

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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EDITORIAL

*A University should be a place of light, of liberty
and learning.*

Benjamin Disraeli.

QUEEN ELIZABETH the Queen Mother was installed as Chancellor of the University of London on November 24, 1955. The Ceremony, held in the Royal Festival Hall, was attended by more than 3,000 people, including delegates from 138 universities and university colleges throughout the world. After Her Majesty had taken office, she conferred the following Honorary Degrees:—

Doctor of Music: Sir William Walton.
Doctor of Laws: Lord Malvern, Prime Minister of Rhodesia and Nyasaland; Mrs. Pandit, High Commissioner for India; and Lord Salisbury, President of the Council.
Doctor of Literature: Sir Richard Livingstone, the classical scholar. Doctor of Divinity: the retiring Bishop of London.

The Queen Mother succeeds her uncle, the Earl of Athlone, who was Chancellor of the University from 1932, till he resigned early last year.

* * *

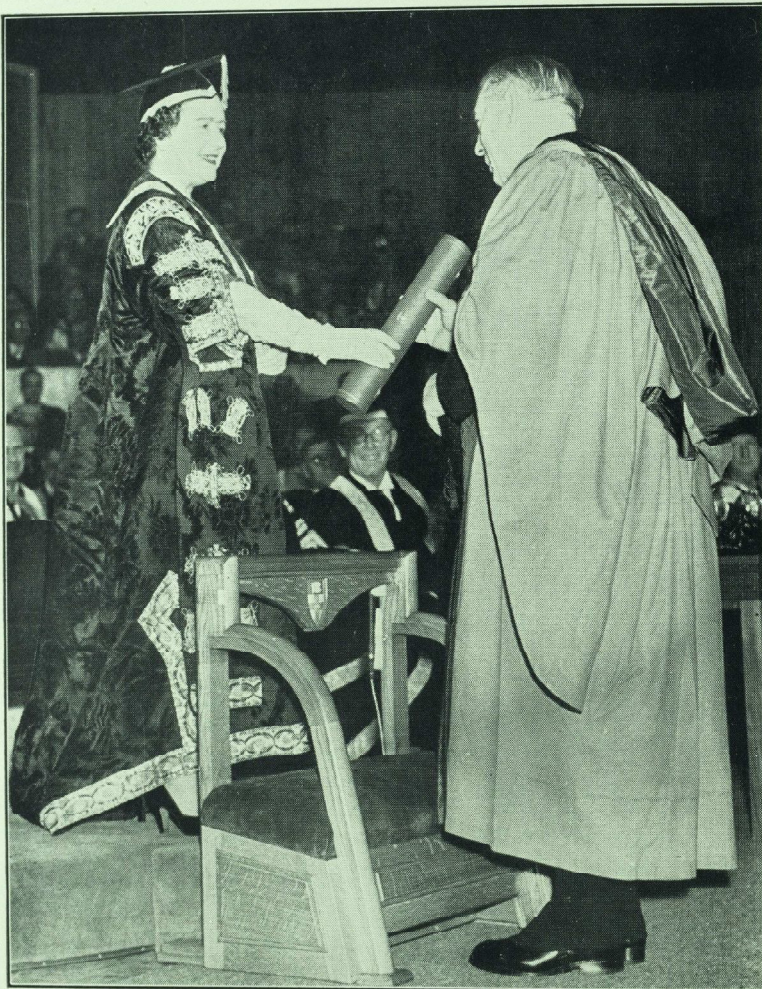
London was one of the last of the great capitals of Europe to provide itself with a University: it was not founded until 1836. In the appendix of Stow's *Annals* (1615), there is an account of the 'three famous Universities of Oxford, Cambridge and London': but the London 'University' appears to have been no more than a number of scholastic institutions, centred in and

around the City, without a Charter, and therefore unable to award degrees.

Although there had been a number of schemes to form a University of London, they had all failed, and at the beginning of the eighteenth century there were still only two universities in England. Entry into both of these institutions was restricted almost entirely to members of the Church of England, by the religious Test Acts. It was to remedy this situation that the movement, which was finally responsible for the foundation of London University, started its campaign in 1825.

Thomas Campbell, the poet, and Henry Brougham, the leaders of this movement, were unable to gain the support of the House of Commons, but, with the aid of the Whigs, who were at that time out of power, they launched an appeal for money to build a non-denominational University. Between 1825 and 1827 they raised sufficient funds to start building in Gower Street. The new building, now known as University College, was opened in 1828 and was at first called 'London University', in anticipation of receiving a Royal Charter. However, the Charter was not forthcoming.

Retaliation by the Anglicans and the Tories, under the leadership of the Duke of Wellington, rapidly followed, for in 1831 King's College was opened in the Strand. Here, 'instruction in the doctrines and duties of Christianity as taught by the Church of



*Queen Elizabeth the Queen Mother presenting the Honorary
Degree of Doctor of Divinity to the Bishop of London,
Dr. Wand.*

England' was to be combined with the other education provided. There were therefore two institutions, each claiming to be the University of London.

The Government, reluctant to grant either of them a Charter, eventually solved the problem in 1836 by forming a third body whose sole function was to conduct examinations and award degrees. These examinations were open to the students of both Colleges, and also to students from any other College in the United Kingdom which had been approved by the Privy Council. In 1849, under the Supplemental Charter, this ruling was extended to include institutions situated anywhere in the British Empire, and in the Territories under the Government of the East India Company. In the years that followed so many institutions of such varying standards were approved by the Privy Council, that it was thought wise to quietly discard the regulation, and accept any candidate for examination, provided that he had passed the Matriculation Examination and paid his fees.

During the second half of the eighteenth century, the teachers at the various London Colleges and Schools were discontented with their status, and pressed for the foundation of a separate teaching University. A Royal Commission was therefore set up in 1888, under the presidency of the Earl of Selborne, 'to enquire whether any and what kind of new University or power is or are required for the advancement of Higher Education in London'. The recommendations of this Commission were rejected, and so, in 1892, another was set up, under the chairmanship of the Earl of Cowper. Their recommendations were accepted, and eventually incorporated in the Statutes and Regulations of the reconstructed University in 1900.

In the new University, teaching work was continued in the 'Schools of the University'. The status of 'School' was given by the Senate to institutions of higher learning in London, provided that they conceded certain powers to the University. These included the right to inspect and criticise the teaching

facilities of the institution, and the right, with the consent of the respective governing body, to create at the institution chairs and readerships, the holders of which were 'Appointed Teachers of the University'. The Medical College of St. Bartholomew's Hospital was one of the first London Colleges to be elected a 'School of the University'. That this was regarded by the Hospital as a mixed blessing, can readily be seen by referring to the report of the event in *St. B. H. J.*, March, 1900, p. 81. The students of these 'Schools' when reading for a degree were known as Internal students. Students were still examined without regard to their institution, but they were known as External students.

For the first part of this century, only two 'Schools', King's College and the University College, were directly represented on the Senate of the University. The other 'Schools' had to wait until 1929, when the Statutes were again revised. The heads of nine non-medical 'Schools', including the Imperial College of Science and Technology, the London School of Economics, University College and King's College, then became *ex officio* members, and the Deans of the Medical Colleges were allowed to elect two of their number to represent them on the Senate.

From the history of the University of London, it is possible to understand the complex organisation we know today. Many constitutional changes have been made since the granting of its Charter 120 years ago, and it is almost certain that there will be more in the future. It is to be hoped, however, that the following Statute will remain unaltered, for it expresses so well the aims and objects of our University.

'The purposes of the University are to hold forth to all classes and denominations, both in the United Kingdom and elsewhere, without any distinction whatsoever, an encouragement for pursuing a regular and liberal course of education; to promote research and the advancement of science and learning; and to organize, improve and extend education of a University standard.'

University of London

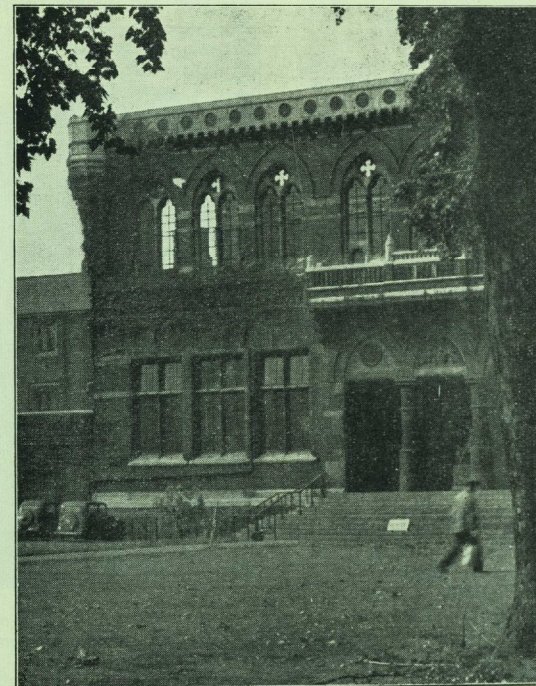
Dr. Charles Harris has been appointed Deputy Vice-Chancellor for the remainder of the year 1955-56.

Degree

The Degree of M.S. was awarded to Gerard William Taylor on October 19, 1955.

in 1933, when they bought the Charterhouse site from the Merchant Taylors' School. It was then adapted for use by the Physiology Department. Here Pre-Clinical Students were taught until 1939, when they were moved to Queens' College, Cambridge.

During the War the building was badly damaged, but in 1945, repairs made it possible to use the first floor. Post-War students



The Old Physiology Building.

Photographic Fellow

Mr. N. K. Harrison, Photographer to St. Bartholomew's Hospital, has been elected a Fellow in Medical Photography of the Institute of British Photographers.

Demolition

During January the Old Physiology Building at Charterhouse Square will be pulled down. Built in the ornamental Victorian style, it was acquired by the Medical College

will remember the uncomfortable lecture theatre and the miserable Dining Room; a great contrast to our present luxurious facilities.

We hear that it is hoped to replace it, in the not too distant future, by a new block containing the Biochemistry and Physics Departments, and the Library.

Redecoration

The Steward's Office is being redecorated, and a few structural alterations made. The

long oak desks have been removed, and the room divided into a number of small offices with the aid of glass partitions. This will be a big improvement, as it will provide the Steward and the various members of his staff with a little privacy.

We also understand that the office is to be made much brighter by painting the woodwork cream, and putting green lino on the floor.

Colonial Service

In late November, Dr. D. J. M. MacKenzie gave a short talk to the Senior Pathology Class, about the Medical Service in Northern Nigeria, where he is Chief Medical Officer.

Dr. MacKenzie said that life in Nigeria was interesting and pleasant. Every doctor had access to Hospital beds, and all types of Surgical and Medical emergencies were seen. Nigeria is no longer the 'White Man's Grave'; families can be taken out and education facilities are getting better. Salaries are very good, starting at just over £1,200, and many extra allowances are made. Leave can be taken every 18 months, a week for each month's service.

In recent years, great advances have been made in the control of Malaria and Sleeping Sickness, and now, with the new drugs available, leprosy can be treated effectively. The majority of the population is Moslem, so the women of the country are 'locked away', and are inaccessible to the male doctor. Women doctors, being able to penetrate these social barriers, are urgently needed.

Anyone interested should write to:—

*The Director of Recruitment,
Colonial Office,
Sanctuary Buildings,
Great Smith Street,
London, S.W.1.*

Off to Antarctica

On November 14, the advance party of the Trans-Antarctic Expedition left the Millwall Docks in the m.v. Theron. They will establish the base site, which is to be known as 'Shackleton', in the Weddell Sea, and carry out reconnaissance over the first part of the route across the Antarctic Continent.

The Medical Officer of the Party is Dr. Rainer Goldsmith, a Bart's man, who qualified in 1952. During October and early November, Dr. Goldsmith was a frequent

visitor to the Hospital Dental Department, revising his extraction technique and the administration of local anaesthetics. He will be staying at 'Shackleton' until early in 1957, when the main party, led by Dr. Fuchs, will arrive.

During the past twenty years, the colder regions appear to have had a great attraction for Bart's men. Dr. Eadric Fontaine was a member of the 1935-36 British Ex-



*Dr. Goldsmith going aboard the
M. V. Theron.*

pedition which went to Greenland. Dr. Charles Warren was a member of the expedition which attempted to climb Mt. Everest in 1936, Mr. James Andrew (now a Registrar to the Gynaecological Department) visited the Falkland Island Dependencies in 1945. Dr. J. M. Roberts followed in 1947, Dr. George Marsh in 1952, and Dr. Malcolm Evans is going there shortly.

We also hear that Dr. Marsh has been invited by Sir Edmund Hillary to join the New Zealand party of the Trans-Antarctic Expedition which will establish a base at McMurdo Sound, in the Ross Sea, early next year. We understand that he will not be going as Medical Officer, but as a mem-

ber of the party in his own right. We will, therefore, have a representative in each 'camp.'

Ant Hill End

Was there idleness at Hill End during the Summer? If there was, it would seem to have been such a crippling attack of lethargy, that it prevented the sluggards from even going to the Ant.* The immobility of this mountain, or at least its rear part, left Mahomet with no alternative, and so the Ant arrived at Hill End, or, to be more exact, a legion of Ants arrived.

At first, their presence was just considered tiresome; however, the situation rapidly became more serious. Soon, there was No Cause for Alarm, and a state of Crisis was officially recognised. With commendable zeal, the forces of law and order went into action; even the non-combatant Medical Staff were issued with orders, in the attempt to cope with the Emergency.

Observers at Bart's had visions of a Wellsian situation developing. Our correspondent visited the trouble-spot at the height of the battle, and reported that the Colonists were carrying on their existence with admirable phlegm. Later, we received a communiqué saying that the Bandits were on the run. The statement that 'No stone will be

left unturned, in the drive to wipe out this menace', had been deleted from the communiqué, on the instruction of the Clerk of Works.

We, at Bart's, can be proud of the defenders of this outpost of our Empire. They acted with tremendous courage.

The rumour that Mr. C--ps was called in to breathe fire on the invaders appears to come from an irresponsible source. We also have reason to believe that any strange mutterings, heard issuing from Theatre C, were not a spell against the invaders, being woven by the Wizardry of Oz.

** See Proverbs vi 6.*

Home Fixture

The Boat Club set a new precedent by having this year's Annual Dinner entirely on home ground. A preliminary Sherry Party in the Library, and a post-prandial 'get-together' at College Hall are established features; but, for the first time, the Dinner was held in the 'new' Hospital Refectory. The Chef produced an excellent meal, and from all accounts the occasion was a most enjoyable one. Guest of Honour was Dr. Malcolm Donaldson. Other guests were Dr. Eric Donaldson and the Coaches, of whom not the least, in any sense, was Dr. Joe Bailey.



*Drs. Joe Bailey, Malcolm Donaldson, A. W. Spence, Eric Donaldson,
Professor Garrod and Mr. Oswald Tubbs seen post-prandially.*

Oxford Coach

We hear that Dr. A. G. S. Bailey has been asked to coach the Oxford University Boat Crew. We congratulate him, and wish him success.

Dr. Bailey, a general practitioner at Bourne End, has coached all the Bart's crews which have gone to Henley.

Journal Staff

Mr. G. R. Kinross Wright has resigned from the post of Editor. Now that the burden of office has been removed from his shoulders, he tells us that he has resolved to learn a little Medicine.

The Assistant Editor, Mr. G. D. Stainsby, has been elected Editor in his place.

Mr. Douglas Chamberlain who has been Manager for the past year has also resigned. Thanks to his drive and initiative, the number of advertisements in the *Journal* has steadily increased, and our financial state has been improved. It is comforting to know that his genius for understanding 'money matters' will not be entirely wasted in the future: he still remains Treasurer to the Boat Club.

Mr. L. J. Chalstrey, the Assistant Manager, has been elected Manager in his place.

The Journal

Contributions for the March issue should reach the Journal Desk before February 1. Writing should be on alternate lines, on one side of the paper, and legible.

Cup Matches

In November, four Clubs took part in Inter-Hospital Cup Competitions. The Ladies' Hockey Club won their first round in convincing style, by beating the London Hospital by 12 goals to 3. We congratulate them, and hope that their success will continue.

The Men's Hockey Club, however, did not fare so well, losing in the Second Round to the London Hospital, the Cup Holders.

The Soccer Club lost their first Cup Match to University College Hospital. Nine goals were scored during the game, all by U.C.H.

Finally, the Boat Club took part in the United Hospitals Winter Regatta, which is while they impressed the younger generation now confined to small boat events for senior

oarsmen, and clinker boat events for juniors and beginners. Of the seven events, Bart's reached the finals of five, but only managed to win one, the Double Sculls. Not quite like the old days, but nevertheless, satisfactory in a Regatta, at which no single Hospital won more than two events.

The Rugger Cup Match v. St. Mary's, will be played at Richmond, on Thursday, February 2, at 2.45 p.m. We hope that many Hospital supporters will be able to get to the ground that afternoon and encourage our team.

Club Tours

The Rugger Club has completed another successful Cornish Tour. Several players share the honour of having been on seven Cornish Tours, and we were sorry to hear that J. K. Murphy was unable to go this year, and so bring his tally up to the all time record of eight.

Tours by Hospital Clubs are becoming increasingly popular. The Rugger and Cricket Tours are well established annual events; and recently, the Boat and Association Football Clubs have followed their example. The latest adventurer is the Hockey Club, which this year started a Cambridge Tour. We hope that this carrying of the flag into the Provinces will continue.

The Rugger Tour

From our Rugger Correspondent:

Beer, fireworks and the cry of 'Take it easy, kid, there's a match tomorrow,' are the memories that I associate with the Bart's West Country Tour of 1955; certainly, no effort was spared to entertain us royally wherever we went.

Our first night in Penzance was quiet, following as it did a seemingly endless coach journey. After refreshment, we perambulated along the sea front, and only our scrum-half had the energy to seek personal entertainment. He was last seen pursuing a rather coy maiden in a westerly direction.

The following night, we were all in good form after the Penzance match; having been entertained in the Pirates' Club House, we moved to the local dance hall. Your correspondent spent the evening escorting a dear old lady, wished on him by the Committee,

with steps obviously learnt after years of practice at the Palais. Following the Dance, our Scottish member was apprehended by the local constabulary, for lying in a rose-bed, although he himself claims he was only looking at the stars. The owner of the garden he chose as his resting place was not amused, however, and the gentleman was escorted back to the Hotel and placed in a more appropriate type of bed.

Due to the communal hangover, Plymouth was sedate by comparison, but recovery was complete in time for the last night, at Paignton. This was the highlight of the week. Most of the evening was spent in the Torquay Dance Hall. Your correspondent had his usual luck with his partner, choosing this time a very comely lass, who at literally the eleventh hour declared herself to be bespoke to the trumpeter in the band, a fierce looking character of obvious great strength. However, on our return to the Hotel, we found that a local Bart's man had somehow sensed our requirements and had turned up with a galaxy of talent. As the bar stayed open until 4 a.m., a convivial time was had by all. We eventually returned our lady friends, more or less intact, to our benefactor, and they all drove off in a vast van, no doubt looking forward to our next visit.

Sports Editor

Dr. C. N. Hudson has resigned from the post of Sports Editor. We would like to take this opportunity of congratulating him on his qualification, and thank him for his literary assistance. He was a regular anonymous contributor to 'persephone', and many readers will remember his articles; 'Hadfield's Folly', 'The Barnet Goose', 'Perpetual Students' and his authoritative account of the Hospital Boat Club—'Bart's Boats'. We hope to hear more from him in the future.

Applications are invited for the post of Sports Editor. Previous journalistic experience is not necessary.

NOTICES

THE PHYSIOLOGICAL SOCIETY

Monday, January 16
Annual General Meeting at 5.15 p.m.
and the 'Antidiuretic Hormone' by
Dr. A. G. Lewis

Monday, January 30
'Nephron dissections as a guide to function'
by Dr. E. M. Darmady

Both lectures will be in the Physiology
Lecture Theatre at 5.30 p.m.

CALENDAR

Sat.	Jan.	7	Dr. G. Bourne and Mr. J. B. Hume on duty. Rugby Match v. Old Rutlishians. Football Match v. Old Cholmelians. Hockey Match v. Westminster Hospital. Home.
Mon.	"	9	Junior Osler Club; St. Bartholomew by J. B. Dawson, 8 p.m. College Hall.
Tues.	"	10	Natural History Society; Mr. J. H. Sankey will give an illustrated talk, 6.30 p.m.
Sat.	"	14	Dr. A. W. Spence and Mr. C. Naunton Morgan on duty. Rugby Match v. Taunton. Away. Hockey Match v. Blucharts. Away.
Wed.	"	18	Rugby Match v. London University. Home.
Sat.	"	21	Dr. R. Bodley Scott and Mr. R. S. Corbett on duty. Rugby Match v. Cheltenham. Away.
Wed.	"	25	Football Match v. Middlesex Hospital. Home.
Sat.	"	28	Dr. E. R. Cullinan and Mr. J. P. Hosford on duty. Rugby Match v. Oxford University Greyhounds. Away. Football Match v. Westminster T.C. II. Away.
Thur.	Feb.	2	Hockey Match v. National Physical Laboratory. Away. Rugby Cup Match v. St. Mary's Hospital. 2.45 p.m. at Richmond.
Sat.	"	11	Medical and Surgical Professional Units on duty. Rugby Match v. O.M.T. Away. Football Match v. Chelsea. Away. Hockey Match v. St. George's Hospital. Home.

Births

MILLIGAN.—On November 4, at St. Bartholomew's Hospital, to Mary (*née* Farrar and Dr. H. E. (Mick) Milligan, a daughter (Nicola Jane Myfanwy).

ROTHNIE.—On November 14, at Pinner, to Peggy (*née* Deane) and Dr. Norman G. Rothnie, a son.

TODD.—On November 20, at Ipswich to Hope (*née* Cunningham) and Dr. Christopher Todd, a daughter.

WHEELER.—On November 3, at St. Bartholomew's Hospital, to Pat (*née* Woodhouse) and Dr. R. R. Wheeler, a daughter (Jennifer Margaret).

Engagement

IRWIN-GORDON.—The engagement is announced between Dr. M. H. K. Irwin and Miss E. L. Gordon.

MATTHEWS-BLEARS.—The engagement is announced between Dr. P. B. C. Matthews and Miss M. R. Blears.

Deaths

BELBEN.—On November 13, at Poole, Dorset, Frank Belben, F.R.C.S., O.B.E., aged 84. Qualified 1891, took the F.R.C.S. in 1894. Went to Bournemouth just before the turn of the century, and, specialising in surgery, was for many years on the staff of the Royal Victoria and West Hants Hospital. During the first world war he worked as a surgeon at the Boscombe Military Hospital, and was appointed O.B.E. for his services.

COLLINGS.—On December 3, at Southwold, Suffolk, Dudley Willis Collings, M.R.C.S., L.R.C.P., aged 85. Qualified 1893.

GIBB.—On November 21, at Gerrards Cross, Harold Pace Gibb, F.R.C.S., aged 77. Qualified 1904. After qualification he acted as house-surgeon to the late Sir D'Arcy Power at Bart's. He was admitted F.R.C.S. in 1906 and took the M.B., B.Chir. degrees in 1907. Specialising in ophthalmology, he was appointed surgeon to the Central London Ophthalmic Hospital, and, later, ophthalmic surgeon to the West London Hospital and the Victoria Hospital for Children, Chelsea.

HALL.—On November 8, Dr. Percy Hall, M.R.C.S., L.R.C.P. Qualified 1908. He was at one time Physician to the Charterhouse Rheumatism Clinic. Served in

R.A.M.C. 1915-1916 and was a surgeon in the Merchant Navy 1940-1942. Very interested in Actinotherapy, he had held the post of Medical Editor to the British Journal of Actinotherapy.

HAYES.—On November 19, Thomas Hayes, C.B.E. Clerk to the Governors of the Hospital, 1905-1937. An Obituary will appear in the February *Journal*.

PEARSE.—On November 30, at Eastbourne, Robert Edward Franklyn Pearse, M.R.C.S., L.R.C.P., aged 89. Qualified 1889.

Changes of Address

CARSON.—Dr. Michael B. Carson to Longclose, Ramsley Road, Pennington, Nr. Lymington, Hants.

MIDDLETON.—Dr. Hugh Middleton to 13, Highworth Avenue, Cambridge.

STONE.—Dr. P. H. D. Stone to 555, Grey Street (East), Swift Current, Sask., Canada.

Memorial Service

MR. THOMAS HAYES

A memorial service was held on Thursday, December 8, at St. Bartholomew-the-Less. The Rev. S. G. Bush officiated, assisted by the Rev. R. B. Ney, and Mr. R. M. Vick gave an address. Those present included:—

Mr. Douglas and Mr. Laurence Hayes (nephews), Mrs. E. G. Hewlitt, Miss S. F. Davies and Dr. E. D. Fenwick (nieces).

Lord Huntingfield, Sir Herbert Cohen, Sir George Aylwen (treasurer, St. Bartholomew's Hospital), Mr. C. L. Carus-Wilson (clerk to the Governors) and Mrs. Carus-Wilson, Mr. E. G. Tuckwell (Dean of the Medical College), Sir Geoffrey Keynes, Mr. R. I. G. Brooks (house governor and secretary, Westminster Hospital), Mr. A. C. R. Powditch (secretary to the Board of Governors, St. Mary's Hospital), Miss K. L. Hyde (secretary, Alexandra Hospital), Captain Mason Scott (secretary, Rahere Association), Mr. L. H. Parker (secretary, Gordon Hospital), Mrs. Regina'd Vick, Mr. Basil Hume, Dr. C. L. Hewer, Dr. George Graham, Mr. Eaton Ostle, Professor A. Wormall, Dr. F. H. Young, Dr. R. Morshhead, Dr. Charles Harris, Mr. J. Goody, Mr. C. H. Chamier, Mrs. F. E. Drummond-Hay, Mr. D. Drummond-Hay, Dr. H. F. Brewer, Mrs. H. Sparke, Mr. and Mrs. A. Floyd, Mr. W. E. Wooldridge, Mr. E. Pearson, Mr. C. Clark, Mr. R. Scott, Mr. F. Capps, Mrs. A. W. Spence, Miss Helen Dey. With the Matron, Assistant Matron, and members of the medical, nursing, and administrative staffs of the Hospital.

LETTERS TO THE EDITOR**THE GOLDEN BOY**

Sir,—I have had the pleasure of reading the article, 'The Golden Boy' by G. D. S. and D. T., in your *Hospital Journal* of October, 1955. As the boy in question stands outside my room, I was very interested. It seems to me, however, that although the authors carried out quite a lengthy investigation, they were not given all the correct facts.

The statue is not of solid oak. He is a hollow bronze cast, and hangs on two hooks let into the wall. Originally, he stood in a niche on the corner of the building, but we obtained permission from the City Corporation to cut a window, and move

to see when they are going to re-gild the little fellow, for he is beginning to look soiled and dirty. It seems that this will be our responsibility, in spite of the City's request to maintain him.

