CHRISTIAN UNION

House Party

In the words of the invitation card, the purpose of our annual House Party was "to spend a thoroughly enjoyable weekend in the North Downs and at the same time to consider together some of the basic truths of our Christian faith and their implications in practical living".

This year, from May 21—24, thirty-five students went to "Fairhaven," a small conference centre near Dorking, tucked away in the woods, far from "civilization." The Rev. R. C. Lucas was our Speaker, and his Bible Study talks were an inspiration to all. The rambles in the surrounding woods and the informal chats and discussions and fellowship enjoyed, all combined to make the week-end a most memorable time.

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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WHO KNOWS?

Some time ago the Hospital Statistical Report for 1951 was published by the Department of Medical Statistics. The 71 pages of the report are attractively bound and contain a wealth of information in small print and columns of figures. The amount of work involved in making such a report is enormous but the information to be found must surely make its compilation justified. As with all other volumes on statistics, however, there are those who query the necessity for such works.

The word "statistics" was introduced 200 years ago by Professor Achenwall, of Göttingen, who may be considered to have founded the science. Although today applied to most aspects of our daily existence, Statistics were formerly a branch of Political Science, and were used by governing bodies to accumulate and tabulate facts concerning the habits and conditions of the people. Since 1832 the Board of Trade has had a department making reports on the finances and activities of other branches of the government.

It was not until 1860 that St. Bartholomew's Hospital first produced any statistical tables. In 1859 the Treasurer had been asked for statistical information regarding some of the Hospital patients and had been unable to oblige, but an idea quickly took shape in his mind and he wrote, "I very much regretted my inability to comply with the request to the extent required, from want of sufficient data. After much careful consideration of the matter, I saw how extremely important it was that this Hospital should be in a condition to furnish not only to the Governors, but to the Medical Profession and Society at large, the important facts of Vital Statistics which such an institution can alone afford." As a result of this a Registrar was appointed, Dr. George Edwards, and the Tables for 1860 were published in February of the following year. They occupy less than half the space of the latest Tables and the information given is not as detailed, but it is nevertheless very clear and seems to have served its purpose. In successive years more detail was added but the form is only little changed.

Some of the early Reports included a "Statement of the occupations of patients admitted during the year." This is not included now, as people from all walks of life use the Hospital, but it is interesting to note that in 1867 the Hospital admitted, among others, one "gentleman" and three hundred and eleven "prostitutes." Also admitted in this year were one "glass bead maker," one "patent pill maker" and one "dust-sifter" surely three of the most exacting trades. It is to be hoped that these latter ladies and gentlemen were able to return cured and refreshed to their singular employments.

Over the past ninety-four years the Reports reveal the steady progress in Hospital technique and methods. The death rate has been reduced manifold and yet the number of people treated has increased enormously. With such advances as are taking place in medicine today, the Reports of ninety-four years hence may be almost unrecognizable. Who knows?

Surprise Packet

It is not an uncommon sight to find on the Editorial Desk a pile of spick and span books sent by their respective publishers for review in the *Journal*. Every now and again something out of the ordinary arrives. A short while ago a small cubiodal parcel lay conspicuously on the top of the desk, and tempted the Editor to open it before all other mail. To his surprise two cylindrical objects were discovered wrapped neatly in cellophane paper, through the covering it was possible to read that one of these "things" contained marmalade and the other raspberry jam. Both products were produced by Frank Cooper Ltd. Why the Editor of a hospital journal should receive samples of jam and marmalade was really beyond comprehension. There is a saying, "Never look a gift horse in the mouth," and so these preservatives were further examined, and it was then discovered that they were made without sugar, that is, presumably intended for diabetics or persons ordered a sugar-free diet. Again the Editor fell into neither of these categories. The whole matter, therefore, still remains somewhat of a mystery, but it must be added in closing that the jam and marmalade were most enjoyable.

Decennial Club Dinner

The Annual Dinner of the 10th and Associated 8th and 9th Decennial Clubs will be held at the Bath Club, 74, St. James's Street, S.W.1, on Wednesday, 20th October, 1954, at 7 p.m. for 7.30 p.m. Geoffrey Keynes will be in the Chair. The price of Dinner and Club subscriptions, which includes wines during dinner, is 35s., payable in advance.

A circular giving these details will be sent out in due time, and in the meanwhile it is hoped that members of the Clubs mentioned will make a special effort to attend. The meetings which have recommenced since the war have been an unqualified success.

The Dorset Coastline

The *Journal* has recently received a copy of Dr. Llewellyn Pridham's latest book, "The Dorset Coastline," published by Longmans, with photographs by Edwin Kestin. Dr. Pridham qualified at Bart's in 1918 and now lives in the small village of Upwey.

His knowledge and love of that coastline, "its six harbours and fourteen bays, two isles which are not isles at all, the Chesil beach and in its lee the swannery," date back to boyhood days when he spent many happy hours bathing off its beaches or clambering around the clifftops in search of peregrine falcons and their eggs.

This book is essentially a collection of pictures. Kestin himself is a lover of Dorset and a photographer of considerable ability. From such an immense source he has chosen well. Hardy's Monument, White Nose, Durdle Door, Fountain Rock remind one once again of the beauties of this shore and the sweep of the Downs. His camera brings to life Weymouth Harbour in the early morning, the seine netters at work on Chesil Beach, the swans at Abbotsbury.

Dr. Pridham writes with interest on the scenes he knows so well. The text is filled with personal incidents and anecdotes and he has delved deep into local history. He writes of the smugglers of Fleet, the Abbey at Abbotsbury which was destroyed by Cromwell, and Hardy's Monument.

This is a book that will appeal particularly to all who know this part of Dorset and will undoubtedly recall many happy memories.

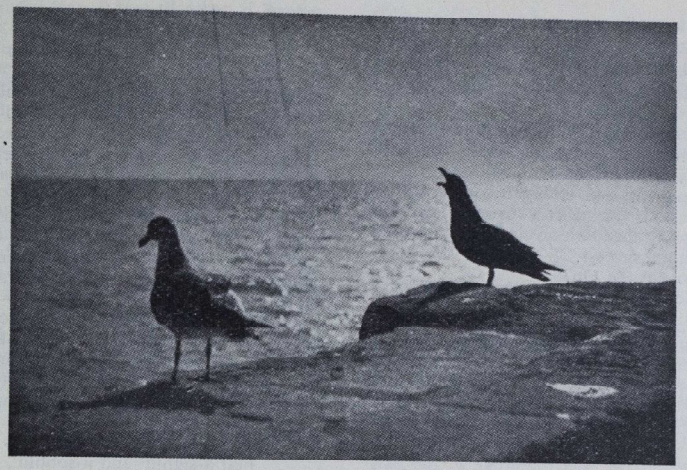
Another case from the Notebook of Dr. Penry Rowlands, *who by the way, was not responsible for the "Nurse" in the August edition.*

The White Knight Moves to Save a Threatened Pawn

In the pre-car, pre-telephone, pre-tarmac age there was no sound better guaranteed to rouse a doctor in the small hours than that of a frightened man leaping from his bicycle.

A gravelly crash, followed by a persistent tinkling of the bicycle bell. A head is thrust out of the window. "What's the trouble?" Symptoms are graphically and convincingly shouted up from the road and the diagnosis is clear—Laryngeal obstruction due to Diphtheria. The cyclist is told to go to the livery stables close by, to rouse the old driver and tell him to be at the end of the road in ten minutes with his white horse in the shafts—*his white* horse, don't forget!

We are on time and dash off to the Porter's Lodge at the Hospital—rouse him, tell him to swing the drive gates wide, to ask Night Sister to prepare the theatre, and to "jolly or jolt" the H.S. and to be ready for an immediate tracheotomy.



"Willie . . . . . !" (*Longman's, Dorchester*)

Off rattles the four-wheeler for two miles up and down hills, to pull up at a tiny cottage in a narrow lane. On opening the door an appallingly hot and foul blast meets the doctor, and by the light of a smoking oil lamp a little boy is seen lying across his mother's knees, deeply cyanosed and alarmingly restless.

The sudden coolness and the abundant fresh air lessens the cyanosis, and after looking around, decision is made to risk the drive back—the doctor having seen the white horse put through his paces a few weeks previously!

He nurses the boy under the open window and recites familiar stories soothingly. The father grasps the stem of the flickering oil lamp on the opposite seat. The white horse is not spared and takes us up the drive of the Hospital in good style and we enter the Precincts and soon into the Presence . . . agitato to andante . . . .

The Ice Queen is suddenly before us, stately and stiff with gleaming white collar and cuffs and commanding cap. Whew!

"Where are you taking that child, young man?"

"To the theatre, Sister; the H.S. is waiting for him."

"Indeed he is not, and no child enters the theatre, except from the wards."

"Which ward, please?"

"This one," and she holds the door invitingly open.

The doctor holds the child for a moment across the threshold, turns and bounds up the stairs and into the theatre.

There sits a meek little probationer (Oh, yes, they are occasionally and ephemerally) intent on the difficult task of bringing Spencer-Wells forceps to the standard of her bright eyes.

"Where is the House Surgeon, nurse?"

"Well, sir, I know he has been called and will be coming presently I expect."

The child had not breathed since his technical sojourn in the ward.

"Quick, nurse—a small scalpel—at once. No, don't stop to sterilize it."

Something of the doctor's thwarted desire and dammed up emotions electrified the maiden, and the scalpel is quickly handed across.

To the doctor's great surprise he was in the trachea in a few seconds and he hears that glorious noise made by air whistling and bubbling through a still bleeding wound. Cyanosis dies down and the boy coughs and presents a wad of membrane which is thankfully received.

Nurse being unable to find a trachy tube, the three rested in peace glad that it wasn't "Requiescat in Pace" for the boy!

Soon leisurely slippered footsteps approach up the stairs, the door opens and an exquisite flowered silk dressing gown, appears followed by the gleam of brilliantine, and a gaggle of yawns.

"Nurse, they told me there was an urgent case coming up"—yawn—"Have you heard anything of it?"—yawn.

The patient and stranger come into his line of vision. He hears a request for a small tracheotomy tube, which he hastens to find, but without success.

"Who did the Op?"

"I did."

"Are you on the staff?"

"No." (Mutual introduction.)

"Who gave the stuff?"

"He had only the preliminary stages of euthanasia."

We regret that interference by one of the Muses (No, not fuses—muses) is likely to hold up transmission for a couple of minutes, but the story can be followed in the Pro's column.

Who did this Op?
I said the stranger
This child was in danger
With one lucky chop
I did the Op.
Who was assistant?
I said the Pro
That man was insistent
And Sister far distant
It was not my wish
But I held the dish.
Who gave the stuff?
I said old Death
In a voice cold and gruff
I gave the stuff
But not quite enough.
Who brought him here?
I did of course
Neighed the white horse
All in third gear
I got him here.
Where is Night Sister?
I don't know
Said the Pro
But I don't think we missed her
(At times she's a blister).
Who'll toll the bell?
Oh you go to hell
The kid's doing well
(But you never can tell).
And who will look grave?
The Committee and staff
Just a couple may laugh
But most will look grave
This fellow's a knave
('Must be taught to behave')
'Yes we must look grave.'

The Muse has been displaced and we are now speaking from the main studio again.

"The child is now ready for a trachy tube. If you would kindly pick up my septic coat from the floor you will find a suitable tube in the pocket."

It is found, inserted into the sterilizer and trachea, the stranger gets into the coat and out of the first person singular and walks unobtrusively down the stairs as the theatre stage is filling up from the wings.

Next morning he pays his respects to the old white horse, and a few days later to the Hospital Committee, by special invitation, to apologise for (a) trespassing, (b) using Hospital property without permission and (c) for irregular actions:

All the sisters and the pros
Fell a-sighin' and a-sobbin',
When they hear of the pantin'
Of the old White Dobbin.

A Letter Suggesting

Dear Sir,

To the pre-clinical student who, as reported in the July *Journal*, asked who Rahere was, I would answer that he should begin his researches by reading one of Kipling's best stories, "The Tree of Justice," in "Rewards and Fairies." Of course it is only a story but, like all Kipling's stories of old England, it portrays with wonderful verisimilitude things that possibly happened or, if they did not happen, might have happened.

Rahere is shown in his early days at the time when he was Court Jester to Henry I. The King is about to sail from Pevensey to fight Robert of Normandy but decides on a day's hunting before sailing. The selection of reliable beaters from amongst the Saxons living in the forest causes the King's staff much anxiety for William Rufus in the same pursuit had been shot in the New Forest not long before. Amongst those who offer their services is a very old man, mentally deficient who, when questioned, says that he is Rahere's man.

The King demands if this is true. Rahere in his Jester's outfit makes his appearance in a leisurely manner, loose-knit, with close-cropped hair and a priest's face beneath his coxcomb's cap, and replies calmly into the King's angry face, "Nay, Brother, if I suffer you to keep your fool, you must e'en suffer me to keep mine."

As the tale develops, it appears that the old man believes himself to be Harold, the King who was killed at Senlac; and at a banquet that evening Rahere encourages him to put forward his claims, which he does, with a strong resemblance of truth, to the embarrassment of the King, his bishops and barons and those Saxons who are now members of his Court. The story shows well the mental ability, the courage and the quick wit required by a jester to a mediaeval monarch.

The tale is of such interest to all of us that, if permission could be obtained, it should, I think, be reproduced in the *Journal*, but if not let all Bart's men who have not already done so read it in the book.

Yours truly,

R. OGIER WARD.

A Letter Regretting

Dear Sir,

I think it is a pity that you *asked* for the article "Birth of a Nation" (*Journal*, June, 1954), and *persuaded* Mr. Benjamin Hecht (I use your own words) to write it. Though you attempt to justify yourself by saying "the history with which it deals is still controversial," the fact is that as recently as seven years ago British servicemen, whose only purpose in Palestine was to attempt to preserve the peace at the request of the United Nations, were being murdered by Israeli organisations. Whether Ezel was the chief offender or whether Hagana sometimes did so as well is immaterial. Mr. Hecht's observation that "in a country which was trigger happy, a few misjudged triggers were pulled" is a masterly distortion of the truth. There is much to be said for humility in this world, but less than a decade is a short time in which to forget and forgive the actions of those who had been our friends and allies and whom we had succoured during the war years.

I trust that you will not think it advisable to solicit further articles of this sort from amongst other foreign students who may be enjoying the hospitality of this country and our hospital.

Yours faithfully,

MICHAEL HARMER.

Editor's Note.

"Birth of a Nation" was not intended to offend, but it was thought that it might give rise to some controversy. This has in fact been the case, and Mr. Harmer's letter does express the opinion of others besides himself. Mr. Hecht's account, was, however, an eye-witness one, and as such deemed worthy of reproduction in the *Journal*. Any further opinions of whatever nature would be gratefully received by the Author or the Editor.

A Letter Amusing

Dear Mr. Jory,

Might I have some more of your magic potion? Even if I were privy to the recipe, I doubt whether my local cabbalist in the Kings Road is stocked with the necessary newts' legs, frogs' elbows and bats' eyebrows, since even your own celebrated cave at Bart's was out of some of these necessaries. The discharge in my left ear responded to your invocations, but travelled apparently without noticeable obstruction, through my head to the right, where it has since gurgled torrentially.

Yours sincerely,

BENN W. LEVY.

Journal Appointment

R. I. D. Simpson has been elected to the post of Assistant Editor as from 13th August.

The Hospital's Symphony Orchestra

A Bart's critic can hardly be accused of being partisan in saying that the performance given by the Hospital's Symphony Orchestra on July 24th at St. Mary's, was extremely good. One Bart's man—Mr. M. Stainton—in the strings; the hard-working concert-manager, Miss N. Watts; and four Bart's people in the audience, comprised the whole support which we gave to this enterprising group of recruits from several London Hospitals. The programme opened nervously with a rather ragged performance of the overture to Weber's "Der Freischutz," but then swung to a high standard with Agatha's aria, "Leise, Leise," from the same opera, sung with a lovely appreciation of the contrast between the quiet and fearful first part, and the joyful, second part, by Elisabeth Crooke.

This high standard was maintained in the most ambitious work of the evening, Sibelius' Third Symphony, of all his symphonies perhaps the most classical in form, making use, especially in the second and third movements, of traditional melodies for thematic development. The orchestra is fortunate in having an excellent flautist. whose opportunities in this symphony were well taken; and the work as a whole was beautifully expressed with an impressive integrity. The distinguished pianist, Irene Kohler (who came voluntarily, as did Elisabeth Crooke) was the soloist in a superb performance of Mozart's Concerto in C Minor, K.491. Had the concert consisted only of Miss Kohler's playing of the third movement, the Allegretto, it would neverthless have been an evening worth remembering. The last work was the currently popular suite. "Le Coq D'or" by Rimsky-Korsakov, into which the orchestra, after their competent but muted support of the piano concerto, hurled themselves with exuberance. They were, throughout, admirably controlled by their new conductor, Colin Davis, who has welded his heterogeneous collection of musicians into a symphony orchestra worthy, not only of support, but of critical appreciation, and great enjoyment.

TRY, TRY, . . . BUT NOT AGAIN

"' Why art thou so melancholy
Dost thou love?—'Tis idle folly!—
Would'st thou have thy Sacharissa?—
Kiss her!

If with proud repulsive glances
She doth meet thy warm advances:
When thou dost again caress her,
Press her!

Should her scornful frown grow blacker
While thou fondly dost attack her,—
Nothing will the girl enamour,
Damn her! '"

Marriages

HUGHES—DAUGHTRY.—On July 17th, Dr. Kenneth Rees Hughes to Elizabeth Wenden Daughtry.

GRETTON—BAYNES. — On June 19th, 1954, in Watford, Dr. Allen Howard Gretton to Miss Alison Margaret Baynes.

Births

TIDSWELL.—On January 13th, to Anne, wife of Dr. T. H. Tidswell, a son (James William Rahere), a brother for Angela, Andrew, Margaret and Marie.

PEDERSEN.—On May 8th, 1954, to F/Lt. and Mrs. D. L. Pedersen, a son, Lawrence, at R.A.F. Hospital, Rostrup, Germany.

LONGMORE.—On July 19th, to Virginia, wife of Dr. J. B. Longmore, a son.

Deaths

DENHAM, Harold Knight. Died June 15th, in Brisbane, Australia, aged 64. Qualified 1922.

ENRAGHT, William.—Died on July 16th. Qualified 1889.

LETCHWORTH, Thomas Wilfred.—Died on July 22nd. Qualified 1898.

VERLIN-BROWN, C. R.—Died on June 3rd, aged 79. Qualified 1900.

Degrees

KEYNES, Geoffrey L., Hon. Degree of LL.D., on July 8th, by the University of Edinburgh.

JOPLING, W. H., M.R.C.P. (London), July. 1954.

BROOKE, B. N., M.D., by the University of Birmingham.

DONALD, Kenneth William, Reader in Medicine at the University of Birmingham, D.Sc. by the University.

ARANGO, R. E., M.S. on 1st June, 1954, by the University of Columbia.

Change of Address

SIR THOMAS DUNHILL, late of 54, Harley Street, W.1. to Tragowel, North End Avenue, London, N.W.3. (Tel.: MEAdway 1616), from 1st September, 1954.

Honours, Appointments, etc.

LEARMONTH, Sir James Rognvald, admitted to the Honorary Fellowship of the Faculty of the Royal Faculty of Physicians and Surgeons of Glasgow.

HARRIS, Dr. C. F., re-appointed member of the University of London Senate for the period May, 1954—May, 1958, by the Faculty of Medicine.

THORNE, Dr. N. A., appointed Deputy Bedell of Convocation at the University of London for the period ending February 1st, 1955.

Members of the R.S.M. Council

CULLINAN, Dr. E. R.
DALE, Sir Henry.
SEDDON, Mr. H. J.
AINSWORTH-DAVIS, Mr. J. C., elected Hon. Sec., R.S.M.
FRANKLIN, Prof. K., elected Hon. Dir. Photography, R.S.M.
McDONALD, Dr. D. A., elected Hon. Dir. Photography, R.S.M.

Royal College of Obstetricians and Gynæcologists

Re-elected Hon. Treasurer, Mr. A. C. H. Bell.

Major (Honorary Lieutenant-Colonel) F. A. D'Abreu awarded the Army Emergency Reserve Decoration.

COMBINED HOSPITALS UNIVERSITY ENTRANCE

Scholarship: A. J. Edwards.
Exhibition: J. T. Silverstone.
Shuter Scholarship: A. W. Galbraith.

PHYSICS AND BIOLOGY

1st Scholarship: M. I. M. Noble.
2nd Scholarship: W. H. C. Berry.

THE DEVIL'S DILEMMA

" The devil he sat on his garden gate,
A-picking his teeth with the point of his tail:
And because he'd been doing so much work of late,
He grew sick, and his appetite often would fail;
When a toad, who came by in a carriage and six,
Walk'd up to the idler so grave and so ghastly,
Felt his pulse, viewed his tongue, and did other wise tricks
That are practised on earth by Sir Charles and Sir Astley.

'Oh, oh!' says the doctor, 'your majesty's ill!
You must take night and morning a draught and a pill;'
But the devil the toad 'neath his hoof quickly jamm'd,
And said, 'I take your stuff! If I do I'll be damn'd!'
Then his lordship grew worse—in vain had he tried
A draught of the Styx and a bath in the Lethe;
Till, worn by his torments, one morning he cried,
'Must I die like a dog?—No; go fetch Abernethy.'

The doctor he came, looking surly and sage,
One hand in his pocket, one stuck in his waist,
Said he, " Read my book'; and he mentioned the page:
'Take blue pill every night. Where's my fee? I'm in haste.'
Then said Lucifer fiercely: 'This can't be endured!
You cure my disease without wishing to learn it?—
I've got indigestion!—Well, that's to be cured,'
Replied John: 'Live on sixpence a week, friend, and earn it.'"

SO TO SPEAK . . .

Heard in S.O.P's.

" This migraine is a very real thing. The other day I saw a catherine wheel revolving inside the mouth of a woman with a clicking jaw."

It is said of sea-sickness :—

When you feel it is starting you are frightened you are going to die, and when it has started you are frightened you are not going to die.

THE WOOING OF F—J

by G. N. Ashbee.

Arnold Fotheringay-Johnson and I relaxed contentedly in the large armchairs that had been placed for us before the fire, and thought of the past. It was one of those delicious moments that follow the sort of meal that only the most expensive and reputable London Clubs, with names like A. P. N. X. C. Fotheringay-Johnson, Esq., M.D., on their members' lists, can provide.

" I often wonder why you never got married F-J " I said with the comfortable superiority of the married man talking to an unfortunate bachelor.

"As a matter of fact, I nearly did once," confessed F-J reflectively as, with the care and deliberation of the true pipe smoker, he slowly produced an aged briar and pouch, " and her name was Priscilla. Now my trouble," he went on, methodically thumbing the tobacco into the bowl of his pipe, " was that nothing I could do seemed to impress her. I have to admit," said F-J lighting a match, " that I never won any prizes at college and I never excelled at sport but " (between puffs) " there was one sphere in which I reigned supreme, and that was crossword puzzles. When it came to them—why, I could have beaten the whole college " and he threw the remains of match contemptuously into the fire. " For daily practice I used to do the one in the *Times* before breakfast, the *Telegraph* during lunch, and any others I could lay my hands on after dinner in the evening. Of course my sort of skill was not just the result of practice; I had a kind of natural ability as well. It was the same with Yehudi Menuhin you know; he used to say that playing the violin was as natural to him as breathing. It was like that with crosswords for me.

" Now Priscilla," continued F-J sending clouds of smoke billowing up towards the ceiling, " lived down in Surrey with a rather querulous old father, whose two chief interests in life seemed to be his rheumatism and his dislike of the prevailing government of whatever political creed. Consequently I did not manage to see her often. At last however I was invited down for the weekend, apparently by the father, and I knew my chance had come.

" I arrived on the Friday dressed in my best suit and determined to win the hand and heart of the fair Priscilla, but imagine my dismay when I discovered on arrival that another man had also been invited to stay the weekend. He was a tall thin fellow with black crinkly hair and large feet. Of course I was biased I suppose, but I disliked him, and I could never understand what Priscilla saw in him. We soon guessed that we were rivals and we approached our problem in different ways, for while I tried to prepare the ground ahead by sympathising with the father over the agonies of rheumatism and by criticising the recent budget, he talked to the daughter about art and culture, two subjects about which, I would have said, his knowledge was decidedly incomplete.

" During Saturday I had to play tennis because some of Priscilla's friends had been invited over for the afternoon, and though I was never actually lured into playing singles, I never seemed to be on the winning side in doubles. My rival exerted himself enormously to begin with and won a few games, after which he cunningly retired pleading the effects of a tennis elbow.

" However I bided my time because I knew my chance would come after the dignified ceremony of Sunday lunch.

" Sure enough when we had all repaired on that final afternoon to what they chose to call the 'withdrawing room,' the old father produced a Sunday paper of great reputation and standing, and announced that he would like some help with the crossword, in the sort of voice that implied that, in the circumstances, he was plainly asking the impossible.

" ' The clue is : " Disastrous ending for a domestic animal that introduces part of a Greek choric ode " ' he said slowly, ' and it is eleven letters; blank, blank, T, blank, S, bla—'

" ' Catastrophe,' " I suggested.

" There was a pause.

" ' Why ?' asked Priscilla.

" ' Cat is the animal and strophe and antistrophe were parts of the ode that answered each other metrically ' I explained easily.

"'Well' said the father dubiously, 'I'll put it down in pencil for the time being. Now how about this one: "One up on those who have had a bath", five letters beginning with—"

"'GODLY' I said. '"Cleanliness is next to Godliness"' I explained to Priscilla.

"'I say' said the fellow with the crinkly hair, 'how clever.'

"That did it of course. I was determined to try to impress both father and daughter at one go and show the other chap that one could be good at things in this world besides tennis. I finished that crossword in six and a half minutes flat, though there were only one or two clues done when I began, and it would have been less time than that if I had not been held up on an obscure quotation from Ruskin.

"Now," said F-J removing his pipe and pointing its blackened, tooth marked stem in my direction for emphasis, "you would have thought a feat like that would have advanced my claims a bit, wouldn't you? But did it! Not on your life; for Priscilla said she thought only old fogies who sat about in chairs all day could be good at crosswords, and she wanted to marry a real man—'the sort that went out into the world and did things.'

"But that wasn't all," continued F-J looking moodily at his pipe which had gone out, "I did not even please the father, for it seemed he used to like to brood over the puzzle all through Sunday and often through most of the week as well, and in the space of a few minutes I had deprived him of a week's entertainment and ruined his reputation as a solver of crosswords. I was never invited to stay again and I heard afterwards that Priscilla married the fellow with the crinkly hair and they went to live at Ealing.

"Women" concluded F-J, "are strange creatures."

"Yes" I said.

THE BARNET GOOSE

by C. N. Hudson.

The biggest goose and best bag of wigeon have always been shot in the bar of Wildfowlers pub by the marsh, rather than beyond the sea wall on the saltings. Nevertheless the lore of the marsh, which can be picked up there, is worth days of 'bog-trotting', and even the tale of the Barnet Goose was not without a foundation. However, the information is not to be had just for the asking, the trapper is one of the most 'cagey' of sportsmen. His sport is free and practised by a select band from all sections of the community from barons to bricklayers, including Bart's men, some of whom are warming inner and outer man after a chilly and abortive first evening flight. The 'cageyness' of the successful trapper is understandable as wildfowling, besides being available to all, is one of the most 'sporting' field sports, with all the odds against the trapper, whose bag is frequently empty, and very rarely overflowing. To achieve anything a wildfowler must be not just a good shot, but a good shot with many clothes on, cold fingers, his patience sapped by a long wait, lying on his back, squatting or with both feet immovable. He must also be a naturalist, a meteorologist, a keen observer, and well versed in fieldcraft. He must not suffer from logorrhoea, the fidgets, addiction to smoking, or a bad circulation, and it is preferable that he can mimic, sail, swim and keep a well trained dog. So it is not surprising that, if he has satisfied these requirements and found his birds, he should be a trifle unwilling to bring along a bunch of tyros who will not keep quiet and out of sight and fire at everything they see, to the

detriment of their own sport and everyone else's.

The "Trappers from London" retire early, 'retire' advisedly, for bed for one is the back seat of the car and for the other two a disused railway carriage. At all events it is easier to drag one's self out again at 4.30 a.m. than from a more comfortable couch. At that hour it is quite dark and there is no moon; the weather is damp and raw but there is little wind. Soon three passable imitations of pirates emerge from the car at the marsh farm; some of the marsh has been reclaimed and it necessary to walk or rather slip and flounder in the mud of a dyke wall for more than a mile to the sea wall. The going is slow and heavy and the problem is to avoid getting too hot and thus freezing in perspiration in the long wait at the end.

Suddenly there is a commotion all round them, with much snorting and scuffling. The trappers have walked, unawares, into a herd of marsh cattle, who suddenly awake to the fact and in the ensuing mêlée it is hard to say who is more scared, the cattle or the men.

Eventually the sea wall is reached. The gunners are not keen on wandering out on to unfamiliar marsh while it is still quite dark, so position themselves under the sea wall where they can get some cover. There follows a long cold wait, and in the gloom even the flashing lights on the buoys far out in the estuary cannot be seen. Eventually they become aware of a thinning in the gloom to the east and the occasional cry of a wader interrupts the swishing of the breeze in the reeds and zos grass. The cries become more frequent and suddenly the swishing of the grass becomes more insistent. This time it is the pinions of the first wigeon, passing unseen in the darkness to spend the day out in the estuary. The sky in the east becomes a steely grey and then flecked with red; the clouds seem to disperse quite suddenly, shewing up the increasing expanse of red behind them. From the sea a cacophony of noise is coming including now the raucous quack of ducks, which always sounds so close. Then quite suddenly one picks up the cackle of geese far away. The geese and ducks spend the night at sea, coming inland to feed by day. The wigeon probably through persecution adopt the reverse procedure of feeding by night.

It is now possible to see flocks of wigeon flighting out along the tide line, high up and out of range. Some also pass inland but again out of range. Then, as the red sun breaks through the mist the noise in the marsh dies down and is replaced by the cawing of rooks inland, which proceed to fly across the estuary somewhere to landward of the sea wall. A tractor starts up, as if to convince one of what one already knows, that the morning flight is finished long ago. The virginity of trapperhood is as unsullied as the gun barrels. In bright sunshine there is the long walk back to the car. In pique, perhaps, the gunner dirties his barrels by descending to 'tit-shooting' on the way back. 'Tits 'to the 'fowler are waders, usually redshank, whose cry is probably the most common and also the most irritating sound in the marsh. Their flight, and size, are very like those of a snipe, which are also quite often found. They usually manage to keep just out of range and in any case are unlikely to be harmed by the open pattern of shot used for duck.

Back again in the afternoon, the gunners start by exploring the marsh and attempting to walk up curlew or any resident mallard. The tide is out, and as the foreshore and marsh uncovered may be up to six miles wide a compass is a necessary precaution and a knowledge of the tide times advisable. The foreshore consists partly of saltings or salt marsh interspersed with muddy creeks, which may be very treacherous. The creeks may be up to ten feet deep and anything from two feet to fifty feet wide. Beyond the salt marsh are the mud flats covered every tide. They are crossed by only a few creeks running out to sea. These provide the only cover on the flats, but at the same time often contain the most treacherous mud. The flats remain largely uncovered until about three hours before high tide when one has about half an hour to get off the mud.

During the afternoon while walking laboriously up an empty creek, one gunner hears a curlew call. In flight curlews are inquisitive and may be 'called' within range. But now the gunner tries to stalk this one. He crawls on without hearing or seeing anything until he feels he must have got to the place. So he risks straightening up to look over the top. Behind him on the bank there is a flapping of wings and with ungainly flight the curlew takes off. The gunner tries to turn and fire, but both feet are firmly stuck in the mud, the shot goes very wide and he measures his length in

the thick grey mud. He extricates himself, and inspects both gun barrels, for if these get choked the next shot will quickly amputate his wrist and probably modify his facies as well. For all the world now he is like a partly finished, life-size clay statue of a man. Nevertheless he decides there is time to explore the creek further out to sea. Leaving the saltings he follows it out into the mud flat in a long curve. Then one step he takes puts him up to his knees in mud. His heel does not grip in his boot and any attempt at getting a purchase only drives the second leg into the mud. One or two struggles and he is firmly stuck up to the thighs. The immediate danger is not one of sinking right into the mud, which is very rare but the prospect of being stuck when the tide comes in is singularly unsettling as his companions are some three miles away. The only escape from such a situation is to throw one's gun away and lie down, a most unnerving process. Nevertheless it is usually possible to kick one's self free, or at least to escape from one's boots and dig them out by hand and then literally to roll out to safety. The gunner is probably not to be blamed for then deeming it wise to retreat to the saltings for a position for the evening flight. The weather being mild there is very little and all out of range, until, in the gathering gloom, a shape looms out of the darkness low over the sea wall. Firing at the silhouette one is surprised at the flash but the bird falls out of sight in a creek. It takes quite a bit of finding, for without a dog the chances of a pick-up unless close are thin. Fortune, however, is still playing scurvy tricks for it turns out to be a shéld duck the only inedible species of British duck.

The other gunners return with two redshank, a sorry bag but yet the expedition has been worth a great deal in experience.

Three weeks later comes the cold spell, real fowling weather with cold wind, snow and inland water all frozen. If only for a day one must get back. Even as the motor car bounces along the old sea wall it is possible to see flocks of wigeon flighting up and down beyond the sea wall. There is no food for them inland and they are feeding by day on the zos grass in the saltings. The marsh is transfigured, covered in a white blanket of snow, with mottled patches where the reeds shew and hard under foot.

The going is correspondingly easy but the gunners are terribly conspicuous and must take cover in creeks, the larger of which are unfrozen. These are full of 'tits', which, deprived of food elsewhere have lost their wildness. They fly around close to the gunners and one even allowed itself to be picked up. The gunners, however, are after bigger game. The wigeon are very wild and the situation is spoilt by another gunner firing at everything within sight farther down the shore. Time for the evening flight is approaching and a position at the edge of the mud is taken up, lying down in the reeds. The sky gets very black and it starts to snow, blowing almost horizontally. The wigeon start to come in, low and fast. The first bunch are not seen until they have passed, but the next bunch come right over head and one is 'downed' with the second barrel from a prone position, and is easily found in the snow. More follow and another is picked up. However, the visibilty so rapidly deteriorates that further shooting is impossible and a compass is required to find the sea wall again.

That evening in the Red Cat the fire is brighter, the atmosphere thicker, and the talk is all of the wigeon on the marsh. "Best part of five year since it's been like this" is the general consensus of opinion. Rosy, on a seat by the fire pipes up, "My date in Lynn says he's seen Barnet geese on the marsh". Poor Rosy is abashed by the laughter and old Jack, whose lumbago is relieved by two pints of Holland's gin, says "Trappers from London know all about Barnet geese, Rosy, they shoots them in the Tubes"; you must mean Brent or Barnicle." "No I don't," she said, "Barnet Goose, I'm sure."

"Well, Rosy, we'll try and get you a Barnet goose, but if we can't get one, how about a Cock Foster?" Someone asks then if a Barnet goose qualifies for Trapper First Class, and the bar decides that the shooter probably ought to go straight to Leading Trapper. This is something of a mystery and it transpires that there are four grades of Trappers on the marsh. Virgin Trapper speaks for itself, Ordinary Trapper has just shot wigeon or duck, Trapper First Class has had a goose and Leading Trapper has got two geese with a Left and Right.

On the strength of the 'Barnet Goose' it is worth taking 'BB' shot the next day.

The wigeon are feeding and require stalking, a very arduous and cold business in six inches of snow. The gunner's hands get so cold he cannot shoot properly even if he gets within range. So one gunner sits in a creek, while the other goes on a stalk of a bunch of wigeon he has seen pitch. He puts them up, fires and misses, but at the same time a dozen larger birds get up from farther away. "My God, they're geese". The first gunner 'freezes' in his creek and takes a crossing shot with the choke barrel and BB shot. "Oh No. How could I." The gunner is still concealed and the geese disturbed by the shot have turned to pass behind and over him. "There's only No. 5 in this barrel, so wait for it. Here goes." Down it comes with a thud ten yards away. It is a Brent goose, smallest of all and only as large as a Mallard. Nevertheless a palpable wild goose. The other misfortunes were worth it for this.

However it is getting late and the wigeon are flighting in to feed by night. One or two go into the bag. But the gunners have in their enthusiasm failed to notice the creeks filling up rapidly. The majority of the wigeon are pitching in about two hundred yards away on the far side of a big creek and there is nothing they can do. However, they still do not worry about getting back to the sea wall, until the creeks start overflowing and in a moment form great sheets of water over the snow. There is no getting back now and hasty consultation of the tide table shews that it should only only come up to their ankles if there is no wind. Two nights later and high tide would have been up to their chests. Having qualified for the rank of Trapper 1st Class, a proper humility is restored by falling into the ancient pitfall of being cut off by the tide. Perhaps it is a suitable end to a wild goose chase after the Barnet Goose.

OESTROGENIC NEOPLASIA IN WOMEN

by Harold Burrows, C.B.E., Ph.D., F.R.C.S.

Until a few years ago cancer was commonly regarded as a single disease brought about by extrinsic agents, including various known chemical carcinogens and irradiations. The present note deals with tumours caused by a normal secretion of the body. The subject is not of minor importance: in England and Wales alone fourteen or fifteen thousand women die every year from oestrogenic cancers, and the incidence of these tumours is unlikely to decline until their etiology has become widely known.

Oestrogen* is secreted by the ovaries and adrenals, is not stored in the body, is quickly inactivated by the liver, and its metabolites are excreted largely with the urine. Some features in the natural history of oestrogen secretion are recalled here in order to elucidate its carcinogenic tendency.

Sexual rhythm. Reproductive life in women is accompanied normally by regular periodical cycles, and during each of these an abundant secretion of oestrogen is followed by a scanty one. Under stimulation by oestrogen the tissues of the reproductive system become hyperplastic; their blood vessels dilate, the vascular walls become more permeable, the tissues acquire an increased content of water, and the stromal and epithelial cells enlarge and proliferate. After this, as soon as the supply of oestrogen falls, the hyperplastic tissues quickly revert to the shrunken state of rest. Circumstances may arise in which this healthy alternation of cellular responses is not attained, either because the supply of oestrogen does not stop or because its inactivation is too slow

* For simplicity the term "oestrogen" is used to denote any of the numerous compounds having the biological characters of oestradiol.

to give the tissues time for reversion. A persistent hyperplasia is the result: and this may happen without any obvious sign. Among the conditions associated with this persistent hyperplasia are nonovulatory menstrual periods, ovarian thecomatosis, and an uninterrupted secretion of oestrogen by the adrenals.

The quantity of oestrogen needed to induce cancer. Experiments on animals have shown that to cause neoplasia by oestrogen the dosage need not be large. Gardner (1941)[a] found that the amount needed to bring about mammary cancer in mice is that most favourable to normal development of the breast, or not much more, and that excessive amounts will arrest mammary development almost completely. Others have thought that more than normal supplies of oestrogen are required for carcinogenesis, but their estimates are not very high (Suntzeff, Burns, Moskop & Loeb, 1936; Geschickter & Byrnes, 1942).

The fact is that oestrogenic tumours depend not upon a high concentration of oestrogen, but upon its uninterrupted supply. This was first shown by Lipschutz and his colleagues when studying the artificial induction of uterine and other fibroids in guinea pigs (Lipschutz, Iglesias & Vargas, 1940; Lipschutz, Rodríguez & Vargas, 1939; Lipschutz, 1950).

The gradual transition from innocence to malignancy. The essential precancerous condition is an established, permanent hyperplasia, and for this no more than a normal amount of oestrogen is required at any one time provided that there are no intermissions of its supply. Perhaps the change from an innocent to a precancerous neoplasia is an inability on the part of the cells composing the tumour to revert to a normal resting state if the supply of oestrogen is stopped. Nevertheless, even when an irreversible hyperplasia has become established, many years may elapse before malignancy becomes proved by invasion and metastasis; and it is clear that any condition of enduring hyperplasia, however innocent it may appear, cannot safely be disregarded.

Even though its malignancy has become certain because of invasion and metastasis, a tumour caused by oestrogen may still need a supply of that hormone, and may, moreover, respond to it by function as well as by growth; for example, a mammary cancer may lactate.

From these facts two notions arise. The first is that the occasional shrinkage of a malignant tumour when deprived of oestrogen is not a reversion to innocence; the cells remain cancerous though resting and may proliferate once again if their hormonal wants are supplied. The second notion is that the ability of an oestrogenic tumour to grow without oestrogen is not a sudden but a gradual change. However, these are mere suppositions and cannot just now be regarded as anything more.

Pituitary-Ovarian Balance.

During the menstrual cycle gonadotrophin causes the secretion of oestrogen and this in turn inhibits the output of gonadotrophin, so that in health a self-regulating balance exists. But a suitable equilibrium is not always maintained; either gonadotrophin or oestrogen may exceed requirements.

1. *The effect of inadequate pituitary action on the ovaries and on tumours.* Many years ago Cushing & Goetsch (1915) reported that pituitary deficiency in man is accompanied by atrophy of the gonads; and in his classical experiments on lower animals P. E. Smith (1916, 1926[b], 1927[a]) found not only that removal of the pituitary is followed by gonadal atrophy but that the gonads can be largely restored to normality by daily implants of pituitary gland. Similar results were recorded by Noble (1938): working with rats he observed progressive atrophy of the gonads after hypophysectomy and showed that this result could be prevented, or if already present could be reversed, by the injection of pituitary extracts prepared from other animals. (The gonadal as well as the general atrophy caused by hypophysectomy now seems largely attributable to the consequent lack of the growth hormone.)

Of the retarding effect of hypophysectomy on the growth of tumours there is no doubt. McEuen & Thomson (1933) removed the pituitaries from rats and then grafted the animals with Walker tumour and noted that, although the grafts became established, they grew at a much reduced speed. A comparable result was reported by Ball & Samuels (1936) who performed hypophysectomy on rats already bearing tumours that had been induced by dibenzanthracene. A lack of pituitary hormones had similar effects on mice carrying transplants of mammary cancer (Korteweg & Thomas, 1939) and on rabbits that had been grafted with the Brown-Pearce tumour (Lacassagne & Nyka, 1936; Lacassagne & Chamorro, 1930). Furthermore Korteweg & Thomas found that hypophysectomy did not prevent epitheliomas from arising in response to applications of 2:4-benzpyrene, though their appearance was delayed.

2. *Excessive pituitary action.* Though the experiments just mentioned have proved that any absence of the pituitary entails atrophy of the gonads and a suspension of their functions, it is not quite so easy to determine by direct means the effects of too much pituitary secretion. Extracts from the pituitaries being proteinic cause immunity when injected into animals of a different species; and even if whole pituitary glands from the same species are implanted they will be beyond hypothalamic control and for that and other reasons are unlikely to act exactly like a normal undisturbed pituitary gland. However, the demonstration by P. E. Smith that the effects of hypophysectomy could be largely offset by daily implantations of pituitary gland, and that precocious puberty could be induced by the same method show that grafted pituitaries are not quite inert (Smith & Smith, 1922; Smith 1926[a]).

In the intact animal gonadotrophins cause hyperplasia of the generative organs, a fact utilized for the A—Z pregnancy test. Furthermore it has been shown that the increased secretion of oestrogen caused by FSH will arrest the supply of FSH from the animal's own pituitary (Kuschinsky, 1931; Leonard, 1933).

There are two ways, apart from complete gonadectomy, of observing an unrestricted secretion of FSH during reproductive life.

(a) The first method is to excise both ovaries and to graft one of them into the spleen where it will still be accessible to the pituitary secretions though all the oestrogen it produces in response will be inactivated in the liver before entering the general circulation, and so will be prevented from reaching the pituitary (Biskind & Biskind, 1945, 1949; Lipschutz, 1946; Jungck, Heller & Nelson, 1947; Gardner, 1941[b]). As a consequence of this operation the intrasplenic ovary is apt to become a thecal or granulosa-cell tumour. Furth & Sobel (1947) have reported the successful transplantation of these tumours with the occasional formation of metastases. If, however, one ovary is grafted into the spleen while its fellow is left intact the neoplastic developments do not occur.

