson as Surgical Registrar was in the theatre, and Jack Burn, who had recently rowed in the stern four of two winning Cambridge crews, was a dresser. Bruiser then over 60, called out "Watson, come and break this leg for me." Gordon Watson strained till purple in the face with no success. "Here, Burn, you're a strong man, you have a try"; the bones still remained intact. Bruce Clarke lifted the leg in both hands, thrust out his lower lip and jaw, looked at the ceiling, gave a quick flick with his wrists, there was a sharp crack, and he retired leaving them to splint the limb in correct position. Yet I never remember seeing man or woman wince during his examination, and once when myself the patient the reason became apparent. It recalled the sensation once experienced when being handled by a blind masseur . . . the firm, gentle fingers seemed to think their way over the tender area, inducing an almost hypnotic feeling of confidence and relaxation. One last reminiscence. A man, after long consultations with physicians and surgeons, was admitted to Sitwell Ward with a large aortic aneurism. He was middle-aged, had been a regular soldier, and had suffered from the, then, almost universal military disease of syphilis. Bruce Clarke (this was over 40 years ago) thought he saw a possible method of operation. He sat on the man's bed and said, "Jones, there's a big blood vessel near your heart which has got stretched and may burst any moment. I think there's just a chance I can repair it, but you may die under the operation. Will you risk it?" Without a second's hesitation Jones replied, "Yes sir," and held out his hand which Bruiser clasped for a long minute. The next Wednesday the theatre was packed. Bruce Clarke was assisted by other surgeons, and the anaesthetic was administered by the imperturbable "Cocky" Boyle. I haven't the faintest idea what was done, for one visitor was a volatile little Russian, whose name we thought was Popoff.

He was provided with a theatre stool to stand on, and as humble dressers we had to take it in turns to hold him from behind for safety, because in his excitement he kept jumping up and down. The man survived without hæmorrhage till next day and died, apparently from shock, a fate which modern transfusions and post-operative treatment might possibly have averted. Bruce Clarke was a member of almost every committee and if anyone had a difficult problem they instinctively turned to him for sound commonsense advice.

All his successive house surgeons failed to discover why, despite all existing precautions, so many "clean" cases became septic, and it was only at the end of his career that that brilliant pathologist Dr. Mervyn Gordon found he had been suffering for years with a mild streptococcal pyorrhœa, a condition not considered of such importance in those days. The too rapid extraction of teeth resulted in a fatal septic pneumonia, as it did with the Senior Surgeon of St. George's, who was his team-mate at *viva-voce* examinations at the College

Bruce Clarke possessed to a high degree courage, honesty, shrewd judgment, and genuine kindness which were the attributes of great English gentlemen of his day and generation, so when stories are told of him which raise a smile, remember these were only incidents, sometimes a little embroidered, in the career of a man liked and implicitly trusted by his hospital patients, and remembered with life-long respect and affection by those who worked with and under him.

LETTERS TO THE EDITOR

IF THE CAP FITS, WEAR IT

Dear Sir,

At the recent A.G.M. of the Students' Union the retiring Senior Secretary ended his report on the clubs by warning us that their sports, social and cultural activities were at a low ebb, and he made some trenchant criticisms of students whose sole use for the Hospital is as a warehouse of medical knowledge, from which they take their daily ration and depart. It was courageous of him to be the first to bring public notice to a situation which vexes many of your readers, particularly club captains and secretaries.

Put at its baldest, the sports clubs do not field enough teams nor win enough games, and what, for want of a better name, I must call the 'cultural' societies do not show enough energy nor attract the support that they might. There is no need to quote chapter and verse for this. The Senior Secretary's report contained only a few of the possible examples, and the subject has been the occasion for comment in the *Journal* before. There is no reason to suppose that the students here are of different calibre from those in any other teaching hospital; so the fault must lie in ourselves. Undoubtedly, some of the blame for this can be laid on the club officials—some, but not much. Hauling a club up by its boot-strings is a thankless and difficult task, though it is at the same time a challenge to ingenuity and enthusiasm which has not always been met.

Most of the blame can be put on the students themselves. The plain fact is that there are some here who take no part in students' activities whatever, and there are many more who do very little. When Bart.'s held the rugger and athletic cups we could afford a few such people, but now that our fortunes are so low there is no room for such decorative students. It is not enough to play an occasional game of tennis at Chislehurst, attend the meetings of the Abernethian Society every now and again, and buy tickets for the Dramatic Society's play and the Pot-Pourri. It is not enough—and yet there are some who do not do even that.