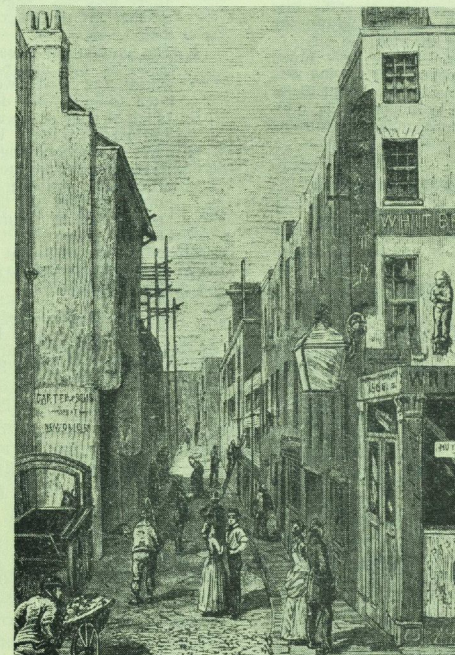
I have a copy of the print of 1871, together with an old print, showing Cock Lane as it was in 1840. I have pleasure in sending you a photograph of the latter print.

As regards the fig-leaf, my predecessor had this put on, some twenty or thirty years ago.

Yours faithfully,

CHARLES S. COUPAR.

Manager, The New Zealand Refrigerating Co. (London) Ltd.



Cock Lane, 1840.

him into Cock Lane. As far as I can see, no trace of his wings remain, but as he will shortly be taken down for re-gilding, Messrs. G. D. S. and D. T. might like to come and inspect him.

The building, which was erected by Foster Estates Limited, no longer belongs to them. We took it over several years ago, and the City Corporation applied to us, in 1949, for permission to take over and maintain the statue. I have, during the past week, been in touch with them,

A 'BANK TUB'

Sir,—With my brother and many others, I watched with great pleasure and interest the Inter-Hospitals Rowing Club Winter Regatta, on November 23rd. We were also guests at a delightful dinner in the evening.

It is not for the older generation to say just which style of rowing a club should adopt, but it

seemed that Bart's were rowing in 'Orthodox Style.' Unfortunately, the members of nearly every crew were 'missing the beginning,' i.e. they failed to get their oars into the water behind the rigger. It is useless to take the trouble to get well forward, only to row the first part of the stroke through the air, which offers little or no resistance.

Such fundamental faults can only be corrected by individual 'tubbing,' but few men will be willing to go miles to the river, in order to spend their rare hours of leisure sitting in a 'tub.'

The difficulty can be overcome, if a swimming-bath could be built in Charterhouse Square, in the basement of one of the blocks, and a 'bank-tub' (known as the 'Dottie Pot' when first invented about 1905) installed. This could be easily hoisted out of the water, when swimming was taking place. In addition, a slow motion cinematograph of a good oarsman, would be of the greatest value. To obtain such a film, should present no difficulties in a Medical School which can photograph the movements of a cat, falling through the air.

It was, indeed, a pleasure to see how much keenness there is in Bart's, concerning rowing, one of the best of sports for physical development, as well as character; but, such keenness will be difficult to maintain, without more success in winning races.

Yours faithfully,

MALCOLM DONALDSON.

Two Oaks,
Pangbourne, Bucks.

SKIING HOLIDAYS

Sir,—In a few weeks, several members of this Hospital will be enjoying winter sports. Many of these are absolute novices, and the following advice

SO TO SPEAK . . .

A REGULAR EVENT

Heard in an Out-patient Department

STUDENT: "Now, Sir, what brings you up to Hospital?"

OLD MAN: "Well Doctor, it's my annual fistula."

may be of some value to them, in preventing an accident which will spoil their holiday, cost someone a lot of money, and render them a liability to their friends:—

1. Skiing is a strenuous sport, and some form of preliminary training is essential. Some excellent exercises are published in "Pre-Skiing Exercises" by the Ski Club of Great Britain. If you cannot be bothered to do these, go for some good long brisk training walks, in the last month before your holiday.
2. Do not be too ambitious the first day or two, and take some time to limber up. Above all, do not go to the top of the highest funicular, the moment you arrive, after a long and tiring journey, the tedium of which has been enlivened by a glass of the local wine.
3. No matter what the Swiss instructors and ski-hirers may say, beginners should insist on having skis no longer than 6 inches above their heads.
4. The Ski Club of Great Britain's safety device (price 8s. 6d.) can be obtained from Lillywhites, and is well worth buying. It can be fitted to hired skis quickly and simply.
5. Much of your skiing will be done on crowded and narrow tracks. It is essential, therefore, never to take anything blind or out of control.
6. Swiss doctors are not yet nationalised, and orthopaedic practice in the mountains is an important part of the tourist trade. You are advised to insure against medical and hospital expenses.

The Ski Club of Great Britain would be glad to let anyone interested, have the relevant literature on accident prevention.

Yours faithfully,

JOHN HOWKINS.

Chairman of the Accident Prevention Committee
of the Ski Club of Great Britain.

THE ESSENCE OF GENERAL PRACTICE

TAKING this as his title, Dr. L. W. Batten, of Hampstead, gave a lecture to final year students on November 1st.

He began with the lady candidate's reply to the question of what branch of medicine she eventually hoped to take up: "Well, I suppose in the end I shall drift into general practice." Had she said, "Well, what I really want to be is a family doctor", how the hearts of everyone round the table would have warmed towards her.

"What, if you enter general practice, do you hold yourself out as being prepared to do? The general practitioner should be ready to be consulted about any lesion, disease, malfunction or disharmony in the whole or any part of the body; to examine into it and sort it out, and either to deal with it himself, or at least, to give pertinent and useful advice, and to put the patient in the way of obtaining the investigation and treatment he ought to have." He then described some typical patients, the child who is learning to walk, the girl who hasn't "picked up" properly since the 'flu, the man with angina of effort, and the young or middle-aged man or woman who "always feels so tired". If the right thing is done in the right way, such patients may be saved months of illness or anxiety. There is nothing inherently absurd in offering to receive all comers, and to do something appropriate for each and all, but the peculiar, the quite unique function of the general practitioner is to provide continuous care—to be a medical friend and adviser; someone ready not only to listen, examine and discuss, but to remain in charge and see the thing through. "Now that they have all gone," said the sick man's wife, after a not very fruitful consultation, "what do you think?" Consultants and specialists come and go. The family doctor remains. He is the man in charge. He carries the burden. If the request "Will you look after us and be our doctor?" leaves you quite cold—well, you had better drift into a specialism.

What are the penalties and rewards? The chief penalty is the counterpart of its continuousness and its personalness—continuing and personal responsibility, and it is clear that six-hour days and five-day weeks are not applicable to it. The one lasting, dependable yet immaterial reward is the work itself. Good doctors are seldom dedicated to the service of humanity, but, though they do not say so, they are dedicated to the practice of medicine.

What can be done about it now? "Compel your friends in the special departments to teach you to see, easily and certainly, the fundus oculi, the ear drum, the vocal cords, the nasal passages, the rectal mucosa, and the cervix uteri, and to know whether what you see is normal or abnormal."

Dr. Batten concluded—"Practice is easier if you hold that we all have a mind, which is not the brain, nor a function or secretion of it, but a separate entity. If the word 'brain', which should mean that thing inside the skull, is used for intellect or sanity, and the word 'nerves' which should mean motor, sensory or mixed nerves, is used for anxiety, fear, temperament or the state of being in love, then rational dealing with the whole vast class of psychosomatic disorders becomes impossible, and the confusion in the mind of the patient is very likely to spread to the doctor. Recognise the mind, call it by its name, put it, as it were, on the table between you and the patient, and you can begin to think and talk good sense about these things. You can learn your psychology and psychiatry either from the professors, or from the poets, the novelists, the Bible and your own experience, but you must not suppose that Psyche is an illusion, an invention of the psychologists, or that you can afford to neglect her."

The next lecture in this series will be given by Dr. G. F. Abercrombie, Wednesday, March 14.

A WEEK'S SURVEY IN GENERAL PRACTICE

by L. S. CASTLEDEN

A RECENT trial survey of the diseases seen in General Practice, organised by the College of General Practitioners, afforded opportunities for a survey of one week's work in this practice.

The practice is a rural one of approximately 6,500 patients distributed in a central market town (Population 3,671) and 10 villages in a radius of about 10 miles. The Partners are three in number working from a central surgery with two branch surgeries.

During the week in question—20th March to 27th March, 1955—a total of 402 patients were seen. These required 493 services, of these services, 234 were visits, many involving car journeys of more than two miles.

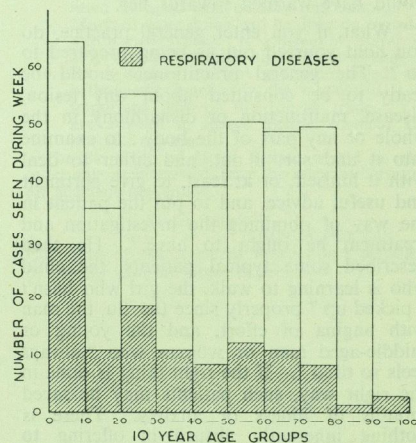
The week 20th March—27th coincided with an influenza epidemic of moderate proportions, ensuring a preponderance of

TABLE 1

Respiratory	115
Circulatory	45
Alimentary	44
Rheumatic	34
Trauma	38
Central Nervous System and Psychiatric	28
Skins	28
Maternity, Antenatals etc.	20
Immunisations	16
Eyes	15
Urinary	12
Septic	9
Gynaecological	7
Endocrine	7
Blood Diseases	6
Specific Fevers	5
Paediatric	5
Dental	4
Insurance Examination	1
Total Patients	402
Difference (i.e. patients with 2 conditions)	37

respiratory and upper respiratory disease. Table 1 gives the proportions of the various diseases, broadly classified by "systems".

Some people seem to form the impression that General Practice involves a large proportion of geriatric work. The chart shows the distribution of total patients seen in relation to age and thus it can be seen that apart from a comparative scarcity of patients in the 30-50 age group, cases are fairly evenly distributed. The shaded section



shows the age distribution of respiratory diseases. Of these respiratory cases 53 were influenza or colds, pharyngitis, laryngitis, etc. 6 were cases of acute tonsillitis and 10 cases of otitis media. Thus the pneumonias (5 in number), carcinomas of lung (2) and spontaneous pneumothorax (1) were well concealed in the commoner "General Practice" disorders.

Another oft-quoted opinion is that neuroses form a large part of the General Practitioner's daily work. In this series of

cases, 6 were frank neuroses and there were 3 cases of depression and insomnia—about 2%. This is not to say that many other cases were not suffering from the added anxieties, which it is the doctor's job to try and dispel.

The survey, of which this was a trial run, is to cover the whole year and it will be interesting to see how typical this week was. Thus, although 20 maternity cases were seen as either ante-natal or post-natal cases, no confinements fell during the week.

It is pleasing to know that opportunities are now available for students to visit General Practices; in this way a true picture can be formed of this field of medicine. It is to be hoped that lectures and demonstrations of cases of such common-place diseases as influenza, pharyngitis, constipation and acute otitis media can be organised. The only "G.P." lectures that the writer can recall were those given by the late Dr. Geoffrey Evans at Bart's, and they were masterpieces.

CANDID CAMERA



Not everybody's cup of tea.

FEMORAL HERNIA IN CHILDREN

by J. D. GRIFFITHS

FEMORAL HERNIA is rare before the age of 15, and exceptionally rare before the age of 5 years. In St. Bartholomew's Hospital between 1947 and 1954, 264 operations for hernia were performed on children under 15 years of age, and of these 208 were for inguinal, 54 for umbilical, and only 2 for femoral hernia, both patients being girls whose ages were 6 and 13 years. Rutherford in a survey of 1,098 cases of infantile hernia operated on in the Belgrave Hospital, between 1908 and 1927, reported only 1 femoral hernia; he quotes a series of 3,098 hernias in children, from the Hospital l'Enfant Jesus at Madrid, of which 14 were femoral hernias.

Only a few cases of strangulated femoral hernia occurring in children are reported in the literature. Underhill describes a case in an infant 5 weeks old, and also refers to four previous cases.

In the case described below, the hernia was noticed soon after birth, and had given rise to the previous attacks of subacute intestinal obstruction.

CASE REPORT

Evelyn R. aged 2½ was admitted with vomiting and a painful hard lump in the right groin.

The parents had noticed a lump in the right groin since the child was 4 weeks old. The lump varied in size from time to time, but could always be reduced. It was noticed that the swelling became larger, when she coughed or strained at stool. The child was seen in a Welfare Clinic, and a diagnosis of a Right Inguinal hernia was made.

There were no symptoms from the hernia until one month prior to admission, when the child complained that the lump was painful, and she vomited several times throughout one night, but recovered without any active treatment. Three weeks later, a similar episode occurred, and cleared spontaneously after rest in bed. Between attacks, the child was fit and well.

Five hours before being seen in the Casualty Department, the lump again became

painful and very much bigger, and more tense than on any previous occasion. On admission, she began to vomit partially digested food, and complained of more intense colicky pain.

On examination, the child was fretful and moved around in pain. Temperature was 98, Pulse 100, Respiration Rate 20. There was a lump in the right groin situated below the inguinal ligament, and to the lateral side of the pubic tubercle. It was tense, tender and irreducible. There was no impulse when she coughed.

It was decided to observe her for a few hours, to see if the hernia would reduce itself, as it had done on two previous occasions. A small dose of a sedative was given, and the child went to sleep. Four hours later, she awoke complaining of severe pain: the lump in the groin was bigger, and more tender. A strangulated femoral hernia was diagnosed.

At operation, an oblique incision was made over the inguinal ligament and the fascial layers were incised. A large sac was coming out of the femoral canal, and was seen to contain a loop of small intestine which was not gangrenous, and which returned into the abdominal cavity when the sac was opened. The sac passed under the inguinal ligament, the lateral part extending over the femoral vessels. A finger passed easily through the neck into the abdominal cavity. The neck of the sac was large enough for a loop of small intestine to pass into the sac, and small enough to cause obstruction, but not strangulation. The serous fluid in the sac was not blood stained, and there was only slight congestion of the affected gut. The femoral sac was excised, but no attempt was made to close the femoral canal.

The child made an uneventful recovery.

DISCUSSION

There has been much discussion about the aetiology of femoral hernia. Sir Arthur Keith has shown that the femoral canal is very much greater in man, than in apes,

because of the configuration of the pelvis, and that it is an unfilled space through which a femoral hernia may pass. He concludes, '... the formation of a femoral canal has therefore no embryological basis', and from this, postulates that therefore, a femoral sac has no embryological or developmental origin, and must be acquired after birth. Murray in his book on 'Hernia, its causes and treatment' (published 1908), states that in 200 bodies examined at autopsy, 58 had 'femoral diverticula', 14 of them bilateral. One case he quotes, was of a girl of 7 years, who had a diverticulum on each side. By 'diverticulum' Murray meant a projection of peritoneum into the femoral canal, but not containing omentum or viscera, '... they invariably occupied a position corresponding exactly to that of a femoral hernia, which would make it appear more probable, that they were produced by some force pulling the peritoneum outwards, rather than by a pushing force from within.' This force, he suggests, may be a crural gubernaculum attaching itself to the peritoneum in the region of the femoral canal, and pulling it down. There has been very little support for this ingenious idea, and the whole function of the gubernaculum is now thought to be a guide to the testis, and not a pulling mechanism by which the testis is hauled down. (Gubernaculum means rudder).

In the inguinal canal a sac can be present from birth, but the hernia may not appear until adult life. Hamilton Russell has maintained that the femoral sac is also formed before birth. Buckley (1924) disagrees with the congenital saccular theory and puts forward his own. He states: 'I have formed the opinion that under the influence of intra-abdominal pressure, the properitoneal fat is herniated under Poupart's ligament, between the femoral vein and Gimbernat's ligament into the thigh, carrying with it a small peritoneal diverticulum.' In this way, he explains the diverticulum found at autopsy by Murray. He concludes '... that the sac of a femoral hernia is a preformed sac, and is not formed contemporaneously with the expulsion of a viscus'.

The protagonists of the acquired theory put forward the argument, that femoral hernia is rare in children under 15 years of age and, therefore, more likely to have developed in adult life.

It can be argued, that femoral hernia has been noted at an early age, indicating that the sac may be developmental in origin. Femoral hernia may be rare in children, because, although the sac is present, factors causing the sac to fill with contents may develop only later in life. One of these factors may be the shape of the pelvis, which is very shallow in children until the age of puberty, at which time it deepens and widens. This, would affect the size of the femoral canal, and the depth of any femoral sac which may be present. Change in the size and shape of the femoral canal, could be the predisposing factor for the herniation of contents into a developmental sac.

In the case reported above, the femoral canal and the neck of the sac were so wide, that a loop of intestine could easily pass through; and, as the hernia was noticed soon after birth, it is difficult to believe that the sac was 'acquired'.

The argument as to the theory of the formation of a femoral hernia is still unsettled. In a case such as is described here, there seems to be a strong argument for the femoral hernial sac being present at birth, i.e. being congenital, if not being embryological in origin.

ACKNOWLEDGEMENT

I should like to express my gratitude to Professor Sir James Paterson Ross, for permission to publish this case, and for his help in the preparation of this article.

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THE MEMOIRS OF SIR CHARLES GORDON-WATSON

I THE EARLY DAYS

MY INTRODUCTION TO MEDICINE

STEPHEN PAGET said 'If a doctor's life may not be a divine vocation, then no life is a vocation and nothing is divine'. I cannot claim to having had any vocation for the medical profession. From my earliest youth I had but one ambition, which was to become a soldier, but I was one of nine sons and three daughters who all grew up, and I came eight on the list. Life in the army was considered impossible without private means, and so it was ruled out for me. At the age of 19, I had left school without any idea of a future career, save a desire to lead a country life. I tried for a classical scholarship, first at Oxford, then at Cambridge, but without success. I put my name down, as a pupil, to the land agent of a big estate owned by a friend of my father, but an expected vacancy did not materialise, and the time was slipping by. So, one day in desperation, although I had no bent for science and had never touched it at school, I went up to London, interviewed the Dean at Bart's, and entered the School, there and then, in May 1893; to this day, I do not know what made me do it. I certainly had no inclination that way, and can only conclude that some divinity must have shaped my course.

A MEDICAL STUDENT'S LIFE

Those who enter the medical profession have many advantages over those who

Sir Charles Gordon-Watson died in December 1949, at the age of 75. He qualified in 1898, was appointed Assistant Surgeon to Bart's in 1910, and later became Consultant Surgeon. He retired from Hospital work in 1936.

He served in the South African War, and in the 1914-18 War, becoming a Consultant Surgeon to the Forces. He resumed this appointment in 1939, and only retired from it in 1942.

His Memoirs, which are now in the Hospital Library, were, for the most part, written in 1942. We intend publishing interesting extracts from time to time.

follow other callings. Compare the student life of one seeking to enter the Church, the Law, the Civil Service or City Life, with that of a medical student who has passed through the stage of the preliminary sciences. The latter, is, at once, brought face to face with some of the tragedies of life, and learns at first hand how the the poor live. The tragedies will not be without relief, and his sense of humour will often be tickled with many a comedy lightly played. He learns not only the ills that the poor suffer in their bodies, but also the anxieties of their home lives and their working hours. At first hand, he learns the ravages wrought in the home that has a drunken father, or worse still, a drunken mother; and his sympathies go out to the brave mother, who struggles to keep a decent home, with an inadequate income, and a family far too large. No day passes that he does not marvel at a mother's tenderness and devotion to a sick child, or the fortitude of a father whose future is clouded with anxiety from sickness or injury. It is not long before he learns that there is no gratitude like the gratitude of the poor, when their limbs or their lives have been saved, and their health restored.

Each and every day in the crowded surgery brings something new, some new problem, some recent success. The crushed septic finger, so carefully treated a few weeks ago, restored to function, and the happy smile that greets him when the bandage is removed. What an education for a youth in his teens, to say nothing of the gradual growth of the knowledge of his craft, and of the gift of healing. To one who has the 'calling' and is diligent, what other career in the making, can offer such opportunities to develop self-reliance, sympathy, patience and perseverance?

Then, there is the other side of the medical student's life—the community life so lacking in other spheres of vocational training. What a grand time the student has in the cricket and tennis season, and how little work is done in the Summer Term.

Friends made on the cricket or football field are seldom lost. What enthusiasm there is for the inter-hospital competitions, especially football, at the end of the season. In my day, the Hospital Smoking Concerts were wonderfully popular; these were the days of Freddy Gale and Birdseye, and their priceless songs live on in the little volume *Round the Fountain*. What a pity the concerts have lapsed. Dancing, now so popular, was out of favour in those days, and it needed a war to bring it back into vogue. There can be few doctors, who do not look back on their student life, without the happiest of memories.

I will record one little episode in my student days, as an example of the lighter side of our life. One afternoon, some twenty or more of us organised a rat hunt, in the old smoking room downstairs. A sack of rats was secured from Billingsgate Market and three smart terriers were produced. The tables were arranged round the sides, and the students armed themselves with sticks. A few rats were released and the terriers unleashed. Soon, there was pandemonium, as more and more rats were let loose: chairs were broken, tables collapsed and the noise was terrific. When the turmoil was at its height, I walked the Dean, and some rats escaped with terriers in full cry. Later on, we all assembled before the discipline committee, and one unfortunate man, who had brought the rats, was regarded as the instigator (quite erroneously), and sent down for the rest of term.

ON THE JUNIOR STAFF

When I qualified in April 1898, abdominal surgery was very limited. Emergency operations for peptic ulcer, appendicitis, intussusception, umbilical hernia and general peritonitis, would cover most of the field. Carcinomas of stomach and colon were not often removed. Intestinal resections were rare and very often fatal. I do not think, during my year of office as House Surgeon, October '98-99, that I ever saw my Chief perform a gastro-jejunostomy, though the era of anastomosis for all types of peptic ulcer was to come, bringing much trouble in its wake. Appendix abscesses, to often, were allowed to point, and sometimes to burst into the rectum. Gloves were not worn, and a mimicry of asepsis was heavily cloaked with

anti-septics. The operating tables were covered with leather cushions, and dressings were not sterilized. Cyanide gauze was used to cover the operation wounds, which were closed with horse hair. Boiled silk was used for ligatures, and each surgeon had his ligature pot, in which the reels were kept in carbolic, and replaced after boiling. Stitch abscesses were very common. Catgut had barely come into use.

About this time, C. B. Lockwood, the Assistant Surgeon, was a pioneer at Bart's in asepsis. He used to take snips from the skin of his hands and those of his dressers, and drop them into broth culture tubes, and more often than not these were positive on culture. A little later he took to wearing cotton gloves. Lockwood wrote a book on aseptic surgery, and was responsible for great advance in this direction at Bart's and elsewhere. Veils, caps and sterilized towels did not come in until long after. Frequently straps were used to secure the patient during anaesthesia; Harrison Cripps used to say that there were three anaesthetics, Chloroform, Ether, and straps!

NIGHT LIFE

There was no telephone in the hospital, and so, when you needed your Surgeon for a night emergency, a porter had to fetch him in a cab. It was not uncommon for your Chief to borrow half-a-crown for the cab-fare, when he went back.

The night porter in the old surgery, Parker by name, was a character. Drunks were terribly common in those days, and every night the police brought in a few incapables. Parker always advised the H.S. to give a liberal dose of H. Sennae Co., after the stomach pump had done its work, which, by the way, was a fearsome instrument. If the victim's departure was delayed, Parker was careful to tie bandages round the trousers below the knee. On one occasion, I remember a hefty workman with a stick, coming up one morning, asking for the bloke what had given him medicine over night. The dose, I might say for drunks, when ultra-obstreperous, was H. S. Co. Fl. Oz. vi, and I guess this individual was one of them. Parker, of course, was safely in bed, and the senior H.S. not in the Surgery. On one occasion, a 'dead drunk' was brought in apparently lifeless, and the dresser on night duty said to the

constable, 'I think he's dead'. Whereupon the drunk sat up and said, 'I'm not dead', and the constable said, 'Lie down, the doctor knows best'.

Poker was a popular game in my time. My room in Little Britain, behind the Old Theatre, was bigger than most, and so was a favourite rendezvous; on poker nights the night round was often very late. For residents to 'partake' in ward kitchens was *verboten*, but hot toast and tea in certain wards was very enjoyable on these occasions, though the night 'supers' had to be watched for.

There were no electric fires and no lift attendants at night. The H.S. on duty was often on for one or more of his colleagues, and might have to climb the stairs to the top floor of all three blocks. As there was no internal telephone, the residents had to be fetched out at night by a nurse from the ward, with the patient's 'blue board'. She collected the night porter in the surgery, and he roused the resident, who might well be too late if the call was urgent.

SURGERY

The Surgeons at that time were Tom Smith, Alfred Willett, John Langton, Howard Marsh (my Chief) and Henry Butlin. The Assistant Surgeons were William Walsham, Harrison Cripps, Bruce Clarke, Anthony Bowlby and C. B. Lockwood.

There were two general operating theatres, a theatre on the gynaecological floor, a small one in Coborn Ward for septic cases, and one in the Ophthalmic Ward. The Old Theatre in the Abernethy Block had seats in tiers to hold about 150 students. The table was made of wood, with thick leather-covered cushions; the head could be raised, but not the other end. There was a cupboard near the door, beneath the arena, where the surgeons kept their blood-stained frock-coats into which they changed to operate.

One of the hospital porters looked after the instruments. They were boiled and put in carbolic in porcelain trays, the scalpels were not sterilized, but laid across the corners of the tray. There was only one theatre nurse. The second theatre, called the New Theatre, at the top of the East Block, was built while I was a student. Four beds

were allotted for ear, nose and throat cases in the Abernethy Block. The assistant surgeons were allotted two male and two female beds by courtesy. Harrison Cripps, at that time Senior Assistant Surgeon, performed all the abdominal gynaecological operations. Dr. Champneys, who was the obstetrician, and Dr. Griffith, the assistant obstetrician, were restricted to operations per vaginam.

Mr. Bowlby was also a Surgeon to the Throat Department, and Mr. Cumberbatch was in charge of the Aural Department. The three Assistant Surgeons took out-patients in the afternoon (Saturdays, in the morning), two days each, and the two juniors attended in the Surgery at nine-o'clock, on alternate days, to sort the new cases. The Assistant Surgeons always assisted their seniors. During one August, when I was Registrar, I found myself acting for all three out-patient surgeons.

On Thursdays at 1.30, all the staff attended in the Old Theatre for consultations, and the seats were always filled with students. This popular and valuable custom, though not abolished, has been allowed to lapse, except on comparatively rare occasions. This is a great pity. There is no doubt that these discussions taught the students a great deal, and the cases seen were impressed on their memories.

It was a tradition that no amputations (emergencies excepted) should be performed, until the case had been shown at consultations. On one occasion, a House Surgeon performed an emergency amputation of the arm, without calling in his Chief. His period of service as House Surgeon, was abruptly terminated by the Treasurer and Almoners.

The advances made in surgical craft since I qualified have been very rapid; operations such as gastrectomy or sympathectomy, which are now routine operations, were not even considered. Lister published his first epoch-making paper in 1867, just over thirty years before I qualified. In these thirty years anti-septic surgery grew up, and was just emerging into aseptic surgery. From then up to the Great War, new fields became feasible. Many techniques were modified and improved; some, such as the fixation of 'displaced viscera', were abandoned.