(b) The other way to prevent the ovaries from producing oestrogen is to irradiate them—a procedure known in medicine as non-surgical castration. In mice treated in this way thecal and granulosa-cell tumours of the ovary are liable to ensue in the course of time (Furth & Butterworth, 1936; Geist, Gaines & Pollack, 1939).

3. *Excess and deficiency of oestrogen.* The effects of these abnormalities on the pituitary have been noticed already in connection with the pituitary-ovarian balance. An immense amount of experimental inquiry has been made on the induction of tumours by oestrogen and little need be said about the subject except to say that tumours in several organs of the body have been caused in a variety of animals by the continued administration of oestrogen. For abundant references see Burrows, 1949; Burrows & Horning, 1947, 1952; Lipschutz, 1950).

Summarized effects of a pituitary-ovarian imbalance.

(i) An uninterrupted supply of oestrogen leads to tumour formation in several parts of the reproductive system.

(ii) A lack of oestrogen during reproductive life is apt to be followed by neoplasia of that part of the ovary which normally secretes oestrogen.

(iii) Removal of the ovaries leads to hypertrophy of the adrenals and an increased secretion of oestrogen by them (Woolley, Fekete & Little, 1940; Gardner, 1941).

(iv) Absence of the pituitary though not preventing the growth of tumours greatly retards their development.

Pituitary-adrenal Balance

Like the ovaries and testicles, the adrenals have a physiological dependence on the pituitary, and may be regarded as accessory generative organs. They produce oestrogen, androgen and progestin; and there is little doubt that the oestrogen they sometimes secrete without cessation after the menopause may be, though small in amount an important factor in the causation of many oestrogenic tumours.

Effect of adreno-cortical extracts on the pituitary. Ingle, Higgins and Kendall (1938) gave adreno-cortical extracts to one batch of rats and adrenocorticotrophin (ACTH) to some of them in addition. As a result the

adrenal cortices were atrophied in the animals that had received adrenocortical extracts but not in those treated with ACTH in addition. The experiment shows that adrenal cortical hormones inhibit the output of ACTH from the pituitary just as gonadal hormones inhibit the output of gonadotrophin.

The effect of adrenalectomy on the pituitaries. Just as gonadectomy increases the output of FSH from the pituitary, so adrenalectomy increases the output of ACTH. An experiment which illustrates this was done by Houssay & Pinto (1944) who joined a normal rat in parabiosis with one whose adrenals had been removed, and as a result the adrenals of the normal rat became enlarged.

Subsidiary Factors in Oestrogenic Neoplasia

Everyone knows that although oestrogen may be the essential agent in causing tumours of the reproductive organs, it is not the only one. Many other factors take part in the etiology including the patient's hereditary constitution, nutrition, age, the condition of the liver and several other circumstances. Yet without a prolonged and uninterrupted supply of oestrogen these tumours would not occur: and an appreciation of this fact may one day in the perhaps distant future lead to their prevention.

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LET'S COMMIT SUICIDE!

Life was much simpler, not so long ago. The cigarette constituted a basic common denominator in social intercourse. Whether it was the "reefer" or the super cigarette rolled in paper with the owner's name on it. Whenever we had an unexpected guest in the house and not a thing to offer him, we could always atone in part, by offering a cigarette.

How many pacts and trade agreements were made over the smoking of a pipe. Who does not remember the wonderful stories about Red Indian chieftains meeting American pioneers, smoking the peace-pipe and blowing the smoke to the four corners of the earth. In practically every film made about war we were treated to the Sergeant lighting a cigarette and putting it between his wounded man's lips, the supreme gesture of comradeship. How many embarrassing situations have we escaped by a hair's breadth, stalling for time and lighting a cigarette? (It is almost as good a gambit as taking spectacles out of their case on being shown a specimen). Then there is the trade value of the cigarette. How many cameras were bought by the occupation forces for the price of a packet of "Camels". In times of inflation the cigarette was second only to gold coins as a currency. I could go on and on, for what the cigarette can do is practically limitless. But to cut a long story short suffice it to say that the cigarette has developed into more than a habit which considerably lightens the average person's pocket, it has become a symbol.

And now? When your good friend visits you and you offer him a cigarette your motives will be suspect. Might he not think that what is at the back of your mind is:— "Let's commit suicide?" For we all know now that every pull at the cigarette is a step nearer the grave, a nail in your coffin.

Is Science not wonderful. Every day new discoveries. Antibiotics, Television, the Hydrogen bomb, and now this has been added to that long and creditable list. The smoking of tobacco, and especially cigarettes prediposes to cancer of the lung. The stastistician has said it and the American mouse has proved it.

And now, at long last, and for the first time our parents know what they are talking about when they say:— "Don't smoke child, it is bad for your lungs". When they say it now they have proof. And if we go on smoking in this manner there are likely to be a million sufferers from cancer of the lung in these isles alone, all confirmed mind you, for diagnosis is becoming more efficient every day!

What is the solution? It is possible that research workers will eventually be able to prove which carcinogenic matter is contained in tobacco, and will succeed in isolating it, and hence purify the tobacco which we consume. Have not the tobacco manufacturers here and in the U.S.A. contributed huge amounts of money to cancer research funds for just that purpose? If so we may yet witness the marketing of non-carcinogenic tobacco, confirmed and with the seal of the Standard Institute.

But failing that, or until then, who will help us? Not the manufacturers, for obvious reasons. Not governments, for tobacco tax is one of the largest items of revenue in many a government's budget. Why, economic collapse could not be ruled out if the manufacture of cigarettes were to be forbidden by law.

A famous thoracic surgeon, on reading the results of the investigations into smoking as an actiological factor in cancer of the lung, a man who was smoking up to 50 cigarettes a day, stopped smoking. Just like that! But he has an obvious advantage over all but a few of us, for he is familiar with the results. Truly a hero.

Cigarettes are more dangerous than any other form of tobacco. But who can afford to smoke cigars? And should I recommend pipe-smoking? Just imagine what the world would smell like. Besides what would other nations do, on whom the pipe does not look as natural as it does on the Englishman.

I have, therefore, but one advice to give:— "STOP SMOKING. Can *you*? *I* can't.

SURGEON'S PIE

by Percy Hayes Carpenter.

One branch of a healing Art for which much may be said is that of Casualty, a place for the sick, maimed or the unfortunate. One also of forms, dogs and litter, of Sister, nurses and that man of great leisureliness, the student. And for porters whose buttons reflect the light and whose integrity and generosity extend not only to dukes and vagrants, but to tips, loans and tipple. There will be physicians in coats, surgeons in in gowns with their dressers like gulls on the tail of a breeze. Here patients are sorted or opened, detained, relegated or home under such exigencies as may be deemed requisite.

And here within its precincts, cheeks wrenched in with anxiety or blown out with uppishness, will be the houseman, the man of the moment. His department is like a mouthpiece, an excrescence upon the hospital's surface whose gullet-like corridors lead to comfort, clean sheets or that multi-coloured, odoriferous desiderata the prerogative of the pathologist. Here are the sitters to see or wait among forms, folks or prams, or the buffet just. Or to lifts for ascension or condescension, or to the many departmental triumphs of skill or learning that embody the building's fastness. Approaching majestically and in silence will be that great panjandrum of gliding efficiency, the ambulance, to spill its contents for the delectation of the healers.

Within is one ready whether for the tonsil removed in part or sent popping or bobbing as a splay of corks, or knifed, ligated or removed in an all-out effort to alleviate sepsis. Or the bead from undersized nose being oversized in kind, the ear that brought in a wasp instead of wax, or that "bit" that he missed but Sister did not. It is almost as you might say all according. And that hideous neuralgic face said to be a cheek blown up by some maladroitness of a trocar's thrust, the man whose prerogative it is to wait, wait upon a form whose resistance is as granite before a shutter that opens with reluctance shuts with great care.

Or to see one regrettably delayed to see another regrettably absent. Meanwhile in a small cachet obscure as to place demure in intent the crooked are being made straight and the spotted places plain. Having unfolded his limbs and stifled his yawns, the dogsbody hurls himself into the great malestrom of little jobs as tendons are joined and splints applied or plasters rolled as the exigencies of their fate decrees. In a place appointed before one of high learning demonstrations are proceeding. Whether this be the bandage that drops, or the strapping that sticks, or the leech reluctant to bite, or the plaster snatched from the hair that is snatched from the skin. It is all in the day, or maybe the night. He surveys his victims as through a glass darkly.

Such may be young, old or adolescent with hair sparse, neat or as snow on the hill-tops. The resident dogsbody sails majestically into action, whether as a shaver of parts, a Kabaka of modern times, or statistician of rare but inordinate gifts, or as the broom, modern maid, or casualty cat, expecting to pass this way but once. Meanwhile one coldly callous as a herdsman complete with stomach tube and funnel with such emollients and appurtenances thereof as would appear normally and judiciously requisite, proceeds to demonstrate in the Poisoned Person the incompatibility of new milk with old lungs. The house surgeon pauses at casualty's outer door where oxygen wrestles with nitrogen in order to force an entrance across its threshold to overcome that bugbear to the Medical Profession—stuffiness.

And relief may be immediate to the row upon row of seasoned form-sitters destined to chat and to wait and who shepherded by one red, uniformed and rotund, kill time by gossip, surreptitious calls at the buffet or the bullseye. It will be here they'll discuss time, the news, Billy Graham or the likelihood or otherwise of a small gin. One loud of voice, well-upholstered, red of face like a guinea fowl among hens, addresses the assembly as one of moment. In a theatre one suitably-robed, begloved and begowned with dew-bespangled brow bends to the tune of instrumentry's crash to remove, add to, or alleviate, speak comfortingly to the distressed or set the whitlow free.

In a further cachet obscure as to place and warm as to temperature, a woman inhales the gas without that appreciation the prerogative of inhalers of the gas. She downs her mask and ups her legs like a Joan of Arc in her great struggle for freedom. In the ensuing "melee" in which the patient's health, hospital economy and thirst for air, the hissing but persistent cylinder held sway. As doors, windows and chimneys spilled nurses, doctors and dressers in one clear emulsified stream, all did their duty as the cylinder nobly did also. Through the doorway a large tumour-like balloon was seen slowly occupying the precincs of the cachet, so that surgeons, house governors and others had difficulty in forcing an entrance. It was the hospital's dogsbody who nimbly stepped forward to release the offending catch, when a noise like the rushing of many waters was heard.

It was all passably thrilling.

BARTS' AND BOATS

Part I (1840—1939)

by C. N. Hudson.

The story of the Bart's Boat Club reads rather like an Odyssey. From time to time its members press on to new activities, and then there is a remission while they relax amongst the Lotus Plants or idle in the Arms of Calypso. But, sooner or later, some breeze from Olympus stirs the hearts of men and back they go to the boats and "sitting orderly upon the benches, they smite the grey sea with their oars." Thus they persevere for a while until some Scylla plucks them from the thwart or some Circe entices them away and turns them into those swine* which amuse themselves with bats, and boots, and balls and things. Just now the Club is riding on the crest of a wave caused by the explosion of the War, even as when Polyphemus hurled the mountain top into the sea he washed the travellers on their way. But it has not always been so.

The task of making a record of the Club seemed comparatively easy, as it was popularly supposed only to have started during the war, which is the only period of which there are any records. Once the investigation started the illusion was soon shattered by four members of the Club announcing that their fathers rowed for Bart's, fathers concerned being J. T. Gray, C. H. Dale, D. C. Fairbairn and J. A. Struthers. So back numbers of the *Journal* were tapped, along with the fathers as sources of information. This elicited the fact that the Boat Club was one of the founder members of the Amalgamated Clubs in 1892 whose organ was the *Journal*, so the beginning was obviously not then.

The minutes of United Hospitals' Rowing Club were found to be a mine of information, and corroboration (or correction) of the *Journal* (or fathers) was possible again though. Bart's was in at the foundation of the U.H.R.C. in 1885. Moreover a tankard in the Library for Scratch Fours bears the date 1884 so there was obviously more to find. U.H.R.C. minutes in 1885 contained a cutting from the *Field* and in back numbers of the *Field* reports on Bart's rowing go back to 1871.

A chance remark of a correspondent referring to the "heyday of hospital rowing" kept the search going, and in the back numbers of "Bell's Life in London" a record of activity was found in the 1840's. The earliest record was for 1844 and there is

**The term is purely allegorical—Author.*

circumstantial evidence that the Club was not in existence much before that. Reference to the Cricket Club ceased in the 1850's so the Boat Club would seem to be the oldest sports club of the Hospital, and ranks amongst the oldest clubs on the Tideway being older than London, Thames or even the A.R.A.

The earliest record is of sculling races held from Putney to Hammersmith in August, 1844. It is of interest to note that the race was won by one Wyld. Now the boathouse from which, according to "Bell's Life," the Club boated from its foundation was that of Noulton & Wyld at Lambeth. It is recorded that Noulton did the coaching and one wonders if Wyld was not a Bart's man but connected with the professional watermen. In this connection the use of watermen as coxes was common until much later, and further St. George's, who had a flourishing club which won the Stewards at Henley shortly after its foundation, had openly barely half the members of their club from members of the Hospital. Guys had a very flourishing club and both Hospitals competed in that year in a Regatta for £50 at Erith. Leander had entered, but on being accused of "pot hunting" withdrew. Guys in a fit of importance withdrew their first four and subscribed a second four. Fortunately, this four was soundly beaten. Bart's came third out of four in their heat, losing to the Royal Artillery and Royal Academy.

In 1845 there is a record that a new Private Room was made available to the Club at Noulton & Wyld's Boathouse in Lambeth. Also that Noulton had built a new four for them to race at Norwich Regatta. There they won their event by 10 lengths over a 2¾-mile course and took back £50 in specie. In addition to rowing this course twice in the four, T. Girdlestone sculled and was beaten by Mr. Wickham by 100 yards.

Two years later is the first record of Bart's rowing in an Inter-Hospital Race. It seems to have been quite an occasion, for the bank was thronged with spectators including many eminent medical men on horseback, and the river was full of craft, mostly cutters from the existing clubs including Leander and the Guards, who had come to watch the race. It must have been quite thrilling and was over a course from Putney to Chiswick Eyot. At Searle's Boat House Bart's led Guys by ½ length. However, at Hammersmith Guys were leading by five lengths when their "2" broke his thoul (sic) and Bart's began to catch up until at the finish they just got in by half a length. The umpire on this occasion was Mr. Chapman, the Champion Sculler.

Next year over the same course it was Guy's turn to have an early lead but Bart's,

"Lock to Lock" A Journal photograph of 1907.

ably coached by Noulton, rowed past and won by 2½ lengths. In this year also is the first record of a pair oar race in the Club for Silver Challenge Oars. 1849 also records the result of the race for these. These few years contain the first victory in Inter-Hospital Racing recorded for Bart's, and also the first in an open Regatta. It is many years before the former is repeated and over one hundred before there is evidence that the latter is achieved again.

From 1849 there is a long gap until 1871 when there is a record of another race against Guys, which was lost by ¼ length. This was an unusual race as it was rowed in eights, which did not occur again until the 1920's. Also it is interesting to note that the umpire was Mr. H. H. Playford, who was carried in a L.R.C. Twelve. Next year we hear again of the Silver Challenge Oars. This time they were raced for from Bishop's Creek to Hammersmith in Scratch Fours. The losing crew was stroked by W. Smee and in the following year the event is referred to as the Smee Silver Challenge Oars and Rudder. This is the last we hear of this trophy which seems to have lapsed. In 1876 there was another Inter-Hospitals race from Barnes to Hammersmith. This was in fours and the first between the London and Bart's, which the former won by 1½ lengths.

In 1880 there was another again won by the London by 3 lengths, but this time Middlesex competed and Bart's beat them by ½ length. The report on this race included a comment on the poor steering by Bart's, a report which has recurred with terrible regularity through the subsequent years. Four years later the tankard in the Library is evidence of another scratch four race.

Eighteen Eighty-five was a milestone year, for it saw Hospital Rowing put on a sound basis by the formation of the United Hospitals Rowing Club and the foundation of the Hospitals Cup. J. Rust and R. F. Gowers represented Bart's on the Foundation Committee and Mr. Morrant Baker became one of the Vice-Presidents. In the first Cup race Bart's were beaten by the London and Middlesex. Next year Middlesex won easily. steering, it is recorded, even worse than Bart's who beat the London & Kings' C.H. In 1887, with Mr. S. Fairbairn as umpire, Bart's beat the London & St. Thomas', but lost the final to St. George's & the Middlesex, Bart's, it is recorded, being involved in a string of tugs.

In 1888 there appeared for the first time two crews, but both lost. In 1889, the beginning of the rot, only one crew was entered and was beaten and in the following year only a junior crew raced and was beaten. That was the end for a while. In 1892 the Boating (sic) Club was one of the founders of the Amalgamated Clubs but received no grant as it had gone into decline. In 1893 Dr. Shore presided over a committee to revive it but the renaissance did not occur until 1900 with Dr. H. T. Butlin as President, Mr. W. Bruce Clarke as Vice-President and H. V. Gould as Captain. A four raced in the U.H. Regatta, but lost by 1 length to the London beating St. Thomas and St. George's. The crew was coached by R. B. Etherington-Smith (Pres., C.U.B.C.). The next year 1901, with Mr. Bruce Clarke as President and Etherington-Smith as Captain saw Bart's win the Hospitals' Cup for the first time with a star-studded crew containing as well H. V. Gould, J. E. Payne and J. G. Slade. A second four also won unopposed. Next year the trophy went away to St. George's and the Club went into decline again.

Revival was soon, for in 1907 senior and junior events were both won. 1908 was another memorable year for the Club. Mr. A. Bowlby was President, Mr. Etherington-Smith Vice-President, M. Donaldson Captain and H. D. Gillies Secretary. In this year J. S. Burn and Mr. R. B. Etherington-Smith were selected to row for Great Britain in the Olympics. Mr. Etherington-Smith was Captain and the great Belgian crew was defeated. More domestically, both Hospital events were retained, the senior four containing Donaldson and Burn.

In 1909 there was no Regatta, and in 1910 the crews were scratch and in spite of the presence of J. S. Burn and H. G. Baynes the trophies were convincingly lost. In 1911, with Bart's runnning U.H.R.C. there appears to have been no Regatta. In 1912 a crew was not raised. In the following year Mr. Etherington - Smith became President U.H.R.C. and another milestone was reached as the Hospitals Cup was raced for in cox-swainless fours for the first time. The Cup came to Bart's, but the account in U.H. minutes is not flattering. Mr. J. Beresford, T.R.C., was umpire and shortly after the start Bart's crashed into the London in their

water and were disqualified. The London, however, asked to be allowed to row on and this was agreed to. They soon, however, rowed into Bart's water and were hit: Bart's claimed a foul and were awarded the race. The steering was from stroke, but in the subsequent years, whether from there or elsewhere, does not seem to have improved much. 1914 was the end of another phase in the Boat Club's history. Mr. M. Donaldson became a Vice-President of U.H.R.C., a position he still holds, and the Hospital Cup stayed in Bart's, being retained by a fast coxswainless four containing again C. E. Kindersley and C. W. Littlejohn.

After the war the Club revived in 1919 with Sir Anthony Bowlby as President and Mr. L. Bathe Rawling as Vice-President. The Cup was lost in 1920 to Guy's by ¼ length after a restart after a foul by Bart's. In 1921, the Cup stayed in Guy's and in 1922 Mr. Donaldson became President of U.H.R.C., which office he held until 1938, but Guy's still held the Cup, the Bart's steering again coming in for adverse comment.

Nineteen Twenty-three was another milestone year, for the Hospitals Cup was competed for in eights for the first time. Bart's lost by 3 lengths to Guy's but a junior four won their event easily. In 1924 the Secretaries could not agree on a date for the Regatta, so Guy's just kept the Cup. Another attempt to regain it was made the next year. Unfortunately "3" went ill just before the race and A. W. Spence who had been coaching had to step in and row. The verdict this time was "Guys by 4 lengths."

The General Strike occurred in 1926 and disorganised the Regatta. However, a private race against Reading University at Reading was held in February. Mr. Donaldson umpired and Bart's won by 2 feet. In the following year Bart's could get no nearer to Guy's in the eights, but managed to win the Junior Fours, with C. H. Dale the only man left from the 1923 winning Junior Four. It was St. Thomas's year in 1928, with a close race against Guy's with Bart's some 2 lengths behind. Mr. Bathe Rawling became President of the Club and a Vice-President of U.H.R.C., and Mr. Donaldson became a Vice-President of Bart's Boat Club in his stead. In 1929 Bart's were not last for a change, for they beat the London easily, as the latter sank. There was for the first time an additional event for coxswainless fours. Bart's lost to St. Thomas's by 3 lengths but had trouble with a "crab."

Nineteen Thirty saw Bart's win the Hospital's Cup for the first time since 1914, by beating St. Thomas's, Guy's and the London. In the Senior Four, Bart's were also successful, beating St. Thomas' by ½l. This was the first time that both senior events were won together. O. S. Tubbs who stroked the winning Four, stroked the Eight as well in 1931. This Cup was retained with a convincing victory by 3l. over St. Thomas's and 5l. over Guy's. St. Thomas's, however, with A. P. McEldowney, managed to win back the Fours. In 1932 there was a sad falling off with a defeat by St. Thomas's by six lengths in the Eights and easily (with poor steering) in the Fours. This year was the last year in which R. H. Knox steered, having done so each year since 1927.

In 1933 N. J. Hewlings won the Junior Sculls but appears to have been the only representative of the Hospital in the Regatta. In fact until the war-time revival the Club did not compete again in Inter-Hospital rowing, with the exception of a rugger four just before the war.

This, then, is the brief record of the activity of the Boat Club during approximately its first hundred years of existence. During this time it was never perhaps as thriving as in its first decade, but nevertheless survived the years with periods of decline and periods of glory. During these the Hospitals Cup was won seven times in different types of boat, and the junior cups on various occasions. The periods of success and activity were usually associated with the coincidence of oarsmen of repute as students, and at one stage before the Great War, Barts numbered eight Cambridge blues among her alumni, a number unlikely to be raised from all the Hospitals combined now. Some "names" have left no mark in the records of Bart's rowing, but certain others were only too obviously intimately connected with the successes. If one may risk omissions perhaps some of the most obvious were names like Girdlestone, Etherington-Smith, Gould, Burn, Donaldson, Payne and Littlejohn. If we leave the story in 1939 in a decline, it is because the story is a very different one for the next fifteen years and the second century already contains almost as much as the first.

SPORT

Cricket Results: 1st XI

Sunday, 27th June
Bart's v. Old Roans C.C.—Match Lost.
Bart's 100.
Old Roans 101-0.

Saturday, 3rd July
Bart's v. Hornsey—Match Drawn.
Bart's 132 (Gillett 41, Bloomer 38).
Hornsey 65-4.

Sunday, 4th July
Past v. Present—Match won by Past.
Present 168 (J. R. Nicholson 37).
Past 169-3 (J. Harold 92, J. Tomlinson 30 not out).

Saturday, 10th July
Bart's v. Hampstead—Match Lost.
Hampstead 154-1 dec.
Bart's 75.

Saturday, 24th July
Bart's v. Brondesbury—Match Lost.
Bart's 123 (G. B. Gillett 44).
Brondesbury 124-3.

Cricket Results: 2nd XI

Sunday, 9th May
Bart's 2nd XI v. Erith Town—Match Lost.
Bart's 93.
Erith Town 94-7.

Saturday, 22nd May
Bart's 2nd XI v. Old Gosfordians—Match Lost.
Old Gosfordians 106.
Bart's 73.

Saturday, 26th June
Bart's 2nd XI v. Jackdaws—Match Lost.
Bart's 104.
Jackdaws 105-1.

RUGBY FOOTBALL CLUB

At the Annual General Meeting of the Rugby Club held on 25th May, the following were elected officers for the season 1954-55:

Captain: J. S. T. Tallack.
Vice-Captain: D. A. Lammiman.
Secretary: P. D. Mulcahy.
Treasurer: K. E. A. Norbury.
Preclinical Representative: R. M. Phillips.

The following have been awarded colours for the season 1953-54:

F. I. MacAdam (Honours)
M. Weatherley
J. Dobson
D. W. Roche
J. S. T. Tallack
M. Graham
G. Tamlyn
L. Cohen
G. Scott-Brown
J. K. Murphy
M. Hackett
R. M. Phillips
D. A. Lammiman
B. W. Badley

BOAT CLUB

Putney Town Regatta

Junior IV's

1st heat: Lost to Linden R.C. 1¼l. after a very close race.
Crew: R. I. Simpson, bow; 2, T. W. Bolton; 3, T. P. Ormerod; D. W. P. Thomas, stroke; D. J. Price, cox.

Junior Senior IV

1st heat: Beat Chelsea Polytechnic R.C., 21. There was a collision, for once in Bart's water, and a restart.
Final, beat Hammersmith Town R.C. 1l.; This is the third event this crew has won.
Crew: B. P. Harrold, bow, steers; 2, R. W. Beard; 3, C. C. H. Dale; D. A. Chamberlain, stroke.

Senior VIII's

"A" crew beat Putney Town R.C. easily ; St. Mary's and Guy's Hospitals 11 ; and lost to University College Hospital B.C. 1¼l. This was rowed on top of the tide and Bart's had a series of disasters which got them a poor fourth at the start. Two crews were overhauled.

Crew : R. P. Doherty, bow ; 2, J. M. Gray; 3, T. P. Ormerod ; 4, B. P. Harrold. 5, C. C. H. Dale ; 6, R. W. Beard ; 7, C. N. Hudson ; D. A. Chamberlain, stroke ; M. G. Kielty, cox.

Marlow Regatta

Senior Fours Town Cup

Heat 1 : Lost to National Provincial Bank R.C. 1l. This race was a scramble, and finished with two "crabs." Steering was mediocre.

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

Marlow Eights, Thames Cup Eights

1st VII Heat 1: beat Corpus Christi (Oxford) B.C. by a canvas ; beat University College and Hospital B.C. 1½l.

Bart.'s lost ¾l. to Corpus on the start in spite of having the best station, but managed to row them down before the finish.

Semi-Final

Lost to Magdelen College (Oxford) B.C. 2½l., and Bristol University 1l.

Bart's had a slow start and some trouble with washes. Magdelen rowed right away and later won the event.

Crew : As at Henley.

Henley Royal Regatta

The crew after Marlow moved up to Henley where they were coached by Dr. A. G. S. Bailey again, with considerable effect. A new four was made up as the Marlow order had not proved successful, but received a requirement to row in the preliminary heats on the Saturday before. Most of the training was done in the eight but the preliminary heat and the fact that circumstances made the four race again before the eight were unwelcome complications.

Wyfold Cup Preliminary heat

1st IV: Beat Queens' College B.C., 1½l. (8m. 21s.). Queens' obtained an early lead, but by the barrier Bart's were just ahead and rowed away to 1½ 1. which they maintained. The steering at the finish took the crew rather too close to the booms for peace of mind.

Wyfold Cup, 1st round

1st IV beat National Provincial Bank R.C. by a canvas (7m. 54s.). The Bank took an early lead, but Bart's managed to steady out and get some ¾l. after the barrier. The Bank pressed hard and Bart's never really settled down. However, they managed to hang on to the lead until the end. The steering was good; and this was the crew to whom Bart's had lost at Marlow.

Thames Cup. First heat

Lost to St. Catherine's College (Cambridge) B.C. ¾l. (7.20). This was a most exciting and gruelling race. St. Catherine's struck a very high rate at the start and gained some ½l. Bart's managed to hang on at a lower rate of striking and a 10 at Fawley took them to a canvas. With an answering spurt St. Catherine's drew away, but at the Mile Post they led by only a few feet. However, at this stage Bart's had more "tens" which St. Catherine's were able to hold, and in the race up the enclosures they drew away to ¾l. to win in a time only beaten in the event by the winning American crew.

Wyfold Cup. 2nd round

1st IV lost to Marlow R.C. 31. (8m. 8s.). This race was a disappointment. Lined up against the winners of the Marlow Town Cup, Bart's were determined not to repeat the scramble of the day before, in nwhich they had got home first. The result was a very slow start and Marlow were 31. up at the barrier, in an unassailable position. The steering improved toward the end of the course, but the row did not represent the best this crew could do.

Crews :

First IV: C. N. Hudson, bow steers, 2, J. F. G. Pigott; 3, C. C. H. Dale; D. A. Chamberlain, stroke.

First VIII : J. M. Gray (Westminster & L.R.C.), bow; 2, B. P. Harrold (U.C.S.),; 3, T P. Ormerod (Forrest); 4, J. F. G. Pigott (Westminster & L.R.C.); 5, C. C. II. Dale (Oundle); 6, R. W. Beard (Westminster & Christ's); 7, C. N. Hudson (Radley, Queens' & T.R.C.); D. A. Chamberlain (Ratcliffe & Queens'); stroke, M. G. Kielty (Wimbledon).

Coaches : T. Edwards (1st and 3rd Trinity & L.R.C.); A. C. Sheed (Clare); R. P. M. Bell (Jesus & L.R.C.); Dr. A. G. S. Bailey (Gonville & Caius)

This crew rowing in a boat kindly lent by Middlesex Hospital, is the first senior eight to be raced by the Hospital at Henley or in any other open Regatta, although the Club was formed within a few years of the Regatta. Although the visible results were slight, the expedition was fully worthwhile for the crew shewed itself to be well within Thames Cup class. G. F. Birdwood's Four of 1952 made the start very successfully, and we hope that this most recent venture is also the start of a tradition. From small beginnings by profiting from past lessons, one day the reward may come. Our thanks are due to all our coaches, in particular perhaps to 'Joe' Bailey, and to the others at Bart's who made the expedition possible.

TENNIS CLUB

Singles—Walton v. Maclay. Walton 6—3, 6—3. The final of the men's singles resulted in an easy victory to Walton who was on the peak of his form. His service was consistently good and practically untouchable. Both players used the court well and ground strokes were played with accuracy.

Doubles. Walton, Burrows v. Maclay Mellows, 6—4, 6—3.

Flashes of brilliant play from Walton and consistently good support from Burrows secured a victory from Mellows and a rather dispirited Maclay. These players did not reach the form we have come to expect of them this season. Their serving was weak and Mellows did not produce his aces. Walton and Burrows were very good at the net where it was difficult to pass them.

The final of the men's singles resulted in an

CLUB NEWS

NATURAL HISTORY SOCIETY

In the four months since its formation the Natural History Society has held five meetings, four of these being "field meetings" and the fifth a tour of the Zoo.

As with other clubs with outside activities the Society's outdoor meetings have been stalked by wet weather. In spite of this it was only necessary to cancel the visit to Hampstead Heath, the other meetings being able to make use of dry spells between the showers.

The Epping Forest meeting was conducted by Mr. Bourne who was able to show the party of five many of the commoner bird inhabitants of the type of beech cover to be found in Epping.

At Box Hill the habitats provided by chalkland grass and beech woods yielded many points of interest in the botanical and entomological lines, not the least of which was the discovery of a White Letter Hair-streak butterfly larva by Mr. Menzies.

The Bookham Common meeting had a strong botanical and entomological bias initially, but the bird watchers were rewarded later in the afternoon by the discovery of a Green Woodpecker's hole, complete with young, which provided them with opportunity to exercise their acrobatic talents in attempts to see inside the nest. It was established that several young birds were present and that the inside of the hole was rather wet, an observation which prompted speculation as to whether the birds were diabetic and suffering from polyuria.

The last meeting in June was a combined effort with the Physiological Society when a party of over twenty visited the London Zoo with Professor Cave. The weather was kinder on this occasion and, whilst it was not always possible for the party to remain intact a very pleasant and instructive day was passed. The photographers in our midst were particularly active and there should be some interesting records of our privileged examination of Bush Babies, Fruit Bats and Pottoes in the Rodent House.

DRAMATIC SOCIETY

The time of our next annual production draws near. Already plays have been read and considered—it seems likely that a thriller or perhaps a Victorian melodrama will be performed at the Cripplegate in November. At the present time negotiations are going on with the Students' Union to enable us to buy a set of our own scenery. This we shall paint and maintain ourselves for both rehearsals and actual performances, *but*—we do need new members.

If any readers feel that they would like to help: painting scenery or making costumes they would be welcome. Please contact the secretary at the Hospital or at Charterhouse.

EXAMINATIONS RESULTS

CONJOINT BOARD

FINAL EXAMINATION

July, 1954

Pathology

Arthur, T. I. F.	Cour-Palais, A. J.	Dunkley, A. H.	Landau, N.
Boxall, T. A.	Dormand, G. S.	Ellis, C. D'A.	Luscombe, A. H
			Wheeler, B. R.

Medicine

Aldous, I. R.	Cour-Palais, A. J.	Landau, N.	Smith, G. W. T.
Allan, R.	Cory-Wright, O. M.	Nainby-Luxmoore, R. C.	Taylor, R. C.
Bourne, W. R. P.	Hennessy, D. B. E.	Ogden, W. S.	Vince, A. A. P.
			Zilliacus, O. J.

Surgery

Bourne, W. R. P.	Forget, P. Y. N.	Mellows, J. W.	Wyner, S. E. A.
Cour-Palais, A. J.	Landau, N.	Nainby-Luxmoore, R. C.	Zilliacus, O. J.
Fletcher, L. O. A.	Martin, R. M.	Pagan, R. T.	

Midwifery

Barnes, J. M.	Cunningham, G. A. B.	Landau, N.	Smith, G. W. T.
Bourne, W. R. P.	Dormand, G. S.	Mellows, J. W.	Wheeler, B. R.
Cochrane, J. G.	Goss, G. C. L.	Ogden, W. S.	Wyner, S. E. A.
Cour-Palais, A. J.	Hennessy, D. B. E.	Robinson, M. R.	

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

Cour-Palais, A. J.	Landau, N.	Smith, G. W. T.

CONJOINT BOARD

FIRST EXAMINATION

June, 1954

Anatomy

Physiology

Pharmacology

Castle, W. B.	Dunkley, A. H.	Lytton, A.	Nwachukwu, P. O.
Cochrane, J. G.	Farrar, J. F.	Kirk, A. G.	Sanford, W.
	Greenwood, R. A.	Landau, N.	Wheeler, B. R.
Allan, R.	Cory Wright, O. M.	Nainby-Luxmoore, R. C.	Wyner, S. E. A.
Bourne, W. R. P.	Forget, P. Y. N.	Ogden, W. S.	Zilliacus, O. J.

L.M.S.S.A.

FINAL EXAMINATION

May, 1954

Pathology ... ... Mellish-Oxley, K. G.
Medicine ... ... Young, R.

June, 1954

Midwifery ... ... *Young, R.

* *Diploma Conferred.*

UNIVERSITY OF OXFORD

2nd. B.M. EXAMINATION

Trinity Term 1954

Brookes, L. D.	Cameron, A. E.	Ford, F. D. C.	Tilleard-Cole, R. R.
			Lyon, J. B.

UNIVERSITY OF CAMBRIDGE

FINAL M.B. EXAMINATION

Easter Term 1954

Part I

Backhouse, I. H.	Bourne, W. R. P.	Robinson, J. O.	Bartlett, D. J.
			Ratcliffe, D.

Part II

Ainsworth, R. W.	Clarke, A.	Oliver, K. R.	Spink, F. R.
Brady, J. P.	Garrad, F. E.	Ratcliffe, D.	Tillyard, S. A.
		Scott-Brown, G.	Williams, W. D. W.

BOOK REVIEWS

VARICOSE VEINS *by* R. Rowden Foote. Butterworth. 200 Illus. Price 55s.

This book is written by a practitioner who has specialised in the treatment of varicose veins for many years. It is a fairly comprehensive review of the subject and although it contains no original research the author makes free and generous reference to the work of others. Indeed one wonders whether such an extensive bibliography is really necessary; for presumably the book is designed for general practitioners who might be content with a clear and authoritative account based on personal experience, provided that the opinions expressed were supported by adequate personal statistics. However the author does not provide us with his own results.

While one agrees with the author that many investigations recently popularised are of research rather than practical interest, nevertheless in patients presenting diagnostic problems phlebography and venous pressure studies may be of real value. By such means it can usually be shown whether "varicose" ulceration is due to primary varicose veins or else is associated with varices secondary to deep venous thrombosis or valvular incompetence.

The author refers to "shelter foot" as a form of chronic postural oedema whereas in the light of Simpson's figures showing an increased incidence of pulmonary embolism during the London blitz it seems likely that deep venous thrombosis was often responsible for the swelling.

The section on anti-coagulant therapy contains a description of the continuous administration of heparin but experience has shown that intermittent injections are quite adequate.

Apart from such minor criticisms the text is reliable, and the illustrations are good. One feels however that the book contains too much detail for the practitioner or student yet lacks a sufficiently scientific basis to appeal to surgeons interested in the subject. D. G. ROBERTSON

FRAZER'S MANUAL OF EMBRYOLOGY *by* J. S. Baxter. 3rd. Edition. Bailliere Tindall & Cox. pp. 488. Price 42s.

Professor Baxter is to be congratulated upon the admirable restraint with which he has accomplished a most difficult task. Frazer's Manual of Embryology is unique, both in its content and in the unusual and personal mode of presentation. The great majority of the contained facts are the result of some 25 years devoted to the observation and reconstruction of human embryos, and thus the work stands in striking contrast to more recent textbooks of embryology which are often little more than compilations of the latest original papers.

Part I, which presents an account of the early phases of development, has been almost entirely rewritten, since over the last 20 years knowledge in this field has increased greatly due, for the most part, to the late Professor G. L. Streeter and his colleagues of the Carnegie Institution of Washington. The essentials of this work are admirably summarised in the present edition. It would perhaps have been better to have reproduced the actual photographs of the early human ova shown diagramatically in figures 12 and 13; the cross hatching on the tracings is such that the distinction between trophoblast and endometrium is obscured.

There has been no comparable increase in the knowledge of the later development of the various organs and so Part II has been left almost unaltered. Many of Frazer's descriptions of organogenesis remain unsurpassed and are still a source of inspiration to research workers and teachers. The regional mode of presentation renders this work perhaps a trifle more difficult to follow than those treatises which adopt the conventional method of systematic description. Once grasped, however, this regional approach provides an invaluable background to interpretation of the complexities of adult topographical anatomy.

H. BUTLER

MEDICINE FOR NURSES by W. Gordon Scars. Sixth Edition. Published by Edward Arnold Ltd., pp. 520. Price 16s.

The 6th Edition of this popular book needs little introduction to the majority of nurses and tutors. It is a valuable comprehensive text-book both for the student who is studying for the Final State Examination and for the trained nurse for reference and revision.

The general layout and style of the book has been preserved in the new edition, with some rewriting and expansion of certain sections, bringing the book up to date. The sections on congenital heart disease, pulmonary tuberculosis, nephritis, poliomyelitis and diabetes have been revised, giving more detail and modern treatments. Chapter XV deals with the administration, dosage and use of the most important drugs.

The book is clearly written giving sufficient information so as to interest the student nurse without confusing her with irrelevant material. The more common ailments have been fully discussed and rare conditions briefly mentioned. "Medicine for Nurses" can be well recommended.

C. W. HUGHES.

TEACHING OF CLINICAL MEDICINE *by* R. D. Lawrence. H. K. LEWIS & Co. pp. 64. Price 7s. 6d.

Study of this small book makes it obvious that the author has devoted much thought to the problems of medical education. Since he received his own medical training in the somewhat didactic atmosphere of a Scottish university and has been on the staff of a London teaching hospital for many years he approaches the subject with a broad experience.

The early part of the book is concerned with philosophical thoughts on learning in general. When the subject of learning in relation to medicine is considered the author emphasises the difficulties for both instructor and student; for medicine will always be to many as much an art as a science. Nevertheless as author points out it is well for the subject to be taught in an orderly way and conclusions reached on the basis of logical thinking. "Diagnosis by intuition" as demonstrated by those fortunate clinicians with a "clinical sense" will always be somewhat frustrating as far as the student is concerned however impressive the performance.

The authors views on teaching in medicine are of interest and one would agree that it might be profitable to instruct young teachers in teaching methods. Those who are naturally talented would be improved and the inept might at least be rendered adequate.

Dr. Lawrence's suggested improvements in the medical curriculum endorse the conclusions of the Abernethian Society's discussion on the subject last year. He is in favour of making study of the 1st M.B. subjects a University task thus freeing the schools for the proper function of providing a general education. He feels that much of the topographical anatomy at present taught is useless. Lastly he believes that the basis of the best medical education is the bedside contact between patient and student and this should be provided as early as possible in the medical course.

D. G. ROBERTSON

HOSPITAL APPOINTMENTS

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

Surgical Professorial Unit
Associate Chief Assistant—Dr. Hugh Cleeland.

Anaesthetic Department
Senior Resident—Mr. W. R. Daniel from January 19, 1954 (vice McIntyre).
Junior Registrar—Dr. Terrence Young from January 9, 1954 (or earlier) (vice Daniel).

Gynaecological & Obstetrical Department
Resident Assistant Gynaecologist and Obstetrician—Mr. E. A. J. Alment from August 8, 1954 (vice Durham).

Medical Professorial Unit
First Assistant—Dr. D. V. Bates from January 7, 1954 (vice Balme).
Junior Registrar—Dr. G. H. Apthorp from July 14, 1954 (vice Dormer).

Cardiological Department
Part-time Senior Registrar—Dr. B. G. Wells, re-appointed for 1 year from August 1, 1954.

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. LVIII. OCTOBER 1954 No. 10

ON THE CULTIVATION OF WIT

With few exceptions good wit is universally appreciated. It relieves the doldrums of a modern existence, cheers the downhearted, and enables Hollywood to pay exorbitant salaries to Bob Hope and Danny Kaye: it is endemic to every walk of life, has played its part throughout known history; and as an anatomical footnote it is frequently responsible for the contraction of certain small facial muscles, paradoxically zygomaticus major and not risorius. Many a public figure has gained favour because of his wit. Rahere had to be funny to be famous and Bernard Shaw famous to be funny. Many a clinical lecturer has penetrated the mental barriers of his students by making wit his weapon of attack.

What it is that constitutes good wit is a subject that has puzzled many. The pun, the limerick, the ballad, the shaggy-dog story and the "quickie" have all had their day, and much tolerable wit can be heard in any of these forms today; but it is doubtful if they could induce in us the side-splitting laughter that we read they did in our ancestors. It could be that another, and as yet unthought-of form of wit, is on the threshold of our age, and is about to strike us as a hurricane does the east coast of America. There is, however, no evidence of this, and for the present, wit can only be considered as it is.

Bacon said that brevity was the soul of wit, and proceeded to write long, dull essays which appeal strongly to the morosely intellectual. Shakespeare and Dekker employed the pun, which must have attracted their audiences at the time, but which are largely of academic interest now. Although it may be mildly amusing it is futile to quote from the "Shoemakers Holiday" at a firm party, in an endeavour to liven up the proceedings. An ode by Thomas Hood might still be considered witty, but it has only a limited public. The satire of Byron: "When Bishop Berkley said there was no matter, 'twas no matter what he said" still has its appeal, but satire is not as generally appreciated now as it was a century and more ago.

The medical student of today is a person of mixed interests. He will appreciate music, drama, beauty or humour, and very often a combination of two or more of these. He will laugh at a good joke, but these are rare; in the event of a good "crack" being heard, it passes from mouth to mouth and boomerangs back on the originator. It is annoying to be in a group when a joke is being told and one of the number who has heard it before speaks up; "Oh, this is the one about it being ridiculous for a horse to play cricket, isn't it?" The whole point of the story is lost, a silence descends on everyone and the interrupter receives many icy looks from all sides. His only gambit then is to remark that "It wasn't very funny anyway—was it?" This further annoys the narrator who walks off in a bad temper, and much ill-will is felt all round.

Another type of interruption often heard is that from someone who knows the answer, but being thoughtful enough not to divulge it, is content with correcting the subject matter as it proceeds. He will, with a smug smile say, "When I heard this one it was about a pigeon and not a sparrow," for which he will receive the usual icy glare, and then follow up with, "Well, I suppose your way of telling it is just as good." At this stage there is an apparent drop in the environmental temperature, and the likelihood of a final laugh is minimised.