It is for every student to search his conscience and to examine his own contribution to the various activities of the Students' Union, not just in the past, or for a few months, but *throughout* his medical education here. If a student cannot find an *active* place for himself somewhere among the clubs that abound, then one can only suspect his fitness to be a doctor.

There are three matters which are very relevant to this problem. The first is Charterhouse. Only 600 yards separate the Hospital from the pre-clinical Medical College, but for all the contact there is between the two, it might as well be 20 miles. This must be bad for the unity of the Medical College, which might do well to examine all possible ways of combining the teaching in the two departments. For the clubs the effect is disastrous, and is, moreover, exacerbated by the short-sighted habit they have of electing mainly clinical students as club officials. The term "Charterhouse representative" sums up the situation and emphasises the division. But when all is said and done, the fact remains that most Charterhouse students are poor supporters of the Union's clubs, which depend primarily on clinical students for support. As Charterhouse provides most of the clinical students of the future, the outlook seems to hold little promise.

I would like to press for support of a move which is already engaging the attention of the Council of the Students' Union. This is the admission to certain of the clubs of the Union, of nurses, physiotherapists and members of the Hospital lay staff. This has already happened in some other hospitals—whose social life puts ours to shame. The women's sports clubs and the cultural societies would benefit immeasurably. Numerous problems of finance, organisation and internal politics spring readily to mind, but I am confident that there are few difficulties which cannot be solved by a combination of imagination, co-operation and hard work. The infusion of this new blood might well be the making of some clubs which now languish for want of student support.

Lastly, Sir, I wonder how many of the senior staff realise how far the students' activities must have declined since their own day. I wonder also what they can do to help us in our predicament. Some students regard the vice-presidents of the clubs solely as a source of income when new equipment is needed; but their true and far more valuable function is to give advice, help and encouragement. Never were these more needed than now. Many members of the senior staff are generous with their time and interest; many others have such demands from outside the Hospital as to make their continuing interest impossible. But I feel sure that if they realised how great was our need then more members of the staff would come forward with offers of help. They need not fear that students will interpret their interest as interference; the advice and encouragement of members of the staff are a boon to those clubs fortunate enough to enjoy them.

I feel confident that this letter only echoes what many students have themselves been feeling and saying for many months past. If it draws the attention of some readers (especially among the senior staff) to a problem which they possibly never realised existed, then it will have served its purpose. It is one which only we can solve.

Yours sincerely,

I. H. BACKHOUSE.

Abernethian Room.

BREWING AT BART.'S

Dear Sir,

The following extract from the Governors' Minutes for January 11, 1765, forms an interesting postscript to the article, 'Brewing at Bart.'s.' I only found it recently when looking for something else. It seems that the Governors were determined that the brewer should not be idle.

'George Rose to be Small Beer Brewer for the use of the Poor of this Hospitall . . . he undertaking at his own costs and charges to provide and keep a horse . . . and to provide corks and what else is necessary for the Brewing (except Malt, Hops, Coals, Candles and Utensils) and also undertaking to draw and deliver out the Beer for the Patients, and likewise to keep the upper reservoir continually full of water for the use of the wards, and to dress the Millstone as often as there shall be occasion and do whatever else the Governors shall require of him, for which services he is to have his lodging at the brewhouse, and be paid a salary of £35 p.a. and to have the profits to be made out of the yeast and grains arising from every Brewing . . . and the Renter to pay him £1 11s. 6d. for a livery to be worn by him.'

We tend to forget, having a variety of drinks to quench our thirst, how essential were beer and ale to our forefathers. Water impure and probably unpleasant to the palate, tea and coffee unknown, people of Elizabethan and Stuart times drank wine if they could afford it, beer and ale if they could not. According to the diets of the XVII and XVIII centuries, patients were allowed three pints of beer a day. Later tea and coffee came into general use, but they long remained too expensive to provide here, and it was not until the mid XIX century that the experiment of giving tea to women patients was tried. It was successful and seven years later men also had it.

The Governors' powers, never restricted to a fixed number, of licensing ale houses gradually lapsed as the demand for pubs decreased, the inhabitants of the parish becoming fewer as their private houses were replaced by hospital buildings. The Bart.'s scene has been probably quieter but less colourful without the taverns and their signs.