The severely lacerated and heavily infected wounds, met with in the First Great War, made it evident that we had to remodel our views on the value of anti-septics in wounds,

on the treatment of wounds in general, and especially of fractures.

In the South African War, wounds healed in many instances without surgical interference, because bullet wounds predominated, the soil of the battle ground was seldom cultivated, and because the climate, for the most part, was dry and invigorating. In the First Great War, severely lacerated shell wounds were all too common, the heavily cultivated soil in Flanders was rich in anaerobes, and the climate was neither dry, nor invigorating. The wounded man was too often care-worn, if not body-worn, with the ardours of trench war-fare, his clothing was heavily contaminated with the organisms of the soil, and as often as not, he was soaking wet and covered with mud.

It soon became evident that conditions were ripe for 'gas gangrene' of wounds, and we were back again in the days of the

Crimea. Happily, we learnt that radical excision of damaged muscle and other tissues, if not delayed more than about six hours, would avert or lessen the onset of serious infection. In the days of the Crimean War, amputation was the routine treatment for this type of wound of a limb, and only a few survived. In the First World War, if we had been able to use sulphonamides, our results, no doubt, would have been infinitely better than they were.

Hospital records show that the annual number of operations performed, has multiplied about ten times in the past 50 years. In the same period, the number of those holding the F.R.C.S. England, has approximately doubled. We can learn from these figures the remarkable increase in the range of operative surgery, and we realise that the operative capacity of the individual has multiplied considerably.

THE CLASS REASSEMBLES

by PERCY HAYES CARPENTER

DOCTOR JOE read the Dean's letter. It was an invitation to dinner. He didn't get many invitations to dinner. Truth was, he was buried in a country practice, miles from anywhere, and saw little chance of getting out of it. He'd not had a holiday for twenty years. Then, he had had a locum, and Joe didn't care for locums. This one had charged too much, had made love to a patient's wife, and had left a fried egg in his bed. No more locums for Joe, hence no more holidays.

And lately he'd been getting depressed, also sleepless. He'd rise in the night and take hot milk. No use calling the house-keeper, she was deaf. He had taken hot milk, and once he'd been to the dispensary for a dose. Not that he made a habit of it, but he was sleepless. He'd consulted Toms, the physician, who had said: "What you

want Joe, my boy, is a nice little wife. Look round and find one." It was all very well for these physicians to talk. Where in this desolate spot at his time of life would he find a wife?

For Joe was not everyone's choice, being bald, red and shiny. He had reddened and widened, and sometimes his hand shook. Brown, the opposition, said it was old age. He didn't care for Brown, who was uppish and snobbish, attending the nobs. Not that Joe did badly, and he knew why. It was midwifery, and Joe had the knack, that some called luck. Nurses sent their cases to Joe, having faith, and very well he had done.

He gazed at his large, gloomy house, which held just Joe and Hannah. The invitation reminded him he had been there just thirty years. It was a long time, thirty years.

And now the Dean was giving a dinner to the thirty year olds. Those who'd been qualified thirty years, and Joe had been qualified that time. He looked at the names attached. There were forty, his old classmates. Some of the women had married, and had their names in brackets. Joe scanned the list eagerly. Yes, Dolly's name was there, but it had changed. He didn't wonder, she was younger than he was.

Dolly and Joe had been friends. Not in the way others had, but real chums. Rendering each other those services so delightful among students. And she had laughed at him, at his diagnoses and way of life, for she was smarter than Joe. None the less, he had liked Dolly. Liked her hazel eyes. It was a memory worth recalling.

And then they had left, each to go their own way. Joe to his practice, and she to become an anaesthetist. She had said it was the only way to manage people, and Joe had believed her. And the years had gone by, and he had heard nothing, being buried in the wilds without holiday or respite, and meeting very few.

Not that he'd have done different. He liked work, or so Toms had told him. Toms said it had become his master, like drink or drugs did. He couldn't give it up. Now he was lonely, and Brown was no help. There was nothing pleasant about Brown. No chat, discussion of cases, or wine at a dinner. Just an anaesthetic, when it pleased him, or signing up each other's lunatics. Truth was he regarded Joe as small beer, passing him a look that was shivery to Joe. And that was another thing, children. Brown loved them, while Joe hated anything that marred his peace.

And now Toms had been in to see him, for he wasn't well. He felt disgruntled and lonely, though not all that old. Tom's eye lit on the invitation, which he read: 'Excellent' he said, 'the very thing. It'll take you out of yourself; Harvey, my houseman is leaving, and will do locum for you. Nice man with pleasant ways. He shall come over and relieve you.'

'No thanks,' Joe said, having had experience.

But Toms had his way, posting Joe's acceptance himself. Joe was to go, for Toms had a way with him. At any rate, he would see Dolly. He wondered what they'd all look like after thirty years. Some fat, some grey, white, bald, or even worse. He had filled in his acceptance; there was a slip to say who he'd like to sit against. He thought about Dolly.

And in due course the day, or the night, arrived. It was a long way to go, but Joe kept his word. He filed up the stairs in his best suit, which wasn't very best. The card had said: 'informal dress', which might mean anything from sports outfit to shirt sleeves. How Joe loved shirt sleeves, and a glass of beer, though it might be champagne. Soon he was among the old gang, having a quick look round. Yes, there was Dolly, and not a day older.

'Well, Joe, this is a pleasure.' She looked at his stark, bald pate. 'How have the years treated you?'

'Not too bad, Dolly.'

'I'm an anaesthetist, you know.'

'So I hear. Silly job that.'

'Silly!'

'Ah, not much to it.'

'Rubbish! We do some good.'

'Ah.'

'Don't you believe me?'

'Anaesthetists are not much account.

Dope, that's all it is.'

'Go along with you.'

'Shouldn't like to be your patient.'

Yet her laugh was musical: 'Lucky for me,' Joe said, as they found their places next each other. 'Wonder who arranged it?'

Joe enjoyed his dinner until he was taken in severe pain. Terrible, it was. Finally he collapsed, and many willing hands carried him out; out later to the ambulance, and from there to a hospital bed. The surgeon rang Dolly. 'Joe's bad,' he told her. 'Operation at once. Can you come?'

And sitting on her stool as she had done so many times, giving the anaesthetic and listening to Joe's breathing, she reflected it was all worth it, if only to revolutionize Joe's mind against anaesthetists.

Three months later they were married.

STUDENTS' UNION

THE ANNUAL GENERAL MEETING of the Students' Union was held in the Clinical Lecture Theatre at 5.45 p.m. on Monday, November 14.

The following business was discussed:—

1. THE MINUTES of the previous meeting were read, approved and signed.

2. MR. C. E. MORRIS, secretary to the Medical College, explained why the price of food served in the Hospital Refectory and at College Hall, had had to be increased. A short account of last year's trading, kindly contributed by Mr. Morris, follows this report.

3. ELECTION RESULTS.

The following Officers were elected for 1955-56.

President: Dr. E. R. Cullinan.

Treasurers: Dr. K. O. Black and

Prof. J. Rotblat

Vice-Presidents: G. Burles, R. B. Doherty,

and J. R. Nicholson.

Senior Secretary: J. Q. Creightmore.

Junior Secretary: B. W. Badley.

Financial Secretary: A. J. Edwards.

4. THE SENIOR SECRETARY, Mr. J. R. Nicholson, presented his Annual Report for 1954-55.

Most of the Sporting Clubs and Societies appeared to be in a healthy state, and had sent in satisfactory reports. Mr. Nicholson congratulated the Ladies' Hockey Club on their fine record, and the Rigger Club on having a credit balance of wins over defeats last season—the first time for twenty-five years. Attendances at Hospital functions had not been good, and he hoped that, in future, more students would support Sports Day and the Hospital Play.

5. THE FINANCIAL SECRETARY, Mr. P. G. Burles then gave the Financial Report.

The excess of expenditure over income for the year, was £115 8s. 6d. This was due to the immense cost of running the Foxbury Athletic Ground; however, the Medical College had agreed to take over the upkeep of the Athletic Ground in 1957. They would then charge the Students' Union an Annual

rental of about £300; meanwhile, the Medical College will give the Students' Union an extra grant of £350 per annum.

The Catering Company has been wound up, and the shares have realised £758. This money will be used to buy capital equipment.

6. B.M.S.A. REPORT. Mr. A. G. Dawrant, the B.M.S.A. representative gave his report. We hope to publish part of this in the February *Journal*.

7. MR. GRIFFITH EDWARDS accused the Student Body of being apathetic, and deplored the lack of extra-mural activities. He proposed that the Medical College be asked to institute, for a one year trial period, a series of compulsory lectures on non-medical subjects, to be given during the 1st year clinical course. The lectures to be on such subjects as Economics, Sociology, Philosophy, History of Medicine, English Literature and Art. Mr. F. J. C. Millard seconded this proposal.

After a brief discussion, an ingenious gentleman announced that a quorum was not present. As it was getting late, the Meeting was hurriedly adjourned, and it was suggested that an Extraordinary General Meeting should be called, if it was desired to discuss the matter further.

At this Meeting, ninety minutes were spent listening to explanations and reports, and ten discussing the subject of apathy. When the Meeting started, over fifty members were present, but, as the Reports dragged on, the number gradually decreased. Far too much time is wasted reading these Reports; however we hear that this may be improved in the future. It has been suggested that the Senior Secretary's Report and a full Financial Report should be circulated beforehand. This would give members an opportunity to study them in detail, and then ask questions at the Meeting.

There would then be no need to read out the Reports and so time would be saved.

REFECTORY FINANCES 1954-55

by C. E. MORRIS

THE RESULTS of the first year's trading, since the Smithfield refectory has been run by the Medical College, have confirmed the opinions expressed by the Board of the old Catering Company that future profits were unlikely. For the year ending July 1955, a loss of approaching £2,000 was incurred, and although a proportion of this loss can be directly attributed to the period when the refectory was shut for redecoration, during which period wages and overhead expenses had to be paid with negligible income, trading losses have been incurred month by month since the re-opening. No portion of the cost of the redecoration and re-equipment was included in the Accounts, as these charges were borne entirely by the Hospital and the College.

The rising cost of raw materials and increased wages under the Whitley Council, and the fact that these increased costs were not passed on to the consumer, are substantially responsible for the losses incurred.

The College, in reviewing the Accounts for the past year, had to consider carefully this loss in relation to the University ruling that refectories should be largely self-supporting, and bearing in mind that these losses do not

include such charges as rent, space heating and cleaning, they were reluctantly compelled to increase certain prices. These increases in price will not in any way enable the refectories to trade profitably, but it is hoped that they will narrow the gap between income and expenditure.

In the refectory in Charterhouse Square, the problem is further aggravated by the fact that students are available only in term time, but wages and other expenses have to be paid during the whole year. Although it is difficult to separate the dining room expenses between lunches and other meals served, it must be made perfectly clear that the lunch time users do not in any way contribute to the upkeep of College Hall.

The College is very conscious of the fact that many students find the increased prices of food a strain on their resources, and although every effort is made to keep the prices down, nevertheless, to preserve the standard which the College feels is desirable, slight increases in prices were inevitable.

It is cold comfort, perhaps, to know that most other institutions are having to face precisely the same problems as ourselves.

ABERNETHIAN SOCIETY

WILLIAM HARVEY

On Tuesday, November 15th, Sir Geoffrey Keynes gave a lecture on 'William Harvey'. There were, he considered, seven great men associated with Barts:—Rahere, Brother Hagno, Thomas Vicary, William Harvey, Percival Pott, John Abernethy and James Paget. It was fitting that the society should turn from time to time to medical history and consider the lives of these great men. Harvey was undoubtedly a great man and not merely a small man carried to fame on the crest of the wave of other men's discoveries. Even his contemporaries were agreed upon this.

William Harvey was born one of the seven sons of a Kentish business man. The only son to take

up medicine, he went to King's Canterbury and thence to Caius, Cambridge, where he graduated in 1597. Throughout his life Harvey was keenly interested in Anatomy, both Human and Comparative. This was soon apparent, for after taking his B.A. he set off at once for Padua, a University famous for its Anatomy School. There, he studied under Fabricius, who had made observations on the valves in veins. It was these observations that were, in later years, to lead to Harvey's discovery of the circulation of the blood.

Returning to England, he took his M.D. at Cambridge, and two years later was admitted to the College of Physicians. Soon after, he married Elizabeth Browne, the daughter of a fellow physician, but of her and their married life we know little. In 1608, he was appointed Physician to St. Bartholomew's Hospital, a position which

he held until 1643, when his Royalist sympathies caused him to have to leave. When he was first appointed to Barts, he was the only fully-trained member of the staff. He was respected for his knowledge of anatomy, but not, apparently, for his therapeutics, a fact that may be related to the almost complete illegibility of his prescriptions!

Harvey is described at this time as being a short, round-faced man of a choleric nature, so much so that he was prone to carry a dagger as a young man to emphasize his point! He wrote only two books, and of these only one was of great importance. This was his "De Motu Cordis", in which he published his discovery of the circulation of the blood. This aroused violent opposition and criticism, all of which he ignored completely. Even his private practice fell off as he gained the reputation of being a dangerous innovator.

During the Civil War he followed the King to Oxford. After the war, when the court returned to London, Harvey, by this time aged sixty-eight, felt unable to return to practice. He retired to the country and lived with his relatives, a rather unhappy man much troubled by gout, until his death from a cerebral haemorrhage.

Sir Geoffrey illustrated his lecture with slides of some of the many portraits of Harvey. He suggested, however, that few of these were in fact painted during life. Most of them were probably turned out after his death, to satisfy the popular demand for portraits of a well-known public figure. Possibly the most authentic painting we have, is the one which has hung in the Royal College of Physicians, according to tradition, since before the Great Fire of 1666.

SOME PSYCHOLOGICAL ASPECTS OF THE TERMINATION OF PREGNANCY

On Thursday, November 24th, the Society met to hear a lecture by Dr. Eustace Chesser, on "Some Psychological Aspects in the Termination of Pregnancy." Dr. Chesser, who is the Honorary Secretary of the Society for Sex Education and Guidance, put forcefully the anomalies and problems involved, in the present position, regarding the termination of pregnancy. It concerns not only both the lawyer and the doctor, each of whom feels that the other does not understand, but also the woman herself, who feels that neither understands her position. We live in a male-dominated world, and for some reason, men have a strong innate dislike of the idea of terminating a pregnancy. Dr. Chesser said, that if only men could become pregnant, they would see the

woman's point of view, and the problem would have been solved long ago.

Legally, pregnancy may be terminated only for the purpose of preserving the life of the mother. Fortunately, the law does not say how imminent the death of the mother must be, to merit a therapeutic abortion; and since, in fact, danger of death cannot be definitely distinguished from serious ill-health, a certain amount of latitude is possible in the interpretation of the law. Nevertheless, it was absurd that, whereas any surgeon would happily remove a tumour with a one in five thousand chance of becoming malignant and killing the woman, yet they would shrink from removing a foetus with a one in fifty chance of killing her. Dr. Chesser suggested, that it was not unreasonable to regard both tumour and foetus as Acts of God, and to apply the same measures to each.

Apart from legal considerations, there was a tendency for doctors to be unsympathetic to a patient wishing for her pregnancy to be terminated, even, to the extent of treating her as a moral leper. Their attitudes became emotional and hypocritical; for, although every man was entitled to his religious views, there was something inconsistent in opposing therapeutic abortion, on the grounds that it obstructed the natural consequences of intercourse, while, at the same time, allowing contraception, as was almost universally the case. He singled out for special attack the Roman Catholics who were completely opposed to the termination of pregnancy, and yet, used the safe period as a contraceptive measure.

Dr. Chesser then turned to some of the emotional conflicts of the mother, that could be considered as indications for a therapeutic abortion. The state of mind, to which a woman could be reduced, was well shown by the high proportion of female suicides, who were found to be pregnant. Conflicts arose from a multitude of causes, ranging from financial reasons, to the pregnancies resulting from extramarital intercourse, rape and assault. Although termination might be the answer in some cases, there was, he admitted, another side to the picture. Some women became psychotic after termination, and lived, tormented by feelings of guilt for the murder of their child. And, after all, it was important to remember that the unwanted child may, later, become wanted.

Dr. Chesser concluded by exhorting the Society to take a serious view of what was a very great problem. It was estimated that some 200,000 illegal operations, for the termination of pregnancy, were performed each year in this country. Only by taking an unemotional and detached view of the problem, could any progress be made in its solution.

After the talk, there was a brisk discussion in which Dr. Chesser dealt neatly with points of view, put forward, notably, by members of the various religious factions present.

THE IMPORTANCE OF BEING EARNEST

The Dramatic Society's production at the Cripplegate Theatre

OSCAR WILDE wrote *The Importance of Being Earnest* while on a three week holiday with his family at Worthing. He always wrote his plays while on holiday and the places where he stayed are remembered in the names of the leading characters—Lady Windermere, Lord Goring and, of course, John Worthing, J.P. The play was sent to George Alexander, the Actor Manager, who accepted it with reluctance and then only on the condition that one of the four original acts was cut; one in which Algernon Moncrieff is arrested for debt. Alexander recalls that at the end of their long argument Wilde remarked: 'This scene that you feel is superfluous cost me terrible exhausting labour and heart-rending nerve-racking strain. You may not believe me, but I assure you on my honour that it must have taken fully five minutes to write'.

During the rehearsals some of the cast doubted whether their lines would get across: they were wrong. The first performance in 1895 was an immense triumph, the like of which has seldom been equalled. Critics who had spitefully condemned his three earlier comedies gave unalloyed praise: '... it sends wave after wave of laughter curling and foaming round the theatre... farce is too gross and commonplace a word to apply to such an iridescent filament of fantasy'. Unfortunately Wilde had only a few days in which to enjoy his triumph; for paradoxically the very success of the play set in motion the events that were to lead to his imprisonment and ruin. His fanatical enemy, the Marquis of Queensberry, who had unsuccessfully tried to enter the theatre on the first night armed with a bouquet of carrots and turnips, was enraged by the favourable reviews and three days later left the ill-fated visiting-card at Wilde's club.

The Importance of Being Earnest is a masterpiece. It is pure comedy unspoilt by moments of sentiment or drama, and is the finest play of its kind since the Restoration

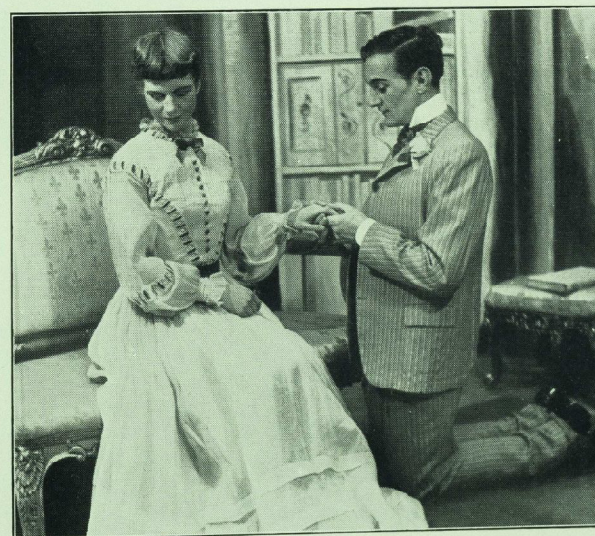
Comedy (Wilde's original conception of the plot, a case of double identity, was set in the period of Sheridan). In an interview with his friend Robert Ross, Wilde described the play as '... exquisitely trivial, a delicate bubble of fantasy, and it has its philosophy. That we should treat all the trivial things of life seriously, and all the serious things of life with sincere and studied triviality'. No one practised this philosophy to greater effect than Wilde, whose abilities as a talker rival those of Dr. Johnson and the Rev. Sydney Smith. Wilde had no Boswell, but fortunately his genius for satirical nonsense is exhibited to the full in *The Importance of Being Earnest*.

There are some, myself among them, who doubt the wisdom of choosing this play for amateur production. On the credit side, it can be said that the lines are so good the audience is bound to laugh, and anyhow it is an enjoyable play to act. But taking into account the limitations of such a production, I do not feel the Dramatic Society scored a success. Indeed, I consider that it is practically impossible for any amateur society to make a success of this play. In the first place, it is one of the best known plays in the world, and there can have been few members of the audience who had not seen a stage production or, worse still, seen the excellent film of the play. Acquainted with the plot and the best lines, the audience is left free to criticize and make comparisons, which can seldom be in the amateur's favour. A more important point perhaps is that the script is deceptively simple. It is easier to counterfeit an emotion or to make a dramatic entrance than to maintain a state of masterly inactivity while delivering oneself of a string of epigrams. In no play is more reliance put upon careful diction and this is not usually the amateur's forte.

My overall impression of the production was one of evenness on which the producer, Mr. Robert Shaef, is to be congratulated.



Ernest, alias John Worthing (John Creightmore), The Hon. Gwendoline Fairfax (Elizabeth Rowswell) and Lady Bracknell (Nancy Watts).



Cecily Cardew (Patricia Farren) and Ernest, alias Algernon Moncrieff (John Godrich).

There were no bathing-costumes and no paupers' rags. The cast was well chosen and could not, I think, have been bettered; the natural personalities of the actors fitting as far as possible those of the characters in Wilde's play. The scenery and settings, designed by Joan Delahaye and Juliet Court, were pleasing; though rather austere in Act I, where the stage directions speak of a room 'luxuriously and artistically furnished'.

A reporter who asked Wilde if he thought the play would be a success was told, 'My dear fellow, you have got it wrong. The play is a success. The only question is whether the first night's audience will be one'. The Dramatic Society was unlucky; for various reasons its audience was not a success. *Noblesse oblige*, characteristic of good amateur audiences, was lacking, and the actors received no encouragement when they needed it most. On the other hand the producer might reasonably have anticipated playing to an unresponsive audience and changed his style of presentation, which was straightforward to the point of diffidence. Contrast of gravity of manner and whimsicality of matter does produce the greatest comical effect. But this axiom, although sound in the West End, is not without hazard in the Cripplegate. I think the cast would have been well advised to over-rather than under-act and also to use affected speech, by which I mean the placing of *undue* emphasis on key-words. This trick is generally decried, but it does focus attention on the words and was used by Wilde himself (copied, it is said, from Sarah Bernhardt).

My bouquet of roses is presented to Patricia Farrer (*Cecily Cardew*) for giving an admirable interpretation of a difficult part. Adrian Padfield (*Merriman*) also gave a pleasing performance. He has poise and

used his face intelligently. So did Nina Coltart (*Miss Prism*), whose wonderfully contrived dried-out voice was unfortunately sometimes inaudible. In this she was in the good company of Christopher Hudson (*Dr. Chasuble*). It is an indictment—I am not sure of what, which or whom—that his first entry should have provoked the loudest laughter of the evening. The performance of Timothy Nixon (*Lane*) would have pleased Wilde, who modelled the part on his publisher, John Lane, whom he disliked. Elizabeth Rowswell (*Gwendolen*) was suitably unsympathetic.

The balance between the three major characters left something to be desired, and it is an interesting question as to which, if any, of the three should dominate the play. Lady Bracknell has the appropriate lines, John Worthing is the king-pin of the plot and Algernon Moncrieff has the most to say. In this production it was John Creightmore (*John Worthing*) who dominated. He has stage presence and did not make the mistake of under-acting. His earnestness, however, was almost aggressive and his love clearly 'of a vegetable kind'. Nancy Watts (*Lady Bracknell*) gave an unusual fussy and sympathetic interpretation of her part, which I found interesting. John Godrich (*Algernon*), although buoyant and charming, under-acted, and reeled off Wilde's priceless epigrams as if they had been points along the course of the Ulnar nerve.

It was a pleasant evening, but no one, I think, left the theatre feeling weak from laughter. Unhampered by box-office considerations, the Society might well make an adventurous choice of an unknown and less difficult play for its next production. In fact I strongly advise it.

G.R.K.W.



Lady Bracknell (Nancy Watts), Cecily Cardew (Patricia Farrer), Algernon Moncrieff (John Godrich), John Worthing (John Creightmore), The Hon. Gwendoline Fairfax (Elizabeth Rowswell), the Rev. Canon Chasuble, D.D. (Christopher Hudson), and Miss Prism (Nina Coltart).

NATURAL HISTORY SOCIETY

Among their more quaint prescriptions, the ancient Chinese favoured the use of bats' dung as a form of toothpaste. Not so very strange, since, according to Mellor's vast work on Inorganic Chemistry, bats' excrement (species not given) contains a high proportion of alumina.

Anyone in this country wishing to follow up the interesting possibilities, arising out of this fact ("The Eastern secret of 'whiter than Hollywood' teeth—BATFAECA, only 7/6 for a large tube"),

not get into girls' hair, and they do *not* only fly by night. Mr. Blackmore also dispensed the following very interesting items of information. Only one baby bat is born a year, the mother clinging to her roosting place upside down (from the bat standpoint that is), so that the infant cannot fall past the interfemoral membrane, stretched between her legs and tail. The young are carried in flight for several weeks, a bat being capable of carrying up to 60 per cent. of its own weight;

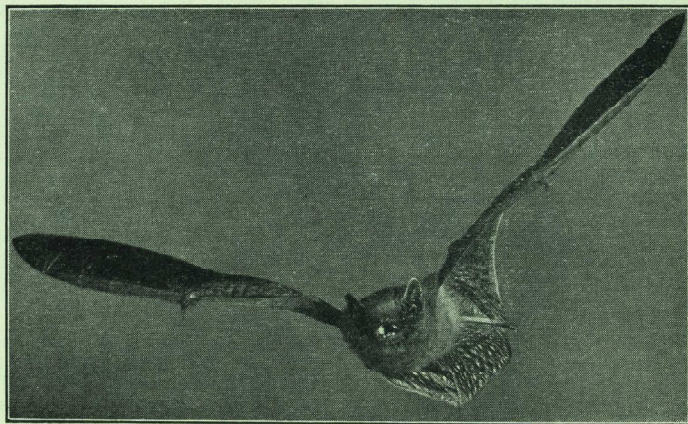


Photo: Eric Hosking

Pipistrelle in flight.

would run into difficulties in finding his bat roosting sites, as visitors to Mr. Blackmore's interesting lecture, on November 1st, found out.

Mr. Blackmore made it clear at the outset, that the whole subject of "British Bats" was an almost virgin field for original amateur research. There are twelve British species, ten "earlet" and two "horseshoe" bats, and it's a safe bet, that not one person in ten, can give a name to one of them.

In his lecture, Mr. Blackmore enumerated the main distinguishing features of our British species, and illustrated each with excellent photographs of resting and flying bats. He also outlined items of their natural history, both as he went along, and in the discussion afterwards. He dispelled several misconceptions; bats do *not* build nests, they do

also, that in some species at any rate, there is delayed fertilisation, to the extent of copulation occurring in the Autumn, and conception not until the following Spring. The remarkable fact has also been established that, in the wild state, bats have been known to live as long as thirteen years.

There were many other points of considerable interest, but space precludes our giving a full account; for instance, the photographic technique used in taking pictures of bats in flight, and the anatomical and physiological issues involved in the bat echo perception apparatus.