It has been said that wit shines only by reflection, and there would seem to be much in favour of this. A chance remark by a companion at the dinner table, followed quickly by a witty and relevant reply will often produce hearty laughter. Comments to suit the moment, which lose all humour out of context, seem to be both popular and reasonable. Spontaneous wit would seem to be taking the place of that which is meticulously prepared. It is worthy of cultivation by any profession or person.

The Persian Influence

Bart's being situated in the City, it is only fitting that Bart's students should take an interest in what goes on in the City. London as a whole seems to have been greatly moved by the discovery of a Roman temple on a bombed site. Opinions have been voiced by many as to the future of the find, and the Press has written short paragraphs about the scultured anatomical fragments so far unearthed. Chief amongst these was the Head of Mithras. He has been described as one of the pagan gods whose birthday was celebrated on December 25th, a day subsequently fixed—although not proven—as the birthday of Christ. Mithras was the master over life and death in the old pagan world, and it is not surprising that temples were erected to his name. What is generally less well known is that Mithras had his origin in Persia and was merely a Roman import. It seems strange to think that seventeen hundred years ago, people in London should be worshipping a pagan Persian deity. A letter from the Journal's Archaeological Correspondent may be found in this edition.

Abernethian Society

On Tuesday, October 5th, the Abernethian Society was honoured by a visit from Mr. Kenneth Walker. Mr. Walker spoke to a large audience in the Great Hall, at the inaugural meeting of the year. His theme was "Progress," for being an old man, he said, it was possible for him to look back over many years and note the advances made in many fields of our knowledge. After warm applause a vote of thanks was given by Professor Sir James Paterson Ross, and this was seconded by the Dean.

Enthusiasm knows no Bounds

In spite of a very bad summer, winter has not been brought forward and the rugger season began at about the same time as in past years. This, however, did not prevent the members of the Rugby Club from practising regularly at Chislehurst on Wednesday and Saturday afternoons. It was realised that fitness is the key to success on the field, and with this in mind everyone embarked upon the strenuous run and exercises with an enthusiasm it would be hard to equal. It is to be hoped the keenness shown on the field will reap worthy results.

The "Hopping" Season

The Rugger Dance held at College Hall on Saturday, October 9th was the first of the winter's dances. It was an encouraging start to see so many obviously enjoying themselves in such a happy atmosphere. The band was satisfactory, but perhaps lacked the personality of Derek Pyke, who has so successfully animated previous dances.

It was evident from the sore feet, stiff legs —and even black eyes—that many of the men had played a hard game in the afternoon ; however, with the support of the bar, and a host of attractive young ladies to spur them on, all thoughts of physical disability were consigned to limbo.

Out of the ordinary selection of waltzes and quicksteps was the Charleston Competition which was danced with all the gusto of the twenties and undoubtedly won by Mr. A. Lytton, admirably assisted by Nurse Arden.

It is to be hoped that this enjoyable dance will be the first of many this winter, and we look forward to the next.

Wessex Rahere Club.

The Autumn Dinner of the above Club will take place at The Grand Spa Hotel, Clifton, Bristol on Saturday 23rd October, 1954.

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

Membership of the Club is open to all Bart's men practising in the West Country. Further details will be circulated to Members and to any other Bart's men who are interested and who will get in touch with the Hon. Secretary. Mr. A. Daunt Bateman of 11, The Circus, Bath.

Bart's Dinner at Johannesburg

You may recall that I reported to you on the "Bart's" dinner held in Johannesburg last year.

The organisers of that dinner, Drs. John Gluckman and Ken Irving, again excelled themselves, when they had the "Bart's" dinner coincide with the visit of the Professor Michael Boyd of Manchester, who is out here lecturing under the auspices of the 'Visiting Lecturers Fund' of the Students Council of the University of the Witwatersrand.

The speeches, as usual, 'made' a very pleasant dinner and evening, attended by 26 doctors.

Mr. Turner, the doyen of Bart's men in the country, was "Chairman" and in his speech welcomed Professor Boyd, Major-General Orenstein, (who was D.M.S.S.A. during the war, and at one time Prof. Boyd's superior officer, judging from a joke made later by Prof. Boyd) and some Thomas' men, on whom we took 'pity' and invited to the dinner. The latter took the jokes made at their expense, in good part.

Professor Underwood, in his speech, made reference to the fact that outside the U.K., there were more Bart's men in S.A., than anywhere else in the world (quoting from a recent Journal). He then entertained us with anecdotes about Prof. Boyd when they were both at Bart's as students, Professor Boyd followed, and his dry humour helped to turn the tables on Prof. Underwood.

Incidentally, I think it was Prof. Boyd who pointed out that Bart's Staff dinners, when held in London, were like those here, held at the Langham Hotel. (The coincidence was, I believe, purely fortuitous.)

Mr. Krige, one our leading Gynaecologists, made his usual hilarious speech, punctuated by frequent references to his coined phrase of last year's dinner, "Barts is Bo" (meaning Bart's is tops, translated freely). He also made it clear that the only way to success was "S.O.B.", which he assured us, did not mean "Silly Old B-----, but referred to the institutions which were lucky enough to have been graced by his presence, namely, Stellenbosh, Oxford and Bart's. His one lovely crack of the evening, worthy of a mention in "Readers Digest" "picturesque Speech" was the following story :—

He walked into his consulting rooms one morning, and was approached by a lady waiting for him. As she spoke, he put on his most magnificent gynaecological smile, which was wiped off his face fairly quickly, by her asking him if he was Dr. Krige, the "VAGinacologist".

Yours sincerely,
Leslie Levy.

A letter to a G.P.

(An exact copy ; but the G.P.'s name was not X----.)

— COMPLAINT —

Have for quite some time suffered with stomache (about 12 months).

It always seemed to act with weather has corns ect.

When it was going to rain or weather changed ; I got sort of bowl movement pain, of which past off has weather broke.

Well bowls were open then, & had no trouble able to eat. Of which I was very poor it is true could have neglected myself that way but trouble in home caused this.

Well I slept well & felt fit so never worried

Until this complaint overpowered me on July 5th 1954.

I was really run down strain at work standing all day with no seat to rest when I could this may of weakened stomache.

I was depressed & very heavy & constipated slightly not sleeping well not eating right.

Went to doctor, of whom will give record card.

Dr. X--- was on holiday see tempery relief.

He examined me put it down to Fibrositis gave me medicine. This I took for three days but no sign of change.

Went back to dr doctor because I felt so out of salts.

He told me to carry on with medicine & take a walk this I did around park I sat down on seat and within half an hour I was shivering all over my teeth was chattering, I did no more than go home & go to bed I sweated very heavy during sleep next morning felt weak next night same happened.

I went to Dr still same he changed medicine took. this.

Two days after went to open bowls has I thought but instedd only blood came.

I, went to doctors again this time it was Dr. S. X--- back again I explained my case.

He examed me sent me to St Marks Hospital for piles

Here I recieved treatment & came away.

I was still depressed & bowls was not open at all for a week.

Went to Dr X - - - again he changed white emulsion to liquid parafin. & also gave me medicine for wind.

Well it is now August 2nd & still have pains.

August 7th still have pains cant sleep only dose now and again.

Will see doctor again has he opens Monday Aug 9th (unless of course?)

Fri still weak pain in stomache has though short winded or eaten too much this cannot be because I dont feel like eat too much Thursday all day.

Piece of cheese slice bread
Tabioca pudding

Friday piece of cheese blackcurrant tart.
Sat two saugages slice of bread stormy weather not helping.

❖ ❖ ❖

A letter to the Editor about the Discovery of Roman remains in the Hospital precincts; with photographs.

Dear Sir,

While digging beneath the Hospital Refectory this summer, I chanced upon an original Roman Caupona* (tipple-house or ale-cellar), which on further investigation yielded up this magnificent head of young Bacchus (see photo). A happy coincidence to be situated so close to the original "Vicarage"!

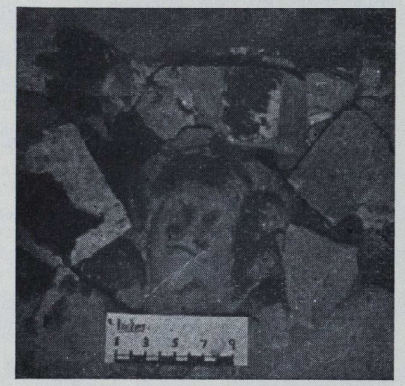
In view of recent publicity given to the discovery of a Roman temple in London, I deemed it necessary to bring this to your notice, with the following recommendations :—

1. That in order to preserve our archaeological treasure for posterity, the Refectory — and indeed the whole block above it — must surely be pulled down forthwith.

2. That the Caupona should be restored, and what could be more fitting than that it should be restored in function, as well as appearance ; so that once again this site may reverberate with the rituals of the worshippers of that god, and one may hear the long lost summons, "Come for a quick poculum† before lunch."

I am, Sir, Yours, etc.,
Your Archaeological Correspondent.

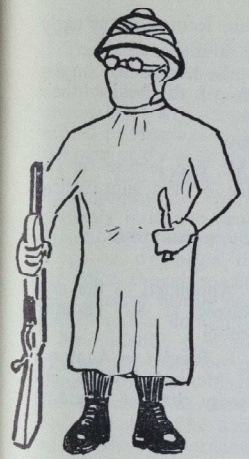
* Caupona = Wine cellar.
† Poculum = Wine glass.



Head of Bacchus in situ as found in rubble.

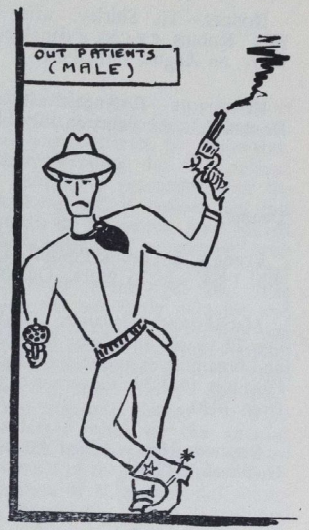
Head of Bacchus

Sometimes one can't help feeling that . . . . .



Surgical Exploration needs a more traditional atmosphere

. . . . . and *Block Dissection* was thought of a long time ago



. . . . . and patients with *trigger finger* don't live up to one's expectations

❖

Marriages

MILLARD — FLENLEY. — On Saturday, September 11, at St. Chads, Poulton-le-Fylde, Dr. John Leslie Millard and Miss Margaret Kathleen Flenley.

SIR ARCHIBALD McINDOE to MRS. CONSTANCE BELCHEM on Saturday, July 31st.

Change of Address

DR. ALBERT B. COOK, M.B.E., Lynton, Brook Lane, Oldham, Lancs.

DR. L. WOODHOUSE PRICE to 3, Upper Wimpole Street, W.1.

MR. PERCY HALL, since June 24th, 1954, to 50, Bickenhall Mansions, Gloucester Place, W.1.

LORD HORDER to 45, Nottingham Place, London, W.1. Telephone unchanged (WEL 2200).

Births

ROBINS.—To Shirley, wife of Robert H. C. Robins, F.R.C.S., a daughter, Elizabeth Mary, on August 29th, 1954.

ROXBURGH.—To Angela, wife of Dr. R. C. Roxburgh, a daughter, on July 14th, 1954.

Deaths

CONNOR, Sir Frank Powell. Died August 9th, 1954, age 76 years. Qualified 1901.

MACMAHON, Cortlandt. Died July 30th, age 79 years. Instructor for speech defects and breathing exercises at St. Bartholomew's Hospital, 1911-39. Governor of the Hospital from 1940.

STEVENS, Henry. Died August 3rd, 1954. Qualified 1928.

AWARDS, DEGREES, Etc.

Royal College of Physicians

CAMPBELL, Dr. E. D. R., awarded the Murchison Scholarship.

K. J. FRANKLIN, F. H. K. GREEN, A. WHITE FRANKLIN, GEOFFREY KEYNES, elected to the Library Committee.

Royal College of Surgeons

Hunterian Professorships.

STALLARD, H. B., one lecture on retinoblastoma treated by radon seeds and radium discs.

ATKINSON, W. J., one lecture on the early management of head injuries.

POTTER, J. McE., one lecture on Angiomatous malformations of the brain: their nature and prognosis.

Arris and Gale Lecture.

KEYNES, Dr. W. M., one lecture on the anatomy and surgery of the supravesical fossa.

Erasmus Wilson Demonstrationship.

LUMB, George D.

KINMONTH, T. B. Appointed to the university chair of Surrey at St. Thomas' Hospital Medical School.

HARRISON, Dr. R. J., Reader in Anatomy at London Hospital Medical College, appointed to the university chair of Anatomy at that College.

West London Medico-Chirurgical Society

THROWER, Dr. W. R., Elected President for the year.

POTTER, Dr. J. McE., Elected to E. G. Fearnsides Scholarship for 1954.

Cambridge University

ROXBURGH, R. C. — M.D.

WANTED.

The complete set of FLETCHER ENGRAVINGS of St. Bart's Hospital, offered in 1953. Enquiries to *Journal* office.

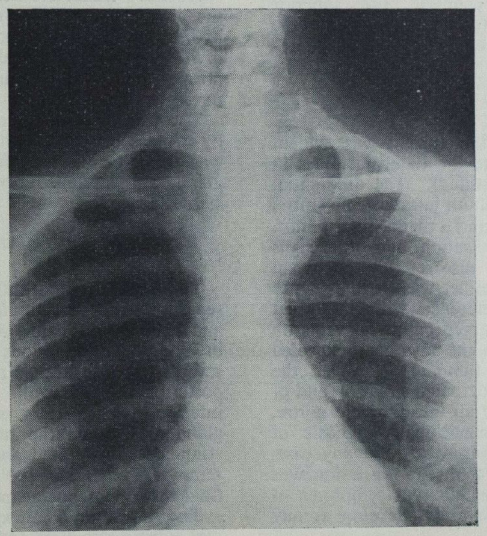
A CASE OF INTRA THORACIC GOITRE

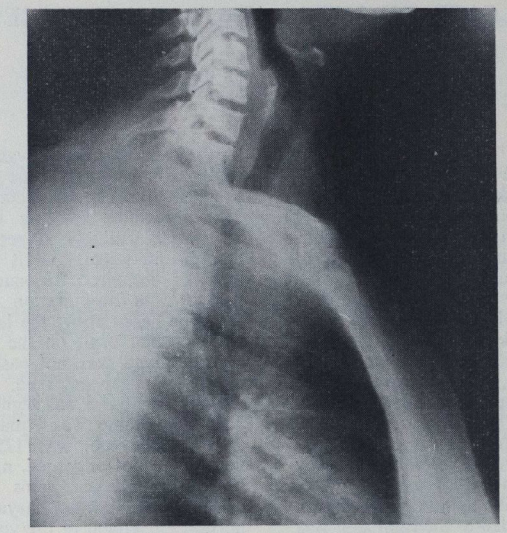
by M. J. TURNER

Case History

The patient was a married woman of 34 years, who had worked for two years as a counter-clerk in a post office. She did not complain of any symptoms, but she was admitted to Hospital on account of a lesion at the base of the neck and in the thoracic inlet, which had been discovered by Mass Radiography in May, 1954. She felt perfectly well, and denied any symptoms of thyroid dysfunction. There was no cough, dyspnoea, dysphagia, or constant change in the voice, though sometimes this was husky. Her general health had always been good and there was no family history of goitre.

Examination showed a woman of healthy appearance, with no evidence of hyper-or hypo-thyroidism. The larynx was central, but the trachea deviated to the right as it was traced downwards, and deep to the lower end of the left sternomastoid muscle, above the clavicle, there was an indefinite "fullness", which became larger when she coughed, but was unaffected by swallowing. This indefinite swelling did not pulsate. There was dullness to percussion over the manubrium sterni, and it seemed that this area of impaired resonance was convex below. On auscultation a systolic bruit could be heard above the left clavicle ; there was no such bruit on the right side. The thyroid gland was not easily palpable and did not appear enlarged. The heart was normal ; the pulse was regular (rate 90/min.) and the volume was equal in each radial artery. The b.p. was 125/80. The neck veins were not engorged, neither were there obviously enlarged veins on the anterior chest wall. Indirect laryngoscopy showed normal movement of the vocal cords. Complete examination of all systems did not re-reveal any abnormality. Both lateral and





antero-posterior X-rays of the patient's neck and upper thorax are shown below. A dense, oval shadow is seen in the superior mediastinum. The trachea is deviated to the right, and is slightly compressed in its antero-posterior diameter.

Diagnosis

From the clinical picture it was evident that this woman had an abnormal mass in her superior mediastinum. The differential diagnosis lay between an intrathoracic goitre, an aortic aneurysm and a mediastinal tumor. In the absence of pulsation, and other signs of cardio-vascular disease, an aneurysm seemed unlikely ; neither was there evidence of circulatory interference with the great vessels (such as enlarged collateral veins on the chest wall) as might have been expected with a mediastinal tumour. However, the lesion was in the anticipated situation and of a suitable shape for an intrathoracic goitre, and therefore a provisional diagnosis of retrosternal goitre was made. In any case, operation was indicated, for the lesion was potentially dangerous, in that symptoms of tracheal compression might develop at any time.

Operation

Kocher's transverse incision was made in the lower part of the neck. The sterno-hyoid and sterno-thyroid muscles were divided. The thyroid gland appeared almost normal, apart from a small calcified nodule in the left lobe.

The trachea was pushed over to the right by a mass of isolated thyroid tissue, which was placed behind the left lobe of the thyroid gland, and stretched down into the retro-sternal space.

Procedure

This mass of abnormal thyroid tissue was separated from surrounding connective tissue and removed. It came away fairly easily by breaking down adhesions with the finger, but several vascular strands reached back to the posterior thoracic wall, although the main inferior thyroid artery went to the thyroid gland and not to the mass. The vascular strands were ligitated and divided. During removal, the edge of the mass ruptured, and fluid cystic contents escaped.

The infrahyroid muscles were repaired, and a drain was inserted into the retrosternal

space. The wound was closed by rejoining the platysma with cat-gut sutures and applying skin clips. The patient was returned to the ward in good condition.

Pathology Report—Naked Eye Appearance

The specimen weighed 80 grams, and consisted of a portion of tissue which looked like thyroid, of roughly oval shape. The surface was somewhat lobulated, measuring 6 cm. in its long diameter. On section, the mass showed degenerate thyroid tissue surrounded by a fibrous capsule. There were many areas of old and recent haemorrhage and lipoidal degeneration, and areas of fibrosis with calcification and cystic change. In the more normal-looking peripheral portion, there was also a number of small nodules.

Histology

All sections confirmed the macroscopic description and were typical of nodular goitre.

Comment

That an ordinary goitre dips by its poles into the thorax occurs quite frequently (i.e. in about 20% of goitres). True intrathoracic goitre, with little or no sign of cervical enlargement, is much rarer (about 1% of goitres). Fifty per cent. of patients with intrathoracic goitres, observed in a series at Cleveland Clinic, showed signs of toxicity. True exophthalmic goitres, however, very rarely become intrathoracic.

The great majority of intrathoracic goitres have been at one time cervical, and then "dropped through" into the thorax owing to :—

(a) the effect of gravity,
(b) the arrangement of the fascial planes of the neck, which tend to prevent forward expansion of the goitre, and to guide it downwards behind the sternum,
(c) coughing and swallowing movements, which are said to facilitate the downward progression of the goitre.

It often happens that there is a gradual separation of the intrathoracic portion from the main body of the gland, by constriction and attenuation of the connecting tissues, leaving a thin pedicle, containing a leash of vessels from the inferior thyroid artery. In this, the commonest type of intrathoracic goitre, there is definitely a connection with the parent gland in the neck, though this may be anything from a thin vascular strand to direct parenchymatous continuity with the cervical thyroid.

This patient's intrathoracic goitre was unusual in that it showed no obvious connection with the thyroid gland. Even its blood supply was derived from small local vascular channels and not from the main thyroid vessels.

The origin of such an intrathoracic goitre is not very clear. There are two main possibilities which would account for the presence of ectopic thyroid tissue in the neck or thorax. It may be a metastasis from a small and unsuspected primary carcinoma in the thyroid itself ; on the other hand it may be derived from congenitally aberrant thyroid tissue, which has been lodged in an abnormal site from birth.

It is certain that both of these eventualities do in fact occur. In this particular case, however, the section of the specimen after removal showed no evidence of malignancy. We must therefore conclude that it was either a portion of a nodular goitre in the neck which had sunk down into the thorax from the parent gland, and ultimately had lost its connection with the original gland, except for small insignificant strands ; or else, that it was a true ectopic thyroid mass, which had been present from birth, but which had only become clinically obvious by undergoing those degenerative goitrous changes to which all thyroid tissue is subject. If the latter explanation is true, then this woman's particular type of goitre is very rare ; on looking into the literature, references to about 20 such cases were found.

AUTHOR'S FOOTNOTE.

I would like to take this opportunity of thanking all those of St. Bartholomew's Hospital, who made possible the exchange visit of four students from Bristol during the summer months. On behalf of those of us who were privileged to come to Bart's, may I say how much we appreciated the kindness which was everywhere shown to us, both in the hospital wards and in the College Hall. For every one of us it has been a most memorable visit.

SIR BENJAMIN THOMPSON COUNT VON RUMFORD.

PHYSICIST, PHILANTHROPIST AND PUBLIC HEALTH PIONEER.

by W. R. BETT, M.R.C.S., L.R.C.P., F.S.A.(SCOT).

BENJAMIN THOMPSON, better known as Count Rumford, the bicentenary of whose birth occurred last year, at one stage in his distinguished and versatile career toyed with the idea of becoming a doctor. It is idle, but fascinating to speculate on the extent of the loss to our profession when his inquiring mind and his abundant energies were diverted into other paths. There is no question, however, that the possible loss to clinical medicine was richly compensated by his remarkable contributions to public health and hygiene. His inventive genius found expression in many successful practical innovations designed to improve living conditions for mankind. We have recently had a grim reminder that smoke abatement is still denied its rightful place as an urgent public health measure. Rumford was a pioneer of smokeless heating systems and also lavished much time on the improvement of cooking apparatus. In the realm of pure science his work was original and fruitful. He exerted a great influence on other men of science and played a noble part in stimulating research. For all that he was a very human person who neglected no opportunity for his own advancement and cultivated to perfection the fine art of ingratiating himself with men of position.

* * *

EARLY DAYS

Benjamin Thompson was born on March 26, 1753, on his grandfather's farm at North Woburn in Massachusetts. His father died in the following year, and his mother soon remarried. From his earliest youth the boy, for whose support and education the grandfather had left a small sum of money, was capricious and scattered his energies At the age of fourteen he was apprenticed to a Salem storekeeper, who dealt in British goods. In his spare time he studied algebra, geometry, and astronomy with a local clergyman, played the fiddle well, and dabbled in experiments ranging from an enquiry into perpetual motion to making fireworks. Like all good inventors he once endangered his life through an accidental explosion.

In 1771, Thompson began to study medicine with Dr. John Hay of Woburn, and to attend the lectures at Harvard of John Winthrop, astronomer and physicist, and the foremost American scientist of the time. By the following year, however, he had evidently lost interest in medicine, for we find him teaching in a school at Rumford—later named Concord—in New Hampshire. Marriage to a wealthy widow in November 1772 was responsible for another change: for two years he farmed his wife's land, but continued his experiments with gunpowder, which had an extraordinary fascination for him all his life. The marriage was not a success, and the couple separated in 1775.

Then came the Revolutionary War. Thompson was neither pro- nor anti-British in his sympathies, but through obligation to Governor Wentworth, who had given him a commission in the 2nd Provincial Regiment of New Hampshire, he found himself committed to the Loyalist cause. Twice charged with 'being unfriendly to the cause of Liberty', he was on both occasions acquitted through lack of evidence. His application for a commission in Washington's army having been refused, he joined the British side and eventually reached London in a British ship. His handsome appearance and ingratiating manners quickly won him a position in the Colonial Office and the sinecure post of secretary to the Province of Georgia. He seemed to have had ample leisure for scientific pursuits, for he continued his work on gunpowder and sent a paper on cohesion of bodies to the Royal Society, of which he was elected a fellow in 1779 at the early age of twenty-six. After serving in America as a Lieutenant-Colonel in the British Army during 1781-3, he returned to England and retired from active service on half-pay.

* * *

COUNT OF THE HOLY ROMAN EMPIRE

On a European tour in September 1783 he impressed His Most Serene Highness the Elector Palatine, Reigning Duke of Bavaria, so favourably that he was invited to enter his service in a joint military and civil capacity. Having received the sanction of the King of England, as well as a knighthood, he settled in Munich and was promptly made a colonel of cavalry and general aide-de-camp. By 1788 he had risen to the rank of major-general, privy councillor of state, and head of the war department; three years later he was created a Count of the Holy Roman Empire, and chose the title Count von Rumford, from the old name of Concord in New Hampshire. This honour was well deserved, for his enlightened views and administrative talents changed beyond recognition the living conditions of the people. He raised the standard of feeding, clothing and housing of the soldiers and taught them the right use of leisure. Establishing workhouses and making it possible for every one to obtain plentiful supplies of cheap, wholesome food, he succeeded in ridding Munich of its beggars and vagabonds. "To make vicious and abandoned people happy," he wrote at that time, "it has generally been supposed necessary first to make them virtuous. But why not reverse this order? Why not make them first happy and then virtuous?"

To provide the people with a place where they could spend their leisure in healthy and beautiful surroundings, he converted a tract of waste land into the fine "English Garden," where, on his return to England, the city erected a monument to him as a token of its gratitude.

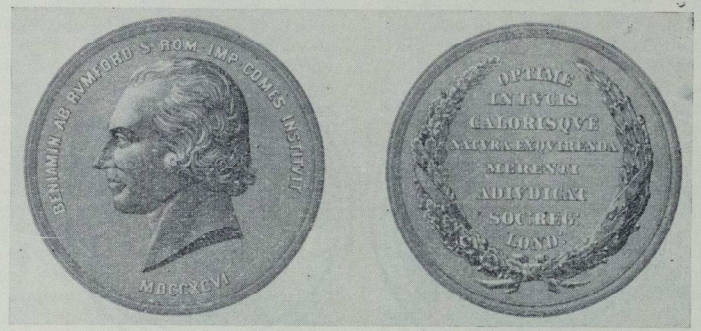
Although fully occupied, Rumford's interest in science remained undimmed: he still experimented with gunpowder, and also attempted to discover the nature of heat in the local munition workshop. Realizing that a heated body does not sensibly weigh more, and not less, than a cold one, he began to think of heat as a motion rather than a material substance.

While vsiiting England in 1795, Rumford renewed old friendships and presented communications before the Royal Society. The first volume of his "Essays, political, economical, and philosophical" appeared in the following year. He also visited Ireland, where he introduced a number of reforms in workhouses and hospitals and even installed a steam-heating system in a church. His ideas for better methods of heating and cooking aroused enthusiastic interest in England, the smokeless fireplaces designed by him finding a place in the home of Lord Palmerston, Sir Joseph Banks, and the Marquis of Salisbury. The "Rumford Roasters" also became very popular in this country as well as in America.

THE RUMFORD MEDALS *(and overleaf)*

THE RUMFORD MEDALS

Count Rumford's great and abiding interest in the subjects of heat and light was reflected in his gifts to the Royal Society and to the American Academy of Arts and Sciences. To the Royal Society he gave £1,000 on condition that the interest thereon was used for two medals, one of gold and one of silver, for "the most important discovery, or useful improvement . . . in any part of Europe during the preceding two years, on Heat or on Light; the preference always being given to such discoveries as shall, in the opinion of the President and Council, tend most to promote the good of mankind." In 1802 the Society made the first award of the medal to its founder "for his various discoveries on the subject of heat and light." A gift of $5,000 to the American Academy of Arts and Sciences was to be used to reward discoveries in the same fields by American scientists.



THE RUMFORD MEDALS

Appointed Envoy Extraordinary and Minister Plenipotentiary from Bavaria to the Court of Great Britain in 1798, Rumford again returned to England from Munich, only to find the King refusing to accredit a British subject as a foreign minister. He remained in London, where he occupied himself with humanitarian and scientific activities. In 1800 the Royal Institution of Great Britain was incorporated, owing its birth to his *Proposals for forming by Subscription, in the Metropolis of the British Empire, a Public Institution for diffusing the Knowledge and facilitating the general Introduction of useful Mechanical Inventions and Improvements, and for teaching, by courses of Philosophical Lectures and Experiments, the Application of Science to the Common Purposes of Life.* Rumford supervised the construction of the building in Albemarle Street, acted for a time as secretary, and periodically quarrelled with the managers, for, inclined to be dictatorial, he was not in the habit of taking counsel from others. This trait of his is strikingly depicted in Peter Pindar's lines:—

"But what an insolence in me to prate,
Pretend to him to open Wisdom's gate,
Who spurns advice, like weeds,
where'er it springs,
Disdaining counsel, though it comes
from Kings."

In 1801 Rumford revisited Munich and helped to found the Bavarian Academy of Arts and Sciences.

★ ★ ★

"THAT TYRANNICAL, AVARICIOUS, UNFEELING WOMAN"

In October 1805, the Count married Madame Lavoisier, widow of the illustrious chemist, but his second matrimonial venture was also destined to prove a failure, for he discovered too late that his wife and he "are totally unlike, and never ought to have thought of marrying." While he found delight in flowers and tranquillity, Madame was fond of society, "especially that of agreeable, well-informed persons." Although he had no objection to "dinners of philosophers," the tea-parties were enough to kill him. An amicable separation on June 30, 1809, relieved him from "an almost insupportable burden . . . Oh! happy, thrice happy, am I to be my own man again!"

Intending to spend the remainder of his days in retirement and in philosophical pursuits, Rumford went with his daughter to Auteuil, near Paris, where he continued to dabble in science. One of the problems which engaged him at this time was the respective merits of broad and narrow wheels. His studies on the traction of the two varieties led him to prefer the broad-rimmed wheel, and his carriage was the only one in Paris so equipped. He also developed his calorimeter and photometer. Even the homely art of coffee-making came within his orbit, and in a work entitled "Of the excellent qualities of coffee, and the art of making it in the highest perfection" (1812), he described the advantages of the drip coffee pot.

Count Rumford died at Auteuil on August 21, 1814, of "a nervous fever." A bequest to Harvard College specified lectures and experiments to demonstrate the utility of the physical and mathematical sciences for improvement of the useful arts. Its general purpose "the extension of the industry, prosperity, happiness, and well-being of Society" is a fair summary of Rumford's conception of the application of the sciences to the betterment of mankind.

THE MAN

Count Rumford was a handsome man, about six feet in height, with striking features, bright blue eyes, and dark auburn hair. Paradoxically, although his polished manners and fascinating ways instantly attracted men and women, his life appears to have been utterly devoid of any friendships. He possessed abundant energy and an essentially practical outlook, which went well with his scientific knowledge. He liked to play billiards against himself and was fond of chess, which, however, "made his feet like ice and his head like fire." Himself a good draughtsman, he drew his own designs and showed excellent taste in landscape gardening. In later life he was very abstemious, which, according to the prejudices of the day, reduced his strength and undermined his resistance in his last illness.

Over two hundred years after his birth let us think of Benjamin Count of Rumford, Knight of the Orders of the White Eagle and St. Stanislaus, as the great Cuvier thought of him in the *éloge* read before the French Institute on January 9, 1815: as one who "by the happy choice of his subjects as well as by his work had earned for himself both the esteem of the wise and the gratitude of the unfortunate."

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G. E. Ellis (1876): "Memoir of Sir Benjamin Thompson, Count Rumford," London.

Bence Jones (1871): "The Royal Institution: its founder and its first professors," London.

A CASE OF ACUTE PUERPERAL INVERSION OF THE UTERUS

R. W. BEARD

According to Munro Kerr, acute inversion of the uterus occurs only once in 17,000 normal deliveries, but it is a condition which may be seen by most practitioners at some time and is therefore of importance. The mortality is terrifyingly high (between 23% to 80% in different series) and prompt treatment must always be the rule.

Case:

Mrs. W., aged 21 years, had a poor obstetric history. Her first child (7lb. 7ozs.) was a normal delivery but 3½ weeks later the doctor had been called in to find her shocked (B.P. 50/?) having had a severe vaginal haemorrhage. "Plasmosan" drip infusion was set up and her condition improved. She was taken to hospital where a retained fragment of placenta was removed from the uterus. She was discharged on "Ferrivenin" injections because of secondary anaemia.

The second pregnancy terminated by the normal delivery of a healthy infant in hospital (weight 7lb. 8ozs.). In view of this uneventful course the patient requested that the third delivery might be conducted at home (a dilapidated cottage with a very small bedroom).

August 22nd, 1954 (1 *a.m.*)

The midwife arrived at the onset of labour. After a short first stage the baby was born normally. The placenta, however, remained obstinately adherent and the patient was rapidly losing blood per vaginam. The midwife attempted a Crédé expression of the placenta which failed. Medical aid was then summoned.

(4 *a.m.*)

The doctor, on arrival, found the patient severely shocked and exsanguinated, suffering from air hunger and considerable lower abdominal pain. The uterus on palpation, though central was just below the pelvic brim. The patient's condition improved when a "Plasmosan" drip was set up.

Vaginal examination showed the inverted uterus with the placenta attached lying in the vagina. The placenta was removed, and an apparently successful attempt was made to return the uterus through the cervix; Ergometrine was then given intra-muscularly to prevent a recurrence of the inversion, but on re-inspection the uterus was found to be still inverted in the vagina, and tightly grasped by the now contracted cervix.

(6.30 *a.m.*)

A consultant obstetrician was called, and under light chloroform anaesthesia, an attempt was made to reduce the inversion manually. This attempt failed, and the patient was then transferred some 20 miles to hospital.

(9.30 *a.m.*)

On admission to hospital the patient's condition was one of extreme shock. She was very pale, the pulse was faint and the blood-pressure unrecordable. There was no bleeding. A crater-like depression of the uterus was easily palpable abdominally. The patient was getting intermittent uterine contractions and "pushing down," thereby making the inversion worse if anything. A "Dextran" infusion was set up followed by blood transfusion, and morphia (gr. ¼) was given.

(10 *a.m.*)

The initial shock having been to some extent overcome, an attempt was made to return the uterus by the hydrostatic pressure method (O'Sullivan, 1945). The uterus was pushed well up into the abdominal cavity by the hydrostatic pressure but failed to resume its normal position.

(12.30 *p.m.*)

The patient's condition began to deteriorate, and it was decided to perform immediate laparatomy.

(1 *p.m.*)

The abdomen was opened by a midline sub-umbilical incision, under general anaesthesia. The uterus was seen lying on the pelvic floor with the ovaries and Fallopian tubes drawn into the fundal depression. Lane's forceps were applied to the uterine wall to the sides of the depressed uterus, and, by prolonged gentle traction, combined with pressure through the peritoneum, around the vagina, the uterine fundus slowly emerged, and resumed its normal shape, thus overcoming the inversion.

The patient's condition improved slightly following the operation. Penicillin (500,000 Units) were administered and during the afternoon 3 pints of blood were transfused. The haemoglobin was 49%. Following this the patient made an uneventful recovery after a five-day course of Penicillin (500,000 units 8-hourly).

Discussion.

The usual aetiological factors concerned in uterine inversion are (i) cord traction before placental separation, and (ii) over-zealous attempts at Crédés expression of the placenta.

In the case described it was probably the latter which, in unskilled hands, resulted in this dangerous, and unusual complication of labour. Manual removal of the placenta, indicated by post-partum haemorrhage prior to a forceful attempt at Crédés expression, would have avoided the condition.

In this case there was some evidence of unusual adherence of the placenta, substantiated by a history of a retained portion of placenta giving rise to complications in the first labour (1951). Mayes (1947) considers that in the majority of cases in which inversion occurs a rapid labour (under four hours) is a predisposing factor. Dewhurst and Bevis (1951) consider that when shock is present resuscitation before uterine reposition is of prime importance; however, if shock has not set in the uterus should be replaced without delay.

In the case described the administration of ergometrine was a serious complicating factor and the above authors feel that in this condition it is dangerous, predisposing to re-inversion where full reposition has not been attained.

Methods employed of repositioning the uterus in the described case were (i) Manual (ii) Hydrostatic, and (iii) Operative. The second method has been so favourably reported on since O'Sullivan's description (1945) that it was tried for some time in this case. However, the cervix proved to be too tightly constricted to effect reduction and operation was undertaken as a last resort.

Regarding future confinements, it would seem that the patient would be best cared for in hospital. O'Sullivan reports a case in which acute uterine inversion occurred in two successive pregnancies; possibly, when the patient is fit enough, and desires more children, consideration should be given to an operation designed to prevent re-inversion, such as ventro-suspension. If the patient is approaching the menopause and already has a large family subsequent sterilisation might well be considered.

Conclusion.

The presenting symptom here was severe shock. Dewhurst and Bevis report a case where despite the uterus being replaced manually almost immediately after it had inverted, severe shock followed. It seems probable that shock is not due to exsanguination, but to some other cause, possibly tension in the broad ligament transmitted to the ovarian splanchnic nerves. Uterine haemorrhage, and lower abdominal pain were both early features of the case which abated later on. A combination of abdominal palpation of a crater-like depression of the uterus (Stander) and a vaginal examination confirmed the diagnosis.

Author's Note.

I am indebted to Mr. A. P. Bentall, under whom the case was admitted, for his kind permission to publish the report. I wish to express my grateful acknowledgment to Dr. E. M. Southern, and Dr. D. Dickie.

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O'Sullivan. Brit. Med. Journal, 2, 282, 1945.
Stander. Williams Obstetrics, 925, N. York 1950.
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FAINTING WITH COMPLETE UNCONSCIOUSNESS DUE TO LOW BLOOD PRESSURE.

by BERNARD MYERS, C.M.G., M.D., C.M., F.R.C.P.

Dr. Bernard Myers has always had a low blood pressure associated with complete unconsciousness on several occasions. According to Sir John Parkinson this is a rare combination—and he suggested that Dr. Myers' experiences might be written up. Hence this article.

Briefly, up to the age of fifty-three my systolic blood pressure varied from 92 to 98 although on rare occasions lower still, and my diastolic from 68 to 72; the pulse pressure varying from 20 to 30 m.m.

At the age of fifty-four when working one evening after dinner in my garden I felt a little faint but continued hoping to finish the job in hand that night. Suddenly I felt worse but was able to walk slowly inside the house where I fainted and was completely unconscious for the first time in my life. I was informed that I remained unconscious for three or four minutes, then sat down, and shortly afterwards was able to walk unaided to my room. After a good night's sleep I got up next morning feeling quite myself again. No headache or twitchings were present before or after the faint.

Two similar attacks of fainting with unconsciousness occurred during the next four years and in each instance the attack followed undue exertion — once after mounting stairs too quickly and in the other case whilst playing a game of croquet.

When I reached the age of sixty I went on a tour of the Austrian Tyrol with my daughter and enjoyed good health until on one occasion we had to wait one and a half hours for a train without being able to obtain refreshment during the wait. When at last the train arrived I was not feeling very sure of myself but determined to board the train which meant walking over the rail lines and then ascending the high coach. Immediately I got on board I fainted and remembered no more until I came to and found myself on a table of the waiting room where I was attended by some of the staff. I had no symptoms then except perhaps a little tiredness. They told me I had been carried from the coach to the waiting room by passengers. Apparently the unconsciousness lasted about ten minutes. A few minutes later my daughter and I were able to walk to an hotel nearby. Previous to the arrival of the train at the station I felt my pulse and found it fast and feeble, being only just palpable. After recovery at the station waiting room it soon improved and within an hour it was normal again.

At sixty my systolic pressure commenced to rise—first to 100, then gradually to 110. During the last ten years my systolic pressure has reached 118 to 128, but never exceeded the latter figure; the diastolic pressure remains at 68 to 72, the pulse pressure thus increasing to my advantage. There have not been any more faints but on several occasions I had to go slow and sit down to rest. That was specially the case when I travelled to hot countries and tropical places.

Well do I remember in my school days running on to the rugger field feeling full of energy, but that only lasted for some ten minutes as then I was simply unable to keep up with the scrum; taking it easy for a few minutes I quite recovered and could continue for a time. In boxing, swimming, wrestling and track running the same trouble always presented itself. Continued effort was too much for me. I could run the 100 yards without effort but the last 80 yards of the 220 seemed gruelling and the 440 was completely beyond my possibilities. If I read a book for more than an hour I was apprehensive of feeling faint.

About the year 1901 or perhaps 1902 I was present at the meeting in London when Professor Koch — the discoverer of the tubercle bacillus — stated that he did not believe the bovine bacillus of tuberculosis affected human beings. Lord Lister, who presided, called on Professor Sims Woodhead of Cambridge to reply and he stated that if one single case of bovine tuberculosis affecting a child could be established, it would disprove Professor Koch's contention. He then gave details of a case of bovine tuberculosis affecting a boy in which absolute proof was available. I submit that likewise one case of complete unconsciousness occurring in a faint due to low blood pressure proves conclusively that it can be accepted as an established fact.

I might mention that one of my daughters with similar blood pressure to mine was unconscious when she fainted after being brought into her garden at the commencement of convalescence following a severe attack of chicken-pox.

SO TO SPEAK . . .

In S.O.P.'s

And in what way is this patient peculiar?

Well, Sir, she says she only wants to see you!

SPORT

CRICKET

SUSSEX TOUR

Barts v. Hurstpierpoint C.C.

Sunday, August 1. Match won. Hurstpierpoint 94, Bart's 98-6 (A. Murley 46).

Barts v. St. Andrews C.C.

Monday, August 2. Match lost. St. Andrews 180-8 dec. (A.C.S. Bloomer 3-30). Bart's 114 (J. R. Nicholson 44).

Barts v. Rottingdean C.C.

Tuesday, August 3. Match drawn. Rottingdean 204-9 dec. (F. D. C. Ford 5-69). Bart's 169-9 (P. V. Ryecroft 67, J. Mellows 34).

Barts v. Littlehampton C.C.

Wednesday, August 4. Match lost. Bart's 76 (A. P. Marks 30). Littlehampton 77-3.

Barts v. Barcombe C.C.

Thursday, August 5. Match won. Barcombe 106 (F. Winton 7-26). Bart's 107-8 (J. R. Nicholson 50).

St. Bartholomew's Hospital C.C. v. Bromley C.C.

Sunday, August 15. Match lost. Bromley 170-6 dec. (A. C. S. Bloomer 4-53). Bart's 53.

LAWN TENNIS

The Lawn Tennis Club had an unfortunate season which was spoilt by bad weather. Rain caused cancellation of many matches and others had to be played on damp courts and were often interrupted by showers.

The first team won six matches, lost four and five were cancelled.

The second team won three, lost one and five were cancelled, not all of these due to rain as in two occasions it was impossible to raise a side.

The season started badly, as in our first match against Westminster Hospital in the London University Cup we were rather surprisingly beaten 5—4 although two of our regular players were absent.

In the Hospitals Cup we reached the semi-finals, where we were beaten 8—1 by St. Thomas's. This was a disappointing performance, but St. Thomas's were a steadier all-round side.

Unfortunately a new fixture v. Roehampton which we had keenly looked forward to, was rained off, as also was the Staff match, which is always a most enjoyable fixture.

In the Hospital competitions there was a good entry, and the finals were played at Chistlehurst on July 24th. In the singles W. J. Walton beat W. S. S. Mackay 6—4, 6—4, and this was followed by the doubles final in which P. J. Burrows and W. J. Walton, who had received a series of easy victories to the final, beat J. W. Mellows and W. S. S. Mackay 6—2, 6—3.

These finals were followed by a mixed doubles competition in which 11 pairs played and all had a most enjoyable afternoon's tennis. In the final P. J. Burrows and Miss R. M. Matthews beat W. S. S. Mackay and Miss E. Cooper.

BOAT CLUB

Metropolitan Regatta Wyfold Fours, semi-final, lost to Molesey B.C. 3 l.