Yours faithfully,

M. VERONICA STOKES,
Assistant Archivist.

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

OARSMEN ENCOURAGED

Sir,

May I, though your columns, express, on behalf of the Boat Club, our appreciation of the support given on the towpath during the United Hospitals' Regatta, both by students and past and present members of the staff: it was a great source of encouragement. Perhaps in particular we noticed the Pathology Department who of late have poured wisdom on thinned benches, but who, far from taking umbrage, came down to Putney to investigate. We can only endeavour to return the compliment on the occasion of the Dry Bob Cuppers.

I am, Sir, Yours, etc.,

C. N. HUDSON,
Hon. Sec., S.B.H.B.C.

Abernethian Room.

IN PRAISE OF . . . DANCING

"Then turn not pale, beloved snail, but come and join the dance."

—LEWIS CARROLL.

A RECENT article in the *Economist* contains the astonishing statement that, of all the "sports" which may be played or watched, that which attracts far more participants than spectators is Ballroom Dancing.

On further thought this should not cause surprise. For dancing is one of the most primitive modes of self-expression, shared by human beings with many other creatures. There is therefore little need to extol Dancing in the general, but we should like to convince readers that it is worth while to acquire a greater proficiency in the ballroom than most people are content to display.

For by no means all those who enjoy themselves on the ballroom floor dance in such a way as to get the satisfaction that could be theirs.

Many, indeed, only go to dances as a social duty and get little pleasure therefrom, either because they lack any sense of rhythm or the powers of co-ordination required by all who play physical games, or because they are incurably shy of the opposite sex.

Others enjoy these occasions not so much for the dancing, which is a secondary consideration, but rather for the jollification, the girls, their frocks, the music, the drinks—in

fact the Party Spirit. Some of them, who may never have had a lesson, are natural dancers. Some men who have good natural poise, move smoothly to music, and may unconsciously have copied steps from experts they have watched, and there are girls who also have good poise and "follow" instinctively. Their steps are mainly of their own invention, many of which may have been developed into the standard steps now taught. If these dancers enjoy themselves and look graceful the expert will not criticise, except to admire.

There are others who are unhappy at dances, and may even avoid them, because although they have "itchy toes" and long to float away to the music, yet are reluctant to venture onto the floor because they do not know how to dance properly.

To all, but to these last in particular, we can give the assurance that it is well worth while to take the pains necessary to become proficient, in fact, to take lessons. What game is there, in these days, which the amateur can expect to enjoy, even if he does not wish to excel, without the help of the instructor, the coach or the pro?

The Party dancer who is content to shuffle aimlessly about the floor, pushing or dragging an unfortunate woman with him, may be forgiven if he regards this as a poor sort of amusement, even if he is indifferent to the suffering he inflicts on his partner. It is revealing to watch the faces of some of the girls at these frolics. Such men are like a bunch of freshmen in a "crock" eight, and the remarks of your contributor "in praise of Rowing" would apply almost as well to these men. But the physical pleasure enjoyed by a couple of expert dancers, perfectly in tune, is of just the same quality as that felt by a trained oarsman. It must be admitted, however, that the parallel extends also to the disadvantages, the inclement weather on the river being matched by the hot and smoky atmosphere of the ballroom, both of which must, alas, be endured.

The purpose in teaching all dancing is, of course, to standardise steps and evolutions in such a way that any two persons who have learnt them may be able to dance together with enjoyment even on the first occasion of meeting. The steps have been evolved from natural movments, rather than invented, and every detail in the "drill" contributes eventually to ease in the combined movement of two individuals.

Learning these steps is no child's play, however. The ideal to be attained is that of a couple moving smoothly, rhythmically and in perfect unison about the floor. This calls for correct poise, balance, timing and, in a room full of other dancers, a quick appreciation of the movements necessary to avoid collisions without interupting the sequence. To acquire this skill is not easy, and some of the necessary practising may be drudgery, but it should appeal to all who take pleasure in striving to overcome difficulties. The similarity between learning to dance and learning to play golf is almost ludicrous. Stance, disposal of weight, position of head and shoulders, movement of hips, knees and feet, and the grip (dancing "hold") must all be correct, and all need to be thought of simultaneously, until they become automatic. And the result? One who has, on occasions, experienced both, may with truth say that the flow of a perfect dance with a perfectly matched partner gives just the same thrill as a perfect drive from the tee, and it lasts for the whole dance.

Much more might be said, to medical readers especially, about the value of dancing as a form of exercise, and of dance training as a method of rehabilitation—treatment without tears! When your contributor was a student at Bart.'s he got about with the aid of a stick as a consequence of severe wounds in both legs in the first world war. In justification of this article, and from behind the screen of anonymity, he thinks it is worth stating that in 1951 he reached the standard of gold medallist in the English Style of modern ballroom dancing, which is the equivalent of a pretty low handicap in golf. For this he will be ever grateful to his instructors, who could at times be as strict as any sergeant-major.