The Society was once again fortunate in having the use of the large Physiology Lecture Theatre, through the kindness of Professor Franklin.

THIS hitherto unpublished satire by R.B.P. was written in Baghdad in 1921—but not for publication. Much water has flowed down the Tigris since it was written, and our correspondent, who sent us the poem, thinks it most unlikely that Brigadier R. B. Price (retired) will now be Court Martialled. In any case he has given his consent.

The circumstances referred to in the poem are as follows:

The Headquarters Staff in Baghdad decided to retreat to the cooler Persian Hills—with their wives—for the hot weather season. Major R. B. Price, R.A.M.C. (then in charge of the Central Laboratory, Baghdad), and others, felt rather sore about this, as it was unusually hot in Baghdad that summer.

After G.H.Q. had gone to their summer retreat, there was a rising amongst the Iraqi tribes, and G.H.Q. Staff had to return to Baghdad, hurriedly. Hence this poem. (Hambro and Julian are the names of two Brigadiers.)

* * *

IRAQ 1921

Half a lakh, half a lakh.
Half a lakh squandered!
Up to the Persian Hills
G.H.Q. wandered—
Urged on by Hambro's brains,
Trundled in Julian's trains
Up from the torrid plains
Slowly meandered.

"Charge for the camp!" he said
Was there a bill delayed
Not though contractors knew
Someone had blundered:
Theirs not to reason why,
Theirs briskly to comply,
Adding a further sly
Five or six hundred.

Meanwhile Iraqi tribes
Looted and plundered—
What was it all about
G.H.Q. wondered?
Firmly they sat, and still,
Waiting for news, until
Stumbling like Jack and Jill
Back again down the hill
G.H.Q. floundered!

Honour the brave and fair
Wives, who remained up there,
Breathing the common air.
No longer sundered;
Mixing with me and you
Just as if G.H.Q.
Might have been human too!
All Karind wondered.

Honour the brave and bold!
Long shall the tale be told
Of all that hoard of gold
Fatally founded;
When shall their glory fade?
Oh, the brave camp they made!
Oh, the short time they stayed!
Gladly the public paid!—
Half a lakh squandered.

Half a lakh, half a lakh,
Half a lakh squandered!
Back from the Persian hills
G.H.Q. wandered
Welcome our heroes back!
Three cheers from all Iraq!
Three cheers for half a lakh
Half a lakh squandered!

R. B. P.

SPORT

RUGGER

Annual General Meeting

The following officers were elected for the season 1955-56.

Captain : J. S. T. Tallack (re-elected).
Vice-Captain : J. C. Mackenzie.
Secretary : B. W. D. Badley.
Treasurer : M. W. Sleight.
Pre-clinical representative : L. Thomas.
The committee has appointed the following as captains of the junior teams :—
A XV—J. Worthy.
Ex. A XV—M. L. B. Hayes.
B XV—T. Shacklock.

1st XV v. R.M.A. Sandhurst. Lost 6-17.
Despite the almost perfect conditions Bart's gave their most disappointing display of two seasons. Playing uphill in the first half, Bart's were soon 6 points down (a penalty and a try). They improved towards the interval and Badley reduced the lead with a penalty. In the opening minutes of the second half a scrambling try on the left evened the score. Bart's then lost Lofts with an injured ankle, who up to that time had outshone the other forwards. Some sparkling play by the Sandhurst outsiders enabled them to score a further 11 points before no-side.

TEAM : B. W. D. Badley, R. M. Phillips, J. Plant, J. Neely, D. A. Lammiman, R. R. Davies, C. A. C. Charlton, B. Lofts, C. Carr, D. B. Lloyd, B. Palmer, J. S. T. Tallack (Capt.), M. Whitehouse, M. W. Sleight, J. C. Mackenzie.

FOOTBALL

UNIVERSITY CUP MATCH

BART'S v. UNIVERSITY COLLEGE HOSPITAL. Lost 0-9.

The game was played at Chislehurst, on a ground in perfect condition for good football. The opposing team, playing with a verve and fire which was sadly lacking in our team, treated us to an exhibition of how to play football. Our forwards were completely suppressed, and only some sterling and robust play from the defence, prevented a much bigger defeat.

University of London League

BART'S v. WESTMINSTER COLLEGE II. Home. Won 2-1.

This was the first league game of the season, and it is interesting to note, that although the opposing team opened the scoring, we managed to win. This was mainly due to the prompting and

encouragement given to the forwards by the wing-halves, and to the fact that the defence completely subdued the opposing forwards. The full backs and centre-half completely blocked the way to our goal; after their one success, the Westminster forwards must have despaired of ever scoring again.

Our goals were scored as a result of faulty back passes by the opposition to their goal-keeper, Pilkington, our centre-forward, diverting two of them into the net.

BART'S v. GOLDSMITHS II. Away. Won 4-2.

The game started in unpleasant drizzle and with the Hospital side a man short (it is the notorious and characteristic habit of one of our team to always turn up late). This deficiency in numbers soon led to the home side opening the scoring. After sustained and continued pressure by the Hospital on the home goal, we equalised with a well placed drive from Andan. Soon after this, our "missing man" made his appearance, and announced his presence by ballooning the ball over the bar, with the goal at his mercy.

After changing ends, we gradually gained the upper hand, and a second-half "hat-trick" by Pilkington ensured our victory.

HOCKEY

THE INTER-HOSPITALS HOCKEY CUP

Second Round : v. London Hospital. At Chislehurst, November 23. Lost 5-1.

For the first quarter of an hour, Bart's more than held their own against what was reported to be a strong hospital side. The pace was fast and furious, and play moved quickly from one goal mouth to the other. Our opponents' forwards, however, were the first to get into their stride, and after a brief struggle in our circle, the first goal was scored by the London. Our forwards then made several determined attempts to pierce The London's defence, but were unable to produce an equalising goal. A penalty, awarded to our opponents, resulted in a second goal. After a brief period of good open hockey by both teams, The London forwards again proved their superiority; and by quick and accurate passing, put the ball once more into the back of the net, making the score at half-time 3-0.

At the start of the second half, the Bart's defence held out well against their attackers. However, in spite of some very good intercepting by Nichols, at left back, and fine saves by Doherty, in goal, we were unable to prevent a fourth goal being scored from a well-angled shot. In reply to this, after Tabor narrowly missed scoring from the left wing, Anderson, at centre forward, put it into the net.

After an infringement in the circle, a penalty bully was awarded against The London, but this

proved fruitless for Bart's. A brilliant run by The London centre-forward, was followed by a well-timed shot into the corner of the goal, bringing the score to 5-1. Although The London had two more penalty corners awarded against them, Bart's failed to add to their first goal. The final score was 5-1 to the London Hospital.

TEAM : R. P. Doherty, Capt.; P. J. Ford, J. B. Nichols; T. Grant, J. A. Tait, I. R. Nicholson; H. Blake, D. Dunkerley, A. Anderson, N. Roles, A. Tabor.

ROWING

THE UNITED HOSPITALS' WINTER REGATTA

The United Hospitals' Regatta was held at Putney, on November 23. The entry received for the Regatta was the largest ever, and so racing had to start in the morning, in order that all events could be finished before dark.

The Junior Eight's event has been reinstated in the programme, so that junior oarsmen may be encouraged and their training facilitated.

The Club had an entry in each event, and was represented in five Finals; however, we were only successful in one. Nevertheless, this is an improvement on last year, and we hope that this trend will continue in the coming year.

Following the Regatta, the Club held its Annual Dinner in the pleasant surroundings of the Hospital Refectory. We were honoured by having as Guest of Honour, Dr. Malcolm Donaldson, a past Captain. Other guests were Dr. Eric Donaldson, Mr. T. Edwards, and Mr. P. Bell. Prof. L. P. Garrod was in the chair.

Results

SENIOR FOURS

1st Heat : v. Middlesex. Bart's had a bad start, and rowing short in the water, were $\frac{1}{2}$ length down after a minute. With a $\frac{1}{2}$ mile to go, Bart's superior fitness told, and they went on to win comfortably.

2nd Heat : Bad steering by Guy's caused Bart's to lose $\frac{1}{2}$ length at the start. At Beverley Brook, Bart's spurred and gained a lead of $\frac{1}{2}$ length. Further bad steering by Guy's caused a collision, and they were disqualified.

Final : Bart's gained a 4 ft. lead over St. Thomas's off the start, but the greater power of the St. Thomas's IV soon showed, and they went ahead to win by 3 lengths.

PAIR OARS

1st Heat : The pair scrambled home first, to win by $\frac{1}{2}$ length from Westminster.

Final : St. Thomas's, a very powerful pair won easily.

DOUBLE SCULLS

Final : Bart's led from the start, and rowed home smoothly to win by 5 lengths.

SENIOR SCULLS

Final : For the first part of the race, J. F. G. Pigott held T. A. Fox stroke for stroke, but, later, Fox's superior technique enabled him to draw away to win by 4 lengths.

JUNIOR EIGHTS

'A' Crew : They won their first heat by beating Guy's and London easily. In the final, U.C.H. won by $1\frac{1}{2}$ lengths, after being held to the Mile Post.

'B' Crew : Beaten in their first heat by U.C.H. and St. Thomas's.

JUNIOR FOURS

'A' Crew : After a collision, a re-row was allowed. Bart's lost to Westminster by 1 length.

'B' Crew : Previous to meeting 'A' Crew, Westminster had beaten the 'B' Crew by 4 lengths.

JUNIOR SCULLS

1st Heat : C. C. H. Dale sculling easily, beat N. R. Reid (St. Thomas's) comfortably by 4 lengths.

2nd Heat : Dale beat R. Kay (St. Thomas's) by 2 lengths.

Final : After a hard race, Dale lost to B. S. Cox (St. George's) by 1 length.

RUGGER FOURS

The Rugger Four failed to arrive at the Start in time for their race. They therefore stationed themselves half-way up the course, and encouraged the other crews.

Crews

SENIOR FOUR : C. N. Hudson (Bow & Steers), R. France, E. M. C. Ernst, G. D. Stainsby (Stroke).

JUNIOR EIGHTS

'A' Crew : D. King (Bow), C. Davies, P. Fenn, G. M. Hall, I. Stewart, G. M. Besser, J. Bartlett, R. Ridsdell-Smith (Stroke), A. R. Geach (Cox).

'B' Crew : A. Padfield (Bow), D. Birkett, B. Gill, W. Gray, I. K. Therkildsen, A. J. H. Ellison, P. Weaver, J. R. Strong (Stroke), I. K. Tabert (Cox).

JUNIOR FOURS

'A' Crew : D. King (Bow), G. M. Hall, J. Bartlett, G. M. Besser (Stroke), J. Watson (Cox).

'B' Crew : B. Gill (Bow), A. J. H. Ellison, P. Weaver, J. R. Strong (Stroke), J. Rice (Cox).

PAIR OAR : C. N. Hudson (Steers) and J. C. M. Currie (Stroke).

DOUBLE SCULLS : R. W. Beard and J. F. G. Pigott (Stroke).

SENIOR SCULLS : J. F. G. Pigott.

JUNIOR SCULLS : C. C. H. Dale.

RUGGER FOUR : B. Thom (Bow), A. Lytton, D. Lammiman, A. Ferguson (Stroke), J. C. Neely (Cox).

BOOK REVIEWS

*'Tis pleasant, sure, to see one's name in print ;
A book's a book, although there's nothing in 't.*

Lord Byron.

DEXTRAN. ITS PROPERTIES AND USES IN MEDICINE by J. R. Squire, I. P. Bull, W. d'A. Maycock and C. R. Ricketts. Blackwell. Scientific Publications. Oxford, 1955. 99 pp. 15s.

Dextran has proved a valuable plasma substitute in the treatment of oligaemic shock. When whole blood has been lost, replacement by transfusion of blood is indicated, but where the loss is mainly of plasma or serum it is rational to use a colloid solution, like dextran. The latter exerts an osmotic pressure of the same order as that of plasma and it is retained in the blood stream until replaced by the normal plasma proteins. Dextran solution can be sterilised by autoclaving and is therefore devoid of the small, but significant, risk of post-transfusion jaundice associated with homologous plasma (or serum) intravenous therapy. It remains stable indefinitely and does not need refrigeration.

This short book is a valuable symposium by experienced workers on the properties of dextran and its role in medicine. Beginning with a chapter on the positive and negative qualities desirable for a plasma substitute and assessing dextran on these criteria, there follow sections on its chemistry, behaviour in the body, specification, and clinical and experimental uses. Certain drawbacks, such as the liability to act as an antigen in man, and interference with blood grouping, dependent on acceleration of the sedimentation rate, are adequately stressed. The book is well written and includes a full bibliography, but no index. It can be read with profit by all who may be concerned with the treatment of severely injured patients.

H. F. BREWER.

A SHORT TEXTBOOK OF MIDWIFERY by G. F. Gibberd, J. A. Churchill Ltd. 6th edition, 30s.

Gibberd's Textbook of Midwifery is basically unchanged in this its sixth edition. This is of some importance as the book presents well balanced opinions and, furthermore, it has stood the test of time in the hands of many generations of students.

The current edition has been thoroughly revised where revision was needed. The author particularly refers to the section on pre-eclamptic toxæmia. The use of this term is itself a departure from the old entrenched one, albuminuria of pregnancy, which, in the light of modern views, is

misleading. The significance of oedema and a raised blood pressure are evaluated in relation to the prevention of pre-eclampsia and the place of the hypotensive drugs included in the discussion on treatment.

Many small points have been altered. Thus the soft tissue signs of foetal death are considered, a new trichlorethylene apparatus for the relief of pain in childbirth is described and one is pleased to see that the section on chloroform anaesthesia is considerably restricted.

The new section on post-maturity is good but a brief note on the manner in which placental deficiency develops could have been included with advantage. The pre-diabetic state has been recognised and Keynes' work on hyperthyroidism and the foetal dangers from anti-thyroid drugs are incorporated. The section on Puerperal Infection is brought up to date by a consideration of the Puerperal Pyrexia Regulations of 1951. The extension of the place of antibiotic therapy in puerperal infections was inevitable.

The treatment of uterine inertia has been revised and place given to the use of Pitocin drips. The use of Fisher's nomenclature in the discussion on haemolytic disease clarifies rather than confuses this difficult serological problem. The management and prognosis of the condition is elaborated.

The author's dry sense of humour and his humanity emanate from the pages of his book still and in this revised edition, there is no doubt it will retain its present prominent position in the students' library.

J. D. ANDREW.

LADIES IN EMERGENCY by Alastair Sinclair, Christopher Johnson, 10s. 6d.

The author has chosen for his subject perhaps the most poignant situations in medicine; those of complicated gynaecology and abnormal obstetrics. The presentation, while giving ample evidence of his own medical ability, reflects a cert form of thinking conditioned by years of 'case history' notes. The text is slow in getting under way, but the attention is increasingly held as one reads on. It describes the author's progress from overworked house-surgeon, consultant, to the ultimate arrival, and gives short word pictures of personalities medical and places obstetrical. It all makes pleasant reading; but one wonders which section of the reading public requires this half sensational, half technical, type of literature.

J. D.

BIOCHEMISTRY FOR MEDICAL STUDENTS by W. V. Thorpe, Sixth edition, Churchill, 27s. 6d.

Rapid advances on almost every biochemical research front have necessitated a 6th edition of Dr. Thorpe's well-known textbook. Previous editions, and especially the 4th, could be severely criticised on the grounds that they presented information which lagged far behind modern research, but in the present edition much has been done to remove these defects.

The chapter on enzymes has been revised and an account of redox potentials added to the chapter describing biological oxidation. The latter chapter, however, remains extremely confusing and is in urgent need of drastic revision. Some modern concepts of protein structure have been included but there is still no reference to the powerful modern technique of paper chromatography, which is now used as a routine in medical research. The account of the nucleic acids has also been improved, but it would seem desirable to develop this to include a more elaborate account of the important role of the nucleoproteins. The new chapter on metabolic synthesis will prove useful but more space might be devoted to transmethylation, which receives only a cursory mention.

The author, by the rejection of obsolete material, has been able to keep the length of the book approximately the same as that of the previous edition. The rapid growth of the subject will, however, make the selection of material for rejection increasingly difficult, and it remains a matter of conjecture for how long medical students can justifiably be expected to absorb the whole of such a future textbook within the rigid limits of time allocated to the subject.

Recommendation of the book to Bart's students would be superfluous. It is doubtless the best British book covering the biochemical requirements of the 2nd M. B. Examination which is at present available.

E. D. WILLS.

RECENT ADVANCES IN NEUROLOGY AND NEUROPSYCHIATRY by Sir Russell Brain and E. B. Strauss. 6th edition, J. and A. Churchill Ltd. Price 75s.

This is the sixth edition to appear since 1929, although the somewhat unnecessary term "Neuropsychiatry" has only appeared in the title of the last two editions. The text has been almost completely rewritten since the 1945 edition, and in fact, the majority of the subjects considered are different from those in the previous edition. Three chapters have been contributed by additional authors, Mr. Northfield writing on intracranial tumours, Dr. Denis Hill on electro-encephalography and Dr.

Sutton on neuroradiology, the latter two being especially valuable accounts of recent developments in these diagnostic methods, and the radiographic reproductions are of exceptionally high quality. Many neurophysiological and clinical problems are succinctly discussed in the light of recent work, the most stimulating chapters being those on the temporal lobe, and the types of epileptic phenomena arising in it, consciousness and unconsciousness, and the problems of spondylosis and intervertebral disc lesions. This edition is well up to the high standard of its predecessors, and will be of value to anyone, who has more than a passing interest in the functions and disorders of the nervous system.

J. W. ALDREN TURNER.

GENITAL PROLAPSE AND ALLIED CONDITIONS by Percy Malpas, Ch.M., F.R.C.S., F.R.C.O.G. Harvey and Blythe, pp. 199, 47s. 6d.

This book is not so much a review of the wide development of the surgery of prolapse over the past fifty years as a timely restatement of the essential principles discovered during this progress. To this end the author, himself an acknowledged master of this branch of surgery, has quoted fully and wisely from the pioneers, exciting admiration for the breadth of his study and enlisting the ringing authority of facsimile. His own opinions and the detailed account of his techniques show clearly the extent to which the modern gynaecologist can profit from a full understanding of his antecedents.

Through the difficult labyrinth of pelvic floor anatomy the reader is led with refreshing ease. There is a good classification of the types of prolapse and the account of the varieties of surgical treatment is brilliantly clear. The description of conservative management lacks only recognition that certain early but progressive cases benefit from delay until increasing descent will allow a more comprehensive repair to be undertaken. As one would expect from Mr. Malpas, the survey of micturition disturbances and their treatment is comprehensive and excellent.

It is a pity that, apart from the welcome reproduction of Fothergill's original drawings, many of the illustrations are bad and show signs of hurried preparation. Most of the photographs fall far short of the very high standard which is essential to illustrate a surgical technique, and some are disorientated which adds to the confusion. The text stands so well alone that many of the latter would have been better omitted.

This monograph is not for the student or general practitioner. It is written for the operating gynaecologist, and richly deserves a place in his personal library.

E. A. J. ALMENT.



The Edible World

When Mr. Chaplin peppers a daisy before consuming it, or Mr. (Harpo) Marx chews up a telephone with relish, I blush for my own lack of enterprise. Probably most of my environment is eatable, if I would only get my teeth into it. Perhaps if I had taken more pains with my chemistry I might at this moment be biting bits off the roof like Hansel and Gretel, or crunching coal as puppies and babies do. This idea is not as far-fetched as scoffers may suppose, for coal, that universal provider which already gives us heat, light and raiment, now looks like serving us with edible fats as well; and it can only be a matter of time before the chemists offer us bread from a stone.

Minerals apart, there are many members of the animal and vegetable kingdoms which never reach British dining tables, though they would in fact repay the attention of a thoughtful cook. I am not speaking merely of the frogs and snails . . .

What a pity. We have not got the space to publish the rest of this fascinating essay, which appeared originally in The Times. However, by way of compensation we have reprinted a number of the now famous Podaivrius pieces in a special booklet entitled "The Prossings of Podaivrius." Would you like us to send you a copy?

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SHOULD THE PATIENT KNOW THE TRUTH? Springer Publishing Co. Inc. New York.

*The Truth you speak doth lack some gentleness
And time to speak it in; you rub the sore,
When you should bring the plaster.*

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A DOCTOR is never privileged to lie, but he is privileged to tell the patient at least part of the truth. Should the patient know the truth? is a question which can only be answered for each individually. There are two aspects: informing the patient of the approach of death, or of the precise nature of his disease.

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The book is well conceived and should be particularly useful to students and nurses.

C. F. A.

A THERAPEUTIC INDEX by C. M. Miller and B. K. Ellenbogen. Ballière, Tindall and Cox, 1955. Price 12s. 6d., pp. 148.

This modest little book aims to give a short account of the treatment of all the commoner medical conditions, ranging from coronary thrombosis to peptic ulceration, and from chicken pox to pediculosis capitis. In addition, there is a useful appendix on practical procedures, and such items as diets and dosage tables.

One can find little to quarrel with in this book, and indeed, the authors must be complimented on the amount of information they have succeeded in including in so small a space. Their approach to treatment is orthodox and dogmatic and a more critical approach to therapy would have been desirable. The great weakness of books of this kind is their tendency to over-simplify, and to give to the unwary an impression of certainty, where, in fact, there is nothing but uncertainty. But, within the limits they have set themselves, the authors have produced a readable and useful book. For the newly-qualified houseman, and the final year medical student, it should prove a most helpful guide to treatment.

D.P.T.

PERSONALITY CHANGES FOLLOWING FRONTAL LEUCOTOMY by Dr. P. Macdonald Tow. Oxford University Press, Cambridge, 35s.

The operation of prefrontal leucotomy was first greeted with surprise and admiration, later performed with increasing freedom and now is in a phase of critical evaluation. It is known that relapse after prefrontal leucotomy may all too frequently occur, and much has been done to modify the operation in its original form. Dr. Tow

has had experience of a considerable number of patients and his book considers some 36 selected and extensively investigated cases, as well as drawing upon the others for background material.

The book is of value both to the experienced clinician and to the non-specialist medical and psychological reader. For the clinical psychiatrist the detailed case histories properly present data from which the clinician may draw his own conclusions. Both from the cases presented in detail and from the many more referred to in more general terms the non-specialist reader with a medical or psychological orientation may obtain a balanced view of the nature and implications of prefrontal leucotomy.

It is clear and it is always remembered that changes follow damage to the frontal lobes. It is often overlooked in the discussion of these less desirable and sometimes undesirable sequelae of operation, that changes follow the uninterrupted persistence of the disease for which the operation is undertaken. Dr. Tow's book will do a great deal to clarify the mind on these topics and also it makes clear how much the clinical post-operative result may depend upon adequately critical and careful selection of both patient and operation.

JONATHAN GOULD.

RECORD REVIEWS

BEETHOVEN: CONCERTO FOR VIOLIN AND ORCHESTRA, Op. 61. Mischa Elman with the L.P.O. conducted by Georg Solti. Decca LXT 5068.

At least the orchestra plays adequately. In fact in the introduction of the first movement, one is just settling down to what promises to be a good performance and then the soloist enters. All hopes are soon dispelled. Quite frankly, the playing of Mischa Elman is poor; his phrasing in pianissimo passages is weak and his tone lifeless. But worse still, his intonation is appalling. I think I have said enough, needless to say I do not recommend this recording.

GILBERT AND SULLIVAN: PRINCESS IDA. The D'Oyly Carte Opera Company with the New Symphony Orchestra conducted by Isidore Godfrey. Decca L.K. 4092.

I had seen and loved 'Ida', and after reading the eulogies expressed in the July *Journal* over the other two sides of this recording, I was hopefully expectant.

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Let me commence with the bald fact that this recording is excellent, both on the technical side and on the G. and S. requirements. The orchestra is at all times under complete control, and provides a delightfully punctuated accompaniment to the group and chorus singing. Only two fluffed horn entries can be selected for negative criticism.

The three brothers, sons of Gama, are just perfect; they sing with the exact amount of ludicrous ignorant solemnity required of them. They give a good lead to Gama's party piece 'The disagreeable man' which is only spoilt by the lack of encores. Later they return in what one might call the 'Strip-tease Song' to repeat their success.

Hildebrand and Gama are well caricatured by Fisher Morgan and Peter Pratt and maintain the flow of the plot as required. The ladies on this record (Sides 1 and 4) are not in great evidence, but even with the atmosphere of the 'Female University' demanded, I would have appreciated something less like Grand Opera.

I would like to offer this excellent recording to all 'G and S' ophiles, with the rider that I hope Decca will later provide a small libretto with each set.

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37/38, St. Andrew's Hill, London, E.C.4

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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EDITORIAL

THE PERFORMANCES of *The Importance of Being Earnest* by the Dramatic Society, and the Carol Concert given by the Rahere Choir are now but memories and half forgotten. Having made their big effort the Dramatic Society now goes into retirement until next November, and the only activity of either society that we can look forward to in the intervening period, is a concert to be given at Easter by the Rahere Choir. This Choir, which was revived a year ago last October, is all that remains of the Hospital Musical Society.

In the past, the Musical Society flourished in various forms. Twenty-five years ago a Jazz Band thrived in the Hospital, acquiring great fame for itself. It played for a number of social occasions both in the neighbourhood and further afield, and in 1921 it performed at a *matinée* at the Coliseum for the National Hospital for the Paralysed and Epileptic, Queen Square, in the presence of the Queen and Princess Mary. But their triumph was short-lived, the enthusiasts soon left the Hospital and the Jazz Band fizzled out.

Fifty years ago and before, an Annual Summer Concert was given in the Great Hall by the Junior Staff and the Musical Society. At these concerts various vocal and instrumental solos were rendered, Part Songs were sung by the Choral Society, and works performed by the Hospital Orchestra: the last item of each programme was always a rousing chorus sung by the Junior Staff. The Orchestra were undoubtedly ambitious (or at least their conductor was), for in 1906 the Overture *Die Meistersinger* by Wagner and the Suite *Peer Gynt* by Grieg appear on the programme. In the report of this concert,

which appeared in the *Journal* in August of that year, the Orchestra was criticized for its lack of balance; the wind section for being too numerous and the strings for being 'deficient in tone'. Now, alas, we have no orchestra to criticize, and although we were one of the three Hospitals which founded the Inter-Hospitals Orchestra, we regret to say that at present not a single clinical student or member of the Medical Staff is a playing member.

As we read the following extract from the *Journal* report of the Summer Concert given in 1900, we can get an idea of what delightful social occasions these concerts were.

The Annual Concert given by the Junior Staff and Musical Society took place on July 17th, under the most favourable conditions of wind and weather. Suffice it to say that it was a perfect summer evening. Following the precedent set last year, the Square was tastefully illuminated by a pleasing display of coloured fairy lamps and Japanese lanterns hung round each shelter in festoons from tree to tree.

A charming effect was produced by the arrangement of lights round the base of the playing fountain. Welcome refreshment was provided on tables placed between the shelters during the interval in the programme of music.

The seductive influence of the summer night, the soft glow of coloured light, and the refreshing sound of falling water, assisted in carrying the interval beyond its full extent, and the result was that many of the audience preferred listening to the second part of the programme from under the cool of the trees.