It was not possible to retain the Henley Four and this crew was rather scratch. Molesey won the event easily.

Molesey Regatta: 1st round—bye; 2nd round—lost to London R.C. This was a much better race, and the steering was good. The London crew were half their first eight, and dead-heated in the final. Crew: B. P. Harrold, bow, Steers; 2 D. Fairbairn, 3 C. N. Hudson; D. A. Chamberlain, stroke.

Congratulations to J. F. G. Pigott on being selected to row stroke in London R.C. 1st VIII in these regattas.

Norwich Regatta Junior Fours: 1st heat, beat Norwich A.R., 3½ l.; 2nd heat, lost to Pembroke Martlets B.C., easily, who won the event. Crew: R. I. Simpson, bow; 2 G. D. Langham, 3 R. P. Doherty; T. P. Ormerod, stroke; M. G. Kielty, cox.

Annual General Meeting. The following officers were elected:—

President: Prof. L. P. Garrod.

Vice-Presidents: Mr. O. S. Tubbs, Dr. A. W. Spence, Dr. M. Donaldson, Prof. K. J. Franklin, Prof. A. Wormall, Mr. J. H. M. Ward, Dr. J. H. Coulson, Dr. E. F. Scowen, Dr. R. C. King, Dr. A. G. S. Bailey and Dr. J. C. M. Currie.

Captain: D. A. Chamberlain.

Secretary: B. P. Harrold.

Treasurer: R. L. Rothwell-Jackson.

Committee: C. N. Hudson, C. C. H. Dale, A. J. Ellison.

The U.H. Winter Regatta for small boats is on November 17th followed by the dinner to which all old members are welcome. Please write to the Secretary.

SKI CLUB

Zermatt 1955

The Ski Club look forward to another successful party in Zermatt during the last two weeks of January next year. We have provisionally booked 25 places at the Hotel Dom, and have been assured of the same rates for the hotel, ski instruction, and lifts, as last year.

We welcome all members of the Hospital—students and staff—and remind them that they may bring guests unconnected with Bart's or medicine, for a small entrance fee.

Dates—January 15th—29th.

Travel—3rd Class Rail, from Victoria.

Cost—£38 (approx.) inclusive.

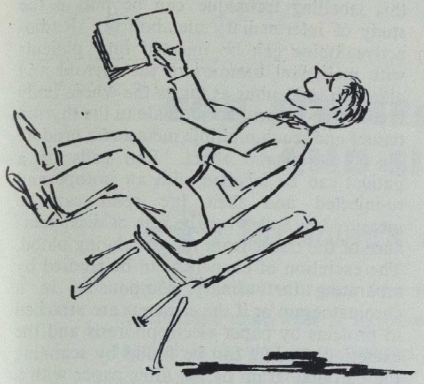
Write to: The Secretary, The Ski Club, c/o Abernethian Room.

CATHOLIC SOCIETY

A large congregation of staff, students and nurses was present at St. Etheldreda's Church, Ely Place, E.C.1 when Evening Mass was celebrated on Tuesday, August 24, the Feast of St. Bartholomew. The celebrant and preacher was Mgr. G. A. Tomlinson, M.A., Chaplain to the Catholic students at London University.

It was a special occasion as it was the first time that a St. Bartholomew's Day Evening Mass had been attended by the Catholics of the Hospital, who propose to make it an annual event.

One can only suppose he's reading . . .



. . . Round the Fountain

BOOK REVIEWS

Isotopic Tracers. By G. E. Francis, W. Mulligan and A. Wormall. Published by The University of London, Athlone Press, 1954, p p.298. Price 37s. 6d.

There seem to be definite stages in the application of a new scientific technique of importance. First a prospective Nobel Prize winner thinks of it, works it out and lays its foundation. Secondly, an esoteric circle of colleagues and research fellows from abroad and overseas receives instruction and new nuclei are set up on their return. The technique then invades different branches of science, and *Nature* in this country and *Science* in the U.S.A. bring weekly new reports on the application to yet another special problem. *Comptes rendus, Naturwissenschaften* and many other journals join in the chorus. Learned monographs become necessary to make the scattered information available. From being a research tool the new technique becomes a routine measure and in Medicine usually the pathologists have to add new equipment to their collection of elaborate apparatus. Luckily at this juncture the extended use makes the manufacture of equipment more economical—a fact which by itself speeds the expansion. Courses are arranged for post-graduates, and soon the technique becomes part of undergraduate teaching. There is usually some shaking of heads and instructions are at first arranged only at institutions not afraid to be labelled "highbrow." But what is highbrow today is commonplace tomorrow. The writer still suffers from the severity of his teachers who 25 years ago considered the spikes of the electrocardiogram a mystery fit to be taught only to the initiated. This book carries forward the use of isotopic tracers to nearly the last stage of the spreading of a new technique. It is called a theoretical and practical manual for biological students and research workers.

The chemical nature of an element depends on the number of electrons, weightless negative charges forming the outer shell of the planetary microcosm each atom represents. The electrons$^-$ correspond in number to the protons$^+$ in the nucleus. Atoms carry in addition in their nucleus$^\pm$ neutrons which have no electrical charge but have the same weight as a proton. The chemical nature

(electron shell) will thus not be altered by the number of neutrons in an atom, but as these neutrons have the same mass as a proton they will influence the atomic weight. Atoms which are identical chemically but which according to the number of neutrons differ in their "atomic weight" are called isotopes. Thus the hydrogen atom consists of one proton and one electron, the chemically identical deuterium contains a neutron in the nucleus and has therefore twice the atomic weight of hydrogen. Hydrogen and deuterium are isotopes. Some proton-neutron combinations are stable, in others protons and neutrons are changed into each other. The neutral neutron$^{\pm}$ can become a proton^{+} plus an electron^{-} in which case a different element is formed, or a proton^{+} can combine with an electron^{-} to form a neutron$^{\pm}$, alternatively it can lose its electric charge and become a neutron, the released charge being called a positron^{+}. These nuclear transmutations are accompanied by energy changes and usually result in the production of electro-magnetic waves: X rays or gamma rays, beta particles (electrons or positrons) or by expulsion of nuclear mass, the alpha particles. Unstable atoms can be detected by apparatus recording such emissions, their effect on photographic plates, their ionisation of gases, as in the Geiger counter, and their capacity to produce light flashes when meeting certain solids as in the scintillation counter.

Stable isotopes can only be recognised or measured by determining their mass. Thus the percentage of deuterium in water (D_2O in H_2O) can be measured by the rate of fall of a small drop of water through an immiscible solvent of specific gravity below 1, or by the mass spectrometer in which a gas containing the isotopic mixture is analysed for the number of atoms per sample.

As isotopes have identical chemical properties, the body does not differentiate between them and they can be used as labels attached to a molecule whose fate in the body can then be traced. It is of course necessary that this label remains as firmly attached as possible. Glycine containing heavy nitrogen (^{15}N) can be fed to animals and its part in the formation of the haemoglobin molecule can be studied, casein containing ^{32}P can be isolated from the milk after injection of inorganic phosphate into lactating animals. There appears no limit to the use to which this labelling technique can be put in the study of intermediary metabolism. Radioactive iodine can be injected into patients with malignant tumours of the thyroid and although innocuous as far as the whole body is concerned, it will accumulate in the thyroid tissues and reach multiple metastases producing a therapeutic effect. Red cells of a patient can be labelled with an isotope and re-injected and their life span can be measured by following the rate of disappearance of the tracer from the circulating blood. The excretion of elements can be studied by separating the urinary components in a chromatogram or if the elements are attached to proteins by paper electrophoresis and the excretion product can be found by scanning the chromatogram or the filter paper with a Geiger counter. Biochemists, physiologists, clinicians all have increasingly found the use of isotopes helpful and even necessary.

The Biochemical Department of St. Bartholomew's Hospital was the first in Europe and possibly in the world to devise a course on the application of radioactive tracers in biochemistry and medicine, and recently Professor Wormall was invited to Brazil to organise the first similar course in Latin America. In the preface of the book the word "isotope enthusiast" is coined, and all who have experienced the inspiring impact of Professor Wormall and his colleagues will know to whom this "label" must be affixed in the first place and from where a great deal of valuable work in this country and abroad could be "traced." The foreword is written by Hevesy who introduced the use of isotopic tracers in biology. He compares the stimulus of Professor Wormall's and his colleagues' pioneer course with that on radioactivity held by Geiger and Makower in Rutherford's laboratory at Manchester in the early years of the second decade of this century and this present volume with Makower's and Geiger's "Practical Measurements in Radio-Activity."

There are 192 pages of "Theoretical Considerations" which all, even those not intending to work with isotopes, may want to read if they wish to get a clear idea of atomic structure and the use of isotopes. On the following 41 pages six basic exercises are described: the use of Geiger counters, the

determination of ^{15}N in an inorganic sample, the incorporation of ^{32}P into developing hen eggs, the calculation of circulating red cell and blood volumes after injection of ^{32}P labelled cells, the metabolism of ^{131}I trace-labelled proteins and the study of the reaction of an antibody with a trace-labelled antigen. This last experiment is of course based on the fundamental contribution to this problem which the writers of this book have made together with T.E. Banks.

On six further pages various experiments are discussed such as chromatography of ^{131}I containing urines, localisation of ^{131}I in the thyroid gland, determination of "half life," the time in which 50 per cent. of an unstable isotope have lost their activity. The laboratory worker will particularly appreciate the key references at the end of each chapter and the Appendix of 30 pages with a table of physical characteristics of isotopes of biological interest, a glossary and definitions, details of certain relevant biochemical procedures, statistical considerations and last but not least a 64-times Table to help with the counting when instruments are used which record only every 64th impulse.

The authors themselves point out that a book of this kind cannot be up to date at the present stage of rapid development in this field. The decatron, recording impulses in multiples of 10 instead of in multiples of 64, is replacing the more old-fashioned counters, and one looks in vain for details of radioactive chromium labelling of red cells, a technique which has revolutionised the work on and the knowledge of, the life span of red cells in various haemolytic anaemias. Future editions will have to keep the book up to date. However, there will never be a need to improve on the preface. Those who know Professor Wormall and his colleagues will particularly delight in "Our hope is that this book will serve as a practical manual to be used more frequently in the laboratory than in the library. We shall be gratified, and we shall consider that our main object has been achieved, if many of the copies acquire the well-used and stained appearance which is usually one of the hall-marks of a useful laboratory handbook and which results from contact with chemical fumes and bench polish."

H. LEHMANN.

PROGRESS IN CLINICAL SURGERY by Various Authors, Edited by Rodney Smith, M.S., F.R.C.S. J. & A. Churchill Ltd., London, W.1. 1954. pp. 414. 36s.

Mr. Rodney Smith is to be congratulated on the compilation of this book. He has chosen his contributors well, their names being authoritative in the subjects chosen for them. It is a book which has been written as a supplement to, rather than a replacement of, a standard text book on Clinical Surgery. As stated in the Preface, the author tries to spotlight surgical progress in the last ten or fifteen years.

It is a most readable book and well produced. St. Bartholomew's Hospital is well represented, there being a chapter on portal hypertension by Mr. Alan Hunt while Mr. Tuckwell writes on the surgical treatment of hypertension. It brings us up-to-date in advanced surgical procedures such as are carried out for cancer of the pharynx, respiratory and cardiac surgery and peripheral vascular diseases. These subjects are all dealt with at some length and may appear rather specialised for a book of four hundred pages, but they keep the General Surgeon up-to-date.

The chapter on Stomach and Duodenum appears a little too standardised and will no doubt be revised in the light of views expressed recently on the comparison of Billroth I and the Polya type of operation.

In connection with the Thyroid Gland, some reference might have been made to the problem of Exophthalmos. The Pancreas and the Spleen are well covered by the author and the chapter in Infections and Injuries to the Hand are practical.

To sum up, the book is excellent and would be of great interest to the keen practising surgeon, as well as of great value to the advanced student seeking higher degrees.

R. S. CORBETT.

THE HISTORY OF ST. MARY'S HOSPITAL MEDICAL SCHOOL, or a century of medical education, by Zachary Cope. William Heinemann, 1954. Pp.x, 257, 26 plates. 25s.

Several histories of hospitals have been published in book form since the war, but this must be the first volume ever devoted entirely to a London medical school. Issued in the centenary year of St. Mary's Hospital Medical School, it is written by an eminent surgeon who has been intimately associated with the School for over fifty years. Sir Zachary Cope has thus witnessed the development of St. Mary's during half of its existence, and although his name is modestly withheld from both text and index, he has obviously greatly enhanced the reputation of the Hospital throughout his professional career.

The book records the origin and development of the School under the various deans, the growth of specialism, and the development of the Inoculation Department, while information regarding the eminent men who have served the School is recorded in brief biographies located in a separate section.

It is of interest to note that several of these personalities have also been associated with Bart's, including E. H. Kettle, Sir Bernard Spilsbury, S. R. Douglas, J. E. S. Frazer, W. J. Gow, I. H. Gray, A. Matthiessen, G. H. Orton, Walter Pye, W. J. Russell and H. S. Smith. A list of the staff since 1854, a roll of honour, and a good index complete this well-illustrated book, which is, bibliographically, a well-produced volume.

Although not intended as a fully documented history of the Medical School, this book is authoritative and of absorbing interest. It represents a useful contribution to the history of medical education in London, and might well serve as a model for similar histories of other medical schools.

JOHN L. THORNTON.

CARDIOGRAPHY by Evans. 2nd Edition. Published by Messrs. Butterworth and Co. Price 45s. net.

This book fulfils a definite need and places the emphasis on cardiography and phonocardiography designed for the examination candidate and general physician rather than the cardiologist. As such it is excellent. It is perhaps unfortunate that the author persists in describing the bipolar (CR) rather than the unipolar (V) chest leads. These latter are now the more widely employed, and although the use of two different methods of recording praecordial leads is theoretically desirable, it is in practice liable to cause confusion.

The first part of the book is devoted to the detailed description of normal and abnormal electrocardiograms. The approach is essentially clinical and it is rightly emphasised that the tracings should always be considered in the light of the patients' symptoms and signs. Theoretical and technical aspects are not discussed. There is no mention of ventricular paroxysmal tachycardia. This is an important omission—particularly in view of the fact that treatment of this condition differs from that of the supraventricular varieties. The reviewer would not agree that an electrocardiogram is essential for the diagnosis of hypertension, especially as the author later states that in spite of severe hypertension paroxysmal in kind, found in phaeochromocytoma, the cardiogram may remain normal. The term adrenal neoplasm is used rather loosely. The chapter on cardiac infarction is very helpful—of particular interest are the varieties of S-T depression met with in patients complaining of cardiac pain as a result of restricted infarction. The section on electrocardiograms closes with a stimulating selection of test tracings.

The second and smaller part of the book dealing with phonocardiography is of less practical value but is nevertheless very interesting. The composition of the heart sounds is described and a classification and explanation of the four types of triple rhythm is presented. The chapter on heart murmurs is worthy of close study.

This is a practical handbook of electro cardiorapid interpretation of electrocardiograms within the reach of all. The illustrations are excellent and the complete absence of references is refreshing.

F. KING.

Other publisher's announcements overleaf.

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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PLENTY OF MUGS

The heading is not original. It has been overheard in the "local" many a time and it is the barmaid to whom credit must go for its conception. The observation is often made to those ordering their "wallop", but presumably the mugs in question are of the utilitarian type only.

As anyone will agree there are mugs and "mugs", and there are as many of one as there are of the other even in this age of enlightenment and high living standards. How a person becomes a mug and where the boundary between normality and muggishness lies has never been clearly elucidated, and probably never will be. It is even more difficult to see how the word "mug" came into the English vocabulary as it has done. More than a century ago J. H. Reynolds wrote "Open thy mug, my Dear, and . . .", and the dictionary dates its use as "a face" from 1708. Less than a century ago it came to mean a dupe or a fool. One famous circus clown is stated to have said that a mug is born every moment; he then proceeded to make his fortune on the basis of this statement. To "mug" for an examination is a common term and derives from the word mug being used to denote a "mouth", something into which one can pour anything! viz. knowledge! Could it be that the originator of this thought had a patent Rathke's pouch? Again the dictionary tells us that a mug is also a type of sheep with wool hanging down over its face. Anyone who pulls wool of a sheep's eyes is a mug!

Other possibilities as to the origin of "mug" in our daily usage is that it is either a corruption of Muggins, Mugwump or Muggleton. Muggins is the exclamation of victory in certain card games, as "check" is in chess. Mugwump is a word from American politics meaning an independent voter and later a snob. It was taken from a word in the Indian dialect meaning "great man". Ludovic Muggleton was a misdirected divine who with a friend asserted himself as one of the "witnesses" of Revelations XI, with the right to curse all who opposed him. Surely a mug if ever there was one.

The mug of today is a person much to be pitied. He is the victim of a well-meaning but often unrealistic bureaucracy. He does what he is told even if he dislikes his orders, because it is too much trouble to complain. It is the mug who listens to and believes all that is said, without entering upon the subject with an enquiring mind. Passive obedience would seem to be his watchword rather than active pursuit.

It is indeed, then, refreshing to hear some of the dogmata of our own profession queried. Discovery and progress is only made by the searching mind. Only too many examples of these are to be seen in the history of medicine. The theories of Galen were for so long accepted without demur, and attempts and factual confirmation were nil, or negated by bigotry. The key to success in modern research we are told is to read all previous relative material, believe none of it till it has been proven again personally, and then to reconsider it in the light of new findings.

It is therefore, beneficial for every student to approach his work with an open and enquiring mind if he wishes to learn, rather than memorise, from his course at university. A society of thinkers is surely preferable to one of swots and mugs.

Generously Given

The *Journal* recently received a cheque for fifty pounds from Dr. W. P. Gibson of Ealing. For this gift and the thought behind it, the Committee wish to express their thanks. It was an action entirely unexpected and presumably emanates from Dr. Gibson's appreciation of the *Journal* over the last few years in which the Committee has worked hard to maintain a high standard.

Dinner for Editors

It has been suggested recently that a dinner be held for ex-Editors of the *Journal* some time in the New Year. This is the first time that anything like this has been suggested and it is not certain what the response would be like. Celebrated contributors would be invited as guests and an enjoyable evening is envisaged. No notice has yet been sent out about this, nor has a time or place been fixed, but it might, as a preliminary, be useful to know how many ex-Editors would be willing or able to attend.

Male Voice Choir

Whilst the music club seems to have been in abeyance for some while, its activities seem to have been reincarnated in the Male Voice Choir, which has already had several practice evenings. The idea has been to encourage all those who enjoy singing and who possess a voice at all choral—but essentially male—to combine in the Music Room on a Thursday evening and sing certain selected pieces. Already the choir has rehearsed some Christmas Carols which it is intended to be sung in the Hospital Chapel before the end of term, and it is also hoped that in the not too distant future some midday concerts might be held.

Holly and Candles

This is the title of the campaign this Christmas organised by the National Association for the Prevention of Tuberculosis, and the "Christmas Seals" this year depict the holly and the candles. It is hoped to sell another hundred million seals and also a large number of Christmas cards specially produced for the Association.

The work of the N.A.P.T.—an entirely independent body—is largely financed by the Christmas Seal sale. The seals are bright blue, green and gold and a gay decoration for letters and parcels. The cost is only a halfpenny each (four shillings for a sheet of 100). There are two varieties of Christmas card on sale, one at eight shillings per dozen in colour to match the seals, and the other at four shillings per dozen in black and white with a design of coach and horses. Seals and cards are obtainable from:—

The Duchess of Portland.
Chairman N.A.P.T.,
Tavistock House North,
Tavistock Square,
*London, W.C.*1.

The idea of Christmas Seals is fifty years old this year. It was started by Einar Holbøll, a Danish postmaster; the scheme rapidly spread throughout the world and has helped to raise large sums of money to wage the battle against Tuberculosis.

Fair Way

The trek from the Hospital to Charterhouse Square or vice versa is often made. There are several routes which one can take on the journey. One involves passing by Cloth Fair, a name which has always fascinated and of which the name has been obscure to many a passer-by. The name derives from the position it held as the original cloth fair which was an important part of the Bartholomew Fair. Here the clothiers of England and the drapers of London had their standings, giving the fair an atmosphere that must have been the mediaeval equivalent of the motor show at Earls Court in recent years. The site was built on at the end of the sixteenth century but the name remained.

Wife for Sale!

The happenings at Smithfield are a constant source of interest, and a paragraph from "The Observer" of September 23rd, 1804, republished recently provided amusement. It read: "A few days ago a journeyman baker sold his wife in Smithfield Market to his master for three guineas and a crown. The woman was in the last stage of pregnancy." We are told no more, and are left to decide firstly the reasons for the sale and secondly those for the purchase.

Journal Appointment

Owing to illness R. I. D. Simpson has resigned from the post of Assistant Editor. In his place Alan Salsbury has been elected. Our best regards go to Mr. Simpson and we hope to see him back on the *Journal* Staff at a later date.

Cuanta la Gusta

TOOBY, David John. The Brazilian Embassy in London, acting for the Brazilian Government, and the British Council on behalf of the British Government, have selected Mr. David John Tooby, aged 19, a student at St. Bartholomew's Hospital Medical School, for an award by the Brazilian Government of a three-weeks visit to Brazil. He left London by air on September 1st for Rio de Janeiro.

Marriages

EVANS—HIRST. On September 18th, Dr. John W. G. Evans to Sheila Hirst.

MILLARD—FLENLEY. On September 11th, Dr. John Leslie Millard to Dr. Margaret Kathleen Flenley.

THOMPSON—MAIR. On September 10th, Dr. Brian E. L. Thompson to Dr. Helen M. Mair.

Births

MCAFEE. On September 17th to Joan, wife of Dr. L. A. McAfee, a daughter.

THORNE. On September 21st, to Pamela, wife of Dr. Napier A. Thorne, a daughter.

Deaths

ELLISON, Henry Hubert Lacey, on August 21st. Qualified 1915.

GILMOUR, Richard Withers, on August 29th, aged 84. Qualified 1895.

HODDS, Geoffrey Charlstrom, on September 22nd. Qualified 1899.

JANES, Leonard Robert, on September 21st, aged 51. Qualified 1927.

NORMAN, Newman Frederick, on August 28th. Qualified 1915.

Change of Address

MRS. LORE DEWS, B.M., B.CH.,
to 19, Southmoor Road,
Oxford.

and

DR. M. R. HUNT,
to 81, Kings Road,
Westcliff-on-Sea,
Essex.

and

DR. G. E. FRENCH,
to 252, Reynold Street,
Oakville,
Ontario,
Canada.

NOTES ON ARTERIAL GRAFTS AND PROSTHESES

by J. B. KINMONTH.

The history of arterial grafting started with the work of Alexis Carrel almost fifty years ago. He showed that the cut ends of arteries could be successfully sewn together or grafts interpolated. He gained a Nobel Prize for his work but it fell into disuse for two reasons. The operations took a long time and so increased the risk of sepsis which was a particularly dangerous complication. Also the conditions of the first World War which followed were very unsuitable for such work. It was not until after World War II that interest was revived by the work of Robert Gross in the Children's Hospital at Boston. Gross operated for congenital coarctation of the aorta and often found difficulty in bringing the ends of the aorta together after the stricture had been cut out. He used portions of aorta taken from cadavers to bridge the gap. Many of the children he treated are alive and well now, some six or seven years later.

Gross's work revived interest in centres of surgical research on both sides of the Atlantic, in grafting and particularly in storing arteries. A " bank " using his method of storage was started at St. Thomas's Hospital in 1949. The Korean War was an additional stimulus and arterial repair was carried out there on a large scale for the first time under military conditions.

The Indications

It might be wondered whether the need often arises for operations to repair arteries but in practice many such occasions do arise. Injury is the most frequent. The trauma is usually caused by a penetrating injury and is therefore commoner, at least in England, in war than in peace. If the vessel is cleanly severed it may be repaired by simple end to end anastomosis, but if damaged over a greater extent something more must be done. That this type of surgery can be applied on a large scale is shown by comparing the results in World War II with those in the Korean War. In the former injuries to major arteries such as the femoral or popliteal were treated by ligation which led to gangrene and amputation in 70 per cent. of cases. In Korea successful results were reported by some surgeons in 90 per cent. of cases. The reasons were : (1) Early evacuation of wounded by helicopter. (2) The availability of blood transfusion in unlimited amounts. (3) Training of surgeons in the technique of vascular anastomosis. Centres were set up where the military surgeons were given short courses in the technique of vascular anastomosis using the vessels of dogs. (4) The organisation of " banks " where human cadaver arteries were stored.

Degenerative arterial disease is perhaps the main civilian indication for arterial repair. Certain cases of arteriosclerosis where atheroma of the endothelial lining has caused segmental thrombosis of the vessel and occasional cases of Buergers disease are suitable. The chief obstacle is the generalised nature of the disease. Patients in whom it is widespread or advanced are unsuitable for grafting because further clotting is likely to occur in coronary, cerebral, or limb vessels. On the other hand patients with trivial symptoms are unsuitable, for example the type of patient who complains only of claudication at a quarter or half mile, although as a city dweller he may rarely walk that distance at a stretch.

The best subject is one with severe symptoms due to relatively localised disease. This usually means, where limb vessels are concerned, a long block causing severe claudication and impending gangrene.

Aneurysm is another indication for grafting or reconstruction and here the decision to operate is often difficult because the patient's general condition may be bad. Only if there is severe pain or a risk of early death due to the aneurysm should operation be undertaken.

Malignant disease involving a large artery provides another indication for reconstruction. Growths with marked local malignancy such as recurrent fibrosarcoma are more amenable to this form of treatment than those where the tendency to distant metastases is marked. In the latter case local invasion sufficient to involve a large artery is usually accompanied by incurable distant secondary deposition.

Different Methods

Arteries may be reconstructed or repaired in a variety of ways and using different vessels or materials. This has led unavoidably to the introduction of certain essential technical terms which will now be defined and their indications or drawbacks considered.

(1) **Autografts.** Also known as " autologous " grafts. (Greek autos = self.) This term is used when a vessel taken from another part of the patient's own body is used for the repair. The graft may be an artery or a vein but naturally the patient cannot spare an artery of any size for the repair or he will experience ischaemic symptoms in the site from which it has ben removed. Nor can he spare any really large veins which would any way be unsuitable for repairing large calibre arteries, owing to their tendency to dilate. In practice the great saphenous vein is the only really useful one and it must be used to repair an artery of similar size. One of the most gratifying results amongst the cases treated by the Bart's Surgical Unit was obtained in this way. The patient was a young man who sustained a penetrating injury behind the knee when watching an aircraft which disintegrated at speed during the Farnborough air display two years ago. He received first-aid and the small wound quickly healed. It soon became evident however, that the popliteal artery had been thrombosed for the patient found that he could only walk thirty yards before pain occurred in the calf. Exploration confirmed this and the damaged portion was replaced by a length of his own great saphenous vein. This matched it very well in size and a perfect functional result was obtained.

The autograft is theoretically the most desirable of grafts for the amount of tissue in intima and media surviving alive and unreplaced is higher than in any other form of graft.

(2) **Homografts.** These are also sometimes known as " Homologous " grafts and consist of vessels transferred from other animals of the same species as the host. (Greek homos = the same.) Arteries or veins could be used and are equally easily obtained but veins being weaker and less suitable in many ways are not used.

The arteries destined for use as homografts are removed soon after death from the body of the donor under sterile precautions. They are prepared for use by excising redundant tissue and ligating all small branches. They are then preserved in an artery " bank." The method most commonly used is that of Hufnagel and Eastcott in which the vessels are rapidly cooled to $-70°C$. with a freezing mixture of carbon dioxide snow and alcohol and then stored at that temperature in tubes packed around with CO_2 snow in an ordinary " deep-freeze." It seems that this method, although killing the cells, prevents chemical or physical changes in the tissues. It is claimed that the grafts can be kept indefinitely in this way and support is lent to the claim by the reports of explorers who have eaten the meat of extinct mammoths discovered preserved for centuries under the arctic ice and pronounced it delicious.

In Gross's original method the grafts were kept in tissue culture so that their cells were stil alive at periods up to six weeks when grafted. Experience has shown that this is unnecessary and adds greatly to the practical difficulties. It seems that viability of the cells in homografts is unimportant for the graft is almost entirely replaced by the host. Only some of the elastic fibres of the media survive unchanged. The important thing is that no violent reaction between host and graft should take place and that it should continue to function while the replacement of cells slowly takes place.

Arterial homografts are at present the standard material for reconstruction and the results yielded are good. There are, however, practical disadvantages connected with their use. They must be taken soon after death from the cadavers of young and healthy people. Permission must be obtained from relatives and is not always forthcoming. The victims of violent or accidental death are highly suitable but the legal difficulties in obtaining access to these are great. The difficulties connected with human homografts, some natural, others man-made, have stimulated further work to find simpler methods.

(3) **Heterografts,** also known as " Heterologous " grafts, from the Greek—heteros = different—are vessels obtained from animals of different species to the host. When used fresh they are rapidly rejected by the host and fail almost universally. If treated or preserved in various ways they can be made to take and indeed Carrel reported some success with them. Opinion about the long term results is conflicting and there are reports that they ultimately dilate

to form aneurysms. However, this is not unknown with homografts also, and a final verdict is awaited.

These grafts from animals are of course much more easily obtained than homografts from man but are less suitable for use where several large branches are involved. It is sometimes necessary to replace the terminal aorta with the iliacs, or perhaps part of the aortic arch and its carotid or subclavian branches. Naturally it is easier to obtain a good match for these with a human graft rather than one from an animal where the anatomy may be very different.

(4) **Disobliteration,** also known as "desobstruction" and "thromboendarterectomy," is a method used for treating obliterative arterial disease in which the vessel is opened longitudinally and the hard adherent clot removed by blunt dissection along a plane of cleavage in the media. A surprisingly smooth surface is left and under favourable circumstances may ultimately become endotheliazed. This method was pursued with enthusiasm in continental centres but the long term results particularly in the vessels of the limbs have been disappointing. It is, however, of occasional use where there is a small obstruction in a large vessel such as the common iliac. The rapid bloodstream and large lumen help to avoid further thrombosis.

(5) **Arterial Prostheses.** The work done in the last few years on arterial grafting has gradually shown that the vessels inserted whatever their source or nature are but a scaffold on which the host builds a new conduit. The question has naturally arisen as to whether something simpler than a real vessel could not be used as a scaffold. It would need to be something inert but strong and pliable. Something that would give rise to no foreign body reaction and cause no more than a very little clotting. Tuffier's glass tubes were used in World War I but failed through excessive clotting on the surface of the glass or through necrosis under the constricting ligatures fixing them to the host vessels. A rigid prosthesis has, however, lately been used with success by Hufnagel, in patients with aortic valvular incompetence. This is a ball-valve made of the inert plastic material methyl methacrylate. It is highly polished inside to prevent coagulation and the problem of necrosis under the fixing sutures has been overcome by using a principle of "multiple point" fixation. There is little bending of the thoracic aorta and so pliability, at least over a short distance, is unnecessary. Solid rigid protheses are not, of course, replaced by the host's tissues and they are unsuitable for use in other parts of the body where pliability is necessary and larger stretches of vessel need replacement.

The use of cloth tubes is now under intensive development and shows the greatest promise for the future. Blakemore and his associates in New York were the first to use it and they showed that a woven plastic material known as "Vinyon-N," could be used to replace stretches of aorta in dogs. Shumacker has recently reported promising results using a more complicated tube made of two layers of "Nylon" with a very thin layer of polythene sandwiched between them. At Bart's a material known as "Orlon" has been used. It is an acrylic compound marketed for use as shirt material. Unlike most samples of "Nylon" which we examined, the weave of "Orlon" is sufficiently fine to prevent more than a little initial seepage of blood through the walls and this soon ceases as the interstices become sealed by fibrin. Tubes of any length, diameter and shape with the necessary branches can be prepared by sewing the seams with an ordinary sewing machine using nylon thread. The tubes are sewn on to the patient's arteries by the usual method of arterial suture with fine silk on an atraumatic needle.

The sequence of events following the insertion of the prosthesis seems to be that a fine layer of fibrin is laid down on the surface of the cloth. The internal surface is gradually endothelialized and the outer part surrounded and supported by fibrous tissue. The cloth persists as an immensely strong media. The prothesis seems to do all that a homograft will do and is of course immensely more simple to procure and prepare. The method holds very great promise for the future.

BARTS AND BOATS (PT. II. 1940—)

by C. N. HUDSON.

Part I of the Odyssey of the Bart's Boat Club with the club in a veritable Ogygia during the latter years of the nineteen thirties. It remained for the war to secure release from Calypso's arms, which it did when it caused the Preclinicals to be evacuated to Cambridge. Most people at Cambridge, except scientists who just work, row at some time during their career, even if only in a Rugger Boat. It did not take long for this atmosphere to infect Bart's. Under the tutelage of Dr. B. W. Town and G. W. Rowland Bart's men took the water again, this time from Banham's Yard. They were not exactly in the class of the Phaeacians and what they lacked in skill and magic they made up in enthusiasm. Other evacuated Colleges did likewise and the C.U.B.C. allowed them, together with the "Rob-nines" (a composite Town Club) and the R.A.F., to compete in the Inter College Bumps. The first of these occurred in the Lent term 1940. The Bart's eight started low but registered two bumps in three nights, over London School of Economics and Christ's, the row over on the middle night being due to chaos in "the Gut." This was in spite of the fact that one man went sick and the coach A. J. Eley had to substitute for him in the races. For the next term Bart's had three eights but unfortunately the University went down prematurely and there were no races.

The 1940-41 academic year started with a Time Race in which Bart's were placed 32nd taking nearly a minute and a half longer than the leaders. The Lents came round again and Bart's rowed over each night; they should have bumped on the last night but the bow-side blades were still on the bank when the starting gun went, and the boat ahead just got its bump in time to avoid being caught. This year, however, there were some Mays, called June Races for the duration. Bart's were placed 28th and started by bumping Pembroke III. Next night, however, they rowed over and were then returned to 28th by "Rob-nines." In the following year they dropped one place.

In early 1943, an amusing grumble in the *Journal* betrays the fact that a Poseidon, in the form of bad steering, was still dogging the fortunes of the Club. For civic pride as much as anything, was hurt by a fine of one guinea imposed by the C.U.B.C. after Bart's had been involved in a near head-on collision with a Blue Boat. That year the first eight went down both in Lents and in the June Races: in the latter every night. The second eight also went down in the Lents, but, appearing for the first time in the June Races,

" won its oars " by going up each night. This was too much for it, for next year it went off the river again and the first eight rowed over. Again, in the 1945 Lents the 1st VIII rowed over each night. But the 2nd VIII made a bump. Moreover, Bart's had been the highest evacuated College in the Time Race. In their last June Races in 1945, Bart's started and finished 33rd, bumping Trinity Hall III on the first night, rowing over and then succumbing to their hosts Queens' II. The 2nd VIII made one bump. There was however an U.H. Regatta in London that year and the crew from Cambridge raced, and lost in the final by ½ length.

Bart's last appearance in Bumping Races was in the 1945 Lents, extended again to four nights. Both crews were on the receiving end each night, Queens' II again providing the parting gesture. Regrettably, perhaps, the bumping tradition has not died out and keeps on rearing its ugly head in untoward places even now.

April, 1946, saw the Club reunited in London, Mr. O. S. Tubbs being President in succession to Sir Girling Ball. There were two crews in the Hospitals Regatta that year but neither was successful. 1947 saw no better fortune. The Regatta was rowed in bad conditions, one crew sank and Bart's became so waterlogged that they had to withdraw. However, for the first time, or so it seems, Bart's took part in open competitive rowing, albeit in Junior events, including Marlow, where they were somewhat outclassed.

Nineteen-forty-eight was, therefore, the real start of post-war progress. J. C. M. Currie became Captain and started a remarkable career with the Club. For the U.H. Regatta the eight trained at Kingston, and with Currie at stroke and D. C. H. Garrod at seven the Hospitals Cup was once again won for Bart's by a comfortable 3 lengths. In addition, however, Currie stroked a four which lost the final by ½ length, and, with Garrod won the Senior pairs for the first time. What is more D. C. H. Garrod also won the Senior Sculls for the first and only time, giving him three Senior wins in one day. To this may be added victories for the Junior Eights and Sculls. After this it was hoped to raise a Senior Eight to race in the Summer, but the time for that was apparently not yet. The Junior Sculls was won by G. Chorley who had been meant to cox the 1st VIII, but, following the adventures of " Percy," he had been " unavoidably detained " and only released in the afternon.

In 1949 a similar crew defended the Cup, but other, stronger challengers had appeared and the only Cup retained was the Pairs by Currie and Garrod. However, junior crews continued to race during the Summer and in the Junior Eights at Marlow did a little better than previously.

Perhaps the 1949 crew thought things had been too easy the year before. At all events, R. G. D. Newill in 1950 made no mistake. For the second time only, Bart's achieved the " Senior Double " of Eights and Fours. J. C. M. Currie and, this time, J. W. B. Palmer were the stern pair in both crews, with G. S. Barnwell the previous Captain, and G. F. B. Birdwood making up the four. In addition Junior Eights were won and G. H. d'A Power dead heated in the final of the Junior Sculls.

The following Summer saw the beginnings of serious outside competitive rowing. A senior crew raced in Cambridge, in the London University Championships (Allom Cup) and in an International Regatta at Copenhagen. The latter seems to have been a very successful trip, in spite of a somewhat unfavourable " Press." Junior crews raced in various Regattas including Marlow, where the semi final of the Junior Eights was reached, and finally a Junior Four won the Dean Cup at Kingston, making the first win in an outside Regatta for Bart's for a century. The last event was the Festival Regatta on the Serpentine, but the Bart's Cox, in the best tradition, got his rudder lines crossed with the inevitable results.

If 1950-51 was a vintage year in inter-hospital rowing, it was on the other hand only a year of feeling the ground in the harder world of outside rowing, and demonstrated that there is no short cut to success there. It was left to G. F. B. Birdwood in 1951-52 to lead the way in this direction. But first there was the U.H. Regatta. Currie rowing stroke for the fourth year and, now on the House, pulled it off for the third time against extremely redoubtable opposition from St. Thomas'. No small part in the success was played by " Ham " Ward of T.R.C. the coach, and R. J. Blow, the cox. In sharp contrast with the years before the war, Blow was the only member of the Club to have made a name for himself in University Rowing circles before he came to Bart's. Whereas then the fortunes of the Club depended largely upon the presence of oarsmen from the University, now these are proportionately fewer, and recently oarsmen who have learnt all their rowing at Bart's have been rowing in the first eight.

To return, however, to 1951-52, the Senior Fours were lost and Junior Eights and Fours retained. In the Summer a Junior success was a win of the Junior Allom Pennant and a crew again went to Marlow. This year, however, a Senior Four was formed, and, after teething troubles in various Regattas, some not unconnected with steering, the order was settled and the crew went to Henley to train, omitting Marlow. " Stiffy " Payne, the coach, produced a fast four which won a preliminary heat and the first round before catching a " crab " in the popply water prevailing, when leading in their next heat. This was a very creditable effort, achieved as a result of much hard work, in contrast to previous years. It marked the entry of Bart's into first class rowing.

By next year, the other hospitals had learnt their lesson, and perhaps Bart's forgot it, for all the Cups disappeared in one fell swoop, after a Regatta remarkable for the general high level of rowing. By way of consolation Bart's won the Senior Division of the University Winter Eights for the first time.

[*Daily Graphic*]

The Bart's IV beating First and Third Trinity, Cambridge, in their heat in the Wyfold Cup at Henley.

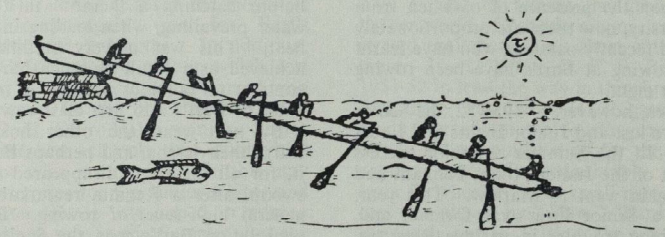
In the Summer of 1953, various Junior crews raced, with, latterly, some success, and after some mishaps, a light four raced in Junior-Senior events and won, comfortably, at Walton, this being the best, to date, that Bart's had won. On the strength of this they went via Marlow to Henley, where Dr. "Joe" Bailey did some very effective coaching. At Henley they were dismissed in the first heat by the record-breaking winners, the R.A.F. However, subsequently, two important landmarks were achieved. At Molesey, they entered for the "Grand Class" event, and, drawn against London R.C. Stewards Four, after a very good race finished just half a length down. In the Wyfold Class, the steersman wrecked two attempts, but at the Metropolitan Regatta, Bart's first, and, so far, only, win in a open Senior Event put the Horton Cup in the Library.

St. Thomas', meantime, had gone one better and had had an eight in the Thames Cup at Henley. In the 1953 Hospitals Regatta they still proved just too good for Bart's. Bart's, however, won the Senior Fours and Junior Eights, Fours, and Sculls. Following this, the steering bogey made its appearance again and the final of the Winter Eights was lost after an "ectopic bump."

The latest stage was the Summer of 1954. In this more advances were made. Various junior crews raced, but it was left to a light four to provide the victories for the year. Their first attempt, with fatal inevitability, ended in disqualification, and staving it off subsequently they won three Junior-Senior events at Richmond, Walton and Putney, a very good effort and another record for Bart's. The main item, however, was a Senior Eight, which raced, for the first time, at Marlow and Henley. Bart's have raced at Marlow several times, but always in Junior Eights. This time, in Senior Eights, they reached the semi-final being well beaten there by the Head College of Oxford. At Henley there was a light four as well, which won a preliminary round and the first heat of the Wyfolds. In the Thames Cup, after "Joe" Bailey's coaching again, there was a very good race against St. Catherine's, Cambridge. Should anyone wonder if Bart's had ventured into the Thames Cup before they had a crew worthy of it, perhaps the best answer lies in the fact that the time of their race was only beaten in the event by the winning American crew.

With that one may almost say that Ithaca is in sight, but one must always remember that each year there are about forty strong suitors to be overcome before this particular Penelope can be brought back to Bart's Library. It remains to see that the unfavourable winds are securely kept in their bag, so that Bart's can keep on "having a go" which is after all, what really counts.

Editorial Interlude:



". . . teething troubles . . . not unconnected with steering."

NOTE BOOK

by PENRY ROWLAND.

Editor's Note.

With the introduction of the licensing laws and the advances in modern medical treatment many of the conditions frequently seen a few decades ago are rarely seen now. It is refreshing to read how G.P.'s and M.P.'s worked in those times. The following "shorts" reveal just this.

Adventurous Boy Reaches Port

A boy aged 14 was brought to the Casualty Department on a stretcher. He had been found by candlelight in a nearby cellar unconscious—lying in a flood or welter of dark red fluid. Decor by Rembrandt.

On examination his pulse was full and bounding, his face congested, his pupils widely dilated, and he was unrousable. Suddenly he vomited profusely—pure Port Wine! A stomach tube produced plenty more.

Two anxious draymen came hurrying in. They had heard that their van boy had been brought to Hospital in a serious state, and asked tenderly what was the matter with him.

"Intoxication—will you please go to the cellar in which he was found and report." Ten minutes later they returned and stated that the cellar floor was flooded, the tap still open, and the barrel empty! They looked as if they "wished they had half his complaint."

A thorough washout every quarter of an hour for an hour was considered to be more impressive and memorable than a temperance lecture.

He was an attractive youngster.

The Dog it Was That Died

Matthew Ward 1899—In the corner bed next to Sister's Room lies a dying man—now In patient for the third time.

Strongly bulging through his eroded sternum was a great aneurysmal sac, its walls so thin that the thunder cloud of cyanosed blood looms through. The sac throbs visibly and it looks risky to palpate it.

The patient is conscious and fearful. He has asked for the House Physician to come up and requests him to stay.

The night staff have quietly settled to writing reports and the lights are dimmed right down.

At three a.m. Sister Matthew appears from her adjacent sanctum, clothed in white samite if my memory serves. Good Heavens how graciously they mothered the "residents", except for rare exceptions who took the step-mother attitude.