SPORT

BOAT CLUB

Wednesday, November 18, Putney.

United Hospitals' Regatta. Senior VIII's Final. *Surrey, Bart.'s; Middx., St. Thomas's. Lost to St. Thomas's by 3 feet. Crab Tree to Stone.*

This race was very closely contested. At the start Jennens took St. Thomas's into a lead of ¼ length. Bart.'s striking some two 'pips' higher held on round the Fulham bend, and at the Football Ground St. Thomas's spurted ineffectively and Bart.'s drew level. Approaching the Black Buoy, Rothwell-Jackson took advantage of the stream to greater effect than his opponent, and Bart.'s gained a lead of about ¼ length. All the way from Thames R.C. Jennens and Fairbairn both pushed the rating up until at London R.C. St. Thomas' were striking 37 to Bart.'s 39, with Bart.'s hanging on to a lead of a few feet. Then Jennens, with the finishing spurt of which he is a master, literally drove his crew into the lead to snatch the race. They were two crews that had been absolutely cleaned out that paddled back to the Hard.

Crew: D. A. Chamberlain, bow; 2, J. M. Gray; 3, C. C. H. Dale; 4, J. F. Pigott; 5, D. H. Black; 6, G. F. B. Birdwood; 7, C. N. Hudson. D. Fairbairn, stroke; R. L. Rothwell-Jackson, cox.

Coaches: R. P. M. Bell, C. W. Scott, J. H. M. Ward.

Junior VIII's. *Mile Post to Stone. Heat 1: Won by Bart.'s II by ¾ length. Middx., St. Thomas's II; Centre, Bart.'s II; Surrey, London I.*

In this heat Bart.'s II were against the same crew that beat them last year, after an early short lead they increased it to ¾ length.

Final. Surrey, Guy's 1; Middx., Bart.'s II.

Bart.'s II led from the start but both crews got well out of the stream, though Bart.'s probably lost more ground and the final distance was 1¾ lengths, having drawn away after the Football Ground.

Crew: J. L. Struthers, bow; 2, T. A. Evans; 3, M. D. Burton; 4, R. J. Knight; 5, G. D. Langham; 6, R. W. Beard; 7, J. D. Salmon. B. P. Harrold, stroke; M. Killty, cox.

Coach: J. H. M. Ward.

Senior Fours. *Mile Post to Stone. Heat 1: Won by Bart.'s by 3 lengths. Middx., Bart.'s; Surrey, Middlesex.*

This was rowed just after the turn of the tide in considerable swell. Off the start, stroke had a small shipwreck, followed by bow with a larger one. Luckily this condition affected Middlesex also, who at once steered into Bart.'s water. After some altercation, Middlesex returned to their station some ¾ length in rear, only to be followed by Bart.'s. There was some danger of a foul, the situation being saved by Gray who spurted and drew clear. Bart.'s going on to establish a commanding lead, the only virtue in the race being the victory.

Final. Surrey, Bart.'s; Middx., Westminster; St. Thomas's scratched.

Bart.'s, being tired, rowed better and kept to their own station. Westminster stayed with them while the bend was in their favour, but from the Black Buoy dropped gradually 4 lengths in rear.

Crew: C. N. Hudson, bow; steers, 2, J. F. Pigott; 3, D. H. Black. J. M. Gray, stroke.

Junior IV's. *Mile Post to Stone. Heat 1: Middx., Bart.'s A; Centre, St. George's; Surrey, Bart.'s B. Won by Bart.'s A by 1½ lengths over St. George's.*

A very good race by a crew with little experience.

Heat 2. Middx., London; Centre, Bart.'s C; Surrey, Guy's, Won by Bart.'s C by 1½ lengths.

London established an early lead with clear water, but Bart.'s came back at the Black Buoy to win.

Final. Middx., Bart.'s A; Centre, Bart.'s C; Surrey, St. Thomas's. Won by Bart.'s C by 1¼ lengths.

Bart.'s C went into the lead from the start and maintained this over the course. This was the second event won by this crew.

Crews: A: D. J. C. Davies, bow; 2, T. W. Bolton; 3, P. Fenn. O. P. Ormerod, stroke; C. J. W. Cocker, cox. Coach, R. I. Simpson.