St. B.H.J. Vol. VII, p. 157.

Sixty years ago the Smoking Concerts were a regular feature of the Hospital social life. At these meetings, humorous songs were sung, recitations performed and the audience deceived by the occasional magician. A few of the excellent verses, rhymes and parodies specially written for these

occasions can be found in *Round the Fountain*. A review of one of their meetings appeared in the City Press on January 24, 1894.

HOSPITAL STUDENTS OFF DUTY.—A more light-hearted, jovial set of fellows than the students of St. Bartholomew's Hospital it would be difficult to imagine, and their smoking concerts are always gatherings of an enjoyable character. The smoker given at the French Room, St. James's Restaurant, on Saturday evening fully sustained their good reputation, both from a musical and convivial point of view. The chair was occupied by Mr. P. Furnivall, who was supported by Mr. D. L. E. Bolton and Mr. P. W. G. Shelley, hon. secretaries, and many others, the room being filled with an appreciative company. The programme was opened by Mr. D. St. Cyr, who played a pianoforte selection very skilfully, after which Mr. N. B. Baker sang 'Quaff With Me the Purple Wine' with much effect. Several comics were given by Mr. F. W. Gale, whose style was most entertaining. The best of his many selections was 'In the Days When I Was a Girl', sung in response to the encore demanded for 'In the Glorious Days to Come'. Mr. J. K. Birdseye was equally successful in his items, which included, 'I'll Say No More to Mary Anne', 'Jimmy, Down the Chute', and 'A Receipt for Comic Songs'. Mr. A. G. Haydon proved himself an artiste of a very high order in his two violin selections, while Serjeant-Major Brander's performance on the same instrument left nothing to be wished for. The ocarina and banjo solos given by Mr. D. H. Atfield were thoroughly enjoyed by all

University of London

Mr. R. Shackman, M.B., B.S., F.R.C.S., M.R.C.S., L.R.C.P., has been appointed to the University Readership in Surgery, tenable at the Postgraduate Medical School of London.

Christmas Dance

The Boat Club Christmas Dance was held from 9 p.m. till 2 a.m. on Wednesday, December 14, in the Gymnasium, Charterhouse Square.

In the Autumn of last year the Gymnasium was redecorated, the floor repaired and a false ceiling installed, making it suitable for such social occasions. For this dance the hall was well decorated with streamers and coloured paper, and on one wall a large caricature of an eight and its crew, coxed by the ubiquitous Father Christmas, had been

present, a repetition being insisted upon on each occasion. A very enjoyable evening was brought to a close by the singing of 'Auld Lang Syne'.

At present it is impossible to form an orchestra as it would appear that we have no instrumentalists; but could not the Smoking Concerts be resurrected? That the ability to compose verses is not lost is evident from the ward shows, cannot the talented gentlemen who write them be persuaded to produce similar songs at other times of the year? Or does inspiration come only once a year, with Christmas?

There is no reason why the Dramatic Society should only perform one play each year. Could not One Act Plays be performed sometime during the spring or summer? Not only would they provide some entertainment, but they would help to give the juniors members of the Society some much needed experience. Support is evidently not lacking as we hear that over thirty people attended the auditions for *The Importance of Being Earnest*.

The Recreation Room in College Hall with the Music Room as the stage is ideally suited to the presentation of such intimate dramatic productions, and of Smoking Concerts as well.

erected. With a little imagination it was possible to recognise most of the members of the first eight with a variety of agonised facial expressions pulling at their oars. A bandstand of coloured crêpe paper had been constructed for the musicians, and much to the surprise of its builders it was still standing next morning.

At midnight an amusing Cabaret was given by Miss Nancy Watts and Mr. John Creightmore. They entertained the company with a number of short items which ranged from a rather unconventional river trip to a duet from a Mozart Opera.

This is the first dance at Charterhouse Square that has been officially allowed to continue after midnight. Conscious of this fact, and also that if the dance was not properly run it would be probably the last one to do so, the organisers spared no expense in ensuring as far as they could, that the evening's entertainment would be a success. An awning was hired to make a covered

way between the north end of College Hall and the Gymnasium, and this was undoubtedly a wise acquisition as it rained heavily during the earlier part of the evening.

It was a pity that this most enjoyable dance was not better supported; the absence of the Hospital Medical Staff was particularly noticeable—we saw only one Houseman.

Christmas Dinner

On Wednesday, December 21, the residents of College Hall were given their Christmas Dinner. After Sherry, kindly provided by Dr. Scowen, there was the traditional turkey and plum pudding, and crackers and paper hats completed the Dickensian scene.

One of our cameramen attempted to photograph Drs. Scowen and Mathias in festive mood: he stealthily crept up to the 'High Table', went down on one knee in the true professional manner, and deftly pressed the button. Unfortunately his flashlight apparatus refused to function, and we regret that he was forced to retire amidst roars of laughter.

After dinner, 'the head-boy', Dr. Rothwell-Jackson stood on his chair to make a speech. Explaining that Dr. Scowen would shortly be retiring from the post of Warden, Dr. Rothwell-Jackson expressed the appreciation of all present for all the work that he has done for College Hall and its residents. He then presented Dr. Scowen with a Coaster, a present from the residents, which it was hoped 'would administer to his needs both spiritual and temporal'.

Matron's Ball

This was held at Grosvenor House, Park Lane, on Wednesday, January 4. Despite the fog, which seemed to have found its way even into the Ballroom, this was a most enjoyable evening. All, as they arrived, were graciously received by their hostess, the Matron, Miss Loveridge, who later presided at 'High Table'. Her guests there were Mr. and Mrs. Carus-Wilson and Mr. and Mrs. Brett. Among the other guests were Mr. Donald Fraser, Mr. Ballantine, Dr. Knott and Mr. George Ellis; the other consultants having unaccountably lost themselves in the fog.

In the words of one of the lyric-writers of the ward shows, this was the Nurses 'once a year night', and it was just that. An excel-

lent four-course dinner was served and in this the Hospital's eight hundred and thirty-third year, eight hundred and fifty-five dancers were alternately excited and soothed, reeled and Latin-Americaised by Sydney Lipton's Orchestra.

At one-o'clock the Night Nurses' bus took a gay crowd of Cinderellas back to duty. The rumour went round that if they had stayed any longer their dresses would have turned into tube-gauze.

By giving the Nurses their Annual Ball the Governors provide the Hospital with its most graceful event of the year. We sincerely hope that it will be possible for them to continue their generosity for many years to come.

Bart's and Psychiatry

Psychiatry has long been neglected by the medical historian, and the contributions of Bart's men to this subject are no exception. It is, of course, much easier to write the history of the specialities in which spectacular advances in investigation and treatment of diseases provide the chronicler with a safe pinnacle from which to survey the past.

The refinements of modern clinical medicine with its backing of laboratory, X-ray, E.C.G. and the other specialist departments, afford objective facts about diseases which make earlier bedside observations and speculative writings mostly of academic interest. Not so with psychiatry which, as throughout history, still consists of what a psychiatrist's mind can make of a patient's mind. Many valuable lessons lie hidden in this unexplored field, which combines the history of human thought about the human mind with that of medical practice and humanitarian reform.

This month we publish an account of the life and work of the Reverend William Pargeter, M.D. one of our earlier psychiatrists. Until now it was not known that he was a student at this Hospital, we therefore take this opportunity of welcoming him into the ranks of old Bart's men.

Abernethian Society

At their meeting on December 1, when four members of the Hospital Staff narrated their 'Most Interesting Case,' the Abernethian Society enjoyed the largest attendance for nearly four years. The four speakers, all well known members of the Hospital Staff must be congratulated on being such good 'box-office

draws' and on giving the Society such an amusing evening.

It was estimated that there were over 180 members present. The last comparable attendance was in February 1952, when 169 members heard the late Lord Horder lecture on 'Freedom in Medicine.' The all time record attendance, however, was in October 1949, when Dr. Charles Hill gave a talk on 'Current Events.' This meeting took place in the Hospital Clinical Lecture Theatre and somehow or other 300 people managed to get inside to listen to him.

New Year Honours

John Archibald Venn, Litt.D., F.S.A., J.P., President of Queen's College, Cambridge, has been appointed a Commander of the Order of St. Michael and St. George.

In 1940, when the Preclinical School was enjoying the hospitality of Queen's College, Dr. Venn became the twelfth Honorary Perpetual Student of the Medical College and later one of its Governors.

Hugh Montagu Cameron Macaulay, M.R.C.S., L.R.C.P., M.D., Senior Administrative Medical Officer, N.W. Metropolitan Regional Hospital Board, has been appointed a Commander of the British Empire.

Charles Tipterton Maitland, M.D., F.R.C.P., D.P.H., Principal Medical Officer to the Ministry of Health has also been appointed a Commander of the British Empire;

THE LIGHTER SIDE

Dr. Pym, of Wickersley, writes to tell us that during the mid '20's there was a student at Bart's who, when undergoing 'Ordeal by Viva', invariably relied on his personal charm and nimble wit to cover the extensive gaps in his medical knowledge.

On one such occasion a much dreaded examiner in Pathology handed him a wet specimen for identification. Our friend studied it intently for some moments and then pronounced, "That, Sir, is a Left Female Lung."

The examiner raised an eyebrow in surprise.

"Yes," he said slowly, "that's a left lung right enough, but why 'female'?"

"Well, Sir," came the reply, along with a charming smile, "I presume we shall have to find something to argue about".

NOTICES

Lectures on General Practice

Wednesday, March 14, at 12 noon

Dr. G. F. Abercrombie will give the next lecture in this series in the Hospital Lecture Theatre.

Abernethian Society

Thursday, February 16, at 5.45 p.m.

Professor Ian Aird will speak on:

TUMOURS OF THE PARATHYROID
in the Physiology Lecture Theatre,
Charterhouse Square.

Physiological Society

Monday, February 27, at 5.30 p.m.

Dr. A. L. Hodgkin will give a lecture on:

IONIC MOVEMENTS DURING THE
NERVOUS IMPULSE
in the Physiology Lecture Theatre,
Charterhouse Square.

The Hockey Club's Ball

This will be held in College Hall on Tuesday, February 14. Dancing 8—12, to Derek Pyke and his Band. Bar and Buffet. Double Ticket 10s. 6d., obtainable from the secretaries of both clubs.

Students Union Annual Ball

This will be held on Friday, May 4, at the Hyde Park Hotel. Dancing 9 p.m. to 2 a.m. Double Ticket, including Supper, £3.

Past v. Present

The Past v. Present Hockey Match will be played at Chislehurst on Sunday, March 4, starting at 2.30 p.m. It is hoped that many old Bart's men will be able to watch the match. Anyone wishing to play is asked to contact Dr. M. D. Mehta, 15, South Primrose Hill, Chelmsford, Essex.

THOMAS HAYES

An appreciation by Reginald M. Vick.

MR. HAYES was born in the year 1864 and died on the 19th of November, 1955, in the 92nd year of his age. In writing of him, one's mind goes back to an age that has passed and to memories of Bart's many long years ago.

He spent the whole of his active life in Hospital service. He started at the age of 19, at the Seamen's Hospital at Greenwich.

Later he became Secretary of the Peckham Asylum, and in 1894, he became Secretary and General Superintendent of the East London Hospital for Children at Shadwell. He was appointed Clerk to the Governors of Saint Bartholomew's Hospital in 1905, bringing with him glowing testimonials from Shadwell, and he more than fulfilled his early promise.

He resigned the appointment of Clerk in 1937. When he retired, the Governors of the Hospital recorded their deep and unanimous regret at Mr. Hayes' decision to resign the office of Clerk and expressed their grateful appreciation of the loyal and devoted services rendered to the Hospital by him during his tenure of the Office. But his usefulness did not end there. He became a Governor of the Hospital and for many years was an Almoner.

In 1933, every one connected with the Hospital was delighted to learn that his work had received well deserved recognition by his being created a Commander of the Order of the British Empire.

He served under three Treasurers: Lord Ludlow, Lord Sandhurst and Lord Stanmore, and three Matrons, Miss Stewart, Miss McIntosh and Miss Dey held office with him. During his term of office, great changes took place at the Hospital. The new Outpatient Block, the Pathological Block, the Queen Mary's Home for Nurses, the new Surgical Block and the new Medical Block were all completed and opened. During the First World War, he organized and arranged the East Wing for the reception of wounded soldiers. In 1923, the Hospital celebrated its Octocentenary. In all these great en-

deavours, his powers of organization were fully demonstrated.

The years of his retirement were peaceful. He continued to live in London.

Such is the history of a man, who gave the best part of his life to the service of Bart's. But what of the man himself? His outstanding characteristic was serenity. Throughout all these years and all the changes that took place, Mr. Hayes moved calm and dignified.

No man ever had the traditions of this Royal and Ancient Institution more firmly ingrained in him. He never forgot them and never allowed them to be forgotten. As students, we viewed him from afar but, even in our youngest days, he helped us in our troubles and we knew him for a just man and a good friend. I came into intimate touch with him, when I was Warden of the Residential College, which was then within the precincts of the Hospital and under the control of the Treasurer. He was a splendid man with whom to work, for he was wise and understanding and tolerant of the views of others.

He had his hand on everything that happened in the Hospital. And yet, I can, honestly, say that I never saw him perturbed. From the management of the entire organization of this great Hospital down to the peccadilloes of the youngest student, nothing passed him by.

He was generous by nature and always ready to help those less fortunately situated than himself. Every year, he placed a room of his house in the Hospital at the disposal of the Amateur Dramatic Society as a dressing room. The plays, in those days, were performed in the Great Hall, and every Christmas he sent a munificent gift of wine to enliven the celebrations of the Resident Staff.

His sense of humour was controlled. He never laughed out loud, but he had a ready smile. He was a disciplinarian. No short-coming of the staff of the Hospital—medical or lay—old or young—was ever condoned.

His greatest friend on the medical staff was Professor Gask. One often saw them promenading round and round the Square—as so many Bart's men have done before and since.

He was, I believe, a deeply religious man. And of his passing, one might quote a line from Kipling. *E'en as that day he trod to God, so walked he from his birth.* It was, perhaps, fortunate that he was spared the changes which took place on the appointed day.

Of him, we can truly, say that Bart's has lost still one more man, who served her faithfully and well throughout the long years. He stamped his personality on the Hospital and everything that he did for her was good.

ANNOUNCEMENTS

Births

COLDREY.—On December 24, at Plymouth, to Sheila (*née* Abraham) and Dr. John Coldrey, a daughter (Pippa).

GRIFFITHS.—On December 23, at Hampstead, to Rosemary (*née* Quick) and John D. Griffiths, F.R.C.S., a son.

HARVEY.—On December 27, at Pontefract Hospital, to Olive and Dr. W. Harvey, a daughter.

MOLEWORTH.—On December 18, at Aden Petroleum Refinery Hospital, to Rosemary Ann (*née* Gould) and Dr. P. R. H. Henderson, a son.

STUDDY.—On December 11, at Devizes, to Eileen and Dr. J. D. Studdy, a son.

WILLIAMS.—On December 14 at Poole, to Jean and Hugh Morgan Williams, F.R.C.S., a daughter.

Engagements

The engagement is announced between Mr. J. J. B. Hobbs, M.B., F.R.C.S., and Miss D. J. Payton.

The engagement is announced between Dr. H. R. Maiker and Miss H. C. Meldrum.

Deaths

COLLINGS.—On December 3, at Southwold, Dudley Willis Collings, M.R.C.S., L.R.C.P., aged 85. Qualified 1895.

JEREMY.—On December 27, William Harold Rowe Jeremy, M.A., M.B., B.Chir., M.R.C.S., L.R.C.P., D.O.M.S., Squ. Ldr. (Rtd.). Qualified 1937.

NAISH.—On December 20, at Berryfield House, Upton-on-Severn, William Vawdrey Naish, M.D., J.P., aged 82. Qualified 1905.

STUDENTS UNION

COUNCIL MEETING

A meeting of the Council was held on Wednesday, December 14, with Dr. Cullinan in the chair. The following is a résumé of the more important business discussed.

1. It was suggested that a 'dimmer' be acquired for the lights in the Gymnasium, Charterhouse Square. The Secretary was requested to investigate the matter.

2. As British Railways would only sell tickets to Chislehurst at reduced rates in quantities of at least ten at a time, it was decided to ask Mr. Morris if the Cloakroom Attendants could be given the extra duty of selling them.

3. Mr. Basil Hume was elected a Treasurer of the Students' Union.

4. Mr. McKinna said that many members of the Hospital would like a recording made of the best items of the Pot-pourri. He quoted prices of recording and making discs. The Council agreed to the suggestion. As a special type of tape recorder was required for making the recording, an attempt should be made to borrow one; if this was not possible, then one would have to be hired. The Council agreed to the following expenditure:—

- (i) £7 10s. for the hire of a tape-recorder (if necessary).
- (ii) £15 for subsidising the cost of making the discs.

LETTERS TO THE EDITOR

A PREVIOUS ATTEMPT

Dear Sir,—The correspondence between Prof. L. P. Garrod and Mr. C. C. Carus Wilson, which you published in the December issue of the *Journal*, recalls to mind an incident which happened whilst I was doing intern midwifery clerking in the early 1930s.

J. C. Crosse and myself were watching the half-dozen golden carp swimming around in the fountain pond when, with remarkable unanimity, we began to express a certain dissatisfaction with the fact that, although at least one of the fish had for some weeks appeared *accinte* yet, there had been no additions to the fountain's occupants.

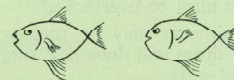
It was decided that a remedy of sorts should be found. We visited Gannages and brought back three dozen small gold fish and hid them in the back of a derelict car near the Henry VIIIth gateway. Incidentally, this car's very presence was later found to constitute a nuisance and was it not the then Clerk to the Governors who asked the owner to remove it forthwith? The owner raffled it for shilling tickets. I don't remember who won it but his position was not an altogether enviable one since it was common knowledge that some of the essential parts had disappeared, even during its sojourn within the shadow of St. Bartholomew the Less.

At 4 o'clock on a beautiful summer morning, we immersed the can, just like Prof. Garrod's, in the waters of the fountain. The fish soon swam out and after watching their movements for a few moments, in peace and quiet, we retired to bed.

However, at lunch time the next day, the fountain was the centre of unusual interest. Amongst the number of sisters and nurses who stopped to contemplate this phenomenon, was not one heard to mutter to another: "Is it possible?" Even Mr. Murray, the head-porter, was somewhat non-plussed and I thought, rather heartlessly, that he stammered more than usual as he admitted having no knowledge whence the pond's new inhabitants had come. Alas, the majority of the small goldfish disappeared rather quickly, probably eaten by the large ones, but about a dozen survived for a considerable time.

Yours faithfully,
T. H. TIDSWELL.

219, Heysham Road,
Morecambe.



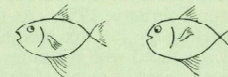
A SURVIVOR

Dear Sir,—As one who was practically born and brought up in a pond of goldfish, and who regards goldfish, whether black, silver or red, as siblings, I would like to make a comment on Prof. L. P. Garrod's recent generous gift. Goldfish do in fact regularly devour their young, and the only hope

is to plant a water-weed which provides escape for the tiny black babies, much beloved of myself when I was tiny, and also usually more or less black.

Yours faithfully,
D. W. WINNICOTT.

87, Chester Square, S.W.1.



HEARTLESS

Dear Sir,—With reference to the correspondence published in your last issue on 'What's the matter with love life in the Fountain'.

It is regrettably obvious that Professor Garrod and Mr. Carus Wilson have no hearts, or they would not expect the goldfish to bring up a family without the barest of domestic necessities.

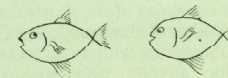
Where in that fountain could a mother lay her eggs? Where also could the young fish hide from their devouring parents?

If these heartless gentlemen would repeat the experiment with the addition of some water weed, they might meet with some success in 1956, always provided there are members of both sexes present.

Yours faithfully,
BART'S HEARTS.

(*Advisors on all aspects of the heart.*)

St. Bartholomew's Hospital.



GOLD-FISHERMEN

Sir, My piscine friends and I have read the correspondence reproduced in the columns of your December issue (p. 371) with deep interest. We are, however, wondering why the Clerk wishes to have the fountain cleaned 'after the piscatorial mating season'. All good fish know many stories about fishermen but their mating habits are not 'a required subject'. It is believed in piscine circles that the consulting staff of Saint Bartholomew's (*horresco referens*) is recruited largely (?) entirely) from among the cruel practitioners of the piscatorial art. I concede that the breed may need to be maintained. But human mating habits are reported as irregular, unpredictable and lacking any seasonal rhythm. Indeed this has been commented on by various authorities. Are fishermen different? Perhaps the Clerk, or Professor Garrod who is credited with 'greater biological experience' (Sept. 23, 1955), could shed some light.

I am, yours etc.
A. FISH.

London, W.J.

THE ANTARCTIC EXPEDITION

by R. GOLDSMITH

I FIRST read about the projected Trans-Antarctic Expedition in one of our national newspapers in February, 1955. At that time I was completing my last six months' Army Service and was faced with the same problem that, I suppose, faces so many of us after our two years National Service: what to do now? I then wrote a letter telling Dr. Fuchs of my qualifications, ordinary as they were, my experience since qualification, which did not look impressive on paper, and above all my eagerness to go on his Expedition. In due time I received a reply asking me to wait for an interview which would eventually be held.

In early May I was released from the Army and set adrift in the open waters of medicine. Somehow I felt that I must not get myself too deeply involved so that, should this chance come up, I would be ready within a short time to join the Expedition. I joined the P. & O. and spent four months on a trip to Australia and back with one of their mail steamers. In this way I satisfied part of my wanderlust and it enabled me to see many of the Australian cities, getting some idea of the prospects of medical practice in Australia, which incidentally look excellent for anyone who wishes to do General Practice in the broadest sense of that word. I also managed to get a brief glimpse of the Middle Eastern ports, Bombay, Colombo and finally Cairo. As well as this short Cook's tour, I learnt something of the workings of a large ocean liner and made many good friends.

At Marseilles, homeward bound, I received notification of an interview a week before I was to return home. I had made, it seemed, the wrong choice after all. But once home and having signed off, I contacted the Expedition and was finally requested to come for an interview.

The interviewing committee seemed much less frightening than many I had met in trying for hospital appointments. I felt for the first time at ease. This can be put down largely to the personalities of the interviewers. Dr. Vivien Fuchs, whose face is now begin-

ning to be well known, Sir Miles Clifford, friendly ex-Governor of the Falkland Islands, and Admiral Parry, the Secretary of the organizing committee.

What was my medical experience? Did I get on well with others? How old was I? How did my family feel about my being away from home for so long? Did I cook? Was I handy? What were my hobbies? So the questions went on. I felt supremely confident, though on deep reflection I had no real claim to be an Antarctic explorer. After 24 hours I was told that I was appointed.

A dream of my early childhood was coming true. Why did I want to go to the Antarctic? I hate cold and like my creature comforts, I have close home ties. Yet I wanted to go. Naturally, many people have asked me why. The only rather lame reply is that I have always wanted to go.

Soon, I was introduced to the Expedition office where so much of the preparations were going on. Stores of all kinds were being ordered, from Aircraft to Veganin (actually Tabs. Codein Co.). There was a gay but workmanlike spirit amongst the office workers, upon whose efficiency we would all depend. A snowstorm of files, letters, papers, were the foundation of the Expedition. Unfortunately, owing to my late appointment, a mere six weeks before the Advance Party, whose medical officer I was to be, were due to sail, I had only little to do with the actual ordering of the medical equipment—but I did much checking. Nothing that might reasonably be required for 30 men for nearly three years must be overlooked.

The equipment may be roughly divided into three: drugs and dressings; surgical, and

Before Dr. Goldsmith left England in the m.v. *Theron*, the Editor asked him to write a short article for the *Journal* describing how he became a member of the Expedition, and to give some idea of what medical supplies were taken to the Antarctic. This was sent to us from Montevideo, and is published by permission of the Committee of the Trans-Antarctic Expedition.

dental. The first is perhaps the most interesting. Provided free by Evans Medical Supplies Ltd. of Liverpool, it is perhaps the most comprehensive list ever taken by such an expedition. Much work went into choosing the drugs to be taken—"what might turn up?" was the thought in our minds—better to have something for the remotest contingencies. Once down there we should be cut off. The chemists did much work in making up ointments that would not separate out at cold temperatures. The packaging department did their work in trying to reduce bulk, packing drift proof boxes and making everything robust enough for the rough handling that it might get. Finally it was all packed, and only one case of items bears the warning "Do not Freeze".

Surgical equipment is the standard equipment carried by Naval vessels carrying a Surgeon Lieutenant Commander or above. It consists of three operating kits, major, minor and eyes.

Dental equipment, again provided free, by Amalgamated Dental Co. Ltd. and Platarg Institute Co. Ltd. consists of instruments and medicaments to do emergency dental work. Dentistry has often provided problems in the polar regions because doctors have little experience in dentistry. To this end I had a short course in the Dental Department of the Hospital in the treatment of emergency dental conditions. I regretted that I had not paid more attention on my Saturday mornings as a dental dresser.

Apart from looking after the health of the Advance Party and of the observers going

down on the ship, my duties will be veterinary, physiological, glaciological and recording. Fortunately experienced Polar travellers, as so many of the rest of the Party are, know much about the diseases of Huskies and from them and the kennel vet I was able to get some insight into the sort of thing that I should have to cope with. I feel perhaps more attention as a pediatric dresser, for dogs too can't talk, might prove useful in this sphere.

The physiological programme worked out by Dr. A. Rogers, the physiologist who is joining the Main Party in conjunction with the M.R.C., consists mainly of observations to find out how, why and whether individuals acclimatise to the cold. I will carry out comparatively simple observations such as weight, fat thickness, diurnal variations, diet and sleep rhythm and leave the more complex to the professional.

Glaciology and recording are jobs which were passed on to me by the old technique of "You won't be very busy, would you like to..."

There is much more to tell about the personal side of my preparations, of interviews with the press, press conferences, broadcast interviews and of the never-ending stream of questions fired at me by friends and relatives, but this should suffice to give some idea of how I set off on this great adventure.

The Advance Party will return in April, 1957, having set up a base, reconnoitred some of the route and having done their little share to prepare for the big journey across the Continent.

SO TO SPEAK . . .

QUESTION:

How would you treat a breach?

ANSWER:

Put on a poultice and bring it to a head.

THE LAW AND POISONOUS SUBSTANCES IN INDUSTRY

by R. F. GUYMER

Every year the number of processes in industry which are or may be dangerous to the workers employed therein is increasing.

On broad lines the problem of protecting the worker may be dealt with in one of the following ways—

1. The substitution for the dangerous substance of some other substance which is harmless.

2. A change in the design of the machinery in use so that no noxious dust, gas, fume or vapour escapes into the atmosphere of the workroom or the locality in which the factory is situated.

3. The installation of extraction plant at the appropriate parts of the factory to ensure that noxious substances are withdrawn from the atmosphere and, if necessary, the introduction of pure air into work rooms.