The H.P. promises to clear off to Quarters when the patient loses consciousness, but will watch the effect of Tincture of Musk first.

This Tincture was only used as a last resort and was looked upon as an Indulgence and Extravagance—a shilling a dram dose!

By four o'clock the patient is practically unconscious and pulseless at the wrist and no change can be traced to the Musk! So Sister turns the drowsing H.P. out of his chair, and out of the ward, to stumble down the long flights of stone stairs in the City silence. He sleeps well, and breakfasts well, then scampers up to 'Matthew' to do a preliminary round with Sister, to be ready for the Clerks' arrival.

"Good-morning, Sister, I hope you slept well. Before we start round I will sign the Death Certificate for No. 8."

Sister, bright and beaming as usual, says "You had better look at him first, Doctor!"

"What! Is he still alive?"

There he lies sleeping peacefully, breathing quietly, pulse easily felt and countable, colour good—an amazing change.

Tincture of Musk, Sister? A question "expecting the answer, No" as the Latin Grammars put it.

So to the aneurysm. The recently palpitating peril that has hounded him for two years is silent and still for ever, not a pant or a throb in it, as unresponsive as a dog dead by the roadside.

The confident but leisurely approach of death had given a chance for a massive thrombosis and so "the dog it was that died".

Patient was kept under Bromide and Morphia in the hope that the clotting would become undetachable.

In a few days the patient was happy and chatty. In a few weeks he walked out of the Ward pleased with his new lease of life, but walking very " delicately "

The Mashers

Pale shadows and faint echoes of whom persist in variety shows after half a century.

One a.m. on Sunday morning. A hansom cab clatters over the cobbles with a heavily caped and grinning Jehu " up ".

Three young men have squeezed in — top hats askew, bulging shirt fronts bent, heads lolling with each jolt of the cab, the essential monocles repeatedly falling from glazed eyes.

The cabby from his rear seat opens the flap doors and the best of the trio reaches the ground safely and carefully, approaches the H.P. on duty :

" I say, old chap, will you be good enough to give my (hic) friend a wash-out. He's feelin' pretty bad, ain't you old fellah ! We've been shellibrating, you see — a few oysters and a bottle or two of bubbly."

" No."

" No?—did you say ' No.' "

" I said, ' No.' "

After a shocked silence "Algie, this chap says he won't."

" Tell him we've often driven round like this before to a hospital, and they've always been pleashed (hic) to do the little job, haven't they, Algie ? "

" Tell your cabby to drive you to one of those hospitals, unless you have already tried them all tonight."

" In case you fail, here is the address of a doctor close by who will be glad to oblige."

" Goodnight." " Goo' ni' ".

And so back to a stertorous " fractured base."

The cab clatters off with one of the three attempting to sing : the words sounded like, "A beer is mine. I'll get my (hic) hands upon it, my (hic) arms around it. " Perhaps is was only syncopation.

These weaklings occasionally gave trouble to the police, and had to exchange their monocles for manacles.

The Spleen as a Stockpile

To the old O.P. room is brought solemnly on a stretcher a quiffed old Army veteran in extremis—pulseless and pale as pipeclay.

He was clear headed and maintained the calm dignity, typical of an Indian Army sergeant.

The story was that within the last two hours at least seven pints of blood had been vomited, most of it measured. Another two pints were now delivered — which had of course been out of circulation already.

On examination the whole abdomen was found to be distended by an enormous spleen presumably malarial. During the next 3 or 4 hours the firm edge receded like an ebbing tide, until it was only just palpable under the rib-edge.

Another pint was vomited after the patient reached the ward, and he whispered : " Doctor, I feel I shan't get over this dose."

Permission to give a dram of Perchloride of Iron was obtained from Sir Dyce Duckworth and given and taken neat. A quarter of an hour later emesis recurred, but produced only an ounce or two of dark blood, and the complete lining of the oesophagus !

On arrival the chief was horrified on learning that the dose had been given neat, but was secretly pleased with the oesophageal exhibit.

The patient slowly improved as the stockpile diminished. Transfusion was not risked — and it was a dangerous venture in those days.

A few weeks later the H.P. came across a monograph by Professor Osler reporting three cases almost identical with this one.

Could the spleen be encouraged to act in this capacity ?

An Accommodating Casualty

This brief incident occurred in the London Temperance Hospital, late last century.

THE out-patient porter holds open the door to admit an old man who comes awkwardly before the Medical Officer, who is puzzled by his original stance. Both arms were dangling symmetrically from his bowed shoulders, with hands touching dorsum to dorsum in the midline.

" Would you be good enough to reduce my dislocations, doctor? I can manage one but this is beyond me."

" So I should imagine," says the M.O., and eases off the coat with difficulty and gets him relaxed and reclining on the couch.

By using the usual routine—full eversion and adduction — across the chest, the humerus slips into place with an audible and palpable click and without causing pain.

The left arm is similarly treated—an offer by the patient to do it himself being gently refused.

Just then the staff nurse hastens in, obviously, but daintily, brushing cake crumbs from her uniform. The M.O. tells her what she has missed by putting elevenses before experience.

The patient butts in politely: " Would the young lady have liked to see it?"

" Yes, indeed, I expects she considers cake and coffee a mere mess of pottage just now."

" Half a minute, nurse," and he shrugs and wriggles his shoulders one after the other and returns to his original helpless attitude.

Nurse is asked to take on the case and, after glancing round to see if the probationer is in a position to notice a gap in Staff nurses' experience, follows directions and takes the double trick and honours are even, and after mutual expressions of thanks, the patient makes for the door but is haled back.

" And now your story, please."

" Well, here goes! I was soldiering in the Crimean War, and was sent back at night with a minor bullet wound. Unfortunately I fell into a deep trench, dug to accommodate dead Russians (' if accommodate is the word I want,' as Wooster might say). Luckily, or unluckily, my foot caught in abandoned accoutrements and I hung suspended. My arms had been fully extended and both shoulders were dislocated. I gradually became unconscious and I was told later that I must have hung there for two days and a night inverted!

" In that position I was found by the burial squad when they came to complete their by this time highly urgent and distasteful job. Assuming that I was dead I was dragged aside for the privilege of sharing a British grave, but the horizontal position produced signs of life in time, and I was sent to the base hospital—of which I remember little. No, not even Florence Nightingale!

" The dislocations were discovered on board, but not reduced during the long voyage.

" Yes, both shoulders are liable to slip out, but for many years I have been able to replace the bones without help.

" Goodbye—any time I'm passing I shall be only too pleased to be of service."

Where the Nuts Come From

A hurried call by cyclist to see a five year old child—scalded.

The emergency bag is inspected, and contains the latest infallible means of snatching the credit for healing from Dame Nature.

The name of the medicament is omitted because it is, of course, long extinct.

This was one of a series of calamities to this child and the ripples each time had spread to family, road and parish.

Amongst the events were radial subluxation, a fall from a fast moving car, and a thoughtful symmetrical chewing by a handsome Alsatian—who sampled the skin over the scapular spines, the floating ribs, the buttocks and the calves.

The expectation of a widespread disturbance of the local waters was fulfilled, and the little patient was regaining her equanimity and prattled her narrative thus : " I butted into Mummy's tummy when she was carrying the teapot ". 'Nuff said ! A forearm scald of first degree.

During the dressing the M.O. paused twice trying to locate a mouse-like squeak, which he soon traces to the right side of the patient's chest. This side was dumb, fully resonant and the interspaces were not indrawn—in fact, a little convex.

On enquiry it was disclosed that the now smiling patient had been getting what she could out of a Brazil nut shell, when she was scalded, and had choked ; but had soon recovered to continue her broadcast solo " in alt ".

To put the story in a local nutshell, she " shruk " when she was " scalt " and was suddenly nearly " quackled ".

An announcement that an X-ray picture was necessary was received with surprise, but permission was granted, and within an hour in a nearby town, an expert report was obtained, which confirmed the diagnosis of F.B. probably Brazilian—right Bronchus — with Valve action.

Negus of King's College Hospital replied to a 'phone call that he and his accustomed assistant would await the patient at the main entrance at midnight.

The films were pinned to dry in the canvas hood of the car and after a restful journey the party arrived right on time.

Consent to operate was quarried out of the parents, a hypodermic of morphia given—and a general anaesthetic firmly refused by

the Surgeon. The child's head was immobilised with "cleft palate" clamps, her hands held by her G.P. and the Surgeon's great head mirror adjusted.

There is silence and stillness for a couple of minutes; the questing hovering beam from the mirror becomes suddenly stationary, the extended hand of the surgeon receives the eager crocodile forceps and at a third attempt the F.B. is gripped, and in a few seconds the intelligent forceps clattered to the table still bull-dogging the Foreign Body (Brazilian).

The parents received the news quite unemotionally and probably thought, "Well, well — a hundred mile journey for a two minute job."

Coffee and compliments are handed round and the museum inspected where rabbit bones, fish bones, wooden and metal toys and small coins are neatly docketed with details of success or of failure recorded.

Lobectomy—then a daring dream—would have saved a good proportion of the delayed fatalities.

The child was detained for a week. There were no signs in the chest after ten days. The patient lived to continue her series of adventures.

One memorable phrase is recalled; as the car rattled hollowly over London Bridge, disturbing the ceaseless sleepy hum of the city, the child woke and was delighted by the blaze of lights far below on the Embankment, the glory of the starlit sky and the flickering glitter of reflected stars and lights that had "gone to dance on the river" (the child's phrase). Home at 4 a.m., and so to bed, having earned half a night's repose.

The Growth of the Great Oak and the Felling of it.

SEVENTY or eighty years ago two Suffolk men were trudging from village to village preaching in each on the open green. One was Mr. Bingham, the designer and maker of the well-known Castle Hedingham ware, made of local clay, in an open shed.

His companion had brought with him his silent little son about 6 years old, deformed by rickets—weedy, pallid and unschooled.

Old Mr. Bingham made enquiry of the father about the boy and was assured that doctors held out no hopes of his being reared.

"Let me have a look at him," and there by the roadside he studies him and superficially examines him; then considers the problem in silence, as if in a trance.

At last he speaks: "George! you are all mistaken about this boy. I see in him the strongest man in East Anglia."

The father smilingly replies with the Victorian Suffolk equivalent of "O yeah," or "You're telling me"—although he knew of Mr. Bingham's reputation for many miles round as a confident and sucessful prophet.

Advice is given about diet, exercise, fresh air and liberty.

The boy apparently overheard and understood much of the talk, and began to dream dreams and to live and move amongst other boys, and was soon able to hold his own.

A printed article came into his hands on Physical Culture, which caught his imagination, and he began a correspondence with the writer, "Sandow, the Strong Man," which was kept up for many years.

He became his favourite pupil and his muscular development was amazing.

When Sandow's book on Strength was published, a series of photographs of this young man were used as illustrations. His torso was magnificent and his great chest made fine resonance for his rich bass voice in the Parish Church Choir.

He spent his life cross-legged on a tailor's table, an occupation in which his strength had not outlet, and he led no attacks at the head of his colleagues against the local "hodmedods" or snails.

But opportunity came at last.

Not many years ago he and a friend were walking on a dark night when a car with glaring headlights suddenly rushed over the hill and scattered them.

The driver was thrown out and was soon helped up, little hurt, and one of the passengers came off lightly, but the car and the other victim were not to be seen.

The strong man was knocked out, for a short time, and came round struggling to breathe, with the wheel crushing him, as the runaway car rested half turned over against the high bank.

Grasping the wheel he put forth his great strength and lifted the car sufficiently to be able to fill his lungs and let loose one of his famous diapason notes.

Several people reached him in a few seconds, and by united effort lifted the car

and he was soon in hospital, badly shocked. He remained there many weeks, and it was sad to see his massive muscles dwindle rapidly, being useless of course even at the best of times. No bones were broken.

It took years to recover his confidence.

If this were fiction there would have been an altruistic ending, but no villains, no beauties in distress, no city gates were handy. Such is life!

HILL WITHOUT END

Hill without end
The place 'round the bend'
Where there's no hill and no end
To which Bart's does send
Her specialists to fend
Through fog, snow and rain
Again and Again
Year upon year without end
Many long hours do they spend
Going to Hill End.

When will it end
This Hill End?
To which our energies bend
Without hope of release
That this nuisance will cease
The Specialists Bart's lends
To exile she sends
That the sick they may tend
At this place called Hill End.

The patients they mend
Are upset at this trend
As they mournfully wend
Their way to Hill End
For the bright wards of Bart's
Would not break their hearts
But there's only one end
And that's 'round the bend'
At Hill without End.

H. B. S.

(This doggerel was written as a lament on hearing that the decision to re-open the West Wing as wards for the Special Departments has been timidly abandoned, and that this ward block will continue to house scriveners and sundry lodgers and will not offer hospitality to patients.)

A WEEK WITH A G. P.

by F. D. C. FORD.

I met the Doctor at a lecture which he gave on the equipment of a practice, and in discussion afterwards we were given a general invitation to visit his practice. This later I arranged to do.

Type of Practice.

It is a country practice within an hour or so of London and as I arrived for a week's visit it began to rain. It continued to rain all week, but this could not prevent my enjoyment of a lovely countryside. The Doctor, his senior partner and a trainee assistant cover a wide valley of about five miles by eight, containing seven fairly compact villages and four smaller hamlets. Their lists are part private and part N.H.S. and of a combined size (3,800) to allow a sense of time in seeing patients.[1] There was never any apparent rush in this smoothly organised practice. Careful records were kept, especially of the visits, since any but trivial complaints were likely to be seen at home. Each of the principals living at the two main villages has his own surgery and dispensary attached to his house. The dispensing I think adds interest, and it is not nearly as difficult as it appears at first sight, so long as multiplication tables are at hand. But the uninitiated should beware of experiments.

Organisation.

Surgeries are arranged so that each principal takes two surgeries a week in the other's house and two mid-morning surgeries in one of the other villages. Thus patients can more easily see the doctor they prefer. The outlying surgery is merely a cottage sitting room ; it is used as a convenient sorting post, anyone requiring more than superficial examination going to one of the main surgeries later. Working individually and without ancillary helpers during surgery there seems to be no need for a separate examination room as advocated by Dr. Stephen Taylor.[2] There is a whole time Dispenser and a part-time book-keeper-secretary at the senior partner's house. Without going into details, the Doctor has his Midwifery and Minor Surgery bags always ready in the boot of his car, and carries everywhere a small case containing everyday instruments and drugs in such order that he can find what he wants even in the dark.

Local Health Services.

There are excellent communications with the nearby hospitals and nursing home, and very friendly relations with the local specialists.[3] The Doctor, for instance, assists at operations on his patients when possible, and is often able to deliver bacteriological specimens in person to the local laboratory. The Medical Officer of Health in this district is most helpful, and interested in the study of the epidemiology of local diseases. There is room for much G.P. research here, and the Doctor is at the moment engaged in studying the effects of antibiotic prophylaxis of measles complications, as part of a scheme covering areas all over the country. The lack of measles this year does not help. During my week I saw home nurses at work, and a mobile physiotherapy unit. It is obviously important to realise what these people can accomplish, since their help makes a surprising difference not only to the effectiveness of treatment but also to the volume of a doctor's work. There was no industrial medicine to be seen, but I did have the opportunity of visiting a residential school for deaf children for whose health the Doctor is responsible.

Analysis of Cases Seen.

Table 1 shows briefly the number of cases seen during my week. There were 11 surgeries, not including arrangements for special attendances :—

This preponderance of illness among women appears to be a general finding, whereas among children the sexes are affected about equally. The ratio of attendances to visits is about 2 to 1. For comparison a student from the Charing Cross Hospital[4] recently in three weeks with a G.P. saw a total of 672 cases, 458 being attendances and 214 visits. Instead of analysing the small number of cases I saw, I have analysed the new visits made by the Doctor during the three month period February-March-April of the last 3 years.

Table 1. Numbers of Cases Seen.

(New cases are not necessarily new to the doctor).

	New Children		New Adults			
	Male	Female	Male	Female	Repeats	Total
Attendances	9	11	19	33	29	101
Visits	3	3	9	22	9	46
Totals	12	14	28	55	38	147

In Table II these are compared for interest's sake with the analysis of new visits and attendances made by the doctor whom a student from the Charing Cross Hospital visited for three weeks. The large number of Upper Respiratory and Ear infections should be noted. During my week 13 specialist consultations were asked for, and 19 requests for Pathological, Bacteriological or X-Ray examinations. I saw no infectious diseases, no acute emergencies, and made only one " flap " night visit to a woman hysterical with cancer-phobia. But I did see a woman with acute iritis, another with glaucoma, many " acute ears ", several cases of disseminated

Analysis of New Visits

Feb.-March-April.

Table II.

Type of Disease.	1952	1953	1954	Total	Charing X new V's & A's in Spring 1954
Upper Respiratory	56	76	70	202	58 (virus infections)
Ears	18	29	22	69	29
Infectious Diseases	36	59	10	105	6
Alimentary	32	25	26	83	16
Respiratory	35	28	14	77	16
Orthopaedic	16	11	15	42	15
Minor Surgery (Injuries)	14	9	9	32	7
Cardiovascular	9	4	10	23	9
Mid. & Gynae.	4	11	8	23	15
Psychological	4	3	7	14	9
Skins	4	4	6	14	12
Urinary	2	2	6	10	7
Miscellaneous	15	10	17	42	35
Totals	245	271	220	736	234

sclerosis with varying disability, several with metastatic carcinomatosis, and oddly enough two women with lactation psychoses — much in fact that is unlikely to be seen in a so-called teaching hospital.

Discussion.

I learnt a great deal about drugs and treatment with not a few useful tips never heard in Hospital. I learnt much from observation of the "doctor-patient relationship", and even the application of text book public health became interesting in practice. New ideas on aetiology and new methods of treatment were discussed especially for the more common ailments. For instance there is Stoss Therapy: the idea that one *adequate* injection of penicillin will kill sufficient of the invading cocci to enable the natural defences of the body to overcome the rest and at the same time increase natural immunity. The Doctor's patients on this treatment were examined daily by him, and so long as improvement in the physical signs continued, no second dose of penicillin was given.

Dare one practise such a theory on a patient with pneumococcal meningitis?

The College of General Practitioners has as one of its aims the encouragement of research in general practice.[5] The study of measles already mentioned is an example. Then the Doctor has kept records of all the cases of Acute Otitis Media seen by him since 1949. These are analysed in Table III.

Infection of the ear spreads from the post-nasal space along the Eustachian tube and his suggestion is that more people sleep on their right side and that therefore the right ear is more likely to be affected; but the statistical significance of these figures has still to be tested. The subject of Otitis Media, as seen from the tables, is one which continually confronts the G.P. The trouble is that he treats it so well that students do not see it in Hospital. Certainly I had not seen an inflamed drum before this week's visit, but I have now learnt to appreciate the use of an auroscope.

Perhaps the most useful thing I learnt during this week was the importance of continuity of care: the effect of someone's illness on his family, the social problems which disease gives rise to, and the care that is available for the young and the old. Geriatrics is after all likely to become increasingly important, especially to the G.P. For it is always the G.P. who, after the specialists have done what they can, has to deal with the patient who has inoperable cancer or chronic heart disease. It requires not a little skill and understanding to cope with such people and their problems.

Conclusions and Summary.

I have written of my week with a country G.P., describing the type of practice, its organisation, the relations with hospitals, laboratories and the M.O.H.: I have tried to give some indication of what I saw there, all with the object of encouraging others to go and see for themselves what practice is like. Even those who intend to specialise ought to know; after all they will be writing letters to the doctor who has charge of the whole of the patient only part of whom they treat. Pressure of exams prevented my staying longer than a week, but I would advocate at least two weeks, preferably two weeks in two different kinds of practice including a "group practice".[6]

Table III.

Acute Otitis Media.

Ear	1949	1950	1951	1952	1953	1954 (first 4 months)	Total
Right	9	6	17	18	22	12	84
Left	9	9	14	14	17	4	67
Bilateral	3	24	24	27	14	6	98
Total	21	39	55	59	53	22	249

And I recommend that such a course become part of the normal curriculum of a student's final year. A Professor of Medicine once said that a doctor requires three things: Magic, Science and Sympathy. Where better to learn Sympathy (with Science and a little Magic thrown in) than from a G.P.?

ACKNOWLEDGMENT.

I wish to thank the Doctor for his help and criticism of this article, and for his permission to quote these figures from his practice records.

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SO TO SPEAK . . . . .

Heard in W.O.P.'s;

I don't know whether the pain is in my tubes or in my aviaries, Doctor!

'Ear, 'Ear;

Doctor: The source of your trouble is this ear.

Patient: This 'ere wot?

In S.O.P.'s; a case of hollow trunk:

"p.r no viscus was felt."

Sssssssss . . . .!

In the course of a lecture it was stated that intussusception was all S's.

ICE HOCKEY—A MUCH MALIGNED SPORT

by JOHN DAWSON.

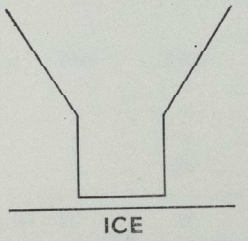
I write this in the boots of a lesser prophet living in the lands of rolling uplands and village green, having journeyed from lands where ice and snow are welcome guests for at least four months of the year.

To consider a sport foreign to one, it is vital to listen to a rational enthusiast, a somewhat rare beastie. However, in the next few aggramatical paragraphs let me represent myself to you as one.

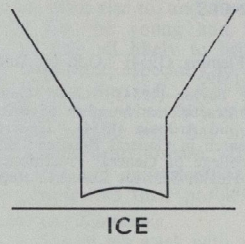
I propose to consider a player of the game arriving at "The Rink," and to try and imbue him with a personality. He is to start with a member of a team of 12 men, of which only 6 perform on the ice at a time. The remaining six being second lines of offence, and combinations of defencemen. The offensive " line " consisting of a centre and two wings, the defensive of two defencemen and a goalkeeper, alias a goaltender or goalminder.

Our hero wends his way to a dressing room with wooden duckboards on the floor to protect his skate blades when he is finally attired, and after disrobing attires himself thus. Primarily all members of the team warrant that protection rendered unto a field hockey goalkeeper or a wicket keeper in cricket. Superimposed on this are the underclothes which must allow considerable glowing to occur as the pace waxes extremely hot in time. Shoulder pads, padded shorts, knee and shin pads, elbow pads, are all strapped on, and the inevitable suspender for the long and cosy stockings is added. Over all this goes his identifying sweater and his long stockings, and finally his skates.

Ice hockey skates differ from figure skates in having a strongly reinforced boot with generally a built in metal sole to which is riveted the skate. The blade itself is supported in a tubular structure and is cut in cross section so ;



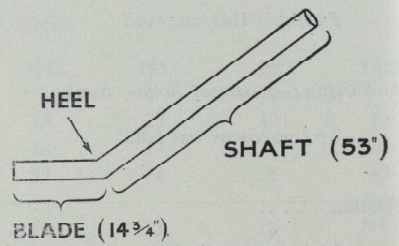
as opposed to



of the figure skate. To whit, no " edges " are present on the hockey skate, a very necessary point when rapid lateral skidding forms the main braking mechanism. Many ice hockey skates also have an attached pad which protects the "Achilles Tendon," from being accidentally severed by a skate en passant.

His skates are sharpened, but not to an over-sharp degree, or else the bite is too excessive in a " stop turn," and the ankle in such a situation would fold up under the strain.

Next he grasps a stick of some such shape as this;



which has a variable angle for players of different heights, and with a slight degree of " lie " of the blade to the shaft, depending on the side of the rink upon which he plays or whether he is right or left-handed.

Then picking up very heavily padded gauntlets, and a head " band protector " if he believes in them, he trips sedately on his toes to the ice surface. Here he meets his pals practising shooting at " The Cage " in front of which his fellow goalie is performing protective antics behind a veritable mountain of padding. Nonetheless I have witnessed a " puck," which is the propelled object in the game, being a disc some 3 in. in diameter and 1in. thick of vulcanised rubber, turn a goalminder into a heap of agonised humanity when driven hard at the centre of his protective clothing. The penetrating effect is unbelievable unless seen.

The Rink itself is an ice surface of some 200ft. by 85ft. divided by two blue lines into three portions. The Defending Zone, the Neutral Zone, and the Attacking Zone, all are self explanatory. The whole being surrounded by boards about 3½ft. high, and a goal is in theory some 10ft. from each end being a net cage 6ft. by 4ft.

The object of the game, now, is to provide very rapid co-ordination of your six men to propel the puck into the net as many times as possible. After practice shooting and generally warming up, because cold muscles can tear very easily in this sport, the teams position themselves and a " face-off " occurs in a 10ft. circle at centre ice. This equals a " bully " in field hockey, and the pace commences.

Now the attacking team can " go in " in a three man attack with the puck carrier leading, or with the puck loose, moving before them all. If one of the three is impulsive and crosses the blue line in question before the puck, an offside results, and a face-off is held at the point of origin of the pass. A player is also offside if he receives a puck from a player behind him who is passing from another zone i.e. across a blue line.

Thus, once the defending team have shot the puck out of the defensive zone, all the attacking men are offside until they skate out of this zone, and once again follow the puck in. This explains why you often see defencemen skating about with no apparent aim, in reality they are waiting for their attacking forwards to get on side.

It also leads on to the principle of a five man attack or " power play ". This necessitates the three attacking men going up into the opponents' defensive zone, and behind them also in the zone, stand the two defencemen, feeding in any clearances that show signs of crossing the all important blue line.

This is obviously a fairly well considered move, because if it aborts, one's own goalkeeper is left wide open to attack on two counts. The first is that it takes an appreciable time, on the time scale involved, for the defencemen to turn around and hustle back, hence the requirement for rapid back skating. The second lies in the fact that by choice the forward line are the faster men.

Thus the play travels back and forth for three 20 minute periods with two 10 minute intervals, changing over for the first two periods, and twice in the third period so that each team gets 30 minutes in each direction.

These are virtually all the rules and pointers one really need remember to work out the basis of the game, but, " come the revolution " and the all-absorbing subject of " Penalties " arises.

Penalties, true blue blooded English sportsmen with all their associations tend to damn outright as having " no cricket " labels. This attitude I must try and dispel for it is founded on ignorance and lack of appreciation of a few pointers.

Penalties may be divided by name and the time of penalty associated with them. The minor penalty carries 2 minutes, the major penalty 5 minutes, a misconduct penalty 10 minutes, and a match penalty the remainder of the game. I think the first two are the only ones worth bothering with as the others are very rare, and are really self explanatory as to cause and result.

Before I begin let me stress that a penalty is a *serious* handicap to a team in a game of so few men, and at such speed, and therefore is very much to be avoided. Even so there are further considerations in Ice Hockey which tend to the rougher type of human reaction. No one will deny that Ice Hockey ranks high amongst the high-speed sports, and that the players are physically pretty well extended all the time, as is seen by the relief of " the line ", as the substitute line takes the ice. These two facts tend to aggravate that impetuous annoyance which is always concomitant with

bodily contact sports, and as a result one finds oneself performing deeds in the heat of the moment of which one would normally be deeply ashamed. I believe this point must be fully realised by spectators who have never played, and when penalties are incurred, judgment should incorporate a sense of proportion.

Minor penalties are given for such things as :

1. Skating on with a stick that is broken or cracked even if the state is unbeknown to the player.
2. High sticks.
3. Accidental hooking or tripping.
4. Elbowing or holding.
5. Shooting the puck out of the rink as a delaying defensive effort.
6. Falling on the puck.
7. Dangerous "Body Checking" or "Cross Checking".

(Cross checking means checking with both hands on the stick and no part of the stick on the ice).

8. Many other small things.

Major penalties cover the more unpleasant performances such as fisticuffs, or excessive checking into the boards, or causing injury to an opponent which the referee feels was unwarranted. These are the just punishments meted out for bad behaviour, but in passing remember a hard body check looks much more shattering to an inexperienced onlooker than it feels to the player involved.

Out of this arises a minor point of interest. The game as played in Canada and the United States involves far more bodily contact than does the German or Swiss game, which relies on speed and sharp manoeuvres to outwit the enemy. This does not mean it is a better game curiously enough, but just different.

To sum up, I believe it is well worthwhile for an Englishman to go and watch the game, with I hope this modicum of knowledge, and to enjoy it. The novice will find it perplexing for the first five minutes until he becomes accustomed to the speed and rapid change of direction. Then he may begin to see the basic plays, and go from strength to strength in a state of increasing fascination. I believe this, because this game, although strange to us as Englishmen, is absorbing as a spectacle, and even more gripping when it is played personally.

GULLS

Your terraced flight, a candid beauty shows,
Your raucous cry, an angered heart's unrest,
Perhaps a peace about the estuary flows
But out at sea, tides dash your ruffled breast.
A sailor's curse, the bane of sea-etched graves
Speed with your noble pinions 'gainst the sky.
You only know eternity of waves
And not the time when you must also die.

STUDENTS UNION

Officers for the Students Union 1954-55.

President	Professor A. J. E. Cave
Treasurers	Dr. C. F. Harris
	Dr. K. O. Black
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Vice Presidents	L. Pringle
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	E. Clissold
Senior Secretary	R. Doherty
Junior Secretary	J. R. Nicholson
Financial Secretary	P. G. Burles

The Union wishes to express its gratitude to the retiring president Mr. C. Naunton Morgan for a year of service in which he showed a genuine interest in student affairs and was a tremendous help to the Council in many ways. A warm welcome is also extended to Professor Cave who is no stranger to the Union and who we know has its interests at heart.

Annual Dinner

The Annual Boat Club Dinner will be held at the White Hart, Giltspur Street, on Wednesday 17th. November at 8 p.m. All past members will be welcome. Tickets 14/6, from the Secretary.

The United Hospitals Regatta is to be held at Putney on that afternoon.

Notes

A combined Regatta was held with St. Thomas's Hospital on Wednesday 20th. Oct. There were races for Scratch VIII's & IV's, each crew containing members of both clubs. The finals were rowed in darkness. It was eventually decided—and without violence—which were the winning crews, and Presentation prizes were awarded. A good time was had by all.

Material for the *Journal* should be at the Editor's Desk by the 1st day of the month preceeding that of desired publication.

CLUB NOTICES

SAILING CLUB

The second half of this season has seen a continuation of the intense rivalry between Bart's and Guy's which has been a feature of the interhospital racing for the last two years. Guy's ultimately winning the Bannister Cup by one point thus reversing last year's placings. No other hospital was anywhere near.

In the Harvey Gold Bowl race Bart's had the misfortune to draw by far the slowest boat, and the crew had the frustrating experience in a light wind of dropping further and further back. All the usual tricks and several new ones making no difference at all, Bart's ultimately finishing sixth.

During Burnham Week the predominance of strong winds rather spoilt the Week for the less experienced and the U.H.S.C. 16 footers were plagued by a host of minor breakages. It was none the less a most enjoyable week and the club was fuller than usual. Besides the U.H.S.C. O.D.'s, Bart's were represented in the International 12 Square Metre Shagries, the Merlins and the Fireflies. No spectacular results were achieved but the performances showed that the material is there and only needs more practice and more careful turning of the boats themselves.

The Burnham season has now ended but the Firefly is available on the Welsh Harp in Hendon and there is a full winter programme of social events and talks by well-known authorities on various aspects of the sport.

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*WORMALL, A. The importance of chemistry in the education of medical students. *Med. Press*, Sept. 8, 1954, pp. 209-211.

——, *see also* BANKS, T. E., and others.

——, *see also* TUPPER R. L. F., WATTS, R. W. E., and ——.

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

BOOK REVIEWS

Aids to Medical Treatment *by* T. H. Crozier. Third Edition. Published by Baillière, Tindall and Cox. 536 pp. Price 12s. 6d.

It is only a few years since the second edition of this useful "aids" book appeared, and the fact that a third edition has now been called for is proof of its popularity rather than its necessity to keep up to date. Although it is somewhat fuller than the previous edition its contents are not greatly changed. The most noticeable changes are in the sections on some hormone treatments and on the effects of radioactivity. This "aids" book should be within the reach of every student and will prove of great help in the preparation for examinations.

Microbiology *by* Ernest Gray. Published by Crosby Lockwood and Son, Ltd. XII + 175 pp. Price 10s. 6d.

The term microbiology would seem to be a frightening one and sounds more "high-powered" than bacteriology which constitutes a large part of microbiology. In this book the author enters into all the aspects of the subject, and includes bacteria, viruses, fungi, etc., in his narrative. Parts of the book are of interest to the medical student, but others covering the algae, the microbiology of soil, inland waters and the sea would only be of passing interest to him. For the laboratory worker this book will prove interesting and useful.

Bouquet for the Doctor *by* Dorothy Fisk with an introduction by Prof. Sir Alexander Fleming. Published by Messrs. William Heineman. 241 pp. + 16 illus. Price 18s.

Many a medical journal has reproduced biographies of familiar characters and histories of specific conditions but rarely does a history of medicine in its broadest aspect become presented in readily readable form and at an attractive price. In "Bouquet for the Doctor" Dorothy Fisk has given the reader much enjoyable light reading and covers a period from the earliest to the latest times. After beginning in the confused territory between medicine and religion, in the times when healing was not known but only the delay of the day of "crossing the hilly bourn from which no traveller returns," the book cites from old manuscripts and prescriptions the main constituent of which seemed to have been cat's dung and sweet beer.

In the discussions on hospitals St. Bartholomew's is mentioned only briefly with St. Thomas's and several other ancient spitals. There follow several chapters dealing with the lives of such personalities as Harvey, Jenner, Sydenham and Lister.

The discovery of anaesthetics, bacteria and antibiotics are mentioned in some detail and there is much to be learnt of the extreme conservatism that hounded the medical profession until recent times.

The book is well worth reading for pleasure and for its fund of information. It should prove of interest to both medical and non-medical readers.

Treatment with Penicillin and other Antibiotics *by* J. C. Bates with a foreword by Sir Alexander Fleming. Published by Messrs. Faber & Faber Ltd. Price 7s. 6d. 100 pp.

In recent years the use of penicillin and other antibiotics has considerably increased, and knowledge of this type of therapy should be understood by the nurse whose duty it is to administer it. In this little book Dr. Bates gives all the information she needs; in a short space he has covered a wide range, including dosages, indications for use, methods of administration, and also an excellent chapter on precautions against skin reactions in those who handle antibiotics.

Every nurse will find this book of use and interest.

Brompton Hospital Reports, Vol. XXII. Published by Gale & Polden Ltd. 165 pp. Price 15s.

The latest volume of these Reports includes publications by members of the staff both of the Brompton Hospital, and of the London Chest Hospital; in accordance with a policy to make the Reports representative of all the Hospitals for Diseases of the chest. Among the contributions are "The Present Status of Lung Resection for Pulmonary Tuberculosis" by F. H. Young, "The Lateral Position in Chest Tomography" by G. Simon, "Intra-Thoracic and Intra-Bronchial Lipomata" by Joseph Smart, and "Lymphangitis Carcinomatosa of the Lungs" by James T. Harold.

The Distribution of the Human Blood Groups. A. E. Mourant. Blackwell Scientific Publications, Oxford, 1954 pp 438. Price 42s.

The crowded curriculum of the medical student leaves little time for exploration of subjects on the borderline of the already vast material he is asked to assimilate within a few years. It may however be a matter of pride for the students of St. Bartholomew's Hospital that yet another pioneering book has been written by one of their predecessors, a book which by its very appearance creates a newly defined subject. Dr. Mourant's "The Distribution of the Human Blood Groups" follows those of Race and of Macfarlane in this respect (Race & Sanger "Blood Groups in Man" and Biggs & Macfarlane "Human Blood Coagulation and its Disorders"). It astonishes the reader by its wide scope, yet however divergent the subjects which are discussed, each carries the personal stamp of an encyclopaedic scholar of a type rarely found in the 20th century. Dr. Mourant was a chemist and then a geologist before he took up medicine. Shortly after qualifying at Bart's he became a member of Dr. Brewer's department where he made his first important discovery in the field of blood groups, that of the Rhesus gene c. This was not just another mosaic to be fitted into the jigsaw puzzle of Rhesus antigens but a finding of the utmost importance for the Fisher-Race theory of the genetics of the Rhesus blood groups. Whatever Mourant has done since has had this flair of fundamental importance to mention only some items: the discovery of the Lewis blood group system, the Hunter-Henshaw antigens, the prediction of a high incidence of Rhesus negative individuals in the area of the Basque country which was so amazingly correct. Since becoming a medical man and an authority on blood groups,

Continued on page 328.

EXAMINATION RESULTS

UNIVERSITY OF LONDON

1st M.B. EXAMINATION

June, 1954

Passed

Bataineh, Aref S'ad
Birt, A. M.
Cox, T. A. R.
Davies, G.
Hill, B. D. G.
Netcott, P. N-K.
Patterson, M. J.
Simons, A. G. E.
Swallow, J.
Thomson, R. G. N.
Beardwell, C. G.
Bonner-Morgan, R. P.
Craggs, J. C.
Eddy, J. D.
McGrath, M. B. J.
Noble, M. I. M.
Roberts, C. P.
Stevenson, J. S.
Tchamouroff, S. E.
Young, H. R. M.
Berry, W. H. C.
Burbidge, B.
Davies, D. G.
Ernst, P. R. M.
Muzio, D. M.
Owens, I.
Robinson, I. S.
Sugden, K. J.
Thomas, B.

2nd M.B. EXAMINATION

July, 1954

Passed

Badley, B. W. D.
Cocker, W. J. B.
Major, V. T. D. H.
Rowswell, E. F. D.
Visick, R. H.
Billardis, D. G.
Hackett, M. F. J.
Pidcock, B. M. H.
Hall, F. G.
Vyle, E. A.
Chinery, A. R. O.
Hinton, I.
Richings, J. C. H.
Stuart, I. M.
Woolf, A. J. N.

M.D. EXAMINATION

July, 1954

Brooke, C. O. S. Blyth

EXAMINATION FOR THE ACADEMIC POST-GRADUATE DIPLOMA IN PUBLIC HEALTH

June, 1954

Boatman, D. W.

ROYAL COLLEGE OF SURGEONS

PRIMARY F.R.C.S.

July, 1954

Kazantzis, G.

FINAL F.R.C.S.

June, 1954

Perera, G. N.
Patel, C. C.
O'Neill, J. P.
Singh, S. M.
McRobert, C. N.
Lake, M. E.
Robinson, D. N.
Salvaris, M. M.
Galvin, C.
Lorentz, T. G.

he is the Director of the Medical Research Council's Blood Group Reference Laboratory, Mourant has gone on to become an acknowledged exeprt in genetical statistics and finally in Anthropology. The geneticists have made him the Mentor of the Nuffield Blood Group Centre and the Anthropologists have elected him a member of the Council of the Royal Anthropological Institute. Thus there could have been no-one who was better qualified to write this book. Much of the work recorded is either his own or has been carried out on his instigation or with his advice and help.

Shortly after the discovery of the ABO blood group system the observation was made in Salonika where soldiers from many countries were stationed that different nations and races showed a different frequency of these genes. Since then enormous strides have been made and Dr. Mourant discusses some dozen systems which—to varying extent—have helped in the classification of mankind. The B group is most frequent in India and in Central Africa, and the further people live from these foci the lower will be the B frequency. For the MNS system a great difference can be found between men living East of a line running from North to South somewhere near Japan. Those West of it show a higher frequency of N than of M, whereas elsewhere M is predominant. The various Rhesus gene combinations afford an even more subtle differentiation the most important is probably the finding of a high cDe frequency in all the peoples of Negroid Africa. The sickle cell trait and the ability of tasting phenylthiocarbamide are both inherited and are included as "honorary blood groups". Special chapters review the position in Northern and Central Europe, in the Mediterranean area, Africa, Asia, Indonesia and Australasia and in aboriginal America. There are chapters on blood groups in animals, on techniques of grouping in the laboratory and in the field, and on the calculation of blood group frequencies. Yet all this fills only the first half of the book. In the second half can be found an exhaustive bibliography of some 1700 references which alone makes this scholarly work an indispensable tool for all research workers in this and in allied fields. There follow maps of the world distribution of blood groups which allow a fascinating view of the relations of human races. The last quarter of the book is filled with Tables of blood group frequencies reported from all over the world including one of frequencies of the sickle cell trait. Thus this is a book which combines in a rare fashion interest for the outsider and for the expert.

H. Lehmann.

Aids to Male Genito-Urinary Nursing, Sayer, S.R.N., D. N., Baillière, Tindall & Cox, pp. 146, illus. Price 5s.

That a second edition of this book is so quickly called for speaks for itself and shows its need and popularity.

The book has been well revised and should prove helpful to nurses who have the care of male patients with conditions of the uro-genital tract.

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. LVIII. **DECEMBER 1954** **No. 12**

A MERRY XMAS,

And a Happy New Year from the Editor! All of us are going to hear this so often in the next few weeks that we will be merely accepting it as a formality and not paying it much heed. It has become rathe like saying Hello or Good Morning at Xmastide. In spite of this, be pleased to accept my greeting in good faith.

Our existence is beset with convention and we are never allowed long in which to forget it. Greetings have become as conventional as cinema visits or Sunday morning walks. The Irish have their "Top o' the marnin' to yer" and the Devonians just their "Marn'n." This is expected of them now and any self-respecting citizen of these parts would consider another form of greeting as beneath his dignity. Least of all would the Londoner expect to be greeted by a Welsh shepherd with "And I wish you all the best for the day" or some such unusual eloquence.

To revert to the Yule-tide. I have an intuition that not every well-wisher for my Christmas happiness really means what he says. I immediately call to mind the local dustman, who makes sure that only for the few days prior to December 25th, is my garbage efficiently and promptly disposed of. He knocks on the door after this once yearly performance and wishes me a Merry Xmas with one hand outstretched; and as it is always obvious that he has no inclination to shake hands with me, his thoughts are immediately diagnosed. Nearly all the tenants served by this particular man have at some time complained of his inefficiency, and he knows it; but he persists in his greeting, and I have no doubt there is considerable remuneration for his persistence.

Dickens would have said the man deserved his reward because he upheld the Christmas spirit. Others I have spoken to are not quite so definite about this, and seem capable only of talking about dustmen, milkmen, bakers and Xmas with signs of increasing anger.

So much for the man who wishes me a Merry Xmas; but I have to stop to consider whether, when I have suppressed all thoughts of the past and been generous, I returned the compliments. It seems almost impossible to reconcile any pristine aggressiveness with my sense of Christian duty to be kindhearted in my turn. I feel I should do, but rather think I have failed more than once.

By now you may be doubting the sincerity of my first remarks, but you have really no cause. The matter has been brought to your notice and to mine and perhaps it will receive a little thought.

The Small Back Room

During recent weeks, there has been a certain amount of renovation and reconstruction in the Out-Patients' Department.

The somewhat drab and cumbersome screens in the Casualty Boxes have been replaced by brightly coloured curtains. That this is a considerable advance will be appreciated by all who have had to negotiate the screens bearing a hydrocoele tray and its numerous accompaniments.

However, greatest interest was aroused by the gradual fabrication of a structure in one of the darkest recesses of the Dark Blue Box. Speculation as to its purpose trended towards a place of confinement for temporarily recalcitrant patients, but it was eventually revealed that this was to be an oasis of seclusion for the Out-Patients' Registrar. It has always seemed unfair that, whilst the House Surgeons have their individual retreats, the Registrar should be denied any haven of rest, and be condemned to lead the life of a medical Flying Dutchman.

Now, all has been righted, the only disadvantage being the frequent sight of a file of harassed dressers wandering from Box to Box in search of the Registrar, and blissfully ignorant of the existence of a little cubicle in which the aching feet may be eased, and, possibly, the latest form be studied.

Oxford-Bart's Club

The Annual Dinner of the Oxford-Bart's Club will take place at 7.30 p.m. on December 17th at the Royal College of Surgeons. Sir Arthur Porritt, K.C.M.G., O.B.E., will be the guest of the Club and Vice-Admiral Sir Alexander Ingleby-Mackenzie, K.B.E., C.B.E., will preside. Anyone wishing to attend should contact D. Fairbairn, c/o St. Bartholomew's Hospital.