B: L. J. Farrow, bow; 2, A. D. Ellison; 3, D. A. Pollard. M. I. Noble, stroke; D. S. Price, cox. Coach, E. J. G. Rossiter.

C: G. D. Langham, bow; 2, R. J. Knight; 3, J. D. Salmon. B. P. Harrold, stroke; R. L. Rothwell-Jackson, cox.

Junior Sculls. *Mile Post to Stone. Heat 1: Middx., Middlesex; Centre, Bart.'s B; Surrey, St. Thomas's B.*

Bart.'s B went straight into the lead and won from St. Thomas's.

Heat 2. Middx., Guy's; Centre, Bart.'s A; Surrey, St. Thomas's A.

St. Thomas's A won over Guy's and Bart.'s A.

Final. Middx., Bart.'s B; Surrey, St. Thomas's A.

St. Thomas's led 1½ lengths to Black Buoy but a good spurt took Bart.'s into the lead and he won the verdict easily.

Scullers: A: D. J. C. Davies; B: R. W. Beard.

Rugger Fours. *Beverly Brook to London R.C. Pole.*

Crew: R. Thom, bow; 2, J. M. Jones; 3, J. F. Pearce. A. Ferguson, stroke; C. Charlton, cox.

This crew was a serious embarrassment to the Boat Club by virtue of its speed, so much so that your correspondent was nearly lynched by St. Mary's R.U.F.C. during the final. The Club hopes they will vindicate their 'amateur' status by being equally successful on the Rugger field.

The Winter Eights Regatta of the University of London Boat Club will be at Chiswick on December 5. Bart.'s are the holders in the Senior Division.

A friendly race with Queens' College 1st Fairbairn VIII on the Cam from Chesterton to Ditton Corner was lost by ½ length, by the 1st VIII. Possibly St. Thomas's had something to do with this by inviting the crew to their Boat Club Ball the night before. At all events the result was most salutary to the ego.

RUGBY FOOTBALL

The start of a new season has not been a very encouraging one to both players and supporters. Only two matches have been won by any of the four teams playing each Saturday so far. The 1st XV have been especially unfortunate in that Burrows, Gaune and Hackett will be unable to play until after the Cornish tour owing to illness and injuries sustained last year. Roche has taken over captaining the 1st XV and he resolutely tackled the problem of getting a side together ready to play Birmingham, on September 26, from the few rugger players who were available. The team certainly showed form in a trial game against the H.A.C., but had a very uncertain future in another game against the Civil Service.

Bart.'s v. Birmingham (away). Lost 14 - 3.

Bart.'s began well with Scott-Brown making a dash to score the first try of the season. However, the team never looked up again and a lack of fire, fitness and tactical sense were especially noticeable against a very average provincial team.

Berkshire Wanderers v. Bart.'s (away). Drawn 0 - 0.

This game was played in monsoon conditions. The forwards showed improvement, led by Roche. The play was aimless and featureless, but for a fine display by Badley at full back.

The new term, at this stage, began and the fresh entry of students was awaited with some optimism. The captain and secretary looked very crestfallen when only eight fellows made themselves available to play rugger at all; however, Downham and Thomas have proved themselves well up to 1st XV standard.

Bart.'s v. Chatham (away). Lost 11 - 6.

Conditions were good and provided a fast, open and enjoyable game. Bart.'s failed to open with a bang and Chatham were easily leading at half-time. The forwards showed little enthusiasm and the front row of the scrum proved unbalanced. The three-quarters fumbled badly for the first 20 minutes, but settled down well in the second half.

The team improved and played together, and in the last half Chatham were held to 11—6. M. Philips unfortunately injured his ankle on the wing.

Woodford v. Bart.'s (home). Lost 18 - 6.

Hepburn, of Woodford, provided some real class to this game in his international position at fly-half and became the mainspring of repeated Woodford attacks besides popping up ready to take the last pass from his three-quarters. The Bart.'s pack, who were particularly vociferous in this game, found it difficult to win possession of the ball and consequently the three-quarters had to defend for most of the game with little cover from the forwards. Downham was outstanding for his tackling. It was unfortunate that Fitzgerald had to leave the field with a twisted knee, but the pack still had no excuse for their lack of teamwork and bustle. Roche tried hard to set an example. Lammiman at last used his speed in the second half, and went over to a rather ill-grounded try. Downham made the other try in the first half, when he intercepted a Woodford movement and passed to Davies who scored. Kicks at goal were missed.

Bart.'s v. Metropolitan Police. Lost 9 - 3.