4. If necessary 1, 2 and 3 are implemented by the protection of the worker by the issue of protective clothing and adequate facilities for maintaining a high state of personal hygiene when he enters and when he leaves the factory.

Section 60, sub-section (1) of the Factories Act, 1937 states:—

When the Secretary of State (now the Minister of Labour and National Service) is satisfied that any manufacture, machinery, plant, process or description of manual labour used in factories is of such a nature as to cause risk of bodily injury to persons employed in connection therewith, or any class of those persons, he may, subject to the provisions of this Act, make such Special Regulations as appear to him to be reasonably practicable and to meet the necessity of the case.

The Second Schedule of the Factories Act, 1937 states the Procedure for making Special Regulations.

Section 151, Sub-section (1) of the Act defines a 'Factory' and sub-section (7) states that 'Premises shall not be excluded from the definition of a factory by reason only that they are open air premises'. This is an important point as will be appreciated later in this article.

Hence it has happened that the regulations made to protect the health of workers in

dangerous processes are, in the majority of cases, contained in a large number of Statutory Rules and Orders (usually referred to as S.R.Os.).

Space will not permit a description of all the Statutory Rules and Orders which exist, or the processes to which they apply. It will be sufficient to describe a number of the more important ones which apply to poisonous substances—omitting any reference to S.R.Os. intended to deal with such matters as dangerous machinery, lifts, steam boilers and fire, to mention only a few. The subsequent description of some of the S.R.Os. are abbreviated and mention only the basic details. Anyone interested in a special set of S.R.Os. is advised to read them in full, and they can be purchased from H.M. Stationery Office for a few pence.

Under the Transfer of Functions (Factories etc. Acts) Order 1946, the powers originally given to the Secretary of State for Home Affairs are now exercised by the Minister of Labour and National Service. The Factories Act 1937 gives the Minister many powers including:—

(a) directing the formal investigation of accidents (Sec. 68);

(b) requiring certain types of medical supervision (Sec. 11);

(c) making special regulations for safety and health (Sec. 63);

(d) making welfare regulations (Sec. 64).

The title of 'Certifying Factory Surgeon' is, in the Factories Act 1948, changed to 'Appointed Factory Doctor' (A.F.D.).

NOTIFIABLE DISEASES

Every medical practitioner attending on or called in to visit a patient whom he believes to be suffering from one of the under-mentioned conditions contracted in any factory shall forthwith send to the Chief Inspector of Factories, Factory Department,

Minister of Labour and National Service, London, a notice stating:

The name and full postal address of the patient.

The disease from which, in the opinion of the doctor, the patient is suffering.

The name and address of the factory in which he is or was last employed.

The notifiable diseases are:—

- | | | |
|---|---|------------|
| 1. Lead | } | poisoning. |
| 2. Phosphorus | | |
| 3. Arsenical | | |
| 4. Mercurial | | |
| 5. Carbon bisulphide | | |
| 6. Aniline | | |
| 7. Chronic benzene | | |
| 8. Manganese | | |
| 9. Anthrax. | | |
| 10. Toxic Jaundice. | | |
| 11. Epitheliomatous ulceration due to tar, pitch, bitumen, mineral oil or paraffin or any compound, product or residue of such substances | | |
| 12. Chrome ulceration. | | |
| 13. Compressed Air illness. | | |
| 14. Toxic anaemia. | | |

It is useful to remember that prolonged exposure to chrome and arsenic dust often results in perforation of the nasal septum, and such a condition should always be looked for in appropriate cases.

STATUTORY REGULATIONS

A description of the three following Statutory Regulations will now be given as examples:—

- I Chemical Works Regulations, 1922, No. 781.
- II The Factories (Luminising) Special Regulations, 1947, No. 865.
- III The Agriculture (Poisonous Substance) Regulations, 1954, No. 828.

I. Chemical Work Regulations, 1922, No. 731.

These are, as shown by the date, some of the earlier regulations and they apply to the manufactures and processes incidental thereto carried on in chemical works, as hereinafter defined.

PART I.—applies to all Chemical works.
Section 1. Every fixed vessel (e.g. vat) containing any dangerous material and not covered over to eliminate all risk of accidental immersion (complete or partial) of a person shall, unless it is at least 3 feet high above the ground level, be securely fenced to a height of at least 3 feet. No plank or gangway, unless it is at least 18 inches wide and is securely fenced on both sides to a

height of 3 feet, shall be placed across or inside any such vessel.

2. The following processes shall not be carried on except under an *efficient exhaust draught*:—

(a) drawing a charge from a salt cake furnace;

(b) slaking of lime for use in a chemical process;

(c) any process involving action of acid or alkali on metal whereby there is a liability to the evolution of arseniuretted hydrogen.

3. All machinery used for grinding and screening anhydrous lime shall be enclosed so as to prevent the escape of dust.

4. All places in which persons are employed and all means of access thereto shall be efficiently lighted by day and by night.

No electric arc lamps, naked light, match or any apparatus for producing a naked light or spark shall be used or be in the possession of any person where there is a liability to explosion. Notices prohibiting the use and carrying of such apparatus shall be prominently displayed. Stoves shall not be used for the artificial heating of places in which there is danger of ignition of gas, vapour or dust. (For those interested, dust explosions are staged at the Home Office Safety Health and Welfare Museum at 97, Horseferry Road, London, S.W.1. to which admission is free and is well worth a visit—guides are provided for parties of visitors to the Museum).

5. Every still and closed vessel in which the pressure of gas is liable to rise to a dangerous degree shall have a proper safety valve attached to it.

6. In every works where dangerous gas or fume is liable to escape there shall be provided a sufficient supply of:—

(a) Breathing apparatus;

(b) Oxygen and suitable means for its administration.

(c) Life-belts.

Sections 7 and 8 are concerned with the details of the maintenance and use of the equipment mentioned in Section 6.

9. Non-metallic spades, scoopers and pails shall be provided for the use of persons employed in cleaning out or removing the residues from tank or other vessel which has contained H₂SO₄ or HCl or other substance which may cause the evolution of arseniuretted hydrogen.

10. In all places where strong acids or dangerous corrosive liquids are used there shall be provided:—

(a) adequate and readily accessible means of drenching with cold water persons and the clothing of persons who have been splashed with such liquid;

(b) a sufficient number of eye-wash bottles filled with distilled water or other suitable liquid;

(c) suitable protective clothing (i.e. goggles, gloves, etc.) shall be provided for those persons manipulating such acids or liquids.

11. There shall be provided in readily accessible positions a sufficient number of "First-Aid" boxes or cupboards.

The remainder of this section details the contents of these boxes and in whose charge they shall be placed.

12. In every works in which the total number of persons employed at any one time is 250 or

more, an ambulance room shall be provided which shall be under the charge of a qualified nurse (or a trained First Aider).

Details of the equipment of the Ambulance Room and the duties of the nurse are stated in this section.

13. At every such works there shall be provided and maintained an ambulance or arrangements shall be made for obtaining such an ambulance by telephone.

14. A sufficient number of persons (as approved by the Chief Inspector of Factories) shall be trained in First Aid and in the use of the appliances mentioned in Section 6.

15. This section requires that adequate facilities for sitting shall be provided for female persons whose work is done standing so that they may take advantage of any opportunities for resting.

16. An adequate supply of wholesome drinking water shall be provided at suitable points with at least one cup or drinking vessel at each point. Each point shall be clearly marked 'Drinking Water.'

17. This section lays down obligations for each worker:—

- (a) to report any defects in fencing or equipment as soon as he is aware of such defects;
- (b) to wear and use protective clothing and apparatus;
- (c) not to infringe any of the safety regulations.

PART II.—applies to Works or Parts thereof in which:—

1. Caustic pots are used, or
2. Chlorate or bleaching powder is manufactured, or
3. (a) Gas tar or coal tar is distilled or is used in any process of chemical manufacture, or
- (b) a nitro or amido process is carried on, or
- (c) a chrome process is carried on, or
4. Crude shale oil is refined, or
5. Nitric acid is used in the manufacture of nitro-compounds.

18. Deals with the construction of Caustic Pots.

19-20. These sections deal with the procedure to be followed before any person enters a gas tar or coal tar still or a chamber containing bleaching powder.

21. Special procedure to be followed in a nitro or amido process.

22. Every machine used for grinding or crushing caustic shall be enclosed and an efficient exhaust draught shall be provided.

23. Describes the type of room in which chlorate may be crystallised, ground or packed.

24. No person under 18 years of age shall be employed in a chrome process or in a nitro or amido process.

25. Lays down the protective clothing and apparatus to be provided for workers and rules for the maintenance, repair and replacement of such equipment.

26-29 inclusive contain obligatory instructions with regard to the provision of:—

- (a) cloakrooms,
- (b) canteens and the furnishings thereof,
- (c) adequate means for cooking food,
- (d) arrangements for washing crockery and utensils,
- (e) lavatory accommodation,
- (f) bathing facilities and the keeping of a Bath Register.

30. This section requires the keeping of a Health Register and the regular medical examination of all persons engaged in a chrome, nitro or amido process.

II. The Factories (Luminising) Special Regulations, 1947, No. 865.

2. "Luminising" means the application of luminous compound to any surface or the introduction of luminous compound into glass tubing. "Luminous compound" means luminous material containing a radio-active substance.

6. No person under 18 years of age shall be employed in the process or in cleaning.

7. (1) No person shall be employed in the processes or in cleaning or partly in the processes and partly in cleaning for more than 48 hours in any week.

(2) No person shall be employed in the processes if that person has for the immediately preceding twelve months been continuously so employed... employment shall be deemed to be continuous unless interrupted by an interval of at least three months.

8. No other process shall be carried on in any room which is used for the processes.

9. Deals with the provision of efficient exhaust draught and ventilating apparatus.

10. Every stove or receptacle used for drying luminous compound shall be not less than 10 feet from any working place and be enclosed and ventilated to the open air so that gases from the stove or receptacle do not enter the air of any room.

11-14. Deal with the construction and cleaning of floors, benches and tables, seats and the working space to be provided for each worker.

15. Translucent glass screens to be placed between the face of the worker and his hands.

16. Brushes shall not be used for the application of luminous compound.

"A tragic example of this occurred in the U.S.A., between 1917 and 1924, when 800 girls employed in painting watch dials with a paint containing radium, mesothorium and radiothorium, developed the habit of pointing their brushes with the lips. In so doing they swallowed (and to a less extent inhaled) radio active substances which were absorbed from the gastro intestinal tract (and lungs). Some absorption probably occurred through the skin. Many of the girls developed anaemia, agranulocytosis, some developed a chronic osteitis and others sarcoma of bone, nineteen deaths occurring out of forty-eight cases (all girls except four cases in chemists and physicists) up to 1931." (*Industrial Medicine*—T. A. Lloyd Davies, p.106).

17-20. These deal with: Receptacles for paint. Cleaning of instruments. Cleaning generally—must always be done by a wet method. Removal and disposal of waste materials.

21. Luminous compound shall be stored under lock and key in a storage safe or cabinet reserved for that purpose. No person shall be within 10 feet of such storage space except for removing or

replacing the compound. If the cabinet is lined with lead at least 1" thick or iron at least 2" thick then persons may be not less than 3 feet from the storage cabinet.

22. The storage cabinet shall be efficiently ventilated to the open air by mechanical means for not less than five minutes before it is opened.

23. Effective measures shall be taken to ensure that luminous compound is not removed from the storage cabinet except:

- (1) by a responsible person,
- (2) in quantities not greater than reasonably necessary,
- (3) in a closed bottle with a covered container having lead lining at least 1" thick or iron lining at least 2" thick.

24 and 25. Rules for the use of containers and the disposal of used containers.

26 and 27. Rules for washing facilities and washing time.

28. Protective clothing shall be provided and shall consist of overalls of washable material so designed as to cover the other clothing at the neck and wrists and of sufficient length, aprons made of rubber or other waterproof material with bibs and hair coverings made of washable material and rubber gloves for those persons engaged in weighing or measuring luminous compound. The overalls and hair coverings shall be washed or renewed weekly; the aprons and gloves shall be cleansed daily by a wet method.

29. The storage of protective clothing shall be separate from that provided for clothing not worn during working hours.

31. Paper handkerchiefs *only* shall be used during working hours. Used paper handkerchiefs shall be placed in a suitable receptacle which shall be emptied at least once during each working day and the handkerchiefs shall be destroyed without delay.

33. No person shall leave the factory until he has deposited his protective clothing in the accommodation provided; disposed of his paper handkerchiefs in the appropriate receptacle; washed his arms, hands, face, neck and cleaned his finger nails.

35. Every person employed in the processes or as a cleaner shall be examined by the appointed Factory Doctor (AFD) within seven days after commencing such employment. He shall be examined at intervals of not more than one month as long as such employment continues. The AFD shall have power of suspension as respects any such person examined by him.

The employer shall provide reasonable facilities for such examinations, and for the AFD to inspect any process or work on which the examinees are engaged.

A Health Register must be kept. No person, after suspension, shall work in the processes without the written sanction of the AFD entered in or attached to the Health Register.

36. This section details the Tests of Exposure to Radiation to be employed including the wearing, by the workers, of suitable photographic film.

37. Describes the precautions to be taken when the processes are discontinued in any room in the

factory or when any plant, apparatus or equipment is removed from any room. The Factory Inspector is to be given at least 14 clear days notice of such discontinuation.

III. The Agriculture (Poisonous Substances) Regulations, 1954, No. 828.

These Regulations are made by the Minister of Agriculture and Fisheries, who is given power so to do by the Agriculture (Poisonous Substances) Act, 1952.

The Regulations are made for the purpose of protecting workers against risk of poisoning by substances to which this Act applies arising from their working:—

- (a) in connection with the use in agriculture of such substances, or
- (b) on land on which such substances are being or have been used in agriculture.

The "Substances" are briefly those used either for killing weeds or pests on crops.

In the U.S.A. much spraying of insecticidal solutions is done from the air owing to the large territorial areas to be treated.

It is interesting to note that this Act and these Regulations are the first to have been made in this country to deal with the hazards of poisoning to which the agricultural worker may be exposed in his work.

As has happened so often in the past, it was not until a number of workers had lost their lives through handling and working with these substances that investigations were made which gave rise to the passing of the Act and the issuing of the Regulations.

These Regulations may provide for:—

(a) imposing restrictions or conditions as to the purposes for which, the circumstances in which or the methods or means by which a substance may be used (including where it appears necessary, the general precaution of the use any special substance in agriculture).

(b) requiring the provision, and keeping available and in good order, of protective clothing and equipment, of facilities for washing and cleaning, and of other things needed for protecting persons, clothing, equipment and appliances from contamination or for removing sources of contamination therefrom.

(c) requiring the observance of precautions against poisoning, including abstinence from eating, drinking and smoking in circumstances involving risk of poisoning.

(d) securing intervals between, or limitation of, periods of exposure to risk of poisoning.

(e) requiring the observance of special precautions in the case of persons who are subject to

particular risk of poisoning or of injury therefrom.

(f) measures for detecting and investigating cases in which poisoning has occurred.

An example is the regular estimation of the blood cholinesterase in those persons working with organic phosphorous compounds which are being used as insecticides in agriculture. An example of such a substance is Parathion. These substances destroy the cholinesterase in the body.

(g) requiring the provision of facilities for preventive and first aid treatment.

(h) requiring the provision of instruction and training in the use of things provided and in the observance of precautions.

(i) the keeping and inspection of records and the furnishing of returns and information.

Such substances may obtain entrance to the body in one or more of the following ways:—

- through the respiratory tract,
- through the gastro-intestinal tract,
- through the skin.

The organic phosphorus compounds are easily absorbed through the skin whereas Dinitro-ortho-cresol (DNOC) is absorbed only to a very small extent in this way.

Since the beginning of this century certain trades and processes have been certified as especially dangerous and as a result of this certification their hazards have been controlled by regulations. These regulations are many and varied. In addition to the three sets of regulations described above the list contains, among others, the following in which poisonous hazards are recognised:—

- Cellulose Solutions — S.R. & O. 1934 No. 990
- Chromium plating — S.R. & O. 1931 No. 455
- Electric Accumulators Manufacture of—
S.R. & O. 1925 No. 28
- Felt Hats, Manufacture of, using inflammable solvents—S.R. & O. 1902 No. 623
- Hydrogen Cyanide (Fumigation of Buildings)—
S.I. 1951 No. 1759
- Hydrogen Cyanide (Fumigation of Ships)—
S.I. 1951 No. 1760
- Lead Compounds, Manufacture of—
S.R. & O. 1921 No. 1443
- Lead Smelting, etc. — S.R. & O. 1911 No. 752
- Paints and Colours, Manufacture of—
S.R. & O. 1907 No. 17

THE FIRST HOME OFFICE MEDICAL INSPECTOR OF FACTORIES.

There was born in Hongkong in 1863 of English parents a boy who was christened Thomas Morison Legge. He returned to England as a child and was educated at Magdalen College School, Trinity College, Oxford and St. Bartholomew's Hospital.

In 1898 Legge was appointed the first Medical Inspector of Factories at the Home

Office (Factory Inspectors were first appointed under the Factories Act, 1833). His name will always be associated especially with lead poisoning. After many years of experience



An agricultural worker wearing full protective clothing for working with an insecticidal substance.

in dealing with the treatment and prevention of the diseases of the industrial worker he postulated four axioms, which are:—

I. Unless and until the employer has done everything—and everything means a good deal—the workman can do next to nothing to protect himself, although he is naturally willing enough to do his share.

II. If you can bring an influence to bear external to the workman (that is, one over which he can exercise no control), you will be successful; and if you cannot or do not, you will never be wholly successful.

III. Practically all industrial lead poisoning is due to the inhalation of dust and fume; and if

you stop their inhalation you will stop the poisoning.

IV. All workmen should be told something of the danger of the material with which they come into contact, and not be left to find it out for themselves—sometimes at the cost of their lives.

Legge, who received a knighthood in 1925, died in 1932.

These axioms are as true to-day as when first they were enunciated. No. IV is especially applicable to poisons. In the past the danger of working with certain substances has been investigated only after a number of workers have lost their lives.

It is certain that in the future, as new industrial processes are evolved and adopted, fresh hazards will be discovered. It is of the utmost importance that such hazards should be known before the good health of the workpeople is affected, or lives are lost. Investigations to ascertain whether toxic hazards exist in any new processes are the special concern of the medical practitioner and the chemist—the former should possess a sound and wide knowledge of clinical medicine, and the latter should be aware of the importance of discussing his technical knowledge, as far as it may affect health, with the doctor.

CANDID CAMERA



An Aesthetic?

CHRISTMAS IN THE HOSPITAL

*England was merry England, when
Old Christmas brought his sports again.
'Twas Christmas broach'd the mightiest ale ;
'Twas Christmas told the merriest tale ;
A Christmas gambol oft could cheer
The poor man's heart through half the year.*

Marmion, Sir Walter Scott

THE HOSPITAL embraced the festive Yuletide spirit with its characteristic for the superlative. The wards were all decorated with a gaiety that delighted the eye and probably played havoc with sterility. But who could object to the solemn heritage of caring for the sick being tempered, if not overshadowed, by celebrations and frivolity. Austerely starched caps and aprons suddenly became bedecked with holly, gay bands and saucy adornments; even the sombre cloaks flaunted their scarlet linings, and bright eyes did the rest.

Christmas Eve was the signal to begin, when on odd troupe of clowns with a drum and a rather dyspnoeic donkey frolicked through the Square on its way to the Children's Ward. They were the men from the G.P.O. bringing gifts for the children, and we cannot but pay tribute to their kindness. The Children's Party in Out-patients, for all those children who had received treatment throughout the year, took place in the afternoon. It was a masterpiece of organisation, as countless children were satiated and amused, and later held spellbound by Uncle George, the Conjuror. Yet from the corner of an eye the occasional glimpse of a trolley being whisked away from the Accident Box served as a reminder that behind the jollity there was still duty. Our Alma Mater remained at her unremitting task.

The Metropolitan Police went round the wards in the afternoon, a policeman and a policewoman together, taking it in turn to make a little speech to each patient, and present a gift from the police. A kindly gesture. In the evening a group of nurses and students toured the Hospital, singing those old and favourite carols that fill the heart with the feeling of Christmas as nothing else can.

Christmas Day falling as it did on a Sunday was quiet. Each patient awoke to find a

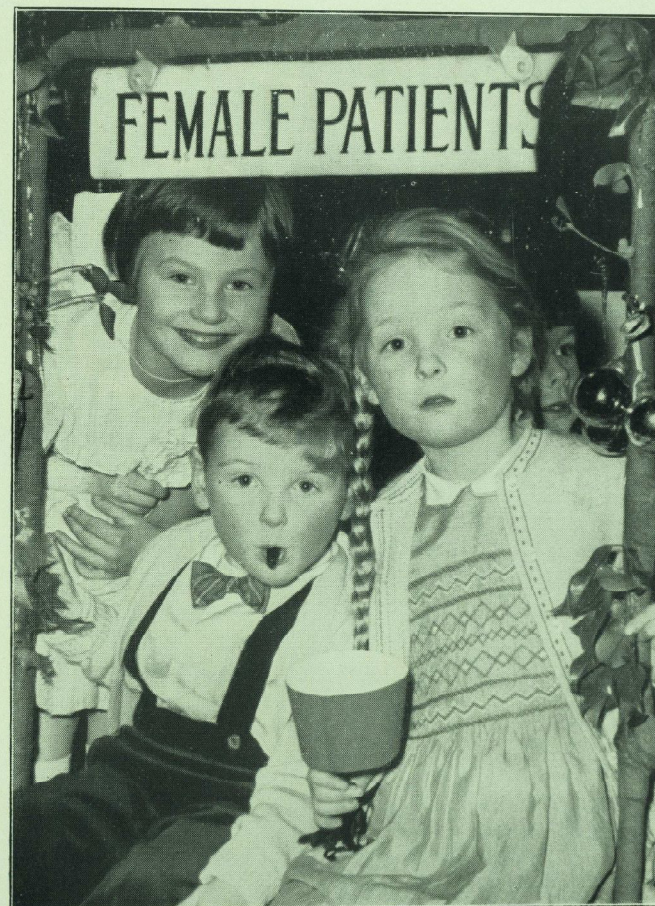
stocking where his notes should be—a gift from the Hospital. The traditional festive fare was abundant in all the wards, and diets were forgotten as the Chiefs wielded carving-knives; guided in their excursions into the comparative anatomy of the turkey by Sister's ever watchful eye. Later in the afternoon the Christian Union presented a Nativity Play in the Children's Ward.

Boxing Day brought the Ward Shows, with the clatter of grease-painted students, and the laughter and merriment of one great family poking fun at itself. Scenery was trundled from one ward to another by fiercely bearded ruffians in cowboy outfits and sailor's garb, as the great turn-table of shows revolved round the wards. The shows were of uniformly high standard, and one felt sympathy for those serious-looking gentlemen who watched with a schedule before them and stop-watch in hand, as they carried out the task of weeding out the good from the very good. However, they were the only ones with worries on their mind, for the rest it was a jolly business. What fun it was to be helped by Sister to climb on the lockers or across empty beds to see the performances: the eyes that normally blacken with thunder if we leave a counterpane ruffled, now invited us to leave our muddy foot-marks everywhere. This was Christmas indeed! It was pleasing to see so many Chiefs with their families good humouredly accepting the bandying about of their names across the footlights, and obviously enjoying themselves. Tuesday was much the same, save that the shows were a little slicker.

So ended four days of family fun and rejoicing at Bart's: she had done her very best to give her patients a good and happy time.

A.J.E.

THE CHILDRENS PARTY



A Study in Expression.

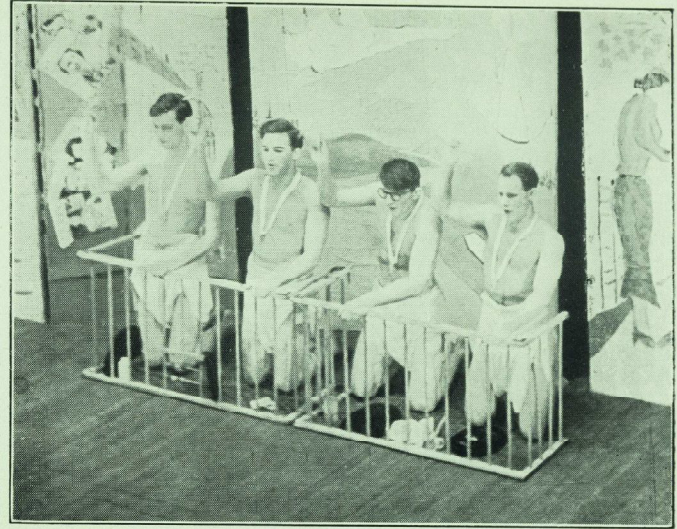


The arrival of Father Christmas and the Jester.



Dr. Hayward introducing the cow.

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The Quads (Storky).



The Teddy Boys (S'Fast and S'Loose).

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THE CHRISTMAS ENTERTAINMENT



The Lost Swab is found (The Catgut Breakers).



The House Hoppers (Le Mirage).

It is among the venerable traditions of this Hospital that each year should end with a Christmas Entertainment. One would like to believe that the tradition was founded by Rahere, and that the Prior himself produced an entertainment in the wards of his own hospital, but alas, if any robust and bawdy choruses were sung in the wards between 1123 and the foundation of the *Journal*, no echo of them remains. It seems unlikely, however, that men of Abernethy's stamp would have taken kindly to the notion of students satirising their seniors in slanderous verses.

The *Journal* records that in 1894 the Annual Christmas Entertainment took place in the Great Hall. The evening's programme consisted of two short plays, 'Freezing a Mother-in-Law', (a farce in one act), and 'Not Such a Fool As He Looks', described as an eccentric comedy in three acts. Drama was interspersed with music played by the Hospital Orchestra, and all the musical items, such as 'In this hour of softened splendour' have now a delightful period savour. These, indeed, were the days, for the Hospital not only boasted an orchestra, but talent could also find exercise in the Smoking Concert Club, which seems to have had the most brilliant evenings.

Thus for some time it was the custom for the Christmas Entertainment to be not a Pot-pourri as we know it today, but the performance of a comic play by some popular playwright. It is recorded that one well-known old Bart's man made a passionate entrance on to the stage of 1913, and 'kissed with great verve', which was all the more courageous as the women's parts had to be played by men. It would be interesting to hear memories of those stirring times from some of the *Journal's* readers.

So To 1955 . . .

The Pot-pourri was again at the Cripplegate, and played on three successive nights. As ever, it was one of the great occasions of the year, and everyone was left wondering why students do not give up the dreary business of swotting for exams, and take a chance

on Broadway. The Cripplegate on a Pot-pourri night looks more like a theatre than any other theatre in London all the year round, and in the bar there was scarcely room to spill a cup of coffee.

The curtains went up on *Storky*, the Midder and Gynac Show, which had as its theme a woman's magazine: this linked together a number of features which somehow included three outsize District Midwives with bicycles, and a Query Corner full of the queerest questions. *Storky* gave the evening a tremendously good start, and its producers found a new way of giving continuity to a ward show. One of *Storky's* brightest numbers was a song by four revolting quads in a play pen.