Fun and Games

The Cambridge Graduates Club held its annual Sherry Party this year on October 22.. Dr. F. H. Young, O.B.E., the Chairman, welcomed the guests. As usual the Library was crowded with Cambridge men of all ages and their ladies. As usual the Secretaries and their helpers had provided in plenty all that was needed for a really enjoyable *symposium*. The unfailing success of this party year by year suggests that we should have more such occasions at Bart's. Or do only Cambridge men have parties ?

Eastern Counties Rahere Society

A Meeting of the above Society was held on October 30th at Everard's Hotel, Bury St. Edmunds. Over thirty members were present, many of whom had travelled fifty miles or more for the function.

The health of the Hospital coupled with the name of our guest, Mr. Naunton Morgan, was proposed by Mr. Stansfield of Ipswich. In his reply, Mr. Naunton Morgan interspersed a delightful flow of wit with some interesting comments on current activities at the Hospital both clinical and in the sporting field. He also drew attention to the remarkable tendency for Bart's men to get together and enjoy themselves not only in various parts of this country but abroad as well.

An enjoyable evening was had by all and for many of us the journey home seemed much shorter than the journey out.

The Pot-Pourri—1954

This year's pot-pourri will be on Tuesday, Wednesday and Thursday, 28th, 29th and 30th December, in the Cripplegate Theatre.

Prize in Histological Drawing, 1954

Awarded to J. TOWNSEND

Births

ARUNDELL.—On October 24th, to Jean, wife of Dr. Peter Arundell, a daughter (Susan Mary).

BINTCLIFFE.—On October 22nd, to Betty, wife of Eric Bintcliffe, a sister of Ian and David.

CURTIN.—On October 10th, to Peggy, wife of Dr. A. P. Curtin, a brother (Paul Rodney) for Petronella, Raymond and Adrian.

GOURLAY. On October 27th, to Margaret and Dr. Nigel Gourlay, a daughter.

LUMSDEN.—On October 2nd, to Margery, wife of Dr. Kenneth Lumsden, a daughter.

MOLESWORTH.—On October 5th, to Rosemary Ann, wife of Dr. Peter R. H. Molesworth, a son (Simon Peter Henderson).

ZEITLIN.—On October 19th, to Joan Margaret and Reginald Albert Zeitlin, a daughter (Susan Rose).

Adoption

By Patricia (née Beckingham) and John COTES a daughter Lucy Margaret (born 29.1.54), a sister for Peter.

Engagement

LIPMAN COHEN—FROOMBERG. The engagement is announced between Eric Lipman Cohen and Joyce Hilary Froomberg.

Death

WESTERN, Henry James, On September 28th, aged 83. Qualified 1900.

Change of Address

Dr. Matthew Westwood,
to Nettlefield,
Chesterton,
Cirencester, Glos.

Dr. George Graham,
to 13, Park Crescent,
LAN 8150.

Dr. Robert WIGGLESWORTH
to 7, Cranford Hall,
Nr. Kettering,
Northamptonshire.
Tel. : Cranford 280.

LETTERS TO THE EDITOR

Dear Sir,

The head of Bacchus recently discovered in Bart's will no doubt reside in the Museum, while the fate of its temple is being argued. The expression on the face of the original, not easily seen in the photograph, prompts me to suggest a use to which it may be put. For the smile is undoubtedly sardonic, and being on a Roman statue, must be a " Risus sardonicus." The use I suggest is to start a collection of those articles so beloved of the medical profession as illustrations, when their powers of description lagged behind their knowledge of the world. Modern students often find their knowledge of the world is not up to that of their elders, and are unfamiliar with the appearance of a nutmeg, or the feel of a bag of worms, and a collection of such items housed in some annexe behind a veritable barn door would be of inestimable value.

To start such a collection I would add to the Bacchic head a clasp knife, a club, a drum stick, a green stick, a bamboo, a barrel, a horseshoe, sulphur granules, a saddle and a pipe stem.

I think our Natural History Society would justify its existence if it could find the necessary hare, claw, spider, bag of worms, pigeon, thrush, snail (making tracks), antler (which we prefer to call a stag's horn), and that denizen of Bart's the two-humped dromedary.

I suspect the refectory could produce sago, millet seed, apple jelly, rice-water, coffee grounds, dough and red currants. Also perhaps, a raspberry, a strawberry, a mulberry, a honey comb, a nutmeg, a cauliflower and a spoon and dinner fork. The irreverent might add hobnails, clay and tar as well.

If the College could cash in on the second-hand student motor car market, a green Lagonda has just changed hands at £40 which produces a fine machinery murmur of undoubted pathology. It is also a source of rust, cogwheels, lead pipes and cracked pots.

Your readers might be able to send in a leather bottle, a sabre, a mask, a flail, a cuirasse, a French orange so that it may have a " peau "), a wash leather, a board, an hour glass, a water hammer and anything else I may have omitted. In case any of them might think it entertaining to send in a Caput Medusae, I would forestall them by signing myself, Yours faithfully,

" Perseus."

* * *

Dear Sir,

The other day I attended a Medical Out-patients session at which three patients were brought in.

To two of them not one single word was addressed, not even " Good morning " ; the third was asked one question only. In no case was the patient examined either by the presiding physician or by the class.

In two cases there was a discussion in thinly disguised terms on the differential diagnosis, while on one of them the physician gave a lecture on the difficulties and dangers of treatment.

It is difficult to see what purpose was served by the presence of these patients in the class. They themselves could only be discouraged by what they heard. For the class their presence was quite unnecessary since no opportunity was given for examination.

May I also protest at what I may term " the public P.R." as performed in Surgical Out-patients without screens and without a nurse being present.

Of course rectal examinations are essential, but surely patients might be allowed the courtesy of a screen while they are being examined.

Yours faithfully, etc.

H. M. HOLDEN

Sir,

Your correspondent Dr. Bernard Myer's experiences with low blood pressure tempts

me to tell a naval, or rather a merchant marine story, although strictly speaking it has elements of both.

My patient was an ex-naval captain, whilst I was indulging in a little ship surgeon's experience.

Whilst examining a passenger suffering from anal fissure, I was urgently requested to attend the ex-naval captain, who was in a serious state of shock from having apparently dived into the ship's swimming pool in a foolhardy manner. His scalp was split, and the periosteum was clearly seen.

Carried to the sick bay in some towels, a plasma drip was instituted to counter an absent B.P. and pulse. His scalp injury was stitched and a neurological examination made between 10 minute examinations of his B.P. T.P. & R. Alarmed at his persistently low B.P. wavering between 90-100 mm. systolic and 40-60 mm. diastolic and persistently rapid pulse, intravenous adrenaline was given slowly. After two hours his B.P. climbed to the usual normal limits of 120/80 and then began to descend again without any apparent change in mental faculties or overall general appearance. At 100 mm. Hg. systolic I again resorted to Adrenaline, but found the greatest difficulty in achieving any sustained result. Throughout my bustling about, my patient was observing me as closely as I was him, and when I momentarily blurted out something about blood pressures being awkward to take at sea, especially with Cape Rollers, he kindly informed me in an extraordinarily clear voice that he suffered from low blood pressure. Then the proverbial penny bounced with a loud metallic clang.

He had had bouts of syncope before, and as he could not remember trying to dive in the swimming pool, it was clear that he had fallen in as a result of a low B.P. syncope, his posture assuming that of a diver, attempting an unusual dive, hence the bizarre accounts by onlookers.

Yours, etc.,

JAMES RANDALL, M.B., B.S.

Queen Mary's (Rochampton) Hospital.

* * *

Sir,

I beg some space in which to further plead your cause of Wit. The eulogy presented by yourself, sir, commits my fellow-students to a cell of witless morons, unable to do else but read of the side-splitting of their ancestors. Pitiable fate!

The report of humorously inclined narrators sailing out of the company of these students in a bad temper, leaving behind him a wake of ill-will is tragic; and it should serve as a warning to those who would claim some minutes of this witless band in the pursuit of Humour. I'll not risk such exposure. It seems to me that his attitude verges on the pathological. However you suggest otherwise: these students will laugh at a good joke. But misery, for you report they are rare.

You announce that the wide interests of the modern medical student include those of music, drama, beauty, humour, and often a combination of two of these, or more. (Is there no possibility of an extension to all four, and an appreciation of Mozart opera?) Before I question the last of these I must attempt a delineation between Wit and Humour.

How long sat Wilde and Johnson, feet upon the hearth, pen in hand, awaiting the crystallization of Wit? Surely they did not wait! Wit waits for no man: Wilde ran it to earth in the Cafe Royal, while Johnson lay in wait for it in City coffee houses. Their Wit shone by reflection and brevity, and it was tailored to suit the moment; and did it lose its glitter on paper? Their Wit contained an essence of true humour—but an appreciation of plain dry humour requires a further sense.

The predilection of our students for 'quickies', and Wit other than that 'meticulously prepared' needs must preclude the success of the clinical lecturer with even the most carefully indexed book of jokes in his task of breaching the massive mental barrier of students. His jokes may contain Humour, but they are barren of Wit. In fact his failure is notorious. Can it be that our students appreciate the illusive Wit more greatly than plain Humour? This is most un-English of him — nay, even unethical!

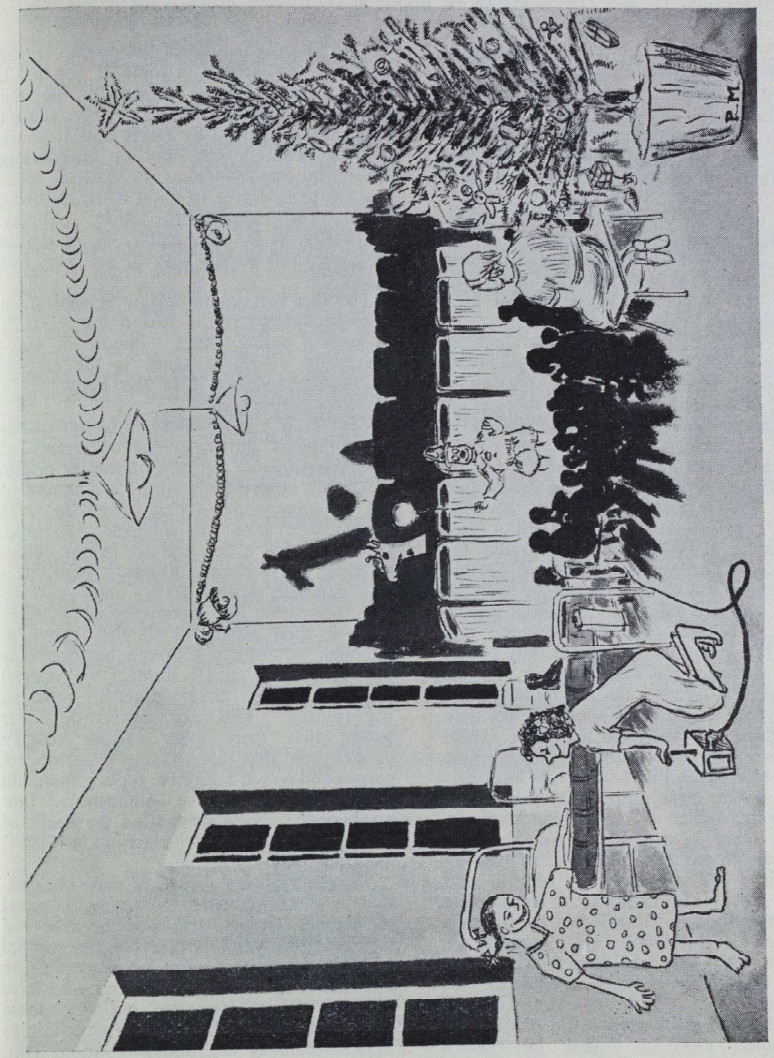
You suggest the cultivation of this delicate plant, Wit; but you present no practical assistance.

What mental manure, what hormone for the higher centres will promote its flowering in the November fogs? Forward the man with the answer to our monumental ignorance of Wit—please.

I remain, sir,

Yours faithfully,

BRIAN PIDCOCK



As soon as he comes to that bit about "*Your very own Ward Show kiddies*", let him have it!

SOME DISEASES DUE AUTO-AGGRESSION

by A. PINEY, M.D.

NEARLY fifty years ago Widal, Abrami and and Brulé described auto-agglutination of the red corpuscles in acquired haemolytic jaundice: and very little later, Chauffard and Troisier demonstrated the presence of haemolysins, sometimes accompanied by agglutinins, in the blood of some cases of what they called "haemolysinic anaemia". It was this work that finally disposed of the idea that acquired haemolytic jaundice was not an entity but simply the congenital form of the disease which happened to have been overlooked or which had manifested itself unusually late in life.

The nature of the haemolysins remained obscure until Dameshek and Schwartz (1938) reproduced the disease in guinea pigs by injection of haemolytic serum; but, even so, the source and nature of the antibodies in the human disease was totally unknown. Then came the very fruitful period, ushered in by the discovery of the pathological significance of the Rhesus factor by Landsteiner and Wiener (1937), followed by the work of Race and Taylor (1944) who demonstrated the existence of incomplete antibodies, so that new weapons in the search for an explanation of acquired haemolytic anaemia rapidly became available. Coombs, Mourant and Race (1945) gave us the tests, usually known by the name of the senior author, for the detection of weak and incomplete Rh agglutinins. These techniques, together with the refinements suggested by Ham (1939) and Dacie (1947) who called attention to the importance of the Ph of the serum have permitted a very large number of cases to be intensively studied by serological methods. Indeed there is continuous refinement of technical procedures, such as the use of trypsinized red corpuscles by Morton and Pickles (1937) to demonstrate incomplete anti-Rh antibodies. Even when the Coombs test and agglutination in albumen are negative this very delicate method may reveal the doubly incomplete antibodies of Dausset.

All this and much more, all of the utmost importance, can be found in Dacie's magistral book (1954) and, more briefly, in the thesis of Lajeune (1954). But here a rather wider aspect of the matter falls to be mentioned viz., the nature of the antibody.

The amazing feature of the disease is that immunity has arisen, in some, if not in all, cases to an antigen carried by the red corpuscles of the patient: a subject admirably discussed by Dacie and Cutbush (1954). This is not only of outstanding theoretical importance, as we shall see later, but has to be borne in mind when choosing blood for transfusing such patients. Obviously, as far as possible, blood should be given from donors who do not carry this antigen.

The fact that immunization is against an intrinsic antigen is the reason for referring to such a malady as a "disease of auto-aggression". Its existence is the end of Ehrlich's conviction that the body has a "Horror autotoxicus".

That such a mechanism is by no means uncommon is shown by the occurrence of thrombocytopenic purpura of similar origin. Ackroyd's observations on the mechanism of the thrombocytopenia that occurs in some people who take the soporific, sedormid, (1952), opened a new chapter in our understanding of Werlhof's disease. Thus, it is now generally accepted that many patients with idiopathic thrombocytopenic purpura have, in their plasma, a platelet agglutinin, although, admittedly, similar substances may be found in a small number of normal people and also as a sequel to repeated transfusions. This last observation has shown that there exist various platelet antigens and that these platelet types do not correspond to red corpuscle types. Stefanini and his colleagues have demonstrated four serologically distinguishable varieties of platelets (1953) while Harrington (1954) mentions eight.

The practical importance of these observations is great because there is no good panel of platelet typing sera, and because red corpuscle compatibility does not run parallel with platelet compatibility, iso-immunization to platelets is high among persons who have received several (in the ordinary sense 'compatible') transfusions. Auto-agglutinins against platelets are found in about two-thirds of patients with 'idiopathic' thrombocytopenic purpura: such agglutinins may be highly specific, acting only on the patient's own platelets and being inert in the presence of all other platelets.

There are, thus, at least two varieties of Werlhof's disease: one in which the thrombocytopenia is due to some defect in the maturation of megakaryocytes; and the other in which the damage is due to platelet agglutinins. Women suffering from the former type give birth to normal children, but those with the latter variety give birth to children with neonatal thrombocytopenia as the result of passage of the auto-agglutinin across the placental barrier.

Another practical point in connection with this new knowledge is that splenectomy is more likely to remove all symptoms in those cases in which anti-platelet substances are demonstrable than in those in which the disease is due to a maturation defect of the megakaryocytes. Even so, even when splenectomy has relieved the thrombocytopenia, antibody may persist in the plasma and may be of sufficiently high titre to cause purpura if transfused into a normal person.

There are many gaps in our knowledge of anti-platelet substances; and, when we come to consider the leucocytes, our information is woefully incomplete.

Agranulocytosis, due to administration of amidopyrin, has long been known and, until recently, was assumed to be due to damage of the marrow by the drug. The fact that, in sensitized persons, leucocytes disappear from the peripheral blood within one to three hours after a very small test dose of the drug cannot be due to primary injury to the formative tissue. Moeschlin and Wagner (1951) demonstrated the presence of a leucocyte-destroying factor in the blood of such people: This substance agglutinated leucocytes both in vivo and in vitro.

Moeschlin (1954) has now classified the granulocytopenias of immunological origin as follows:—(1) due to sensitization to a chemical substance, e.g., amidopyrin, gold etc. (2) due to leuco-agglutinins in such inflammations as virus pneumonia and lupus erythematosus; (3) associated with certain paraglobulins such as may occur in the blood in myelomatosis; and (4) due to leucocyte agglutinins of unknown origin. This last group has been investigated in great detail by Dausset (1954) who finds that leucocytes, almost certainly, carry the antigens A and B, corresponding to those of the red corpuscles, but there is no evidence of leucocyte groups independent of those of the red corpuscles. The whole subject is still in a state of flux; and those interested should read (and re-read) the paper on "Leuko-agglutinins" by Dausset, Nenna and Brecy (1954).

It is hoped that this very brief and superficial survey of one of the growing edges of haematology will suffice to excite interest in a new chapter in the already crowded field of immunity. Ever since the earliest days of that science, antigens have been sought outside the organism: bacteria, foreign proteins and viruses have been investigated with the utmost profit. Now endogenous antigens, which are part of the body itself, must also be considered. It can no longer be said that there is never incompatibility between the various parts of a single living organism. In spite of the paucity of our knowledge in this field, it is already clear that body-cells can act as antigens; and that antibodies formed in response to them can cause disease.

"We have many members in one body, and all members have not the same office." (Romans XII. 4.).

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ALMA MITRE

by

TABLET

The whole incident now seems quite fantastic. Nevertheless, the letter is there for all to see. If the gentleman in cap and gown was who I thought he was, he has said nothing. But perhaps one should not expect him to, outside his " territory." Moreover, I cannot believe I imagined the innuendo in his remarks the other day about meeting unexpected problems when in Cambridge for Final M.B.

It all started because I wore a college blazer, green and easily recognised, to go rowing at Putney. The long journey back in the evening in a 22 bus is tedious, and the Mitre Tavern in Ely Place off Holborn Circus is conveniently placed for obtaining sustenance for the walk to Charterhouse. That evening I must have felt in need of more resuscitation than usual, for I dozed off in a room off the parlour called " Ye Closet." I was awakened by a hand on my shoulder, and looked up to see a tall figure in morning dress and carrying a black top-hat. I was about to expostulate at this interruption, when the stranger forestalled me, saying : " I am sorry to wake you up, sir, but I saw through the window that you are a member of the University." Rather testily, I confess, I replied, " What the devil has that got to do with you coming in here and rapping me on the shoulder ? Anyone would think you were some sort of " buller " dressed like that at this time of the evening." " But I am, sir ; that is why I came in." " Well, all I can say is that you must have wandered rather far from your beat. This is Ely Place, Holborn Circus, London, where they do not have bullers and progs and things. Anyway, I came down from Cambridge over a year ago. But tell me, man, what are you doing here ? Going to a fancy dress dance, or been to a wedding, or did you jump off Folly bridge and float down from Oxford ?"

" Perhaps I can explain," he said, and stepped into the parlour and came back with a picture frame containing an envelope and newspaper cutting. " You see," he went on, " Ely Place is really part of Cambridge, and I must point out that until eligible to proceed to the degree of Master of Arts, sir, when in Cambridge you are in statu pupillari, and should wear a gown."

The envelope was certainly addressed to the Mitre Tavern, Holborn Circus, Cambridgeshire. The cutting referred to the watchman at the gate, whom I had often seen in braided top-hat with a truncheon in his lodge, and went on to say that he was there because City of London police could not enter Ely Place and the inhabitants paid no Police Rate. This sounded rather intriguing as I still had no inkling of what it was all leading up to. So I asked him if he knew how it all came about.

" The story," he said, " goes back to A.D. 1250 when John de Franceis, baron and treasurer of England, rented a house and land here and a year later obtained permission from the Dean and Chapter of St. Paul's to build an oratory. Traditionally, this was the crypt of St. Ethelreda's Church, though there is considerable evidence that this crypt is a great deal older and may date back to A.D. 310 when Restitutus was Bishop of London. John died in 1268. The new tenant was the King's Clerk in Chancery, John de Kirkby, who became Treasurer of England in 1289 and two years later, on the death of Hugh de Balsham, Bishop of Ely. John de Kirkby died in 1290 and left this property, together with all its liberties as such, as part of the Diocese of Ely in Cambridgeshire. The next bishop William de Luda started building Ely House as his London Palace and the Church was the Palace Chapel. Since then Ely Place has had an interesting history. In 1326, Phillippa of Hainault spent Christmas in Ely House on her way to marry Edward III. Her son, the Black Prince, lived at Ely House, as also did John of Gaunt who died there in 1399. Richard II stayed there for the famous Smithfield Tournament of 1390. Later Henry VIII and Catherine of Aragon attended a banquet lasting five days in 1531.

The bill of fare contains some interesting items :—

" 29 great beefs at 28s. 6d. a-piece from the shambles ; 100 fat muttons, each 2s. 10d. ; swain 13 dozen, larkes 340 dozen each dozen 5d. ; 34 porkes at 3s. 3d., but 91 pigs at 6d. ; and Capons of Greece at 1s. 8d. a-piece but pullets 2d. each."

" In 1546 this Tavern was built by Bishop Goodrich for the use of Palace Officials. It still uses the old Cambridge hours of 10 o'clock on weekdays and 9 o'clock on Sundays.

" In 1559, when Thomas Thirlby had been Bishop of Ely, the Reformation occurred. The land was seized by the Crown, but its original status was not changed.

" In 1576 Queen Elizabeth forced Bishop Cox to lease part of the house to Sir Christopher Hatton, and this cherry tree marks the boundary of the two parts. She and Hatton are supposed to have danced the Maypole around it. Hatton paid the Bishop as rent ' a red rose at midsummer for the gatehouse, with ten loads of hay, and £10 per annum for the garden.' In the next year the Queen forced the Bishop to hand over the entire property to Hatton or ' By God ! I will unfrock you.'

" Early in the 17th century the Church crypt became a drinking house, and from 1620-24 the Spanish Ambassador lived in Ely House. In 1633 Shirley's great masque, costing £21,000 was held from Ely House to Whitehall before Charles I.

" Later when Matthew Wren was Bishop of Ely he was imprisoned for Catholic tendencies, and most of Ely House was pulled down. In 1642 the remnant became a prison and later a hospital. Then after the Fire, which narrowly missed the House, the Middlesex Magistrates held court there. Some 25 years later Anne of Denmark, afterwards Queen of England, came to the Chapel to hear the sermons.

"At the end of the 18th century the property was transferred to the Crown in exchange for a new residence. The status was not, however, lost, but all the buildings bar the Church and this tavern were pulled down. At the beginning of the next century the Church became a poor-house, but failed and was leased to the Welsh Episcopalians for a time. It was about this time that the inhabitants of Ely Place started paying some local taxes. It started when a baby was abandoned on a doorstep in the Place and the tenant took it to a foundling hospital. The authorities said that as foundlings were a charge on the rates, the owners of property in Ely Place would be taxed accordingly.

" The most recent phase began in 1879 when the Church was auctioned and sold to the Catholic Order who own it today. It withstood with remarkably little change the vicissitudes of time, until one of Hitler's bombs after 700 years demolished the roof. However, the rest of the Church and this tavern, frequented by Dr. Johnson, live on as symbols of the past in this geographical anachronism."

Fascinated as I was by all this I had not long to muse, for he added : " I think we had better go and see the Pro-Proctor as he would like a word with you." " But stop," I said, " what has all this to do with the University, which, though in, is not under the sway of the Diocese of Ely ? That ended with Hugh de Balsham, founder of Peterhouse in 1289, and Bishop of Ely before Ely Place acquired its status."

The " bulldog " (for such I must call him) turned and said : " de Balsham did indeed try to establish the separate identity of the University but de Kirkby and subsequent Bishops did not subscribe to this, and control was only withdrawn from the See of Ely and vested in a secular independent Chancellor by a Papal Bull in 1430 at the famous Court of Barnwell. So that at the time of establishment of Ely Place there was a very real connection with the University for it was the official residence of the Head of the University. Although neither the University nor Ely Place now belong to the See of Ely, not all the rights, privileges and freedoms of Ely Place, dating from that time, have disappeared."

" But why on earth," I said, " Has the Proctor bothered to come down here ? " " Oh, this is the special Pro-Proctor for Ely Place. He rarely comes out, just once a year to keep up tradition. My colleague and I have come down for the occasion. I don't know his name, but I believe he is an M.A. at the Hospital, seeing that he would most likely know the young gentlemen that come here. Also I believe that he is from Queens' College."

I wonder who this Pro-Proctor could possibly be. At all events it should not cost more than 13s. 4d. due from a bachelor without a gown, unless he was feeling vindictive seeing it was his only night out. I accompanied the buller into the road and a tall figure in square and gown stood under a light so that the square put his face in shadow, but although I could not be certain, I thought I recognised the rounding of his shoulders.

As I crossed, a puff of wind blew up his tapes and shewed me the revolting colours of the broad stripes on his tie. Pink, green and blue. I stopped short in my tracks and clutched my neckwear, equally revolting, but each represented a club of Queens' that was the traditional rival of the other. What everlasting shame if I, on the one day in the year on which it could happen, should allow myself to be "progged" by a Cherub without making a run. There was nothing for it. I must make a dash. But where? the bullers were between me and the gate. Suddenly I remembered the back gate into Hatton Garden. The nearest buller seemed to divine my thoughts and made a grab but it was too late, and I got to the gate by a short head. I ran all the way back to Charterhouse—an unprecedented feat and quite unnecessary—and collapsed on my bed. The next day it all seemed like a dream, but I wonder. I shall not be quite happy until I have those letters — M.B., B.Chir.(Cantab.) after my name.

A CASE OF MILROY'S DISEASE

by

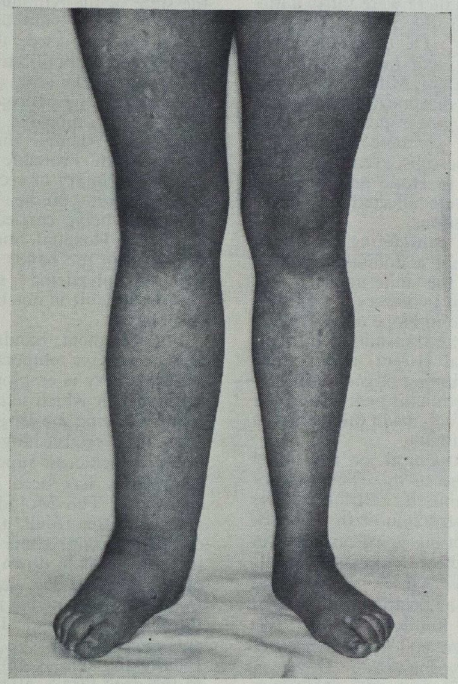
M. BRADBURY

In the majority of cases of œdema of the legs, the œdema is traceable to some definite cause, such as a failing heart or diseased kidneys, a reduction of the colloids in the blood, or a disturbance in the venous or lymphatic return. In a small number of cases there is no apparent defect apart from the œdema, and the condition is then known as lymphœdema. Familial lymphœdema was described for the first time almost simultaneously by Nonne in 1891 and by Milroy in 1892. Osler, in his work on the Principles and Practice of Medicine, designated the disease by Milroy's name. The term, "Milroy's disease," is best reserved for the familial condition, though some authors would include single cases, arguing that the symptoms are similar and that the hereditary factor or factors responsible are present in such persons' ancestry, but fail to bring about enough deformity to merit notice.

The disease is characterised by a firm œdema which may involve the toes, feet, legs, or thighs of one or both sides of the body. Cases have been reported with hydrocoeles and enlarged testes, but there is rarely any œdema above the inguinal ligament. Typically the œdema begins in the toes and gradually spreads up the limb. At first, it pits readily on pressure, but later the skin and sub-cutaneous tissues become indurated and thickened. Once it has appeared the œdema is permanent in most cases, but it may be reduced temporarily by rest in bed. The œdema is not painful or tender and there are no constitutional symptoms, as long as infection is not superimposed. The condition is compatible with a full physical life and the most unpleasant feature is the embarrassment which it will almost certainly cause. Milroy mentions one

of his patients, a missionary in Burma, who regularly walked 35 miles in mountainous country without trouble, and also stresses the ripe old age attained by others.

The above features of the disease are fairly typical of all cases, but much variation occurs in the age of onset between different families. Thus in Milroy's original family, 21 out of a total of 22 cases had some degree of œdema at birth. In Meiger's family



(1899) and in that of McGuire and Zeek (1932), the disease appeared in each case at the age of puberty. Four sisters mentioned by Parkes, Weber and Schluter (1937) all developed the condition between the ages of 20 and 22. In the family described by Hope and French (1907) ,the age of onset varied between childhood and early manhood, but there was no congenital œdema. Thus with the exception of this last instance there does seem to be a common factor determining the age of onset in each individual family.

Another variable between families is the liability to suffer acute attacks in which there is increased swelling of the affected limb, redness, severe pain and tenderness. Together with the local symptoms there is pyrexia, increased pulse rate and often vomiting. Such acute attacks frequently complicated the condition in most of Hope and French's patients, but did not occur at all in those of Milroy. The picture is one of infection, and an experimental parallel is provided by the work of Drinker and Field who artificially obstructed the return of lymph in the legs of dogs and found that such animals were unduly prone to streptococcal infections in the œdematous limbs.

Concerning the aetiology of the disease, it has already been stated that a hereditary

or familial factor is essential to the diagnosis. In this hospital, out of 30 cases of lymphœdema treated by the surgical unit, only one had a family history of the condition, i.e., was a case of true Milroy's disease. Whitfield and Arnott (1949) mention two out of nine of their cases of lymphœdema as being familial.

In Milroy's series, there were 22 occurences in six generations of a family consisting of 97 persons. In 1928, 36 years after his original paper, Milroy followed up this family and found that there were thirty additional descendants in the fifth, sixth and seventh generations. Of these only two exhibited any œdema, and they were children of his original patient. Milroy concluded that the disease was disappearing from the family. Such a disappearance is to be expected, however, if descendants are marrying unaffected persons, even if the gene is a dominant one. In Hope and French's family, 13 persons were affected out of 42 persons in five generations.

Gates (1946), after considering the above two families, states that a dominant gene is clearly involved in the inheritance. He notes, however, that in two cases in Milroy's family and in one case in Hope and French's family the disease was transmitted through an apparently normal parent, and further claims that such a skipping of generations is common in human dominant pedigrees. Such a statement must, in fact, mean that the gene is not constantly dominant.

The underlying structural or functional abnormality giving rise to the œdema is not known. Milroy, himself, attributed the œdema to venous obstruction or thrombosis, to lymphatic obstruction or to an error in the activity of blood or lymphatic vessels due to some nervous cause. Hope and French suggested an association with mental symptoms, as their family contained two mental defectives, two epileptics, a case of acute mania and a dypsomaniac. However, other families have been mentally above par.

McGuire and Zeek (1932) took biopsy specimens from the skin and sub-cutaneous tissue of the leg of a boy with Milroy's disease. Their findings were that the dermis was thickened and fibrous, presumably as a response to the pressure of the tissue fluid. The sub-cutaneous tissue was œdematous and fatty. In some areas stroma and fat cells were entirely absent and were replaced with great pools of fluid. A few dilated lymphatics were seen, but most of the fluid spaces appeared to have no endothelial lining.

In this hospital, the dyes Patent Blue and Evan's Blue have been used to outline lymphatic trunks. The dye is injected in to the sub-cutaneous tissues of the foot during the course of an operation, and the popliteal or femoral regions dissected to reveal the lymphatic trunks containing dye. If large lymphatic vessels are found, these can be cannulated and filled with radio-opaque medium to give further information as to the state of the lymphatic system. In 5 out of 10 cases of lymphœdema on whom this technique was used, the lymphatic trunks were found to be dilated and contorted suggesting a parallel with varicose veins. In the one case of true Milroy's disease, the popliteal vessels appeared to be only slightly enlarged. Whether this dilatation of lymphatics with probable breaking down of valves is primary or secondary to the œdema is not known. Studies on capillary filtration rate, now being carried on here and at St. Thomas's Hospital, indicate that this may be raised in the hands and arms of patients with lymphœdema suggesting that the lymphatic fault is not the only one that may be present.

For treatment, bandaging of the legs and rest in bed give temporarily relief. In severe cases, surgery is employed. The Kondoleon operation in which a strip of deep fascia is removed along the length of the leg with the idea of establishing a communication between inefficient superficial and good deep lymphatics has been tried with but little success. The McIndoe-Charles operation gives a better result, though liable to leave the patient with some scarring. A vertical incision is made down the posterior surface of the affected leg, and the skin dissected free of sub-cutaneous tissue over some two-thirds of the leg. The œdematous sub-cutaneous tissue is removed piecemeal. Finally the skin is grafted back directly on to the deep fascia, after it has been moulded to fit the new dimensions of the leg. A similar procedure can be applied to the thigh or foot, if necessary.

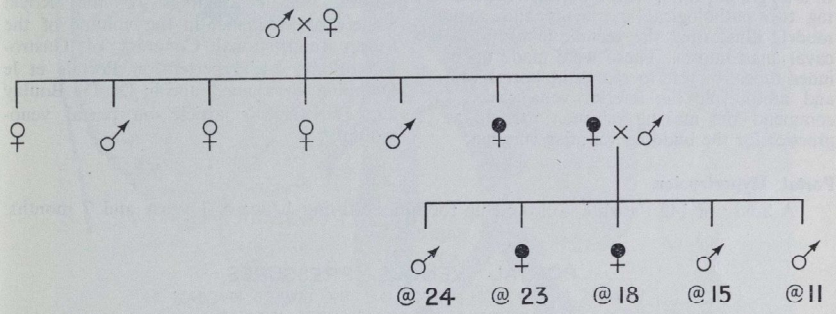
Case History

The patient, a girl aged 17, was admitted to Bart's on the 8th June, 1953. She had had a swollen right ankle, as long as she could remember. During the year previous to admission, the swelling had spread up the legs and had reached a point above the knee.

The swelling was reduced by rest, but increased on standing.

Except for some aching after exercise, the leg never gave any pain. It caused little inconvenience, apart from considerable embarrassment; but limited her dancing to some extent. There was no history of deep thrombosis or of any other incident that could have caused venous or lymphatic blockage.

An elder sister had a swollen leg for a year or two at the age of 18, and whose foot still swells. There are three normal brothers. Her mother's ankles began to swell at the age of 17, and the condition affected the legs after she had her first child when she was 22. One of her mother's sisters also had swollen legs, but there is a possibility that they may have been due to "deep-seated varicose veins."



On examination, she was found to be a healthy looking girl of average intelligence. Her right leg was greatly swollen in comparison with the left. The skin of the affected limb was normal in appearance, but had more hair than that on the left. The swelling pitted on pressure. All pulses were present in the legs, but those of on the right were difficult to feel because of the oedema.

Otherwise, all the systems, including the cardiovascular system appeared normal. Her blood pressure was 120:65 and her pulse 74 and regular. Her serum proteins were: total 6.75 grms./100m.l., albumin 4.80 grms./m.l., globulin 1.95 grms./100m.l., Lymph fluid from the leg had a raised protein intent: total 1.5, albumin 1.3, globulin .2.

A McIndoe-Charles operation was performed on the 19th June, 1953, sub-cutaneous tissue being removed from just below the knee to the ankle. As a preliminary to the operation, 2.5 mls. of patent blue were injected into the sole of the foot. During the course of the operation, dye-filled lymphatics were looked for in the popiliteal region. Two were found, but appeared only slightly dilated. They were not deemed large enough to casculate and fill with radio-opaque medium. A number of prominent and thick-walled lymphatics were apparent on microscopical examination of sections of the œdematous sub-cutaneous tissue removed.

A further Thirsch graft had to be applied to a small area of ulceration, before she was discharged on the 31st July, 1953. She was re-admitted on the 12th December, 1953, because an ulcer had opened in the grafted skin over the Achilles tendon. A split skin graft the size of a postage stamp was applied to this. She was discharged with her skin completely healed on the 1st February, 1954.

My thanks are due to Mr. J. B. Kinmonth for permission to print this case and for his kindly criticism.

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PORTAL HYPERTENSION

by

ALAN H. HUNT, D.M., M.Ch., F.R.C.S.

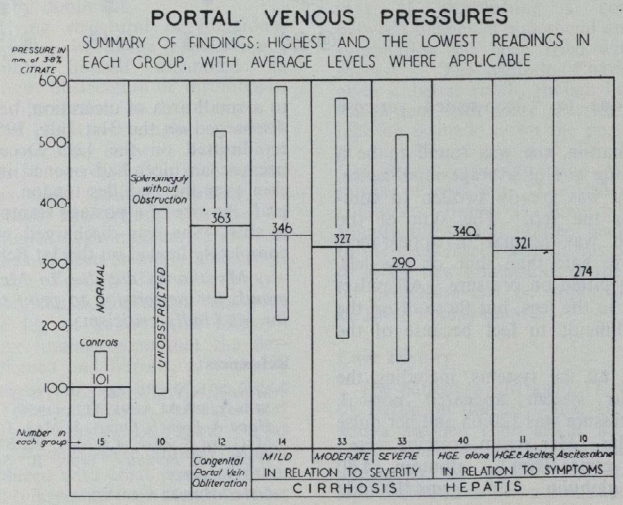
The British Medical Association have a section devoted to scientific exhibits at their annual meetings. This year, at Glasgow, I was invited to send a demonstration to illustrate the work that has been done at St. Bartholomew's and the Royal Cancer (now the Royal Marsden) Hospitals on Portal Hypertension. With the able assistance of Mr. N. K. Harrison and of a medical artist (Miss C. M. Lamb), the following demonstration was put together and sent off in a single portfolio, with a suitcase containing two pathological specimens and some models illustrating the technique of porta-caval anastomosis. These were made up of inner tubes, bicycle to represent portal vein and motorcycle the inferior vena cava. I commend the making of such models as practice for the budding vascular surgeon.

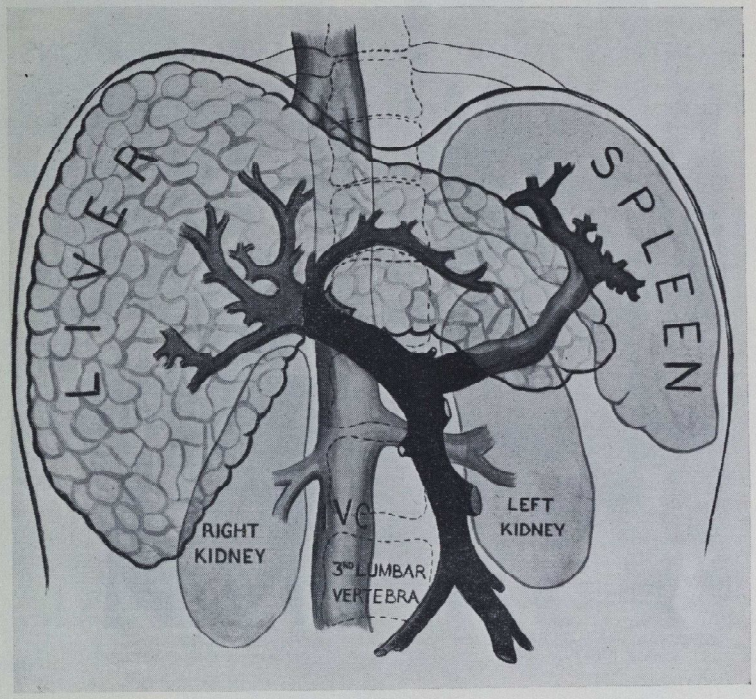
The diagrams were obtained by projecting a lantern slide of a portal venogram and tracing in the essential structures. If it appears anatomically peculiar, I plead that the fault is with the body and that the peculiarities are nothing compared with some of the X-ray appearances encountered on the operating table.

Parts of some of the composite illustrations have appeared elsewhere — in the Lancet, the Proceedings of the Royal Society of Medicine, in the volume of the fourth International Congress of Gastro-Enterology, "L'Hypertension Portale et le Dumping Syndrome," and in Dr. Du Boulay and Dr. Green's article on portal venography.

Portal Hypertension

A Study of 142 Patients, followed up for times varying between 7 years and 7 months.

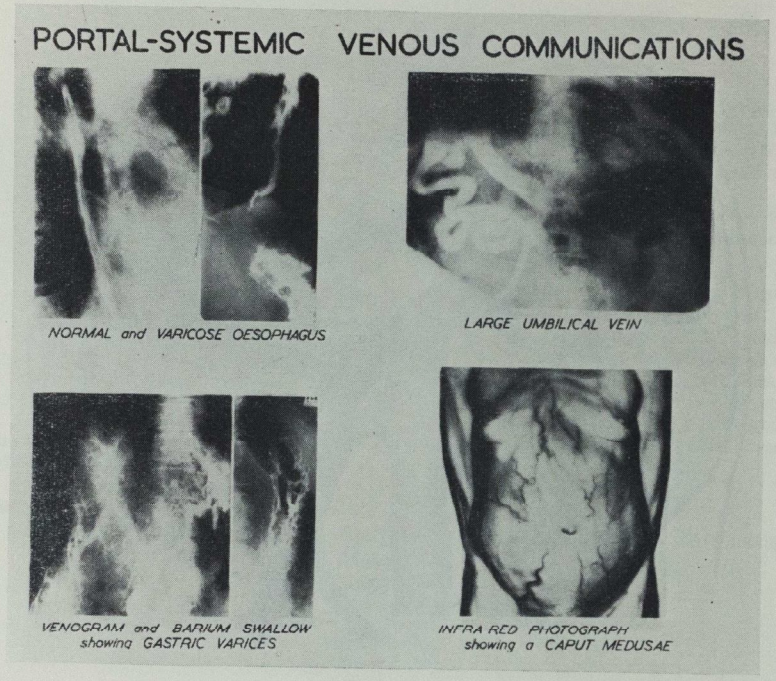




Portal and Systemic Veins

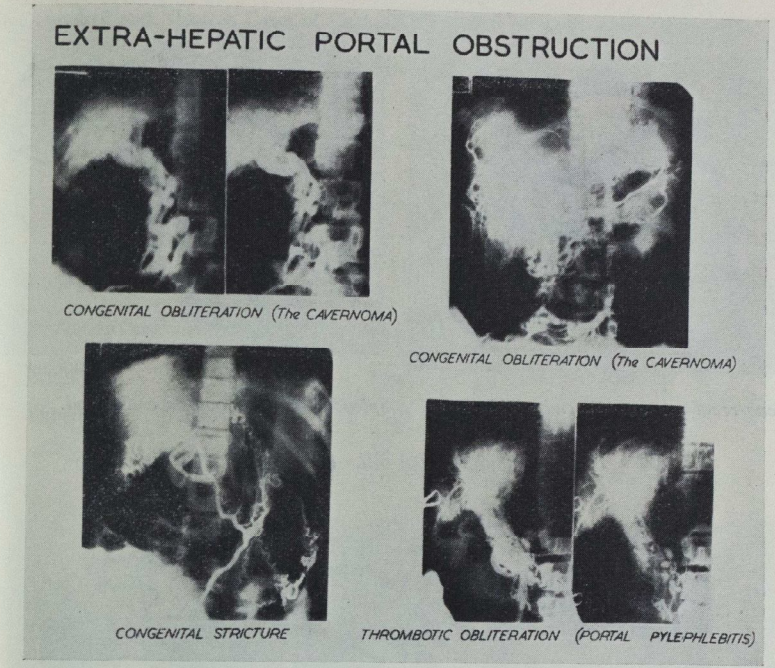
Banti's Syndrome

Haemorrhage from Gastric and Oesophageal *Varices* and a Large Overactive *Spleen* and the Symptoms and Signs of *Cirrhosis,* perhaps a hard *Liver,* Liver Breath, Palms, Nails and Spider Naevi, *Ascites,* Jaundice, Hepatic Coma. Investigations must include assessment of the Liver and X-ray of the *Portal Vein.*



Twenty-three Cases of Extrahepatic Portal Obstruction

1. Congenital Obliteration (13).
2. Thrombosis (4) following trauma, infection, leukaemia, lymphosarcoma.
3. Compression (3) by hypernephroma, displaced kidney, hepatic carcinoma.
4. Invasion by Carcinoma (2).
5. Splenic Arterio-venous Aneurysm (1).