This was a most encouraging game; but for lack of knowledge of positional play, Bart.'s might have won. The police, who had beaten the Harlequins three days before, soon settled down, and their scrum-half went blind, was given plenty of time to kick ahead, caught the ball again and was unmolested. The Bart.'s pack, three-quarters and Walton at full back who played an exemplary game, returned fire. The pack carried out some good rushes led by Weatherly, Roche, Tallock, and Graham, and the three-quarters defended brilliantly. Davies's kicks put May back in the police half all the game. After much loose scrummage, the police found their three-quarters unmarked and the right-wing raced over for a second try.

The second half was all Bart.'s, and most of the game was played in the police 25. Thomas made repeated attempts to score a try and bustled the three-quarter line well. Lammiman finally made a good run and dived over near the corner flag, 6—3. The police retaliated and after a stray pass from Nicholson who was playing an heroic game at scrum-half, they started a movement and scored.

Bart.'s fought to the end, the pack being especially prominent. Philips and Downham both defended very well. This game showed a vast improvement on previous form. Settlement of the front row and further team practice should put the XV back on the road of promise it showed last year.

Team: B. Walton; D. A. Lammiman, J. K. Murphy; D. W. Downham, M. Philips, M. J. A. Davies, J. Nicholson; M. Weatherly, H. Jewel, J. Dobson, D. W. Roche (Capt.), K. E. A. Norbury, J. Tallock, M. N. Graham, H. Thomas.

Bart.'s v. Cambridge Univ. LX Club. Lost 34 - 0.

This was the heaviest defeat the club has suffered for many years. Although at least seven changes had to be made from the regular side due to injuries, the LX Club were superior in every department besides being much faster and fitter. Roche, Graham and Thomas did well in the forwards, while Downham and Murphy in the backs tackled with fine determination. Ten tries were scored, five in each half, while only two of these were converted. Had conditions been good an even heavier score might have been made. It is interesting to note St. Mary's Hospital beat the full university side by 21—11 the same day, which indicates that Bart.'s rugger at the moment is certainly "in the doldrums".

The main trouble seems to be lack of fire in the pack and a need for more thrust at half-back and centre. The tackling and team fitness as a whole is decidedly below standard, and unless these faculties improve greatly in the next two months, we cannot look forward to a moderate season or, indeed, a good display in the Hospital Cup. It is hoped that when the captain, Gawne, and several other injured players return to the side there will be a distinct improvement in both the morale and play. This will not be too soon.

CRICKET

At the A.G.M. of the Cricket Club, held on Tuesday, October 20th, the following officers were elected for 1954:—

Captain—A. C. S. Bloomer; vice-captain—J. R. Nicholson; hon. secretary—J. H. K. Taylor; hon. treasurer—G. B. Gillett; extra-committee—P. V. Rycroft.

This year the results have been rather disappointing, the club having won only 7 of the 29 matches played (8 were drawn and 14 lost). However, we did manage to get into the semi-finals of the Hospitals Cup—where we were beaten by St. Thomas's. Also we had a very enjoyable and successful Sussex Tour—winning 3 matches, drawing 2 and losing 1.

Peter Rycroft headed the batting averages with an average of 36.5. John Nicholson had an average of 25.9. Desmond Roxburgh was our most successful bowler, taking 56 wickets at an average of 13.1 runs a wicket.

Next year it is hoped that we shall have a better season. A net is being constructed at Charterhouse Square and the slip-catching machine is being brought up from Chislehurst. This will enable members to put in some mid-week practice and should thus produce better results at the week-ends.

MEN'S LAWN TENNIS
Report on Season 1953

This year, three trials were held at Chislehurst in an attempt to give everyone the chance of a game. Unfortunately, the weather was unkind and the hard courts had to be used on one occasion. The response to these trials was not as good as expected, and the pre-clinical years were poorly represented. It is hoped that more people will attend next year.

1st Team

The 1st VI played a total of 11 matches, winning five, losing five, and drawing one. By far the best match was that against R.M.A. Sandhurst, which was won 6—3 after a hard fight.

In our annual match with the staff, the club won 6—3, but the registrars turned out a stronger team and, playing excellent tennis, beat us 5—4 in the last match of the season.

This year's cup matches were very disappointing. In the London University Cup we were drawn against the holders, University College, in the first round (incidentally, our first match of the season), and were well and truly beaten 6—0 with three games left unplayed.

In the United Hospitals Cup, we played London Hospital, and were once again trounced, this time 7—2 in the first round.