When mum and dad got married they only had one room,

A dirty little basement as cheerful as a tomb,
When making plans for Junior, they little reck'd the odds

Of mother in a frenzy giving birth to quads,
One, two, three, four tiny little bods;
Goodness what a handful, bouncing baby quads.

We've now become adopted by many well-known firms

And advertise their products on most attractive terms.

Use Johnson's Baby Soap, take Benger's for your meals,
Insist on Bibby's Rusks and dress at Daniel Neal's.

One, two, three, four clever little kids.

Goodness what a business raking in the quids.

Next came *High Goon*, the Children's Show. It had as its theme a hoe-down, with Lizzie Borden as its leading lady. Lizzie Borden is immortalised in American folklore thus :

Lizzie Borden took an axe
And gave her father forty whacks,
When she saw what she had done
She gave her mother forty-one.

The show had some lively dancing in it together with good choruses, and was as colourful as a Children's Show should be.

Miranda's Hideaway was produced by the Second Time Clerks. Miranda was discovered in a dive somewhere near the docks, patronized by medical students turned sailors, and a jolly piratical crew they were. However, it was a pity that the chorus work

was not more imaginative, for archetypal students sitting about drinking archetypal beer do not look much like a chorus.

Miranda's Hideaway had as an interlude two dreadful flesh-creeping female medical students called Chastity and Prudence, who told a sorry tale that left the impression that if the young ladies were chaste and prudent, it was through no inherent virtue, but only by force of circumstances.

The sailors in the *Hide-out Song* told us of their unhappy medical past (to the tune of *Come, Landlord*).

The man who faileth all things he getteth half-seas over,

And you'll find him drinking gin over in the White Hart Inn.

For the wheel against him turned,
Examiners his knowledge spurned.
Pity him! for if he tarries
He'll have to join the Apothecaries.

The man who scrapeth past though, he goes to bed quite sober,

And giveth thanks they didn't plan to ask him who was Corrigan.

And he'll be a great success
With modest rooms and well cut dress,
They'll say that 'e don't know a lot
But really is the nicest clot.

Pleural Confusion was put on by the First Time Clerks, with a life-like backcloth showing three senior physicians. The show included a very nicely sung calypso.

The House Job was produced by the Out-patient Dressers, and was a first-rate musical in true Rodgers and Hammerstein style. It had continuity, it had wit, it had satire, it had speed, it had dancing and choruses, it was topical but not hackneyed, in fact it had everything that a show of that sort ought to have. It had a dash and liveliness about it which, in its own line of business was unrivalled during the evening. One of its hits was:

We've got to have
We plot to have
For its so dreary not to have
That certain thing called a House Job.
We dream about
We scheme about
And we've been known to scream about
That certain thing called a House Job.
It is really a necessity if you want to get on
And we might as well confess that it is our
sine qua non.
We sigh for it
We cry for it
And we would gladly die for it
That certain thing called a House Job.

S'Fast and S'Loose was the First Time Dressers show. It had a song by four Teddy

Boys that was a brilliant performance, the boys being just the sort of customers who make the streets of London dangerous for unescorted nurses. There were several other good turns in this very competent show.

Theatre Belts and Residents at St. Albans contributed on the first two nights to the *Hill End Show*; especially commendable when one remembers that the players had to journey all the way from St. Albans and back each time.

The Catgut Breakers was a ballet, beautifully done by the Theatre Pinks and Belts. It told the story of *The Lost Swab*, and without a word being said, the whole drama (the climax came with the swab being found in the surgeon's boot) was enacted with nerve-breaking tension.

Lastly came *Le Mirage*, the House Show. After the sound of a terrible car-crash off-stage, three professors and one pretty girl were found stranded in the middle of the desert. The girl was soon stolen by a potentate, and the Foreign Legion, wearing spectacular uniforms, had to be called in. Later on, it all led to some conjuring tricks and a real live rabbit. It was a show that had endless surprise and invention.

All-in-all, it seems likely that most people will have thought the Pot-pourri one of the best evening's entertainment of the year. Yet, despite the profusion of talent and wit, I would suggest that the evening (all-in-all) could be outdone next year.

The Pot-pourri went on too long. It must be difficult to know what to cut out, but the show should have been at least half-an-hour shorter.

As for the shows themselves, despite their individual excellence, put together in a Pot-pourri many of them seemed to have a sameness. Nearly everyone seems to have been concentrating on the same well-accepted formula—songs set to well-known tunes. There is an outstanding need for more variety. The *House Job* demonstrated how expertly the chorus and song business can be done, and *Storky* showed how well the comic song can be produced; but *The Catgut Breakers* and some of the foolery in *Le Mirage* proved how well received will be any change from the routine pattern. Let us hope that next year will bring more imagination, more mime and acting, more downright imbecility, and several other things of which no-one has yet thought.

J.G.E.

THE REVEREND WILLIAM PARGETER M.A., M.D.

(1760-1810)

PSYCHIATRIST

by RICHARD A. HUNTER AND IDA MACALPINE

*Well he perceives the world will often find
To catch the eye is to convince the mind.*

Garth, 1714.

* * *

ENGLISH PSYCHIATRY has been sadly neglected by the medical historian: Tuke's pioneer and fascinating *Chapters in the History of the Insane in the British Isles* (1882) remains the standard work. But the exciting story of the fight for humane treatment of the insane, and the development of legal safeguards, left little room for medical and biographical details. Nor has there been a study of the many contributions by the physicians, surgeons, and former pupils of St. Bartholomew's Hospital, dating back to long before psychiatry was a specialty. To mention only a few famous names: Timothy Bright (?1551-1615), physician to the hospital, wrote *A Treatise of Melancholie* (1586)—the first book by an English physician devoted entirely to the subject. It is said to have been Shakespeare's source of psychiatric information, and to have served as a model for Robert Burton's (1621) better-known *The Anatomy of Melancholy* (Carlton, 1911). William Harvey (1578-1657) was considered a good psychotherapist (Selden, 1689). Among the surgeons, the writings of Skey (1867) on hysteria, and James Paget (1873) on 'nervous mimicry' remain pertinent and valuable (Macalpine and Ross, 1956). Gooch's (1829) observations on puerperal insanity have not been bettered.

Here we want to bring to life a hitherto neglected and yet unique son of Bart's²: the

¹ Daniel Hack Tuke, M.D., F.R.C.P. (1827-1895), scion of the Quaker family of that name famous for its pioneer leadership in improving the treatment of the insane in the nineteenth century. He qualified in 1852 after two years' study at Bart's.
² He is not noticed in Moore's (1918) *History of St. Bartholomew's Hospital* nor any major biographical source.

Reverend William Pargeter, B.A., M.D., who in 1792 published at Reading a small but significant work entitled *Observations on Maniacal Disorders*.

FAMILY HISTORY

Like many eighteenth century physicians, Pargeter was descended from a family of country clergymen. His grandfather, Robert Pargeter (1695-1741), M.A. (Oxon.), was Vicar of Bloxham in Oxfordshire. His eldest son, also Robert Pargeter (1726-1790), B.A. (Oxon.), was Rector of Stapleford in Hertfordshire from 1756-1780; when he retired to Buckingham he retained the patronage of the benefice. He in turn had three sons: Robert (1759-1803), M.A. (Oxon.), about whom nothing is known except that he died in Kentish Town; William (1760-1810), the subject of this paper; and Philip, (?1762-1839), who also entered medicine, practised first as surgeon and apothecary at Wokingham near Reading, and later at Fordingbridge in Hampshire; and at least two daughters, for an entry in the *Gentleman's Magazine* (1787) states that on 10th November died 'of a mortification in the bowels, after three days illness, Miss Pargeter, 2d daughter of Mrs. P. of Buckingham'. Another entry (1792) records the death of William Pargeter's mother on 31st August, 1792 at Stapleford, suggesting that the family had returned there after his father's death in 1790.

Nothing is known of William Pargeter's early life until he entered Oxford University, where he matriculated on 15th January, 1777, and graduated B.A. from New College on 20th February, 1781.

WILLIAM PARGETER, B.A.
MEDICAL STUDENT 1781-1786

At New College Pargeter came under the influence of Martin Wall (1747-1824). Fellow

of the College, himself an old Bart's man; physician to the Radcliffe Infirmary; and in 1786, until his death, Litchfield Professor of Clinical Medicine at Oxford³. He introduced him to medicine and was responsible for his next move, at the end of 1781 or in 1782, to London and St. Bartholomew's Hospital, where he was a pupil between then and 1786.

Even in those days Pargeter's attention was much employed on the subject of Insanity: 'When I was a pupil at St. Bartholomew's Hospital . . . I was requested by one of the sisters of the house, to visit a poor man, an acquaintance of hers, who was disordered in his mind. I went immediately to the house, and found the neighbourhood in an uproar. The maniac was locked in a room, raving and exceedingly turbulent. I took two men with me, and learning that he had no offensive weapons, I planted them at the door, with directions to be silent, and to keep out of sight, unless I should want their assistance. I then suddenly unlocked the door—rushed into the room and caught his eye in an instant'. *The bustness was then done*—he became peaceable in a moment—trembled with fear, and was as governable as it was possible for a furious madman to be' (Pargeter, 1792). Probably Wall was also responsible for Pargeter's interest in this

³ Wall's Essay on the *Diseases Prevalent in the South Sea Islands* (1783) occasioned Dr. Johnson's famous diatribe on travelling fellowships when he, Boswell and Wall met at Oxford in June 1784: "Dr. Wall, physician at Oxford, drank tea with us. Johnson had in general peculiar pleasure in the company of physicians, which was certainly not abated by the conversation of this learned, ingenious, and pleasing gentleman. Johnson said, 'It is wonderful how little good Radcliffe's travelling fellowships have done. I know nothing that has been imported by them; yet many additions to our medical knowledge might be got in foreign countries. Inoculation, for instance, has saved more lives than war destroys; and the cures performed by the Peruvian-bark are innumerable. But it is in vain to send our travelling physicians to France, and Italy, and Germany, for all that is known there is known here: I'd send them out of Christendom: I'd send them among barbarous nations'". (Boswell, 1799).

⁴ Of Dr. Willis (see footnote ¹¹) it was said that 'his countenance, usually affable and smiling, changed completely when he first cast his eyes upon a patient; he at once commanded the patient's attention and respect and seemed to penetrate into his heart and read his thoughts; thus he acquired a dominion which he used as a means of cure'. (*Bibliothèque Britannique*. Littérature. 1796, tom. 1, pp. 759—793).

⁵ Another of Wall's students also became a 'psychiatrist': G. D. Yeats (1773-1836), physician

field⁵; though he himself left no writings bearing directly on insanity⁶, there is evidence that he saw psychiatric patients in his practice⁷.

A fellow student at Bart's during Pargeter's time, who later also became a psychiatrist, was John Haslam (1764-1844), the subsequently disgraced apothecary of Bethlem Hospital (see figure); he attended between 1782 and 1785. He wrote a number of psychiatric books commencing with *Observations on Insanity* (1798). On his own statement he was a student at St. Bartholomew's Hospital, and afterwards House Surgeon' (Haslam, 1816); as in the case of Pargeter, the hospital has no record of him.

WILLIAM PARGETER, M.D.
PSYCHIATRIST 1786-1795

On 24th November 1786, Pargeter graduated M.D. of Aberdeen University, by the then customary method of producing letters of recommendation, in his case from Drs. Martin Wall and William Austin⁸, and paying a fee. After graduation Pargeter practised in London at least until 1787. One of his patients there was Thomas Wood, whose trial in 1784 for highway robbery had been the talk of the town. He 'was acquitted. The circumstances, however, had such an effect upon him, that he became epileptic mad . . . I attended him in his indisposition, with the late famous and humane Dr.

to Bedford Lunatic Asylum, who addressed to Wall his book on *Water in the Brain* (1815).

⁶ John Wall, his father, had suggested that contamination of Herefordshire cider with lead might be the cause of that county's high incidence of insanity, although 'the Fact, if true, may possibly arise from the Quantity drunk, rather than the Quality'. Martin Wall inserted a footnote to this passage when he edited his father's work: 'Future accurate Observation will determine, whether this Opinion has any Foundation, and to what Cause it is to be ascribed'. (Wall, 1780).

⁷ The Register of Patients admitted into Private Madhouses during the period 1798-1812, formerly kept by the Royal College of Physicians of London, shows a number admitted on Wall's advice.

⁸ William Austin (1754-1793) had that year been elected physician to St. Bartholomew's Hospital. Previously he had practised in Oxford, where he was also Professor of Chemistry and physician to the Radcliffe Infirmary. Pargeter probably knew him from his Oxford days, and may have assisted him in his extensive practice.

Monro⁹. I saw him repeatedly and at various times' (Pargeter, 1792). Despite their combined efforts Mr. Wood died 'Raving mad' (*Gentleman's Magazine*, 1787).

From then until 1795 Pargeter's movements are difficult to trace. In the preface to *Observations on Maniacal Disorders*, published at Reading in 1792, he thanked 'a physician of singular eminence—Lord Litchfield's Clinical Professor' (Martin Wall) for allowing him access to his library; he must therefore have been either in or near Oxford at that time. The Reading Mercury (1792) in its advertisement of the book described him as 'of Reading', near where his brother Philip was in practice, which suggests that he practised in that district. Thus among his patients were 'a respectable farmer, in the country', and a 'young lady, who resided at a village near the metropolis'.

'FORMULAE MEDICAMENTORUM
SELECTAE' 1795

Pargeter's second and last sally into medical authorship, a 58 page book in duodecimo with the above title, published in London, price 1s. 6d., was not a success¹⁰. In a half-hearted attempt to remain anonymous he unfortunately allowed it to be 'By the author of *Maniacal Observations*'. As one reviewer wrote: 'Whether the author of *Maniacal Observations*, and the author of *Observations on Maniacal Disorders*, advertised at the end of the work, be the same person, we are unable to say; but he appears at least to have shewn some inadvertence in thus describing himself . . . Of the work before us, however, though not possessed of any striking degree of excellence, we see no reason to doubt the utility' (*Critical Review*, 1795). The real blow was struck by the *Monthly Review* (1795): 'This work is in some degree connected with the preceding, [*Observations on Maniacal Disorders*] since it refers to it, and professes to be compiled for

⁹ John Monro (1715-1791), physician to Bethlem Hospital, and the second of five generations of famous psychiatrists in London. His younger brother Thomas Monro was Vicar and Hospitalier of St. Bartholomew the Less 1754-1765, and married the daughter of Christopher Taylor, Steward of the Hospital (Maxwell, 1898).

¹⁰ We have not seen the book; the only recorded copy was in the Armed Forces Medical Library, Washington, but is apparently lost.

the purpose of obviating the defect of the former in being written in English instead of Latin . . . As to the Latin, it is as bald as any on the apothecary's file, and in many places incorrect; as it would be easy to point out, were it worth while . . . if it be the fault of the former work to teach too much, it is certainly that of *this* to teach little, or nothing'. This harsh criticism of his attempt at a really 'scientific' work (as such it had to be written in Latin), possibly coupled with difficulties in his private life, put a period to his medical career. He took Holy Orders¹¹, and as the Reverend William Pargeter entered the Royal Navy a Chaplain: the latter step makes him unique¹².

THE REVEREND WILLIAM PARGETER
NAVAL CHAPLAIN 1795-1802

On September 22, 1795, he joined H.M.S. Irresistible, and two weeks later was posted as Chaplain to H.M.S. Powerful¹³, where he was fitted out with 'slops'¹⁴ supplied by Navy Board, value four shillings.

His naval career began in earnest on December 12, when he was posted to H.M.S. Alexander, 74 guns, with a crew of 590, a surgeon and an assistant surgeon, and at one period a second chaplain—an indication of the casualty rate. In August 1796 Captain (later Sir) Alexander John Ball took command of the ship, which wintered off Brest and the following year joined Lord St. Vincent off Cadiz. At the beginning of May 1798 she was sent into the Mediterranean under the orders of Sir Horatio Nelson in

¹¹ There has always been an interchange between Church and psychiatry. Two hundred years before Pargeter, Timothy Bright abandoned medicine to become a minister of religion. The Reverend Dr. Francis Willis (1718-1807) left the ministry to become a psychiatrist, in which capacity he attended George III in 1788 and 1789.

¹² Pargeter's obituary notice in the *Gentleman's Magazine* (1810) wrongly stated he was a 'physician in the fleet', a mistake copied in Foster's *Alumni Oxoniensis* (1888).

¹³ In the Muster Book of Powerful his 'Appearance' is noted on 'Oct. 7'; under 'Whence and whether Prest or not', is entered 'St. Helens', Isle of Wight, which shows that he joined of his own free will. The town gave its name to St. Helens Roads, an anchorage off Portsmouth much used during the Napoleonic War.

¹⁴ Slops: ready made clothes especially those supplied to sailors from ship's stores. At that time Chaplains did not wear distinctive uniform.

H.M.S. Vanguard. In a violent gale Vanguard was dismasted and only saved by being taken in tow by Alexander. When both ships were safely in port, Nelson came on board to express his gratitude to Captain Ball¹⁵, and doubtless Pargeter was presented to him in company with the ship's officers drawn up on the quarter deck. The destruction of the French fleet which followed on August 1, 1798, at the Battle of the Nile was the only major engagement Pargeter saw; of Alexander's crew 14 were killed and 58 wounded. After the battle the ship blockaded Malta for two years; and perhaps in anticipation of shore leave when the island capitulated, we find him in March-April, and again in May-June, 1800, indulging in six shillings worth of new 'slop cloaths'. In June he was on board H.M.S. Theseus but returned to Alexander. His movements then become confusing: according to one entry in Alexander's Muster Book, he was discharged on '13 Sept. 1800 Niger from Hosp^{le}. Join the Theseus'; yet his name does not appear in Niger's Muster Book. Another entry stated he was discharged on that date 'at Mahon [Minorca] to join the Theseus'; but his name does not appear on Theseus's Muster Book. Other entries say August 16 and November 12; and the Admiralty Chaplain's Paybook September 13, probably the correct one¹⁶.

In any case, when Malta capitulated on September 4, 1800, and Captain Ball went ashore in command of the militia (later he became Governor of Malta), Pargeter followed him as Chaplain to the island's Garrison.

'A SERMON PREACHED . . .
IN THE ISLE OF MALTA' 1801

In November-December, 1800, General Abercromby visited Malta as commander-in-chief in the Mediterranean. Four months later, on March 28, 1801, he was killed at the battle of Alexandria, and his body brought back to the island for burial. Pargeter's memorial sermon was his third

¹⁵ It was the beginning of a lifelong friendship and prompted Nelson's 'A friend in need is a friend indeed' (for A. J. Ball see *Dictionary of National Biography*).

¹⁶ Confusion in old Muster Books is by no means confined to entries concerning Pargeter; for instance men still on the Books are entered as 'Died' months before.

and last published work¹⁷. After a time the climate in Malta began 'not agreeing with his constitution' (*Gentleman's Magazine*, 1810), so when Alexander called on December 26, 1801, he took the opportunity to re-join his old ship; and when her company was disbanded at Portsmouth on August 26, 1802, he retired from the Navy on pension. He had served at sea and ashore for nearly seven years. His total pay, excluding fifteen months at Malta, amounted to £544 4s. 10d., or 4s. 8d. per day. The basic pay of a Naval Chaplain was the same as that of an Ordinary Seaman, viz. 19s. per month. In addition he received an allowance of 4d. per month for each man borne on the ship's complement. One shilling per month was deducted for the Chest at Chatham, and 6d. per month for the Hospital at Greenwich. He never drew any tobacco.

WILLIAM PARGETER
COUNTRY GENTLEMAN 1802-1810

He returned to Oxfordshire, the county in which his family had lived since the seventeenth century, staying first in the city of Oxford. There he became a close friend of Joseph Reinagle¹⁸ and his family, and with them indulged again his love for music¹⁹. His last move was to the village of Bloxham, his grandfather's parish, where his will of April 7, 1806, and a codicil dated simply '11th May', tell us of his life and friends: 'I Give my Medical Books and papers unto my Brother Philip . . . all my other Books . . . [and] my Watch . . . unto the Reverend Harry Davis of Bloxham . . . my Mare to John [his

¹⁷ Its full title is *A Sermon, preached in the Protestant Chapel in La Valetta, in the isle of Malta, on Sunday Succeeding the Funeral of Sir Ralph Abercromby, K.B. Commander in Chief of his Britannic Majesty's Forces in the Mediterranean etc. 1801*. It is an anonymous 12 page pamphlet, badly printed on poor quality paper, without publisher's name or place of publication. A handwritten note in the British Museum copy says it was 'Printed in Malta and given by the author William Pargeter M.D. Chaplain to the Garrison, to R. Loder', (probably Robert Loder (1750-1811), author and bookseller of Woodbridge, Suffolk).

¹⁸ For Joseph Reinagle (1762-1836), composer and 'cellist, see *Dictionary of National Biography*.

¹⁹ Five pages of *Observations on Maniacal Disorders* are devoted to 'The use of music in diseases of the mind'. For 'I am strongly of opinion, that from this remedy, under the direction of a skilful physician, and provided he is an amateur in music . . . many important benefits would be derived'.

son] . . . the sum of Twenty pounds by way of Restitution unto the Reverend Loyd Williams of Whichchurch . . . to Elizabeth Manning of Bloxham Spinster the sum of Five pounds as a token of respect . . . my Linnen of every sort to the Female Servant and my wearing Apparel to the Male Servant . . . my message or Tenement Barns Stables Garden Orchard Closes Lands and Hereditaments whatsoever situate at Bloxham unto my said Brother Philip Pargeter and Joseph Reneigle [sic] of Oxford Musician, and their children one third of the income each from the proceeds of the sale. 'As to the remaining third part I do hereby direct my said Trustees²⁰ to purchase an Annuity for the benefit of Ann Moisey (Daughter of Elizabeth Moisey lately Servant to Mrs. Winch late of Warren Street Fitzroy Square London) to be paid to her . . . during the term of her natural life'. Why was Pargeter so much attached to this daughter of a servant girl: was she the object or the offspring of a youthful romance, and the added reason already hinted at for giving up his medical career? This is supported by four pages in *Observations on Maniacal Disorders* of wrathful condemnation of men who 'in this faithless and degenerate age . . . steal on the confidence and esteem of susceptible females' only to forsake them: 'a crime, if possible, more atrocious than murder'. Is there 'no scourge for such accumulated inhumanity and injury . . . in the arm of vengeance, and the bosom of of bravery?' No, because it is 'God's to punish and to pardon.' But such a creature 'ought to be worried from society'—into the Navy perhaps?

Another mysterious item is the 'Snuff Box given me by the Honourable Mrs. St. Leger' which he bequeathed 'to Charles Baxter Esqr Brother in Law to Mr. Judd of Banbury.' We have not been able to trace his connection with the St. Leger family.

One pictures him leading the life of a retired gentleman among his books and

²⁰ Messrs. Philip Pargeter, Joseph Reinagle and Harry Davis.

²¹ Reading; Printed for the Author. 8vo. pp. viii + 140. 3s. 0d. sewed. Early copies had the date misprinted MCCXCII. In the whole edition two successive gatherings carry signature H, causing the original binder occasionally to omit one (pp. 49-56 or 57-64). A German translation appeared in Leipzig, 1793.

²² For the importance of William Battie (1703-1776) in the development of British psychiatry, see Hunter and Macalpine, (1956).

memories, preferring the company of fellow clergymen, taking tea with the maiden lady across the way, and covering the countryside on horseback to visit his relatives and friends. Although in December 1806 he sponsored, with Dr. William Kerr (?-1824) of Northampton, who himself had an extensive psychiatric practice (Hunter *et al.*, 1956), the award of the M.D. degree of Aberdeen University to one John Tookey of Winslow, Buckinghamshire (Anderson, 1893), it is unlikely that he resumed the practice of medicine. In the register of patients admitted into private madhouses (see footnote 7) there is no record of Dr. Pargeter having advised a patient's admission; and when he died on May 17, 1810, his will was proved in the sum of only £600.

Thus this old student of St. Bartholomew's Hospital, who had practised psychiatry 'with eminent skill and diligence for many years' and had served as Naval Chaplain under Nelson, ended his life 'as he had lived, universally beloved and respected for his virtues and humanity' (*Gentleman's Magazine*, 1810).

* * *
'OBSERVATIONS ON
MANIACAL DISORDERS' 1792²¹

Pargeter's *Observations on Maniacal Disorders* was one of the late eighteenth century English monographs devoted to insanity which followed Battie's²² (1758) pioneer *Treatise on Madness*, and which Pinel²³ (1809) felt gave 'promise of more real progress, due to the care with which their authors concentrated their attention on one particular subject.' A contemporary called it 'a very useful work: it contains much information' (*Critical Review*, 1792). Friedreich²⁴ thought it 'valuable, especially from the practical point of view, because of its case histories.' Tuke (1882) gave a page of extracts from it.

Pargeter apologized for not having written a systematic treatise: 'on a subject so

²³ Philippe Pinel (1745-1826), French physician and psychiatrist, made history by striking the chains off a large number of lunatics confined at the Bicêtre, Paris.

²⁴ J. B. Friedreich (1796-1862), professor of medicine at Würzburg; author of the standard bibliographical history of psychiatry and many other psychiatric works.

abstruse and intricate . . . it is impossible to adhere to rules'; and for not having 'ventured to establish a theory.' It is an historical appraisal of psychiatry as he found it, side by side with his own observations and experience. He did not accept 'the several genera of this disease' of the 'Nosologists of the present era,' who 'are far from being consistent in their arrangement.' Thus he was free to give case histories designed neither to prove a theory of mental illness, nor exhibit his success in treatment²⁵—the very reasons which in retrospect make it an important work. For Pargeter knew that psychiatry deals with patients and not diseases²⁶.

PSYCHOPATHOLOGY VERSUS NEUROPATHOLOGY

In the question, still hotly debated, whether mental diseases are diseases of mind or brain, Pargeter came down on the side of mind. After discussing pathological evidence, including his own postmortem studies, he concluded that 'Many cases of *Mania* are short and transitory, and admit of very sudden changes—these certainly are not dependent on any organic affection—others continue through life; it is equally improbable, that any *organic* affection is here present'. In elucidating 'the interchangeable relation between insanity and other disorders,' and 'the operations of the mind on the body, and *é contra* . . . there must be allowed some further data than need be, in such as are merely *physical*', because these also do 'not come under a mechanical mode of reasoning.' Of the causes of insanity, he gave first place to 'those acting on the mind'; followed by brain diseases, poisons such as opium and mercury, and a '*Lunatic Ancestry*'.

He used Cullen's²⁷ concept of 'unequal excitement' of different parts of the brain as the basis of his psychopathological explanation. In a rudimentary way it foreshadowed the knowledge we owe to Freud of a dynamic unconscious at work beyond the conscious mind: 'It is manifestly perceptible, from the consideration of the states of sound sleep and dreaming, that different parts of the brain, or different faculties of the intellect [i.e. mind] can be in different degrees of *excitement* at the same time. The delirium occurring at falling asleep, or at first waking out of sleep, shows that the perfect exercise of our intellec-

tual faculties requires some *equality* in the *excitement* of every part of the brain . . . delirium . . . seems to depend on an *unequal excitement* of the different parts'²⁸.