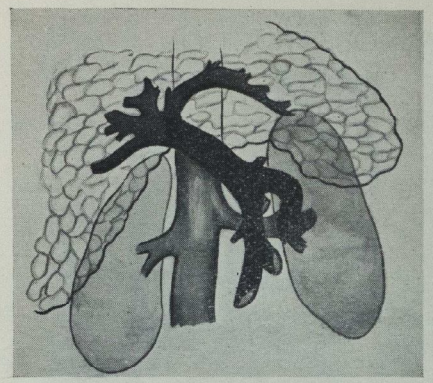
Treatment

of Congenital Portal Vein Obliteration (13):

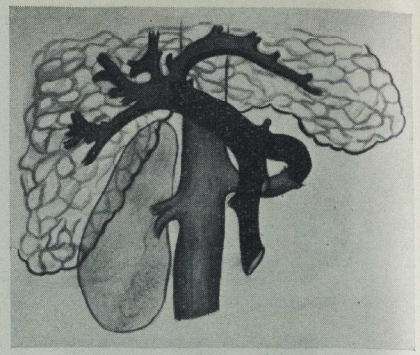
1. *Spleno-Renal Anastomosis*, if possible ; failing that,
2. *Proximal Gastric Resection.*
   Results: 70% successful ; none dead.

of other types of Extrahepatic Obstruction

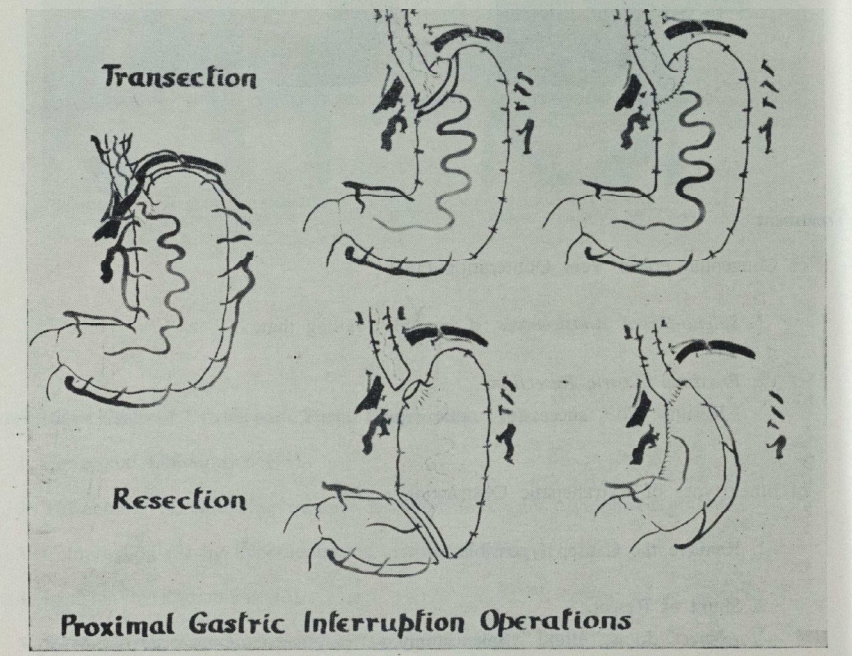
1. Remove the Cause, if possible, or
2. Shunt or Resect.
   Never do a "Blind" Splenectomy.



Spleno-renal anastomosis end-to-side.



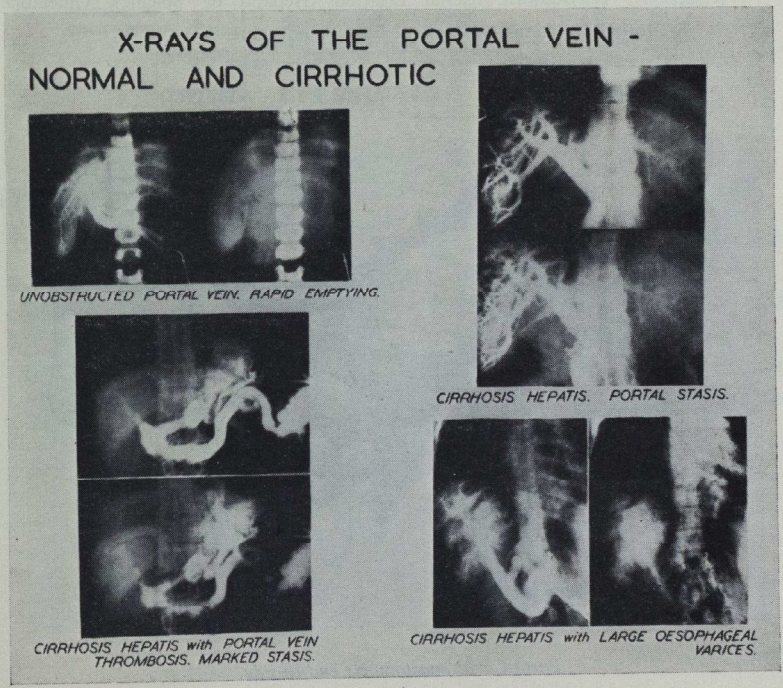
Spleno-renal anastomosis end-to-end.



One Hundred and Nineteen Cases of Cirrhosis Hepatis

of Unknown Origin	31	26.1%
following Infective Hepatitis	52 or	44%
Toxic Alcohol 7	14	11.8%
Inorganic Arsenic 6		
Carbon Tetrachloride 1		
Biliary	8	6.7%
Starvation (prisoners of war)	5	4.2%
Syphilis	3	2.5%
Others	6	

at least 12% of this group also have Thrombosis.



Treatment of Mild Cirrhosis (19)

13 required Shunt Operations for Haemorrhage

Results: 12 Successful—92% ; 1 late death from Thrombosis.

Treatment of Moderate Cirrhosis (43)

27 required Shunt Operations for Haemorrhage, with or without Ascites.

Results: 19 Successful—70.4% ; 3 Failures—11.1% ; 5 Deaths, 3 post-operative.

Conclusions: Shunt Operations of great value. Porta-Caval better than Spleno-Renal.

Treatment of Advanced Cirrhosis (57) is Medical

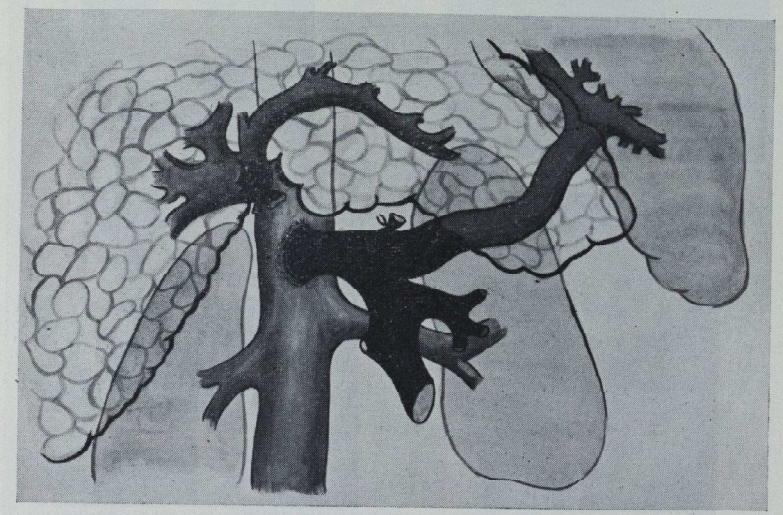
Operate, if possible, for Haemorrhage occasionally for intractable Ascites.

Results: Only 6 successful, 5 after shunt operations.

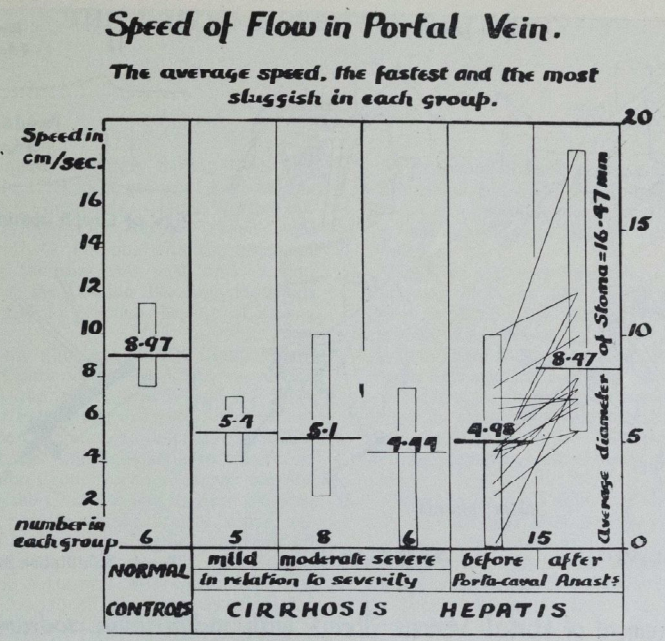
Conclusions: Selected cases, carefully treated, survive shunt operations and recover good health.

Ligature of oesophageal varices may stop haemorrhage.

Resections, Transections, Arterial Ligation (Hepatic or Splenic), Omentopexy, Sclerosing Injections, etc., all of little or no value.



Porta-Caval anastomosis end-to-side.

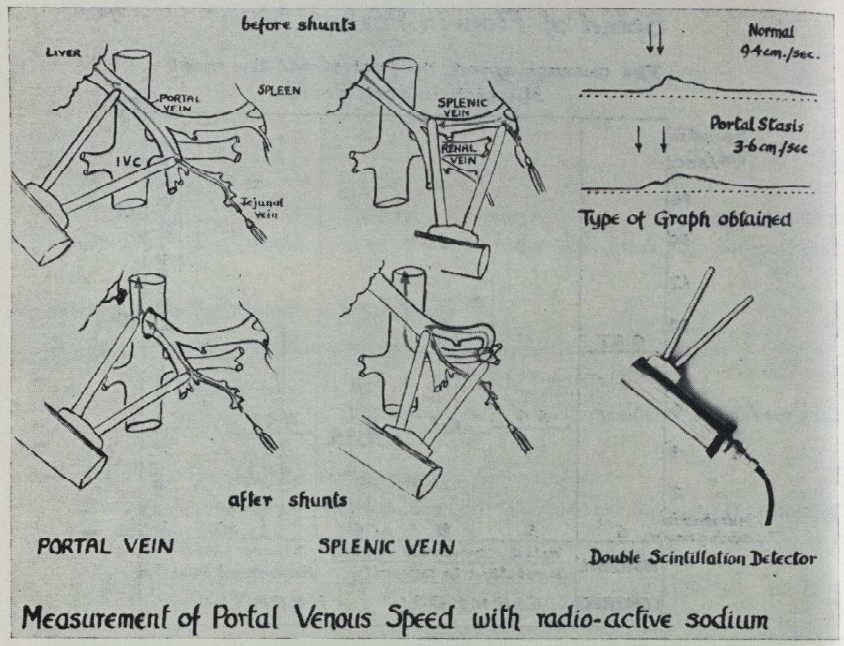


The Effects of Successful Shunt Operations

General Health improves. Life becomes normal. Liver Function improves, palmar blush and spider naevi often fade. Haemorrhages cease and Varices deflate.

The Spleen shrinks. Hb. increases about 20%. W.B.C. increase 2,000 - 5,000. Platelets, a great increase.

Ascites disappears. Portal Venous Pressure drops about 1/3rd. Portal Venous Speed about doubles. (Thrombosis occurs in 2—5% Porta-Caval and 20% Spleno-Renal).



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THE UNITED HOSPITALS SAILING CLUB

by

P. J. G. SMART

The United Hospitals Sailing Club was founded in 1924 by a group of keen sailing men among them Mr. Claud Worth, Mr. James Shriven, Dr. Herbert French and Professor F. G. Parsons with the object of providing facilities for past and present students of the London Teaching Hospitals to learn and to practice the use of sailing craft.

Under the guidance of Mr. Claud Worth the first Commodore, the Club was established on the upper reaches of the river Crouch at Fambridge in Essex. The expansion of the Club was, however, so rapid that in 1927 it was found advisable to transfer to Burnham-on-Crouch where except for the war years the Club has had its headquarters.

During pre-war years a fleet of twelve, one design 14-foot lugsaid dinghies was built up and in the early 'thirties our old Thames barge, the "Harry," was converted to a floating Club House. The fleet was completed by some other assorted craft, including a Montague whaler and an 18-foot half decker, the "Oyster-Catcher."

With these facilities and the ever generous assistance of the senior clubs in Burnham the United Hospitals Club was fully able to achieve its objects and U.H.S.C. members were, and still are to be found in the crews of craft ranging from the America Cup challenger and ocean racers to smaller dinghies.

This happy state of affairs was interrupted by the War. The large "Harry" was requisitioned by the Navy, sailing was prohibited at Burnham and all the Club's officers left for active service. During the war years the affairs of the Club were left in the very capable hands of a non-medical old sailing friend of the Club, Mr. H. C. ("Topsy") Crafer who acted as Deputy Commodore, Treasurer and universal adviser during this difficult period and handed over an active and intact Club to the returning Officers.

During the latter part of the war, moorings and facilities were found for the Club at Hammersmith with the London Corinthian Sailing Club, who made our members welcome so that sailing and racing, though on a limited scale, were again possible.

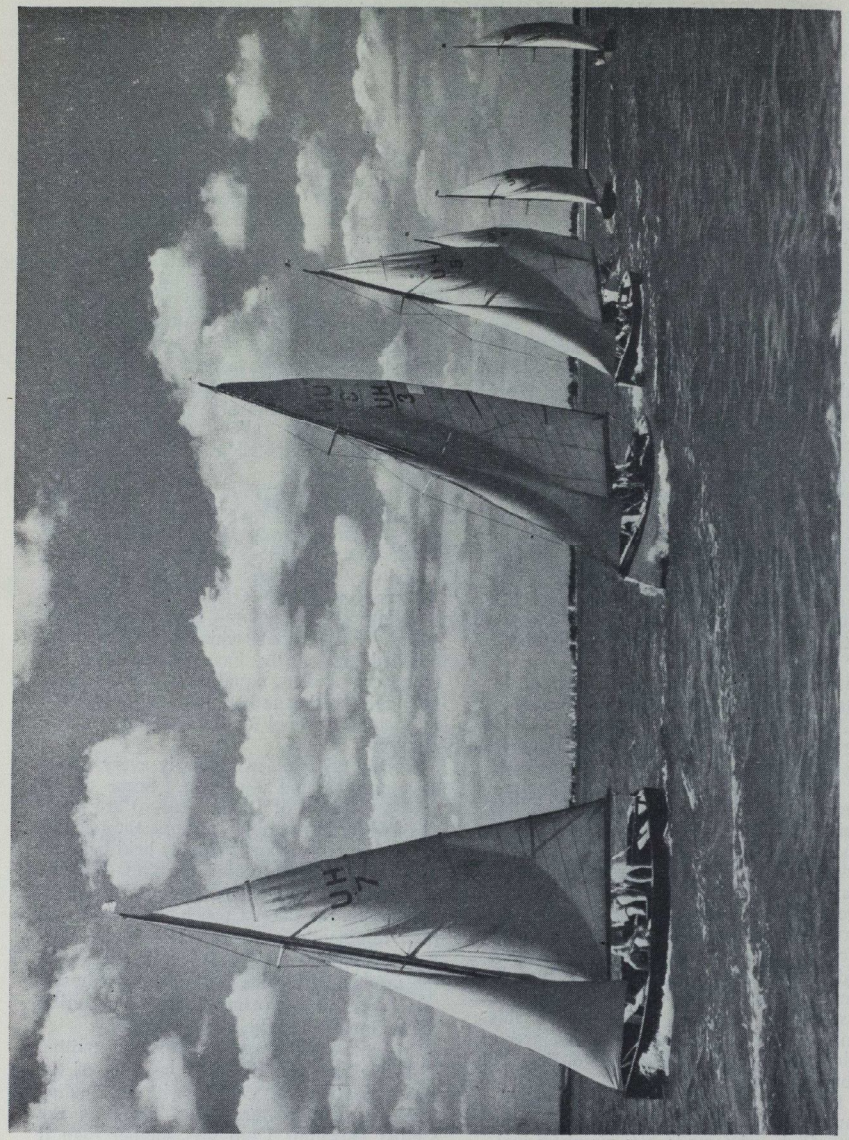
With the end of the War a return was made to Burnham, but a start had to be made from scratch as the old dinghies were mostly showing their age and the "Harry" was no longer available.

The Club was very fortunate in obtaining the lease from its old friend, the Royal Burnham Yach Club of the W.R.N.S. sick quarters which had been built on that Club's ground. These consist of a series of modified Nissen huts which have been converted and redecorated, so that there is now accommodation to sleep some fifty members with a large Mess and galley, where the Club steward prepares excellent meals at the weekends.

Only one boat ("Puffin") of the old class was retained and after experimenting with various classes, seven 16-foot Bermudan rig centre board dinghies of the Burnham Sailing Club one-design class were purchased with the support of grants from the constituent hospitals. Two more have since been added. These boats which are fast, easily handled and sturdy, have proved ideal for their purpose being equally suitable for either racing or cruising and are maintained entirely by members except for the occasional major repairs.

Racing takes place regularly every Saturday morning and afternoon. Some of the races (about 10 or 12 per season) are inter-hospital for the various trophies, the remainder are open. A draw is usually held between helmsmen for boats and the crew arrange themselves as they wish. Sundays are spent cruising on the rivers Crouch and Roach and their ramifications with a picnic lunch. All facilities are available mid-week except for the services of the Steward, and most hospitals take this opportunty sometime during the season to hold their own regattas.

The St. Bartholomew's Hospital Sailing Club was formed in 1929 consisting of the Bart's members of U.H.S.C. with Dr. Dudley Stone as Commodore. At this time the United Hospitals Club was smaller than it is now and its concern in finding new premises in Burham is reflected in the Minutes of



By kind Permission of Frederick J. Armes, Brightlingsea.

ROUNDING THE BUOY!

that time. The Bart's Club, however, survived until 1936 when it appears to have died a natural death in the way of so many individual hospital clubs.

In 1952 after a lapse of some 16 years the Bart's Club was reformed, largely due to the energy of J. L. Stevens (now qualified) with Dr. F. T. Evans as Commodore. The Club has progressed steadily since then. At the same time thanks to the generosity of the Student's Union a Firefly racing dinghy was bought. This boat has done much to improve the general standard of sailing, besides giving a lot of fun and its relative proximity on the Brent Reservoir at Hendon makes it readily accessible for mid-week sailing. At the same time it is also available to members for racing in any part of the country.

During these last three years Bart's members have taken a very prominent part in U.H.S.C. activities and perhaps justifiably won most of the trophies; last year winning the Bannister, Harvey Gold Bowl and Bourne Trophies and this year winning the Sherren and losing to Guy's by one point in the Bannister series. Several Bart's members have also represented U.H.S.C. with success in outside fixtures.

A two- or three-day regatta is held annually in the early summer at Burnham for Student Union members of this hospital. All three regattas have been held so far in almost perfect summer weather which has contributed in no small way to their success.

Burnham itself is a delightful small town lying on the north side of the river Crouch, living largely by its boat yards with the addition of its oyster dredging, a subject on which Bill Bridge, the Steward, will wax eloquent of evenings in the "Ship." Few know, probably, that many of the best Whitstable oysters start their life in the oyster beds of the river Roach. Burnham has one disadvantage, if one can call it that, which is that it is very difficult to return to a murky and hot London when the river is gloriously blue and there is a good breeze ruffling the surface of the water bringing life to any craft fortunate enough to be out and about.

The rivers Crouch and Roach and their associated creeks provide some thirty to forty miles of navigable water ideal for learners to make their initial mistakes, yet at times quite sufficiently tricky to interest anyone. The strong tide only adds a certain spice to what can sometimes be an intriguing problem.

It is therefore in this way that the United Hospitals Sailing Club and the Bart's members in particular are trying to fulfil the original aims of the founders in encouraging and introducing new members to what is a delightful and leisurely recreation, an energetic and invigorating sport and a fascinating science. Yet more than that . . . it is a way of life.

The post of Assistant Editor will become vacant in the new year. Applicants should apply in writing to the *Journal* desk.

THE MIDDLE WATCH

Thursday night — November 18th — was certainly not a first night for " The Middle Watch," and there were those in the audience at the Cripplegate Theatre that were seeing the play for the second time ; but many like myself, were newcomers to this particular dialogue of wit by Ian Hay and Stephen King Hall. Very commendable it was, as many who went to see it will surely agree.

The first scene opened in the Captain's lobby of H.M.S. Falcon, " a cruiser on the Hong Kong station ". The scenery for this was made by members of the hospital and it served its purpose well. The second scene in the captain's cabin was perhaps not quite so convincing. The walls were decorated with a rather drab brown paper and interrupted by a very fine pair of french doors. To convert this to a front room in Kennington would have been simple— remove the painted portholes and stand an aspidistra in the corner.

Most of the characters played their parts most convincingly and some are worthy of special mention. Mary Carlton, played by Marjorie Wood, a member of the nursing staff, would have done credit to a West End stage. I have never had the privilege of meeting the lady in real life but I am sure after her performance on H.M.S. Falcon I would be unable to recognise her without an American accent. Maintaining a foreign accent throughout is usually so poorly done (by Englishmen) that it is better not attempted : but not so this time, and the credit for a really sparkling performance goes to Miss Wood.

Captain Maitland, R.N., was played by John Creightmore. Having met him in real life I was able to say " just like him ". This did not detract from his performance, and I can only say that he was admirably chosen for the part. Especially noticeable was the calm way in which he drank his morning tea under the impending threat of a court martial — most compatible with the traditions of the Royal Navy.

In contrast Admiral Sir Hercules Hewitt, K.C.B., played by Alan McKinna, appeared more like a retired lieutenant-Colonel than an acting Admiral. He seemed to explode at trivial misdeeds, was easily calmed, and even blackmailed without much difficulty. I think the part was a little overacted and a quieter tone of voice might have been more dignified.

Fay Eaton, played by Margaret Hayday another member of the nursing staff, acted well as the vivacious young fiancée of the Captain of Marines, but could do well to train her hands to remain a little less restless, and " not to saw the air too much ". I have met several officers of the Royal Marines to none of whom Captain Randall (Peter Scott) bore any resemblance whatsoever. This part at least needed a man who could have passed the Initiative Test.

I laughed heartily at Marine Ogg (Victor Major), which of course was intended. His performance ranked as one of the best of the evening and he was ably supported by his Corporal i/c (Philip Bliss).

The Captain's second in command, Commander Baddeley, R.N., played by Christopher Hudson, was much more like the traditional naval officer. He kept his nerve in the most trying circumstances, and there was no suspicion of ' overdoing ' the part. There was, however, much rolling of the eyes which was unnecessary.

Meriel Fairbairn as Lady Hewitt had a small but difficult part to play and drastically overacted it ; but I am still not sure whether this is not what the authors of the play intended. The Admiral was a sufficient oddity to possess an even odder wife.

Charlotte Hopkinson (Rosemary Stephenson) could have been more realistic, and one can only be thankful that most of her time was spent in the gyro-room out of earshot.

For a large Englishman to play the small part of a ? Chinaman must always present problems of a difficult nature. These were admirably overcome by Ah Fong (Timothy Nixon).

I was very disappointed with Nancy Hewitt (Mary Morse), who played her part as though it were a confession of guilt— perhaps some black coffee before the show might have worked wonders.

Shiona White, Richard Herniman and David Langham played small supporting parts tolerably well.

In general the play was well produced, and what is more important in the opinion of the audience, it was very enjoyable. There seemed to be no need for prompting —a rare event in amateur work—although Mary Carlton seemed somehow to know the Captain's Christian name without even inquiring about it. I suspect that certain lines were inadvertently forgotten at some stage.

Congratulations must go to those behind the stage who were responsible for the smooth running, the admirable wardrobe and make-up, and the scenery.

SPECTATOR

SO TO SPEAK . . . . .

Learn and inwardly digest :
Systemic lectures on abdominal surgery will be given every evening this week.

Not on the yellow firm !
Colostomies only work well if the patient has guts.

Prevention is better than curette.

SPORT

RUGBY FOOTBALL CLUB

St. Bartholomew's v. Stroud

Played at Stroud on Saturday, September 25th.

This proved to be a very disappointing game. After a short initial period on the offensive during which they failed to collect points from an easy penalty, the Hospital were soon defending desperately with most of the play taking place in their own "25". The Stroud forwards were much quicker on the loose ball, and displayed altogether more spirit. Eventually their efforts were rewarded with an unconverted try and two penalty goals. Towards the end of the first half the Hospital forwards rallied together and successfully carried the play into their opponents' territory. There was, however, too little thrust midfield to reap any dividends, and Phillips on the wing, who always looked dangerous, was not given enough opportunities. One promising forward movement was spoiled by poor passing just as a try seemed inevitable. At half-time the score was 9—0 to Stroud.

At the start of the second half Bart's attacked strongly. A fine run by Phillips ended with a very good opportunist try by Murphy who backed up well. This was not converted. Throughout the first period of the second half Bart's had several opportunities of increasing their score with penalty goals—none from really difficult positions, but all attempts failed until finally Lammiman succeeded in kicking a good goal from far out. At this point in the game a victory for the Hospital appeared a distinct possibility, but unhappily soon afterwards the superior fitness of the Stroud pack made itself felt, and they resumed the initiative. A try under the posts which incredibly was not converted put them further ahead. Finally in the last minutes a cross-kick to the wing left Cohen with the impossible task of stopping three men, and they scored wide out. The bad kicking which had been such a feature of the game was unrelieved and the home side failed to collect the goal points, thus letting the Hospital off lightly with a 15—6 defeat.

Team: Cohen; Phillips, Murphy, Neely, Lammiman; Scott-Brown, Charlton; Downham, Jewell, Dobson, Norbury, Roche, Tallack, Gawne, Tamlyn.

Bart's v. Berkshire Wanderers

Played at Reading on Wednesday, September 22nd.

Result: Bart's 18 Berkshire Wanderers 0.

Bart's v. R.M.A. Sandhurst

Played at Chislehurst on Saturday, October 16th.

Result: R.M.A. Sandhurst 6 Bart's 0.

St. Bartholomew's v. United Services (Chatham)

Played at Chislehurst on Saturday, October 2nd.

This the first home fixture of the season was watched by a large number of supporters, who saw the best game played at Chislehurst for a long time. At the start Bart's suffered a set back when the visitors scored six points from two penalty kicks. Play then became very even with both sides getting their share of the ball and doing all they could to break through and score. Eventually after some exciting play Lammiman went over to score for the Hospital. As in the last game the Hospital place-kickers were not on form and the goal kick went wide, as did several attempts at penalty goals. At half time the score was 6—3 to U.S. Chatham.

In the second half the Hospital went ahead with two unconverted tries to lead 9—6, only to lose the lead at 11—9 when the Services broke away on the left wing and scored a goal. The excitement mounted as the Hospital recovered the lead with a try by Scott-Brown converted by Lammiman. However the Services drew level with an unconverted try. In the last minutes Scott-Brown made a brilliant cut-through to score under the posts, and then added the goal points. The Bart's three-quarters combined well and were excellently served by a pack which showed much improvement on previous form and played together with purpose and determination. Had the kicking been more accurate the margin of victory would have been much greater than five points.

Result: Bart's 19—U.S. Chatham 14.

Team: Walton; Phillips, Keely, Plant, Lammiman; Scott-Brown, Charlton, Downham, Jewell, Cochrane, Norbury, Tallack, Cohen, Gawne, Mackenzie.

Bart's v. Woodford

Away. Won 11—9. Saturday, October 9th.

The Hospital took the field with 14 men, and were very quickly in arrears when Woodford kicked a good penalty goal.

As on other occasions this season the team began very slowly with no fire or determination, thus allowing Woodford to take the initiative. In consequence the first 20 minutes were spent mostly in our own half and only some good tackling by the backs prevented any further score. The pack dominated the tight scrums, but many promising attacking movements were ruined by bad passing. Just before half time Lammiman equalised by dribbling over a stray pass. The kick at goal failed.

In the second half the pack lasted well, and the passing by the three-quarters did show some improvement. Further tries were added for the Hospital by Scott-Brown and Lamminan—Scott-Brown converting one. Woodford replied with two more penalty goals.

A good win for the Hospital, which with a bit more determination and fewer careless mistakes, would have been by a bigger margin. The excellent goal kicking of our opponents merely reminded us how sadly lacking we are in this department of the game.

Team: Walton; Murphy, Neely, Plant, Lammiman; Scott-Brown, Charlton, Downham, Jewell, Cochrane, Norbury, Tallack, Cohen, Gawne, Mackenzie.

St. Bartholomew's v. Cambridge University LX Club

Played at Chislehurst on Wednesday, October 20th.

The match with the LX Club is always anticipated with some anxiety by the Hospital side. This year, however, the two teams were much more equally matched and both played hard open football. In the forwards the honours were equally divided. Benedikz played a particularly fine game and consistently out-hooked his Cambridge opponent. In the backs however the honours lay with the visitors who were heavier and more experienced. In particular their fly-half made much use of an accurate, and at times terrifying cross kick.

The score at half-time was 5—0 to the visitors, a centre having scored from a high kick ahead which bounced kindly for him. Ten more points were added in the second half, the scrum half breaking away from a scrum near the Hospital line, and later a forward beating the full back to a well placed cross-kick. Both these tries were converted with deadly accuracy. The teams much enjoyed the game; so too, we believe, did the spectators.

Result: C.U. LX Club 15— Bart's 0.

Team: Walton; Murphy, Neely, Plant, Lammiman; Scott-Brown, Cohen; Downham, Benedikz, Lofts, Norbury, Roche, Tallack, Gawne, Mackenzie.

St. Bartholomew's v. Old Whitgiftians

Played at Chislehurst on Saturday, October 23rd.

The game began in an all-too-common fashion with the visitors pressing on the Hospital goal line and soon scoring a try which was not converted. This early reverse together with the loss of Cohen with a leg injury roused the home side into action. Shortly afterwards an attack mounted in mid-field resulted in a try near the corner flag by Lammiman to level the score. The play became more and more confined to the visitors' territory and eventually Scott-Brown scored one of his typical tries which he converted himself with his best kick this season. At half-time, Bart's led 8-3.

At half-time Cohen returned and with the wind in their favour the Hospital resumed the attack, winning most of the set scrums thanks to the excellent hooking of Benedikz. Further tries came from Lammiman (2), Scott-Brown and Cohen, two of which were converted by Scott-Brown, as against one unconverted try by the visitors.

Result: Bart's 24; Old Whitgiftians 6.

Team: Walton; Murphy, Neely, Plant, Lammiman, Scott-Brown, Cohen; Downham, Benedikz, Lofts, Norbury, Roche, Tallack, Gawne, Thomas.

CORNISH TOUR

St. Bartholomew's v. Penzance and Newlyn. Won 11-8. Played at Penzance on Saturday, November 6th.

This game proved to be the best of the tour, and by far the most exciting to watch. The Hospital forwards were quick to settle down and in the first few minutes it was obvious that they were a match for their opponents. The excellent hooking of Benedikz and the work of Graham and Roche in the line outs gave the backs a very adequate supply of the ball, but effective marking and tackling by the Penzance centres brought all movements to a standstill. The Penzance threequarters were at this stage of the game superior in attack, and despite some good covering they eventually broke through to score a try which was converted.

After renewed pressure on the Hospital line Penzance were awarded a penalty from which kick they gathered another three points, to increase their score. At half time Penzance led by eight points to nil.

In the second half the Hospital forwards completely dominated the game, Penzance being handicapped by the loss of one of their forwards. The backs now had a plentiful supply of the ball and Scott-Brown made clever use of the low kick-ahead forcing the Penzance backs to lie more deeply and thus giving Bart's threes more room in which to manoeuvre. Some fine runs by Plant and Lammiman inspired the team to greater efforts, and it was not long before Lammiman after a good run scored in the corner. Badley's attempt at conversion failed, but he later made up for this with a fine penalty goal. In the closing minutes of the game Graham gathered a loose clearance on the line and dived over for a try which was well converted by Badley.

Team :—Badley, Plant, Neely, Murphy, Lammiman, Scott-Brown, Cohen, Downham, Benedikz, Macadam, Graham, Roche, Tallack, Gawne, Mackenzie.

HOCKEY CLUB

Wednesday, 23rd October v. Royal Vet. College (Home).

WON 5-0 (Blake 2, Batterham 1, Dunkerley 1, Nicholson 1). An "A" XI won quite easily, without ever being fully extended.

Saturday, 30th October v. Sevenoaks (Away).

LOST 0-2. A rather scrappy game.

Wednesday, 3rd November v. Kingston G.S. (Home).

LOST 0-1. Even play, with Bart's having slightly more of the ball but failing to score when in the circle.

Saturday, 6th November v. Westminster Hospital (Away).

DRAWN 2-2 (Batterham 1, Tait, 1). In the first half Bart's played well together and were much quicker on the ball, scoring twice in the first twenty minutes, but then allowed the tempo to drop.

Saturday, 13th November v. Lensbury (Away).

LOST 0-2. A fast even game in which Bart's were at no stage badly outplayed, with no score at half-time. In the second half Bart's increased the pace and had more of the ball, but the forwards failed to make full use of their opportunities in the circle, tending to take too long steadying the ball before shooting. Both backs combined well in defence and Doherty played a very good game in goal.

Will anyone willing to umpire 2nd XI games, either regularly or occasionally, please inform the Secretary.

The Club Dinner will be held on Thursday, 9th December.

WOMEN'S HOCKEY CLUB

The Annual General Meeting of the Women's Hockey Club was held on June 19th, 1954 at Charterhouse Square. Professor Wormall was in the Chair.

The captain, Miss Macire, in her report said, that the club had had a very successful season. The firts team had won all but two of their matches, and in March won the United Hospitals Shield beating St. Mary's 3-0 in the final round. This was the first time the club had won the shield ; they were particularly pleased to have in the team several of the members who had played regularly for the club, since it was formed.

Miss Macire said that the second team had only played three matches, but that it was hoped they would have more fixtures in the coming season.

The captain ended her report by thanking Professor Wormall, Mr. Hume, and Mrs. Dalf for their continued support which was invaluable to the club.

BOAT CLUB

The United Hospitals Winter Regatta for small boats was held at Putney on November 17th in fine weather. Although the Club took three cups away and returned to their Annual Dinner in the evening with none, any despondency was short lived. The club is determined that the rest of the season shall be a successful continuation of the achievements of last year.

The Dinner was at the "White Hart" Giltspur Street. The Club was honoured to have as guest Sir Harold Gillies, who is a past Secretary ; other guests were Professor A. J. E. Cave, Dr. A. G. S. Bailey, and Mr. A. C. Sheed. Professor L. P. Garrod was in the Chair

Regatta Results.

Senior Fours. 1st Heat. London Hospital beaten easily. The racing was over after the first ten strokes.

2nd Heat. Middlesex Hospital beaten by 4 lengths.

Final. St. Thomas's 'A' went away to an early small lead, but Bart's fought back and seemed to be narrowing the gap. After the Black Buoy the St. Thomas's crew went ahead to win by one and a half lengths.

Junior Fours. 'A' Four in their 1st Heat rowed one of the most exciting races of the day against St. Thomas's. The result was in doubt until near the end of the course, but St. Thomas's eventually won by a half length, and went on to win the event.

'B' Four came second in their heat, finishing 2 lengths behind London and 2 feet in front of St. George's.

Pair Oars. Rowing with a substitute, the Pair was beaten by two lengths by the St. Thomas's crew.

Junior Sculls. Heat 2 : Bart's, St. Mary's and St. Thomas's. Won by T. J. King of St. Mary's who later won the event. Bart's (C. C. H. Dale) came in a strong second.

Heat 3 : St. Mary's, Bart's, St. Thomas's. Lost.

Rugger Fours. Heat 1 : London, Bart's, St. Thomas's. Won by Bart's half a length.

Final : Bart's, Westminster and St. Mary's, won by Westminster—1¾ lengths.

Crews : Senior Four : C. N. Hudson (steers), J. F. Pigott, D. Black. J. M. Currie (stroke)

Junior Four : "A" A. J. Ellison, R. D. Marshall, D. King, T. Bolton (stroke). A. R. Geach (cox).

Junior Four : "B" C. Wood, K. Durrant, M. A. Bedford, D. W. Thomas (stroke). R. L. Rothwell Jackson (cox).

Pair Oar : C. C. H. Dale (Steers), B. P. Harrold. (stroke).

Junior Sculls : D. J. Davies, C. C. H. Dale.

Rugger Fours : B. Thom, M. Sleight, E. Gawne, A. Ferguson (stroke), C. Charlton (cox).

EXAMINATION RESULTS

CONJOINT BOARD

FIRST EXAMINATION
September, 1954

Anatomy
Bench. J. T.

Physiology
Bench, J. T.

Pharmacology
Menage. J. A.

FINAL EXAMINATION
October, 1954

Pathology

Maltby, J. W.	Burrows, P. J.	Burgess, E. H.	Fletcher, L. O. A.
Canning, W. C.	McDonald, P.	Nerney, J. M.	Cairns, D. A. O.
Grant, B. G. H.			

Medicine

Maltby, J. W.	Gawne, E. F. D.	Fletcher, L. O. A.	Morgan, C. I.
Wheeler, B. R.	Martin, R. M.		

Surgery

Maltby, J. W.	Fieldus, E. R.	Wheeler, B. R.	Dormand, G. S.
Mears, M. E.	Gawne, E. F. D.	Hennessy. D. B. E.	Aldous, I. R.

Midwifery

Maltby, J. W.	Mears, G. W. E.	Taylor, R. C.	Arthur, T. I. F.
Dunkley, A. H.	Gawne, E. F. D.	Aldous, I. R.	Pagan, R. T.

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

Maltby, J. W.	Taylor, R. C.	Fieldus, E. R.	Morgan, C. I.
Wheeler, B. R.	Fletcher, L. O. A.	Pagan, R. T.	Hennessy, D. B. E.
Aldous, I. R.	Martin, R. M.	Gawne, E. F. D.	

UNIVERSITY OF LONDON

GENERAL SECOND EXAMINATION FOR MEDICAL DEGREES

September, 1954

Coackley, M. C. McKerrow, M. M. Lewis, J. H.

M.S. EXAMINATION
October, 1954

Hadfield, G. J.

EXAMINATION FOR THE ACADEMIC POSTGRADUATE DIPLOMA IN CLINICAL PATHOLOGY
September, 1954

Singh, B.

UNIVERSITY OF OXFORD

SECOND B.M. EXAMINATION
Long Vacation, 1954

Forensic Medicine and Public Health

Fairbairn, D.	Keene, M.	Viner, J.	Mitchell, M. A.
Pearson, J. M. H.			

Special and Clinical Pathology

Fairbairn, D.	Holden, H. M.	Viner, J.	Keene, M.
Mitchell, M. A.	Mitchell, P. J.		

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Abstracts of World Medicine, 1947 (D;M).
Acta Oto-Laryngologica, 1949 (E.N.T.).
Acta Physiologica Scandinavica, 1954 (P).
Acta Radiologica, 1936 (S)
American Journal of Anatomy, 1901 (C).
American Journal of Medicine, 1949 (D).
American Journal of Obstetrics and Gynaecology, 1931 (M) : 1955 (W).
American Journal of Pathology, 1951 (K).
American Journal of Physical Anthropology, 1950 (A).
American Journal of Physiology, 1939 (C ; D) ; 1951 (P).
American Journal of Roentgenology, 1924 (S) ; 1954 (Ph).
American Journal of the Medical Sciences, 1909 (M).
American Review of Tuberculosis, 1952 (K).
Anaesthesia, 1946 (M).
Analyst, 1930 (K).
Analytical Abstracts, 1950 (K).
Anatomical Record, 1906 (C).
Angiology, 1953 (D).
Annales de l'Institut Pasteur, 1887 (K).
Annals of Otology, Rhinology and Laryngology, 1949 (E.N.T.).
Annals of Surgery, 1909 (M).
Annals of the Royal College of Surgeons of England, 1947 (D; M).
Annual Review of Biochemistry, 1932 (B).
Annual Review of Microbiology, 1947 (B).
Annual Review of Physiology, 1939 (B; P).
Annotated Bibliography of Cortisone, A.C.T.H. and related Hormonal Substances, 1950 (M).
Antibiotics and Chemotherapy, 1951 (M).
Archives of Biochemistry, 1942 (C).
Archives of Disease in Childhood, 1926 (M).
Archives of Internal Medicine, 1931 (D).
Archives of Neurology and Psychiatry, 1935 (M).
Archives of Otolaryngology, 1949 (E.N.T.).
Archives of Pathology, 1928 (K).
Australian and New Zealand Journal of Surgery, 1931 (M).
Biochemical Journal, 1906 (C) ; 1926 (K).
Biochimica et Biophysica Acta, 1953 (B).
Biological Abstracts, 1947 (C).
Biological Reviews, 1954 (P; Z).
Blood, 1947 (K).
Boots, References to Current medical literature, 1954 (M).
Brain, 1889 (M).
British Abstracts of Medical Science, 1954 (C).
British Empire Cancer Campaign Annual Report, 1928 (M).
British Heart Journal, 1938 (M).
British Journal of Animal Behaviour, 1954 (Z).
British Journal of Cancer, 1947 (M).
British Journal of Dermatology, 1944 (M).
British Journal of Experimental Pathology, 1920 (K).
British Journal of Nutrition, 1947 (C).
British Journal of Ophthalmology, 1947 (M).
British Journal of Pharmacology and Chemotherapy, 1946 (C).
British Journal of Radiology, 1920 (Ph.) ; 1935 (M) ; 1947 (C).
British Journal of Surgery, 1913 (M) ; 1950 (A).
British Journal of Urology, 1929 (M).
British Medical Bulletin, 1943 (M).
British Medical Journal, 1860 (M); 1936 (C).
Brompton Hospital Reports, 1932 (M).
Bulletin of the Medical Library Association, 1931 (M).
Chemical Abstracts, 1941 (C) ; 1946 (B).
Chronicle of the World Health Organisation, 1947 (M).
Circulation, 1951 (D).
Circulation Research, 1953 (D; P).
Cleveland Clinic Quarterly, 1950 (D).
Clinical Science, 1933 (D) ; 1948 (M) ; 1951 (P).
Collected Papers of the Mayo Clinic and the Mayo Foundation, 1905 (M).
Conquest, 1950 (M).
Current List of Iodine Literature, 1954 (M).
Current List of Medical Literature, 1947 (M).
Current Researches in Anesthesia and Analgesia, 1927 (M).
Current Work in the History of Medicine, 1954 (M).
Danish Medical Bulletin, 1954 (M).
Discovery, 1954 (Z).
Diseases of the Chest, 1951 (D).
Electrical Engineering Abstracts, 1947 (Ph).
Electronic Engineering, 1951 (Ph).
Emu, 1954 (Z).
Endeavour, 1942 (C).
Geographical Journal, 1954 (Z).
Ibis, 1954 (Z).
Indian Heart Journal, 1949 (M).
Indian Journal of Medical Research, 1914 (M).
Glasgow Medical Journal, 1871 (M).
Great Britain, Ministry of Health, Annual Report, 1949 (M).
Guy's Hospital Reports, 1836 (M).
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International Abstracts of Surgery, 1914 (M).