2nd Team

A total of seven matches was played, the team winning four and losing three. It may be possible next year to have a more extensive fixture list for the 2nd VI, in view of the success of what is virtually always a scratch side.

This year two mixed doubles tournaments were run, and attracted a good number of couples to the courts. The first competition was won by J. Mellows, partnered by Miss Nancy Funnell, who, with D. Buttery, also won the second.

Doubles and Singles Cups

The Men's Doubles Cup, first played for last year, was won by Messrs. A. Murley and N. Winstone, who beat W. J. Walton and S. M. Lacey in the final 6—0, 6—4, in a very one-sided contest.

This year saw the introduction of the Men's Singles Cup, the final of which produced some good tennis when W. S. S. Maclay beat L. N. Dowie 6—4, 6—0.

Both cup competitions drew a large number of entries.

Two friendly mixed doubles matches were played against other hospitals, in which our nurses participated. Both matches were won easily.

This season two of our players have had occasional matches with the United Hospitals team, but as yet we have no one of university standard in the hospital.

At the A.G.M. held in October, the following officers were elected:—

President—Mr. Donald Fraser, captain—W. J. Walton, vice-captain—P. J. Burrows, secretary—W. S. S. Maclay, clin. rep.—G. N. Ashbee, pre-clin. rep.—J. Bench.

The club would like to thank Mr. Laurie White for keeping the grass courts in such excellent condition, and Mr. Donald Fraser, for his help and encouragement during the season.

WOMEN'S HOCKEY

The Club has had a successful start to the season, and were glad to welcome several new members. In the Inter-Hospital Cup, Bart.'s have a bye in the first round, and play Guy's Hospital in the second round.

Results

Oct. 3. **v. King's College Hospital.** won 6—3.

,, 10. **v. St. Thomas's Hospital.** won 2—1.

,, 17. **v. Dartford Physical Training College.** lost 1—2.

,, 24. **v. Guy's Hospital.** drew 4—4.

,, 31. **v. Middlesex Hospital.** won 5—0.

Nov. 11. **v. Westfield College.** won 3—1.

,, 14. **v. St. Mary's Hospital.** won 7—0.

The annual tour was at Cambridge this year, and it proved to be short but successful.

Nov. 20. **v. Girton College.** won 8—2.

,, 21. **v. Newnham College.** won 5—2.

,, 22. **v. Magdalene College Rugger Club.** won 7—6.

HOSPITAL APPOINTMENTS

The following appointments to the medical staff have been approved, with effect from the dates indicated :—

Diabetic Department—
Part-time Assistant ... ... Dr. C. Foster Cooper from 1.10.53.

Radiotherapy Department
Junior Registrar ... ... Mr. R. J. M. Whittle from 1.11.53.

Dr. Spence's firm
Registrar ... ... Dr. J. S. Jenkins from 1.11.53 (vice Galbraith).

In addition to the above Mr. I. P. Todd, Senior Registrar to Mr. Naunton Morgan, will exchange places with Mr. G. W. Taylor, Senior Registrar to the Surgical Unit for a period of three months from 1.1.54.

OBITUARY

We announce with regret the death of :

Henry Maurice Dunlop Nicoll on Aug. 30 (Qud, 1910)

BOOK REVIEW

CLINICAL ENDOCRINOLOGY, by A. W. Spence. Cassell & Co. Ltd., 1953. 696 pages. Price 50s.

This book is intended, to quote the author's preface, "for the general physician and for those aspiring to become clinical endocrinologists." There is no doubt that it will also become a standard textbook for candidates for higher medical degrees.

Provided not only with a most comprehensive index to the text, but also with an author index to the bibliography of over 1,700 items, this book will be a useful initial guide to the literature over the whole field of endocrinology except diabetes mellitus, which the author has not felt "hold enough to include." This exception seems a wise decision, as at present the book is of a convenient size ; if the subject of diabetes were to be treated in any but a very superficial manner, the volume would become too heavy for armchair use.

Most chapters include a brief historical account of the development of knowledge of the subject under consideration. By this approach an instructive insight is obtained into the logical steps by which research proceeds.

The syndromes of endocrinology lend themselves well to illustration and the many photographs are, on the whole, informative and well reproduced. However, a few minor criticisms can be made, because the demand for this work will undoubtedly justify an early second edition. The illustration of the reduction of hirsutism following adrenalectomy, in a patient with an adrenogenital syndrome, would be more impressive if the background and the illumination of the subject were comparable in the photographs before and after treatment. The illustrations of sporadic cretinism do not demonstrate the distinctive features of this condition well and, as in one or two of the other photographs of children, a note of the ages of the patients would be of value.