International Medical Digest, 1953 (D).
Journal of Animal Ecology, 1954 (Z).
Journal of Anatomy, 1867 (C).
Journal of Applied Physics, 1947 (C).
Journal of Applied Physiology, 1948 (D; P).
Journal of Biological Chemistry, 1916 (C).
Journal of Bone and Joint Surgery, A and B, 1948 (D; M).
Journal of Clinical Investigation, 1926-7 (D) ; 1934 (K) ; 1954 (P).
Journal of Clinical Pathology, 1949 (K).
Journal of Comparative Neurology, 1908 (C).
Journal of Endocrinology, 1947 (M) ; 1954 (Z).
Journal of Experimental Biology, 1954 (Z).
Journal of Experimental Medicine, 1926 (K).
Journal of Hygiene, 1901 (K).
Journal of Immunology, 1926 (K).
Journal of Infectious Diseases, 1904 (K).
Journal of Laboratory and Clinical Medicine, 1951 (K).
Journal of Laryngology and Otology, 1949 (E.N.T.).
Journal of Neurology, Neurosurgery and Psychiatry, 1954 (M).
Journal of Neurophysiology, 1938 (P).
Journal of Nuclear Energy, 1954 (Ph).
Journal of Nutrition, 1940 (C).
Journal of Obstetrics and Gynaecology of the British Empire, 1902 (M); 1955 (W).
Journal of Pathology and Bacteriology, 1892 (K) ; 1925 (M).
Journal of Pediatrics, 1947 (M).
Journal of Pharmacology and Experimental Therapeutics, 1939 (C).
Journal of Pharmacy and Pharmacology, 1949 (C).
Journal of Physiology, 1878 (C) ; 1924 (P) ; 1951 (D).
Journal de Physique et de Radium, 1947 (Ph).
Journal of Scientific Instruments, 1923 (Ph).
Journal of the American Chemical Society, 1944 (C).
Journal of the American Medical Association, 1926 (M).
Journal of the Faculty of Radiologists, 1949 (M).
Journal of the History of Medicine, 1946 (M).
Journal of the Mount Sinai Hospital, New York, 1936 (M).
Journal of the Royal Army Medical Corps, 1903 (M).
Journal of the Royal Microscopical Society, 1954 (Z).
Lahey Clinic Bulletin, 1950 (D).
Lancet, 1824 (M) ; 1943 (C) ; 1950 (P).
Leukemia Abstracts, 1953 (M).
Medical and Biological Illustration, 1951 (P).
Medical Annual, 1894 (M).
Medical Directory, 1854 (M).
Medical Journal of Australia, 1923 (M).
Medical Journal of the South-West, 1954 (M).
Medical Press, 1945 (M).
Medical Register, 1860 (M).
Medicine, 1923 (D).
Medicine Illustrated, 1949 (M).
Nature, 1932 (C) ; 1944 (P; Ph) ; 1954 (Z).
New England Journal of Medicine, 1951 (M).
New York State Journal of Medicine, 1945 (M).
New Zealand Medical Journal, 1916 (M).
Nuclear Science Abstracts, 1950 (Ph).
Nucleonics, 1947 (B; Ph).
Nutrition Reviews, 1949 (C).
Ophthalmic Literature, 1947 (M).
Pharmacological Reviews, 1949 (C) ; 1951 (P).
Philosophical Magazine, 1950 (Ph).
Philosophical Transactions of the Royal Society of London, 1954 (Z).
Physical Review, 1927 (Ph).
Physics Abstracts, 1946 (Ph).
Physics Today, 1953 (Ph).
Physiologia Comparata et Oecologia, 1954 (Z).
Physiological Reviews, 1921 (C) ; 1948 (P).
Post-Graduate Medical Journal, 1925 (M).
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Proceedings of the Royal Society, B, 1954 (Z).
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Proceedings of the Staff Meetings of the Mayo Clinic, 1937 (M).
Proceedings of the Zoological Society of London, 1954 (Z).
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BOOK REVIEWS

A Synopsis of Medicine, 10th Edition *by* Sir Henry Tidy. Published by John Wright and Sons Ltd., pp. 1,265. Price 35s.

It is indeed a pleasure to see a new edition of this Synopsis of Medicine. Recent advances, although they have not been as dramatic as the discovery of penicillin, have at least dictated that reference books keep abreast of them, if they are to serve a useful purpose. This book has always been money for value and one might go as far as saying indispensable to every doctor and student. It constitutes the ready reckoner of medical diagnosis. The disease, its cause, its aetiology and its treatment are concisely discussed and arranged. The index is very full and of great assistance in a work of this magnitude.

There are few entirely new articles and most of the revision has been accomplished by substitution of recent knowledge for old. This edition has, therefore, maintained the same dimensions as the previous one.

As a book of reference, it is invaluable.

D.R.S.

Aids to Histology *by* Geoffrey H. Bourne. 6th Edition. Published by Baillière, Tindall and Cox Ltd., pp. viiii + 162 and 59 illustrations. Price 6s.

Dr. Bourne is to be congratulated on producing yet another edition of this "Aids." The inclusion of recent advances on the structure of collagen and the distribution of phosphatases brings this volume into line with the larger textbooks. The sections on bone formation and striated muscle are clear; brief and detailed and students will find the correlation of the diagrams of the different levels of the alimentary tract with the functions of their characteristic glands most helpful.

The histological differences of the various parts of the renal tubules are well described but the clinically more important relations of glomerular tuft, basement membrane and capsular epithelium are left out. It is a pity that the one typographical error should be the use of "afferent" in place of "efferent" for the arterioles leaving the glomeruli. (p. 116.)

Senior students taking examinations in pathology and surgery should be cautious in following Dr. Bourne's academic use of "simple squamous epithelium" for the lining membrane of the serous cavities. In these two subjects "squamous" means "stratified squamous" and the occurrence of this tissue in the pleura or peritoneum is usually carcinomatous!

These trivial criticisms apart, "Aids to Histology" can be recommended not only to the last-minute neurot but to the average and first-rate student alike with the certainty that he will get a rapid and thorough revision of the subject.

J. R. B. WILLIAMS.

Elizabeth Tudor : The Lonely Queen *by* Sir Arthur Salusbury MacNalty. Published by Christopher Johnson, pp. 272. Price .

A good title. Queen Elizabeth the First was lonely; but in the introduction to the book the author gives the impression that it is to be primarily a discourse on the medical aspect of the Queen's life and policies. Disappointingly this is not so, for only in Chapter XV does he really get to grips with the medical background. This chapter is most lucid and I for one, would agree with Sir Arthur MacNalty's opinions, although many would not.

Much time is spent on the history of the period, the private life of the Queen, her polemics with the Continental powers, and short biographies of her statesmen. This makes good reading but will probably be known by most readers before they attempt the book.

It is interesting to see how the various pains and illnesses from which the Queen suffered and about which she wrote in her letters have been identified by the author. The evidence for the migraine and the nephritis piece together rather like clues in a detective novel.

In spite of its shortcomings I enjoyed this book and several points about the intriguing life of Queen Elizabeth have been made clear to me for the first time.

A.G.S.

Chemotherapy in the Treatment of Tuberculosis. Eleven papers read at a Tuberculosis Educational Institute Refresher Course. Cambridge, 1953, pp. 60. Price 5s. Distributed by the National Association for the Prevention of Tuberculosis.

This small booklet contains useful information on the most recent findings connecting chemotherapy and tuberculosis. As this disease is still so widespread most practitioners could gain much by reading these papers.

Psychology the Nurse and the Patient *by* Doris M. Odlum. Second Edition. A "Nursing Mirror" publication. pp. 168. Price 12s. 6d.

The recent introduction of psychology into the syllabus for both preliminary and final state examinations recognises the need for a practical knowledge of psychology by all nursing staff. This book was first published in 1952 and this edition has been revised to include the development of human behaviour in the family and society also the nursing and treatment of neuroses and psychoses. Dr. Odlum shows a deep understanding of humanity and conveys to her readers an interest in the essentials of elementary psychology. I found the book interesting reading and recommend it to all student nurses as well as to those contemplating training as a nurse. I wish all ward sisters, especially some I unfortunately met during my training, would read this book, pages 72-73 in particular.

C.W.H.

Lectures on the Scientific Basis of Medicine. Volume II, 1953. Published by the Athlone Press, pp. 380 + 29 plates. Price 35s.

To keep up with the advances in medicine is always the aim of the Postgraduate, but the science behind the advances often goes unheeded. The British Postgraduate Medical Federation has for the last two years arranged for a series of lectures to be given for the help of younger research workers and graduates training for Specialist careers. Each lecture course is printed and appears in this book yearly. The book covers a wide field and has been contributed to by many eminent workers, W. S. Feldberg, Sir James Spence and Sir Alexander Fleming being especially called to mind.

Although intended for postgraduates it would seem that the book contains much useful information for the undergraduate facing examination in physiology and biochemistry. Chapters such as that on The Physiology of the Autonomic Nervous System and The Physiology of Parturition would make useful undergraduate reading, and that on the Physiological Effects of Gravity can be read with much pleasure.

This volume and those to follow in future years should be read at least in part, by all those wishing to extend their knowledge beyond the limiting confines of standard textbooks.

B.R.

Fluid Balance in Surgical Practice *by* L. P. Le Quesne, M.A., B.M., B.Ch.(Oxon.), F.R.C.S. pp. 130. Illustrated. 17s. 6d. London: Lloyd-Luke (Medical Books) Ltd., 1954.

The advance in technique resulting in the growth in range and magnitude of operative procedure, together with a diminishing morbidity and mortality, has contributed largely to the success of modern surgery; and this success depends to a large extent on pre-operative and post-operative treatment. So great a strain may be placed on the patient's resources due to the magnitude of a modern operation that any deviation from a natural metabolic pattern may cause serious results. An understanding of this has necessitated a renewed interest by many surgeons in fluid and electrolyte problems.

This essentially practical manual is based on the Moynihan Prize Essay for 1953. In the early chapters the theoretical background is covered adequately but simply, and is well illustrated by Mr. Le Quesne's personal observations in this field. In turn, the response to operation, the administration of fluids and electrolytes in uncomplicated cases, dehydration, potassium deficiency, renal

failure, salt and water excess, are all dealt with together with caloric problems and fluid balance in children.

Throughout the book the literature is discussed and a valuable list of references is given at the end: also several abbreviated case histories.

The author stresses the importance of the wider use of milli-equivalents and makes a plea for the uniformity of fluid measurement. The diagrams are clear and the convention by which positive balances are indicated below the line is fully explained early in the book.

This is a well written monograph which every student would do well to read some time during his first surgical appointment.

D.F.

An Introduction to Pathology *by* G. Payling Wright. Published by Messrs. Longmans, Green and Co. Ltd., pp. XII + 636. Price 40s.

There is a tendency for students of pathology to read only systematic work and to avoid the general. This second edition has been brought out with a view to filling the gap in the average student's knowledge of general principles. The first edition of this book appeared in 1950 and was well received; this second edition should likewise prove popular. Basically there is little change in the material but alterations to keep pace with modern discoveries have been made and two new chapters have been added. One deals with hypersensitivity reactions and the other with radiation changes. This subject is assuming greater proportions every day and the twenty pages devoted to it is certainly worth while. No doubt this chapter will be further extended in later editions.

The book as a whole is well produced in clear type on first-class gloss paper. The illustrations are plentiful and mostly helpful in a fuller understanding of the text. Students would do well to have this book.

Rheumatism *by* W. S. C. Copeman and R. M. Mason. Duckworth's Health Series. Price 8s. 6d.

This volume of 152 pages is one of a series designed to educate the lay reader in various medical subjects and to prevent his falling into the error of accepting many current false beliefs and to give him a balanced view of the disorders under discussion. As the editor, Lord Horder, says in an introductory note, these books are designed to give precise authoritative information and to explain things simply and intelligibly to the reader but not to prescribe self-treatment. They are in no sense "Home Doctors" but merely aim to tell the truth about certain disorders to the general public.

On the whole the volume succeeds: written in simple language it makes very entertaining reading. It makes its points easily, the few illustrations are well chosen. Necessarily dogmatic, it gives a very balanced view of the whole subject of rheumatology. There are few misprints: the formula of cortisone is incorrectly given on p.121 as the result of a minor typographical error. All in all a book to commend to the interested lay reader.

F. DUDLEY HART.

A Pocket Medicine *by* G. E. Beaumont, M.A., D.M. Third edition, pp. 210. Published by Messrs. J. & A. Churchill Ltd. Price 10s. 6d.

Some students find it embarrassing to read a massive tome on some medical subject in a crowded public transport. For such persons here is the answer. A condensed form of "Essentials of Medicine", that takes up as much space as a short novel and costs even less. The price is within every student's reach. The fact that a third edition has been so quickly called for is proof of its popularity and usefulness. The information given is precise and sensibly arranged and constitutes a "must" for all those contemplating examinations. In this new edition the text has been thoroughly revised and brought up to date and a table of sedative drugs in common use has been included.

Nursing and Treatment of Acute Anteria Poliomyelitis *by* Glady M. Hardy. Published by Faber and Faber. Price 5s. pp. 63.

The seriousness of poliomyelitis is universally recognised. Intensive research is continuing and there remains more to be discovered. The authoress aims at giving nurses a clearer understanding of the intricacies of the disease. Valuable information is given regarding modern treatment of the specific types of poliomyelitis. The book is well laid out and easy to read. Perhaps more should have been said of the part played by the physiotherapist. However, it is a useful little book for those dealing with such cases and deserves a place in every nurses' library.

C.H.

Any Questions? Third series of extracts by anonymous authors: from the British Medical Journal. Published by the British Medical Association. pp. xv and 227. Price 7s. 6d.

The appearance of a third book in the series "Any Questions" must be taken as an indicator of their popularity. As in the previous two volumes, the questions and answers are reproduced from the popular weekly feature of the same name in the B.M.J. The answers are to questions from doctors mostly in general practice and help to clarify many of the problems which arise in the normal course of such work. Every aspect has again been covered and the book includes an index for all three volumes.

Mr. Guy's Hospital, 1726-1948, *by* H. Cameron. Longmans, Green & Co. (1954), pp. xiv 520; illustrated. 30s

Three years ago we reviewed a smaller account of Guy's Hospital published by the Guy's Hospital Gazette Committee, and this has been succeeded by an exhaustive history from the pen of a former Dean of the Medical School.

Dr. H. C. Cameron's book will be of particular value as a continuation of *The Biographical History of Guy's Hospital* by Wilks and Bettany, published in 1892, but it also supplements, and indeed sometimes corrects, that invaluable source of information on Guy's men. Dr. Cameron presents a brief biography of Thomas Guy followed by a detailed account of the development of the Hospital that he founded. Some of the greatest figures in the history of medicine were closely associated with Guy's—Sir Astley Cooper, Richard Bright and Thomas Addison—to name only three, and their influence is given due significance. The reputations of hospitals are built by the officers who serve them, and the history of these institutions is largely a record of the achievements of

their respective staffs. These cannot all be recorded in the text, but Dr. Cameron provides in the appendices lists of the staffs of the various departments. This volume is beautifully produced and well illustrated. It does great credit to the author, and to the Endowments Committee of the Board of Governors of Guy's Hospital, which has met the expenses of authorship and publication.

J. L. THORNTON.

Elements of Surgical Diagnosis *by* Pearce Gould, revised by Sir Cecil Wakeley. Tenth edition, pp. 586. Published by Cassell and Co. Ltd. Price 18s. 6d.

During the short time spent on a surgical firm the student is usually kept so occupied that there is little time for reading anything comprehensive about surgery. This book, however, is intended merely as one of reference and not one to be read through from cover to cover at one long session. It has been carefully revised—there is an interval of seven years since the appearance of the previous edition—and Sir Cecil Wakeley has kept strictly to diagnosis of conditions, and has not wandered at all into the realms of surgical technique—a common fault in books of this nature. It should prove useful to student and postgraduate alike as the information it contains is both detailed and comprehensive.

Basic Anatomy *by* G. A. G. Mitchell, O.B.E., T.D., M.B., Ch.M., D.Sc., and E. L. Patterson, M.D., Ch.B., B.Sc. E. & S. Livingstone Ltd., London and Edinburgh, pp. 438-viii; 286 figures. 1954. 45s.

In this monograph basic anatomy comprises essentially those aspects of general anatomy which in the larger textbooks are commonly dealt with in the introductory sections to the various body systems, and which consequently perhaps are often neglected by the avid reader anxious to sample the more particularised and subsequent topographical matter. Little or nothing new by way of anatomical data is to be expected therefore in such a work—which primarily affords its authors scope for some personal idiosyncrasy in the mode of selection and presentation of established information. Commendable enough in its scheme, the book is handsomely produced and the majority of its illustrations, particularly the radiographs and histological pictures, maintain a high standard of excellence.

The work is not an anatomy, but an introduction to anatomy. The authors' claim, that it will prove intelligible and useful to the beginner in anatomy and physiology devoid of previous biological training, seems, however, somewhat temerarious. The work is much more likely to appeal to the established student, already engaged in dissecting room and laboratory and wishful to consult a handy ground plan of study.

The attempt to embrace so much within a limited compass has resulted in some unevenness of presentation and emphasis. It is doubtful whether necessarily compressed accounts of anatomical history and of human palaeontology can ever prove successful and it is certainly disadvantageous that the autonomic nervous system should be accorded so detailed a consideration to the detriment of, say, the pyramidal and extrapyramidal pathways, which, considering their clinical importance, receive here surprisingly short shrift. It is unfortunate that pictorial and textual reference to the exceptional Ruxton case should foster the mischievous notion of a close correlation between facial features and underlying facial skeleton: were such correlation as frequent or as close as is implied, physical anthropology would be a simpler discipline than it is. It is doubtful whether any competent primate embryologist would uphold the authors' contention that in the earliest weeks of intrauterine life all primate embryos are indistinguishable: elsewhere too an Haecklian shadow falls athwart the page. The account of prenatal development seems to fall below the standard of other sections: a clearer presentation might have been expected of the mode of implantation and of placental type. The preface is marred by a somewhat pontifical style. A most commendable feature of the book is the exhaustive glossary provided, which should substantially aid in repairing the educational defects of the modern medical student.

A. J. E. CAVE

Other publisher's notice overleaf.

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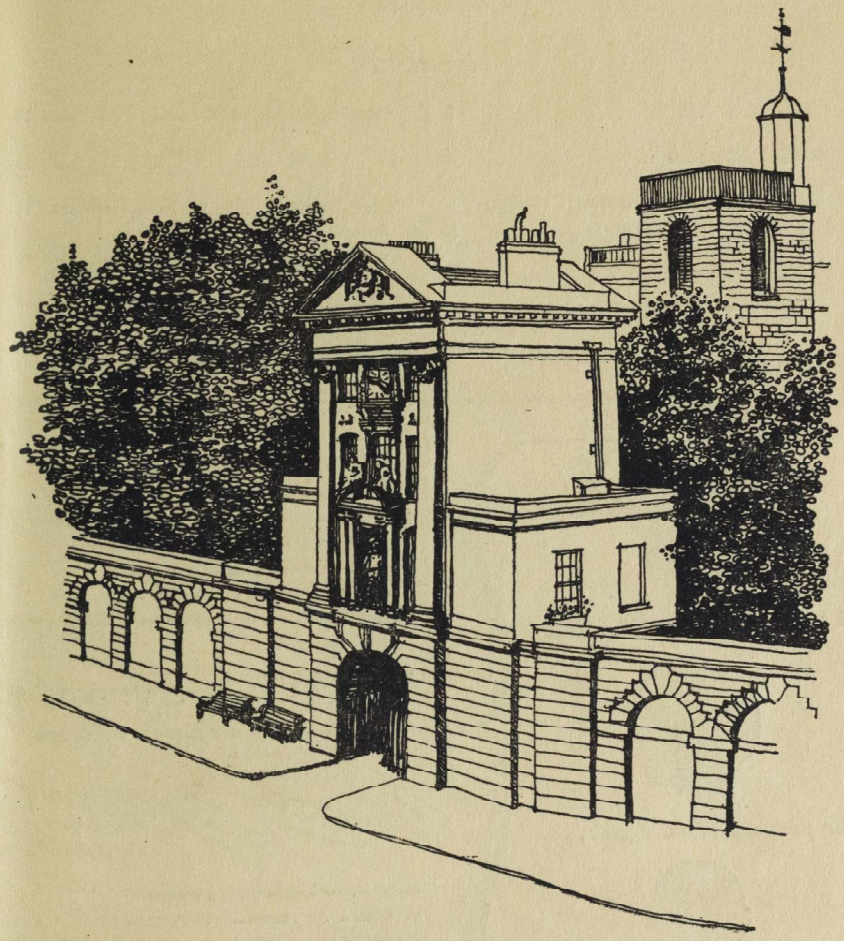

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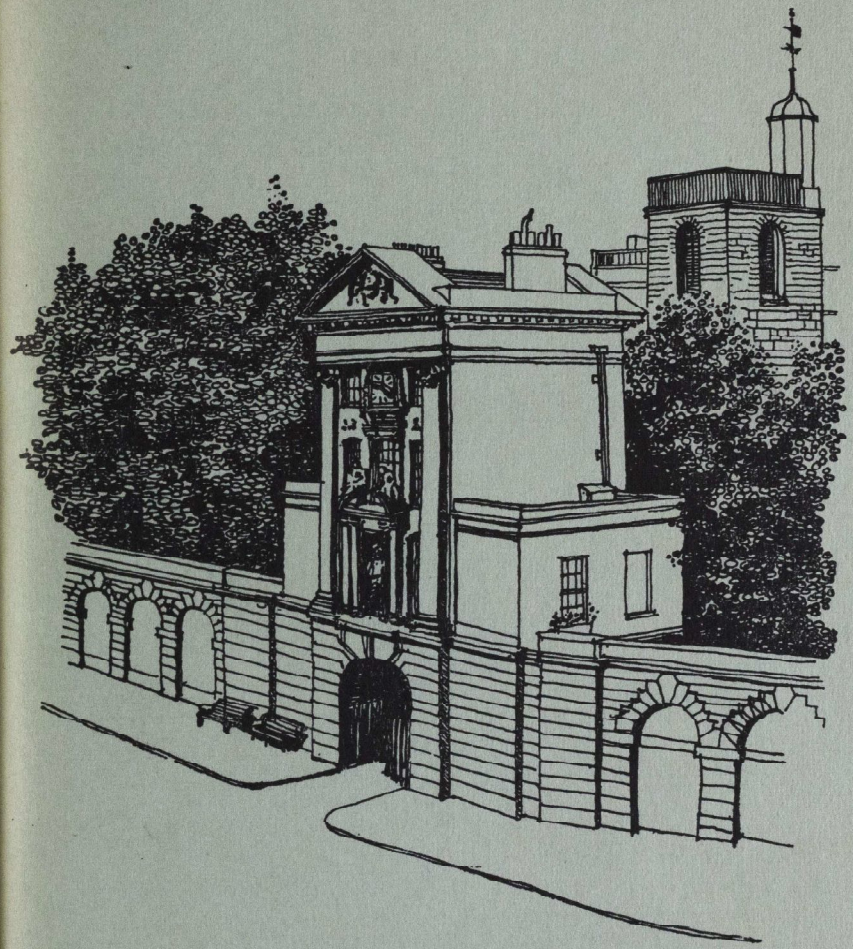

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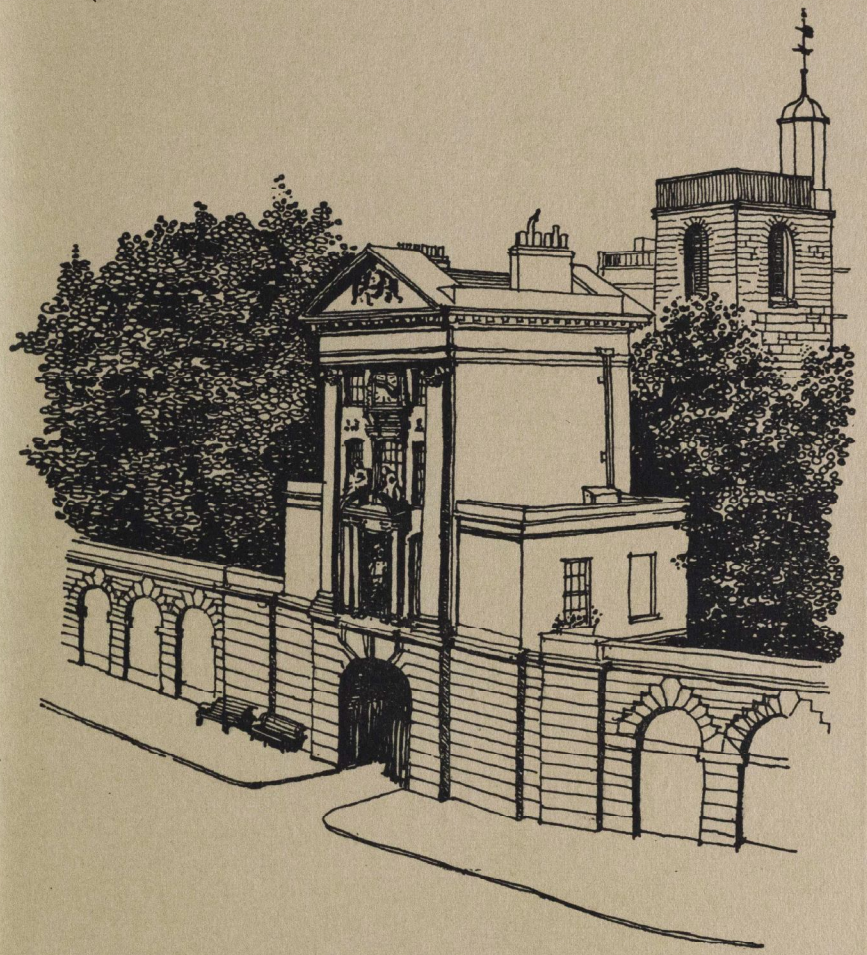

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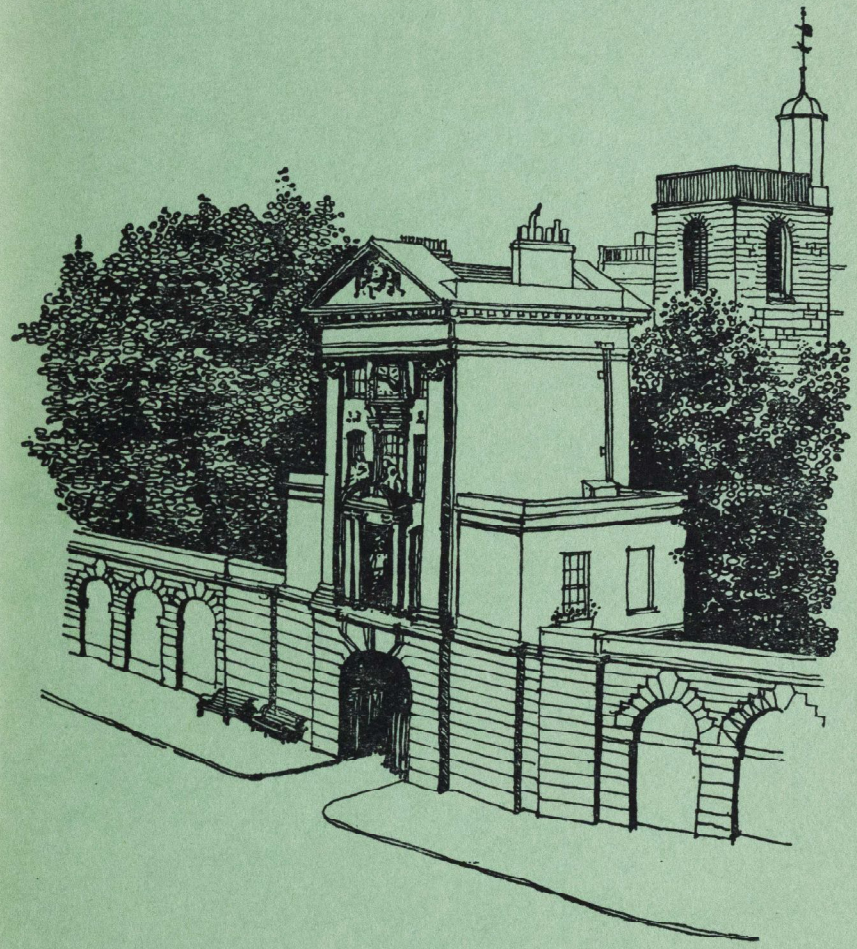

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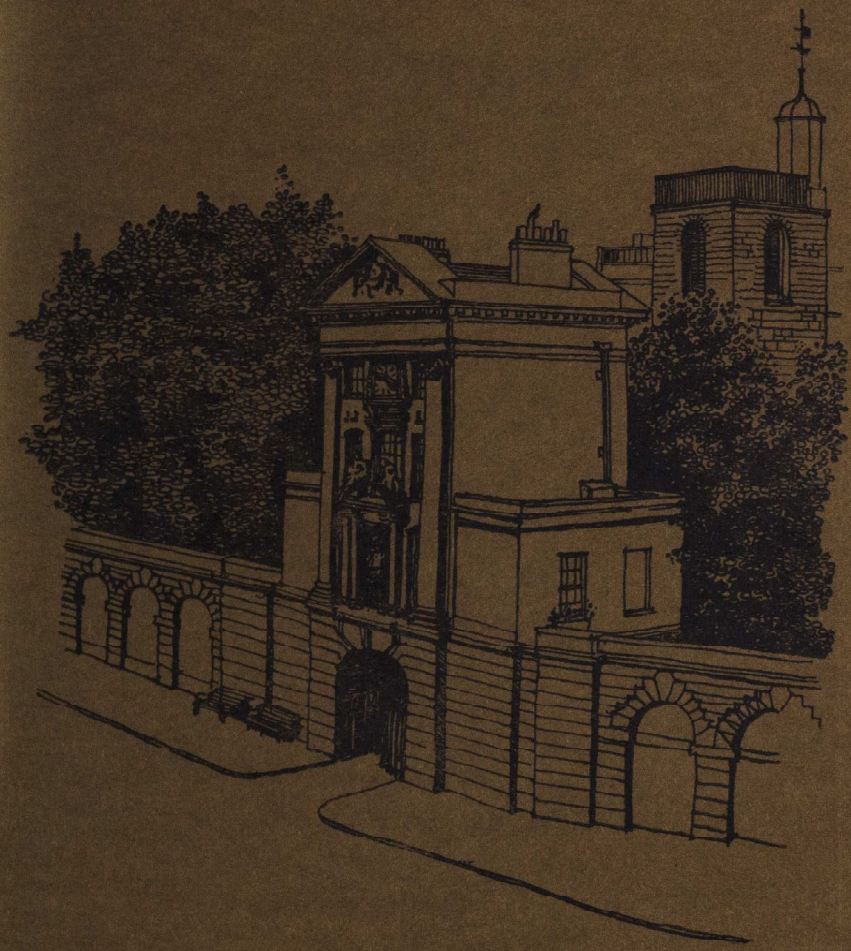

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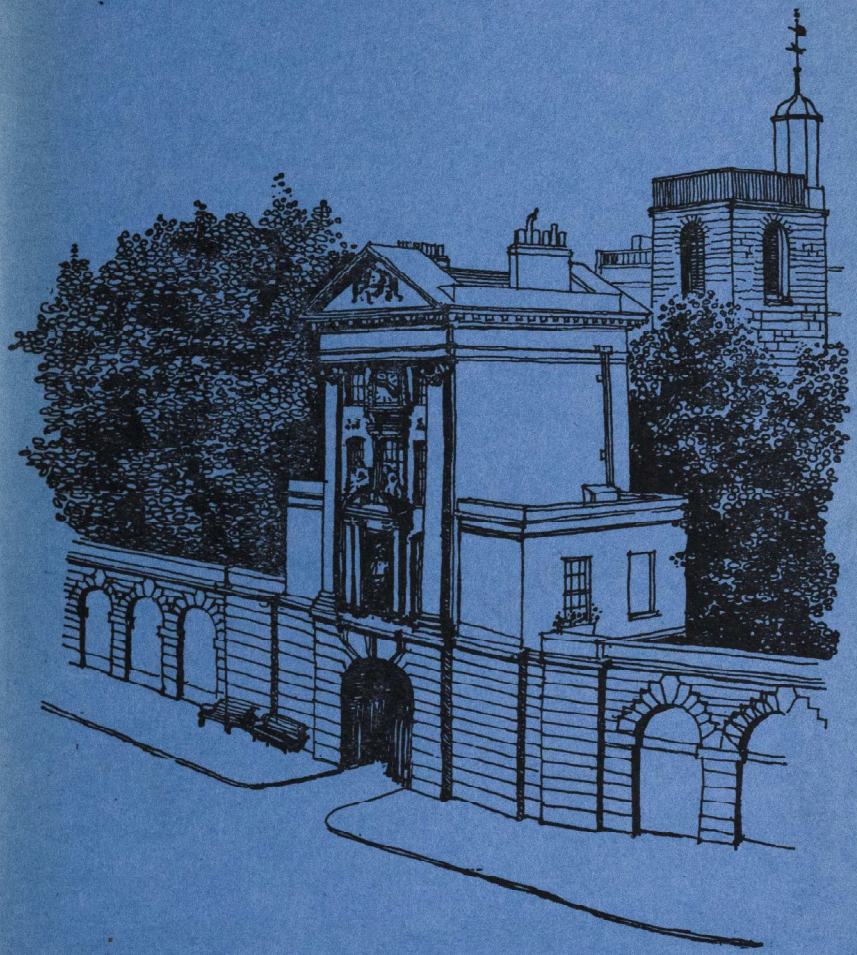

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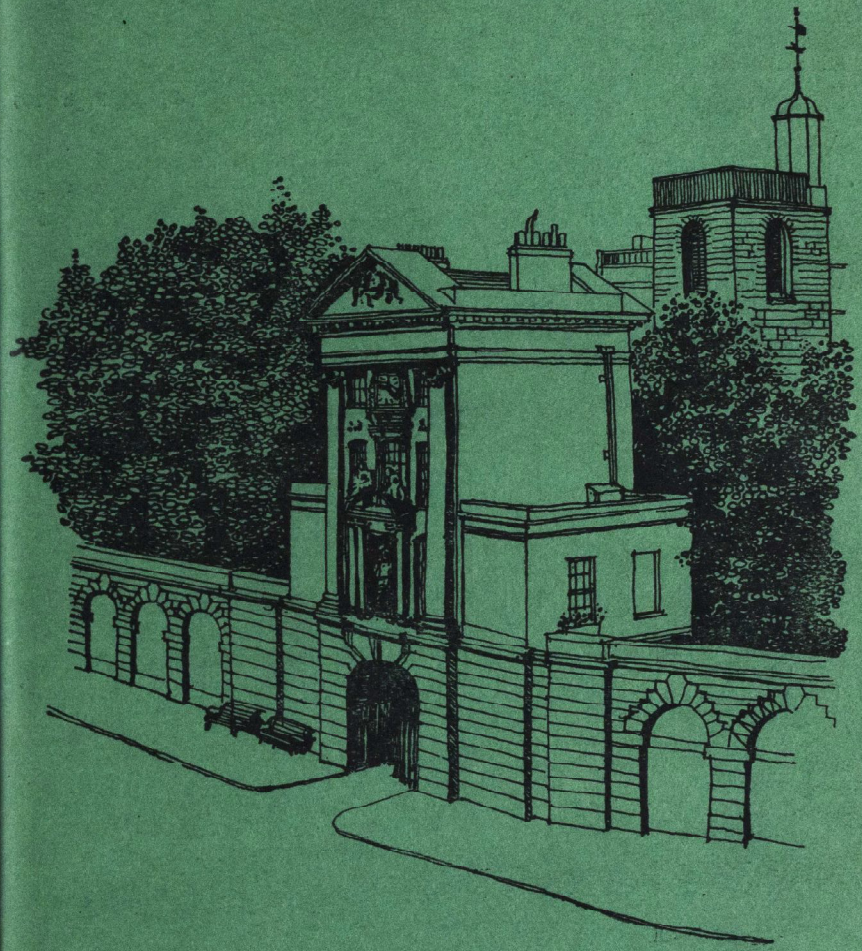

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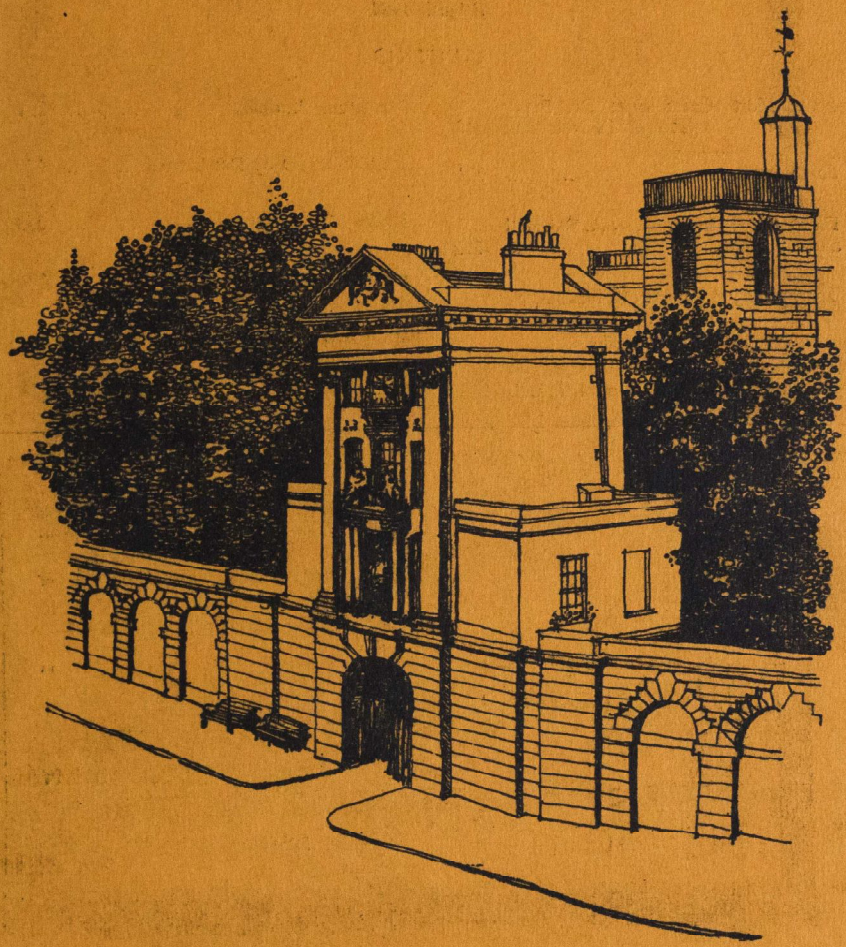

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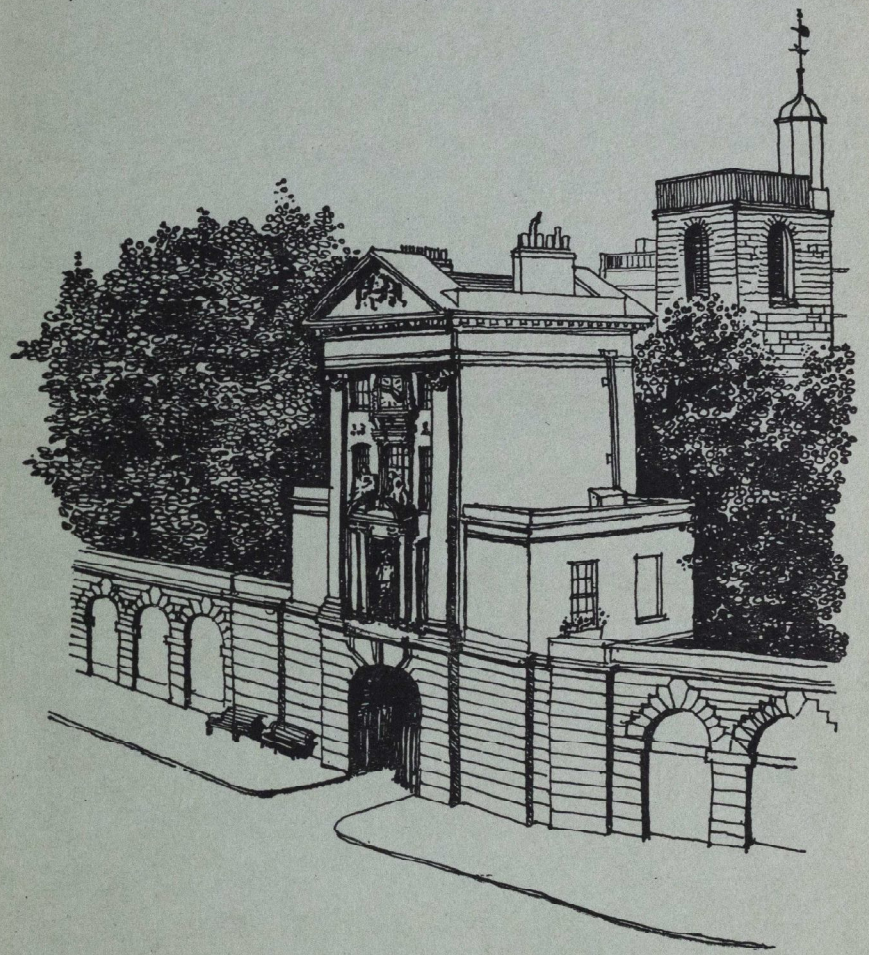

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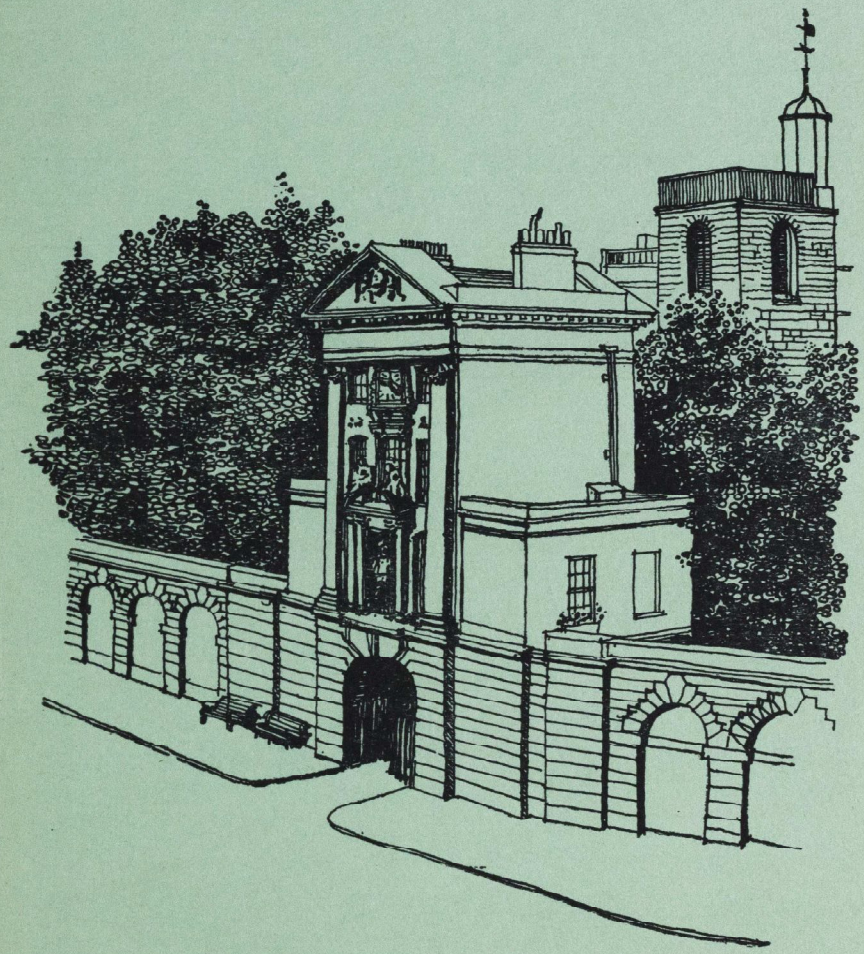

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