While earlier reports suggested that Hashimoto's disease is rarer than Riedel's type of chronic thyroiditis, as is stated in the text, all the more recent papers on the subject show that the reverse is the case, Hashimoto's disease being six or ten times more common. It is also doubtful if the serum cholesterol is *invariably* raised in myxœdema, even if as low a figure as 200 mg. per 100 ml. is accepted as the upper limit of normal.

Throughout, although opposing views in the literature are well discussed, the writer does not fail to give authoritative advice based on personal experience, and it is interesting to note how many and varied are the contributions which the author has made to endocrinological literature.

This book is one with which all interested in endocrinology should be familiar and is admirably designed for post-graduate students of medicine. A most worthy addition to the group of textbooks by Bart.'s men.

H-J. B. GALBRAITH.

DISEASES OF WOMEN, by Ten Teachers. Edited by Frederick W. Roques, John Beattie and Joseph Wrigley. 9th Edition, pp. 480. Edward Arnold Ltd. 28s.

This book is written primarily for the benefit of students reading for their final examinations, and as such its scope is somewhat limited. The contributors have tried to avoid filling the students' mind with the pros and cons of controversial issues and have concentrated on the basic principles and common methods of treatment available. Within these limitations the book achieves its object admirably. The material is clearly set out and well presented. The new chapters on the physiology and endocrinology of the menstrual cycle are particularly good. Your reviewer was disappointed with some of the sections on pathology, which are very brief, especially on carcinoma of the uterus. One of the outstanding features of the book lies in the illustrations, to which there are 50 additions. Both plates and diagrams are exceptional, particularly those of gynaecological operations.

The student interested in gynaecology for its own sake will wish to browse further afield ; the student chiefly interested in satisfying the examiners will find this book more than useful!

G.C.

TEXTBOOK OF BACTERIOLOGY, by R. W. Fairbrother. 7th Edition. William Heinemann. 20s.

This book is known to many generations of students as a well-balanced and clearly expressed outline of the medical aspects of bacteriology.

Since the last edition four years ago, considerable advances have been made in the study of bacterial metabolism and the chemotherapy of viruses. In this edition many alterations have been made to incorporate some of the more important developments, and obsolete material has been removed : in particular the chapters on chemotherapy and viruses have been largely re-written.

The chapter on chemotherapy starts with a short introduction to the principles involved and goes on to mention some of the more important antibiotic substances in use to-day. That on viruses gives a summary of their more important properties and diseases caused by them.

This edition (as have those that have preceded it) serves as an ideal introduction to those commencing a course of medical bacteriology and amply fulfils the needs of the M.B. examination.

D.F.

The following books have been received :—

Clinical Chemical Pathology. C. H. Gray. Edward Arnold. 10s. 6d.
Respiratory Function, Management in Disease. Tomkin. Actinic Press. Paper, 3s. 6d.; Cloth, 5s. 6d.
An Introduction to General Practice. D. Craddock. H. K. Lewis. 42s.
Radioactivity and Radioactive Substances. Chadwick. Pitman. 12s. 6d
Diuretic Therapy. Vogl. Williams & Wilkins. 38s. 6d.
Basic Bacteriology. Lamanna and Malletti. Baillière, Tindall & Cox. 76s. 6d.
Bacteria in Relation to Nursing. 2nd Ed. Revised by Marshall. H. K. Lewis. 17s. 6d.
Essential Urology. Colby. Baillière, Tindall & Cox. 61s. 6d.
Textbook of Bacteriology. 7th Ed. Fairbrother. William Heinemann. 20s.
Basic Pathology and Morbid Histology. Carter. Wright & Sons. 42s.
Ear, Nose and Throat Diseases for Medical Students. McKenzie. Livingstone. 21s.
Eden and Holland's Manual of Obstetrics. 10th Edit., rev. by Brews. Churchill. 52s. 6d.
A Dictionary of Midwifery and Public Health. Carter and Dodds. Faber & Faber. 25s.

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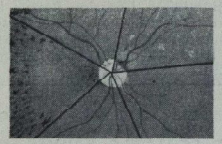

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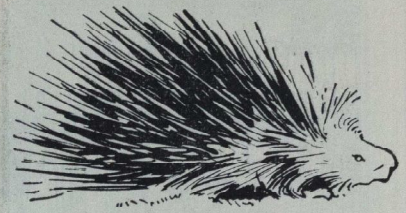

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