MANAGEMENT²⁹ VERSUS TREATMENT

Recognising that mental factors cause mental disease, Pargeter endeavoured to use psychological methods of treatment. Thus he echoed Battie (1758): 'The chief reliance in the cure of insanity must be rather on *management* than medicine . . . an art . . . capable of improvement' then as now. It requires that the physician 'should be well acquainted with the *pathology* of the disease . . . should possess great acumen—a discerning and penetrating eye—much humanity and courtesy—an even disposition and calm of temper. He may be obliged at one moment, according to the exigency of the case, to be placid and accommodating in his manners, and the next, angry and absolute.' He must 'employ every moment . . . to obtain their [the patients'] favour and prepossession.' If verbal contact could not be made because patients were too disturbed, the physician could equally well contact and control them by catching and holding their eye. In this way patients were weaned from their 'madness' back into the world through the person of the physician. But let Pargeter demonstrate his own genius: 'A lady became insane in consequence of an unfavourable parturition . . . I understood she had . . . been so exceedingly turbulent as to require coercion . . . she had not only beat, and otherwise ill-

²⁵ The bulk of psychiatric writings unfortunately still consists of theoretical speculation, and the evaluation of remedies.

²⁶ Psychiatry is once again slowly recovering from the crushing burden of nineteenth and early twentieth century nosological systems which culminated in Kraepelin's laborious edifice capped by the two major groupings: manic-depressive insanity and dementia praecox.

²⁷ William Cullen (1710-1790), professor of medicine at Edinburgh University, probably the most influential eighteenth century teacher of medicine.

²⁸ This concept is still alive as 'tension states' and 'stress diseases'.

²⁹ Management of the eighteenth century, later called moral treatment, became the central theme of the great non-restraint movement of the nineteenth century. From it developed a need for and the establishment of mental nursing as a profession (Hunter, 1956).

treated the servants, but rejected, with fury and disdain, both medicine and food . . . I begged to see her alone: I went suddenly into the room, and had her *eye* in a moment. She persisted in the same romantic way of talking . . . but we did not lose sight of each other the whole time, neither had I uttered a syllable: a signal which was previously agreed on, being given, the attendants entered, observing profound silence, according to my orders, and began to release her . . . without the least resistance . . . Being convinced she was afraid of me, I offered her my hand, which she accepted, and after a hearty shake, as a token of amity and peace . . . I endeavoured to draw her into a more rational conversation . . . I could plainly perceive that I possessed her good opinion . . . she took whatever was offered . . . [I] gave it her myself . . . in this case, by *management*, *Mania furibunda* was reduced to *Mania tranquilla*'. The patient recovered, 'and I am thoroughly convinced, that *management* principally contributed . . . but it is to be observed, that *that* species of the disorder [*Mania lactea* (now called puerperal psychosis)] is almost always to be cured, because it certainly does not depend on any morbid organic affection'.

Another time 'I was desired to visit a young man . . . I was told that he had been for several days and nights on the bed with his cloaths on . . . he was peevish—obstinate—refused all sustenance—was silent, and his face very red. From this representation, I was fearful that his complaint was making a rapid progress towards *Mania furibunda* . . . I desired to see the patient alone—that no one was to come into the room till I stamped with my foot, and then two women were immediately to come up, and to place themselves one on each side the bed, and to

³⁰ This danger is very much more real today than when Pargeter wrote, because of the new techniques placed at the command of psychiatrists by advances in chemistry, physics and neurosurgery.

³¹ Of. Maudsley (1895): 'As the organism is not really attacked by a something which is disease, but is a mechanism that falls into various disorders in consequence of various hurts to it, so it always strives to right itself when the cause of hurt is removed and its processes of restoration are not obstructed by unwise medical meddling. Certainly he is the best physician who, having made the general conditions, internal and external, as favourable as possible, meddles the least with processes which he understands not by drugs the operations of which he understands not.'

begin to undress him without saying a word. I entered the chamber, and planted myself in a direction that I might catch his *eye*. This was not easy to be done; I therefore, as I saw occasion, changed my position, at which he seemed greatly embarrassed, though not a word passed on either side: being at length obliged to look up, I set him in an instant. Finding that we perfectly understood each other, I made the signal, the women appeared, and executed their orders without the least obstruction. Thus was accomplished in a few minutes what could not be effected for several days and nights. Before I left him, he quietly drank a bason of tea, and eat some toast and butter; . . . and I had the pleasure, a few days afterwards, to congratulate him on his compleat restoration. This was a strong case, and I am convinced, that if violent means had been used, the disease would have appeared in all its fury'.

Unfortunately space does not allow us to give the case of the 'respectable farmer' whose 'misfortunes originated in a very curious fact: he was publicly reproved by a clergyman for sleeping during divine service'.

After 'the art of *management*' Pargeter briefly considered the current 'physical treatments', vomiting, purging, bleeding, blistering, bathing, etc., 'I must add that *beating* was a practice formerly much in use in treating the insane, [e.g. by Cullen (see footnote 27)] . . . I at once condemn this practice, as altogether erroneous, and not to be justified upon any principles or pretences whatsoever'. Of the others he asked whether it was really 'prudent or justifiable to superinduce . . . another disease . . . In practice, by too generally attending to appearances, and overlooking the causes, physicians have, with a pardonable but hasty zeal, to do every thing, sometimes done much harm'³⁰. His conclusions were as sceptical as Battie's (1758) and Tuke's (1882): 'no medicines have been discovered on which any reliance can be placed'. But this was not a message of despair, for good psychiatrist that he was, he realized that the natural tendency of nature is to cure, in mind as well as in body, not only 'without the co-operation, nay, even in spite of improper interference of the physician' (Ideler, quoted by Feuchtersleben, 1845).³¹ Thus of one patient he wrote that she 'fortunately lost her complaint, and being enabled to return to her former occupation, her mind was gradually weaned from those

delusions, which might probably have terminated in *confirmed mania*.

The practice of forcing patients to take medicines against their will 'ought not, in any case whatever, to be put in execution . . . I hold this practice in such utter abhorrence, that I shall totally decline explaining the mode of exercising it'³².

NON-RESTRAINT

Pargeter was above all a liberal and humane doctor who believed in the freedom of the individual, even if he were mad. Private madhouses had long been the subject of public enquiry and law suits, but Pargeter's book was the first written by a specialist to contain a stringent criticism of them³³; perhaps, because unlike other 'mad-doctors' he was not the owner of one himself. Whatever the reason: 'it is sufficient to rouse the hearts of Britons, to excite and expedite an enquiry into these enormities with a spirit proportioned to the atrocity of them . . . A very strict eye should be kept on these *gaolers of the mind*; for if they do not find a patient mad, their oppressive tyranny

³² As late as 1809 Haslam illustrated in the second edition of *Observation on Madness* a 'key' of his invention with which to force patients' jaws apart to save them from the operation of 'spouting', or knocking out their front teeth.

³³ E. von Feuchtersleben (1806-1849), Austrian psychiatrist, poet and politician, gave him honourable mention for it in the famous textbook (1845) in which he introduced the term 'psychosis'; as did Tuke (1892).

³⁴ "Mechanical restraint . . . was formerly abandoned . . . because it was deemed better for the patient to let him have the relief and self-respect of pretty free exercise than to keep him tied up like a mad dog . . . but it may be doubted whether its coarse bonds did as much harm as has been done by the finer means of chemical restraint which have been used to paralyse the brain and to render the patient quiet." (Maudsley, 1895); "the question now . . . is whether chemical restraint . . . by diminishing excitement at the ultimate cost of mental power "makes a solitude and calls it peace" (Maudsley, 1879).

³⁵ J. Daquin (1733-1815), French mental hospital superintendent.

³⁶ V. Chiarugi (1759-1820), Italian physician, psychiatrist, and mental hospital superintendent.

³⁷ Projected in 1792 by William Tuke (1732-1822), great-grandfather of D. H. Tuke (see footnote 3); its shining example is inseparably linked with him, his descendants, and British psychiatry.

³⁸ John Conolly (1794-1866), superintendent of Hanwell Asylum, and the greatest exponent and champion of non-restraint.

soon makes him so'. He considered the existing legislation inadequate; ideally 'There should be no such receptacles as a private mad-house allowed'. Apart from illegal detention of sane persons and the financial and other advantages of unscrupulous relatives and friends, his wrath was incurred by the actual maltreatment of patients: the administration of 'beatings . . . large doses of stupifying liquor, or narcotic draughts, that drown the faculties . . .



William Norris, aged 55, as he was found by Members of Parliament visiting Bethlem Hospital in May 1814. He had been continuously in the apparatus since 1803, when Haslam had him thus restrained. He died a few months after his release from a very considerable disease of the lungs a consumption, according to the post mortem examination performed by William Lawrence, then Assistant Surgeon to St. Bartholomew's Hospital. The discovery of this and other abuses led in 1816 to the dismissal of Haslam and the physician of Bethlem Hospital, Thomas Monro, son of John Monro (see footnote 9).

frequent recourse to chains and cords', which he would 'abolish at once'³⁴.

These words were written in the same year as Daquin (1792)³⁵ sounded the first call for the humane treatment of the insane in France, one year before Chiarugi (1793)³⁶ did the same in Italy, almost two years before Pinel commenced unchaining his patients, four years before the Retreat at York³⁷ opened its doors, and almost fifty years before Conolly³⁸ applied the principle of non-restraint to the whole population of an English asylum.

'Every man' wrote Pargeter at the end of the book, 'should animate his endeavours with the view of being useful to the world, by advancing the science which it is his lot to profess. With such hopes the author undertook, and now dismisses this work'. The verdict of posterity is that he succeeded.

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THE DIETETIC TREATMENT OF DYSPEPSIA AND PEPTIC ULCER IN AMBULANT PATIENTS

by MISS M. E. FURNIVALL (*Chief Dietitian*)

THE DIETETIC TREATMENT of peptic ulcer has swung during the past 50 years from an initial starvation to an insistence on frequent small bland meals. The rigid starvation and immobility enforced in cases of bleeding peptic ulcer by von Leube was challenged in 1906 by Lenhartz. Lenhartz (1907) advocated the use of small two-hourly feeds of milk and water, to several of which were added beaten eggs, while others were taken with a rusk. The diet was built up progressively by decreasing the proportion of water in the feeds and adding thin cereal puddings, boiled fish and mashed potatoes. Sippy (1915) introduced a similar system in the United States, but insisted on hourly feeds, which proved tedious and inconvenient for patients and nurses alike. Both physicians required their patients to undergo absolute bed rest for some weeks.

In 1931, Professor Meulengracht, of Copenhagen University, revolutionised the dietetic treatment of cases of peptic ulcer. He stated that he had come to the conclusion "that it must be fundamentally wrong to withhold food and drink from patients in a condition which can only be described as post-haemorrhagic shock . . ." *i.e.*, in cases of fresh bleeding ulcer (Meulengracht 1939). Meulengracht advocated the use of a full diet of bland foods in puréed form, together with alkalis, belladonna and large doses of iron. These medicines were administered initially at three hourly intervals, with small meals every two to three hours. The patients were allowed to move freely in bed, and be up in the ward after some 14 days. The patients concerned were reported as feeling well and liking the treatment. Nausea in the first 24 hours was treated by encouraging the patient to eat, so dispelling the accumulated blood in the stomach considered to be its cause. The fundamental principles of Meulengracht's treatment were stated as rest, relaxation and food. The use of tobacco was strictly forbidden. A mortality rate of 1% to 2% was

reported, as contrasted with 7% to 10% for comparable Danish figures. The dietetic treatment was continued for from 4 to 6 months after the patient had left hospital. Such patients were also encouraged to "adopt a calmer attitude towards life and its incidents".

The influence of nervous factors in the aetiology of peptic ulceration was considered by Davies and Watson (1937) who described what they thought of as the ulcer-type of patient. The classic work of Alvarez (1944) has also contributed greatly to the recognition of the need for mental as well as physical relaxation in the treatment of dyspepsia and peptic ulcer. Davidson and Anderson (1947) laid particular stress on the importance of taking a careful history from the patient to find out whether "he is living in a state of tension consequent on anxiety induced by abnormal social relations at home or at work." It would be difficult to find a more adequate precept for the gastric patient than the Biblical adage: "Better a dinner of herbs where love is, than a stalled ox and hatred therewith." (*Proverbs 15 v. 17*).

Witts (1937), who introduced a modified form of the Meulengracht diet in the Medical Unit at St. Bartholomew's Hospital, also claimed good results for its use in cases of haematemesis and melaena. The use of puréed fruit and vegetables in the Meulengracht type of diet increased the patient's intake of Vitamin C. Archer and Graham (1936) stressed the necessity of supplying large doses of ascorbic acid in cases of peptic ulcer, many of whom presented in a state of sub-clinical scurvy. Balloon tracings of stomach contractions have shown that gastric motility is greatest when the stomach is empty. Meulengracht (1939) also found that the presence of food in the stomach did not increase or protract the bleeding in haematemesis. The success of Meulengracht's treatment has resulted in the use of gastric régimes based on small frequent meals of bland foods. By this means the stomach,

often rendered hyperirritable by the presence of an ulcer, is afforded the maximum opportunity of rest.

FUNCTIONAL DYSPEPSIA

Davidson and Anderson (1947) have described how a long continued functional hyperchlorhydric dyspepsia may give rise to a gastric ulcer, after an intermediary hypertrophic erosive gastritis. Successful dietetic treatment of dyspepsia depends on a thorough investigation of the patient's existing food habits in the context of his social background. It is essential that the patient should realise the importance of suitable food, taken calmly, at regular intervals. He will accept this advice best, if it is given in a form which he can fit into his normal pattern of life. It is illogical to insist on adherence to rigidly specified meal-times, if, by so doing the patient is forced to seek concessions from a foreman, with whom his working relations are already strained and where, indeed, this strain may be the basis of his dyspepsia. The state of the patient's teeth should be assessed, remembering always that dentures worn for visiting the doctor are frequently discarded at mealtimes. Smoking and drinking alcohol, strong tea or black coffee before meals, or when the stomach is empty, should be forbidden. Only limited quantities of fluid should be taken with meals, but plenty of water between meals. Soups, especially those rich in extractives, are particularly to be avoided. The diet should consist of four meals a day chosen from the foods listed below, and excluding those shown as to be avoided. An adequate breakfast, not tea and toast alone, is especially important. Between meal and bedtime milky drinks are also advisable, where meals are widely separated. Meals should be eaten slowly, and if possible, a few moments rest taken at the beginning and end of each.

PEPTIC ULCER

A 'gastric' patient is intensely aware of the reaction of his stomach to anything he eats. In some cases, the patient may have attributed resultant discomfort to so many food-stuffs that he is virtually on the edge of starvation by reason of excluding most

staple nutrients. In questioning the patient, it is essential to ascertain his normal food habits, as distinct from those adopted in any attempt at 'dieting.'

The necessary modification of the food to be taken is directed at removing those items which are mechanically irritating, or chemically stimulating. The dietary instructions given must be clear, concise, and above all, capable of being adapted simply to the patient's normal meal pattern. It should not be necessary for a diet to be a complicated 'business' which only adds another burden to the patient's existing load. Food must be taken at regular intervals of 2 to 2½ hours or less, *i.e.*, approximating to the rate at which the stomach empties. The day's intake is based on the four normal meals, chosen from the foods listed below, with a milk drink taken with plain cake or a biscuit, or bread and butter to cover the 'gaps'. Attention should be paid to the time at which the patient wakes, as distinct from eating breakfast, and goes to bed. A small milk feed on waking and during the evening are often advisable. Milk and biscuits should be available by the bed at night to be taken if the patient wakes. The Spartan rigours of the average English bedroom entail that this milk is best taken warm from a thermos flask.

The general advice outlined for the dyspeptic should also be given to cases of peptic ulcer. Monotony in the diet can be avoided by the use of recipes such as those published by Shipley and Dundas (1951). *The Family Doctor* (B.M.A.), also periodically includes 'gastric' recipes. Many works canteens supply food suitable for 'gastrics' on request. The Welfare Officer concerned is usually the person to approach. In certain districts of London, the Invalid Kitchens Association will supply a midday meal for 'gastric' patients, who are genuinely unable to make suitable provision for their food.

The importance of a thorough initial investigation of the patient's existing food habits, in their social context, cannot be overstressed. Merely handing out a printed sheet of dietary instructions is not sufficient. The time spent in making an individual adaptation of such lists will certainly return dividends in the long run. A widening of the choice of foods available to the dyspeptic or peptic ulcer patient on their recovery, may well be made on the basis of a common sense investigation by the patient. A list of sug-

gested items is appended. If these are added one at a time to the diet, the patient can then establish the limits of his tolerance. It would appear wise that a patient who has suffered from dyspepsia or a peptic ulcer should, on recovery, respect his incapacity by continuing to eat regularly, without long periods between meals, and by avoiding the use of stimulants on an empty stomach.

SUMMARY

Small bland meals at frequent intervals form the basis of the dietetic treatment of dyspepsia and peptic ulcer. Such meals may be obtained by modifying the dietary intake in such a way as to exclude foods and beverages which are mechanically irritating, and chemically stimulating.

In advising dyspeptic and 'gastric' patients, it is important to assess their existing food habits in their social context. The dietary instructions given must be adapted to meet the individual needs of the patient.

* * *

'GASTRIC' DIET

Avoid

1. Very hot and very cold drinks.
2. Pickles, sauces and condiments except salt. Vinegar. Highly seasoned dishes.
3. Alcohol, carbonated beverages, strong tea, black coffee, gravies, soups, meat extracts.
4. Rough foods. Porridge, unless strained, allbran, shredded wheat. Wheat and rye crispbreads, digestive, wholemeal and coconut biscuits. Pips and skins in jam, marmalade, fruit and vegetables. Nuts and dried fruit. Small bones, skin and gristle in fish and meat.

OBITER DICTA

MR. F-----:

'Fainting is the Ascheim-Zondek of the West End Stage.'

5. Rich foods. Fried food. Fat fish, shell fish. Pork. Bacon and beef in early stages. Suet puddings and any pastry.

Allowed

1. Weak tea, ovaltine, etc., patent milk foods.
2. Finely ground cereals, cornflakes, groats, strained porridge.
3. Stale white bread, Marie or similar plain biscuits, sponge or plain cake, rusks, thin crisp toast buttered cold.
4. Jelly jam or marmalade, honey, syrup or lemon curd.
5. Milk puddings, jelly, steamed sponge pudding.
6. White fish, soft roes, minced lamb or veal, rabbit, chicken, tripe, sweetbreads, brains, minced liver, soft or grated cheese, thinly cut ham or tongue.
7. Sieved green vegetables, flower of cauliflower, mashed root vegetables, puree of tomatoes.
8. Fruit; stewed (no skin or pips), or sieved. Mashed ripe banana. Strained fresh fruit juice taken with a meal.

Discretionary Additions

Tender whole lamb, veal or beef.
Crisp grilled bacon.
Tender inside leaves of lettuce.
Pipped, skinned raw tomato.
Tinned peach and pear.

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THE CAROL CONCERT

ST. BARTHOLOMEW-THE-GREAT was perhaps more crowded this year than last for the Carol Concert given by the Rahere Choir on Tuesday, December 13. The large attendance surprised even the organizers and also those late comers who could only find standing room.

The programme was divided into two parts. The first in which the congregation were given welcome opportunities to join with the choir, opened with a 16th Century Round, *All into Service*. This unusual and most effective choice was well performed with vigour, yet with good balance of parts and control. The only criticism that can be levelled against it, was its brevity. This robust beginning contrasted strongly with Byrd's *Cradle Song*; here the Choir showed as in previous concerts, that it knows how to sing pianissimo, the delicacy with which it was performed was admirable. In Smert's *In Die Nativitas*, Hugh Bower led the male voices. The singing apart from the solo lacked definition and the words were inaudible, this item was also marred by the fact that the voices and the accompanying violins could not agree as to the correct pitch. This was followed by *On Christmas Night* arranged by Vaughan Williams. Sung with that crisp freshness which is peculiar to young voices, the rendering of this Carol was graceful, full of movement and what a pleasant surprise to hear the words.

In spite of a polished soprano solo, *Lullay My Liking* was a disappointment; the refrain lacked that delicacy the Choir had shown earlier. The Kennedy Scott arrangement of *Angels from the Realms of Glory* was spoilt by a time-lag between the Choir and Organ, and why must the tenors shout in the last cadence of the Gloria?

Anne Cassal then played Bach's *Fantasia and Fugue in C minor for Organ*. Her registration and build-up to the climax of the Fugue were commendable. Tribute must also be paid to Miss Cassal's unobtrusive yet effective accompaniment of the Carols.

The second half was devoted to one work, *A Christmas Cantata* by Geoffrey Bush. The

Chorus-master, Richard Sinton, was ambitious to attempt this, perhaps too ambitious, for although there was much competent singing, the performance was uneven. Mary Crapnell gave a beautiful interpretation of the soprano solo, and Barbara Graham gave a polished exposition of the oboe obligato, an instrument which is kindly treated by the acoustics of St. Bartholomew-the-Great. Unfortunately, the orchestra were insufficiently rehearsed and demanded much of the conductor's time that should have been devoted to the Choir.

The First Good Joy That Mary Had was well sung, the balance between soloist and choir being correctly adjusted and the changing moods of the verses well brought out. Similar praise may be given to *Little Jesus Sweetly Sleep*, where the Choir showed once again how well they could sing a lullaby. The less happy parts such as *Rejoice* showed the sopranos' timidity with the higher notes and it was quite obvious that a small number of them were doing all the work. In general the standard was high, being particularly good in the quieter passages.

The credit for the high musical standard of this Concert is due to the enthusiasm and indefatigable energy of Richard Sinton, the Conductor. It should be pointed out that the Choir, relying as it does almost entirely upon Nurses for its female voices, is beset with the hazards of night duty and posting to Hill End. This change in the population means that the Choir has to be practically reformed for each concert. This difficulty could be lessened if more women students and other members of the Hospital Staff would join the Choir. There are vacancies for all voices: anyone interested should contact Noel Rice at the Hospital.

* * *

The next Concert by the Rahere Choir will be given at Easter. Full details will be announced later.

L.P.

PSYCHOSIS

I saw a man in black
Hanging on the old gnarled oak
Above the broken track
Swaying in his tattered cloak.

His clothes flapped in the Wind
The branches clutched at his head
And as I looked he grinned—
But I knew the man was dead.

I smelt the rotting flesh
Though it seemed my senses lied,
And horror loomed afresh—
It was by my hand he died

I touched the rigid form
The rope was slack and free:
But was it a face I felt
Or the wood upon the tree?

I thought the fat lips grated
A whispered curse of hate,
And as aghast I waited
Out came the croaking spate.

The hellish spirit lurked
Earthbound where'er I trod—
From the time the scaffold jerked—
My soul was lost to God.

I shuddered with remorse
And tore myself from the sight
Breaking the evil force
And fled into the night.

But always a man in black
Hangs on the old gnarled oak
Above the broken track
And sways in his tattered cloak.

J. D. PARKER.

ABERNETHIAN SOCIETY

On Thursday, December 1st, the Society met in the new Physiology Lecture Theatre, Charterhouse, to hear four members of the staff, Drs. Borrie, Nicol and Oswald, and Mr. Howkins each recall 'My Most Interesting Case'.

Dr. Borrie described a series of cases which were remarkable in dermatology in that there was nothing to be seen. Some were examples of parasitophobia, a type of paranoid schizophrenia. There was the woman who complained that insects came from her head and persisted in "dutting" around her. Another, a man, sent six pages of typescript devoted to a minute description of the insects which inhabited him. When Dr. Borrie was unable to identify the insects from his description, the patient asked him to refer the matter to a reliable Professor of Entomology, or failing this to the B.B.C. who might broadcast an appeal for help. Finally there was the man who came to Bart's complaining of 'smelly feet'. On examination there was no smell at all, a fact all the more remarkable as the patient had walked up that morning from Stevenage. He later told them that he was being chased by the police for sending a post-card to his girl friend with on it the magic phrase 'Meet me in the woods'. Dr. Borrie concluded by observing that "it dermatology is a visual art, then it's second sight you need!"

Mr. Howkins told how one day he was summoned by a guttural voice over the telephone, to

a woman whose uterus had been perforated during curettage. He went to find what was apparently a straight-forward case of abortion until the piece of 'cord' shown him was recognised as ureter. Laparotomy revealed the uterus and its ligaments torn to shreds, a decapitated foetus in the pouch of Douglas, and the terminal ileum torn from its mesentery. The repair of this, including nephrectomy for the torn ureter, took only 50 minutes, and the woman left the nursing home some weeks later fit and well, but indignant that Mr. Howkins should have seen fit to remove her kidney.

Mr. Howkins followed this with an encore about a woman he had recently operated on with an ovarian cyst weighing 108 lbs.—a record for this country. The cyst had ruptured at operation, and the surgeons had ended up paddling in a sea of pseudo-mucin.

Dr. Nicol said that he had decided not to relate the story of the patient who complained to Aneurin Bevan that he was not believed, when he said that he had caught gonorrhoea by diving from the top board of the local swimming pool; nor the story of the patient with urethritis who treated himself with irrigations—of Daz, with the aid of macaroni. Instead he described a family which had had seven normal children until somehow syphilis had crept in. The next few children were all born with congenital syphilis, and it was not

until mother was pregnant with Charlie the fourteenth—that the disease was discovered and treated. Thus Charlie was born normal, a case clearly of fourteenth time lucky!

Dr. Oswald described the case of an old woman aged 71, by profession a brothel proprietress. She had been admitted to Bart's on many occasions despite the complaints of the Sisters that she upset the young nurses. She was remarkable in that on at least 15 occasions she had collapsed a part or whole of her left lung. This was cured simply by forcing her to cough up a vast plug of mucus. This plug formed a beautiful cast of her main lobe bronchi. Numerous bronchograms and biopsies had shown no abnormality other than an excess of goblet cells in the bronchi of the left side only. Replying to a question, Dr. Oswald said that this was a congenital abnormality, and it was not known whether the mucus was abnormal in either quality or quantity.

* * *

On Thursday, December 8th, Professor G. J. Cunningham gave a talk entitled 'The Long and Short of It'.

Professor Cunningham, who left Bart's only a year ago to become Professor of Pathology at the Royal College of Surgeons, said how pleased he was to have this opportunity of speaking again to the Hospital. He had chosen his title 'The Long and the Short of It' deliberately to arouse interest; he hoped however that no-one had come expecting to get 'M.B. pathology on the back of a postage stamp'. In fact, he was going to talk about giants and dwarfs, a subject which had interested him for several years.

Professor Cunningham illustrated his talk with many lantern slides of famous giants and dwarfs. A notable giant was Tom O'Brien, who lived in London at the end of the 18th century. Nearly eight feet in height, he died aged 22 with his house surrounded by surgeons all trying to get hold of the body. Knowing this, O'Brien had asked to be buried at sea, but somehow the body fell into the hands of John Hunter, and the skeleton stands to this day in the Royal College of Surgeons.

Most giants die young, probably as a result of the pituitary tumour which is causing their gigantism. Dwarfs, however, have a more normal life span, and for show purposes the best dwarfs are the old ones, for there can then be no doubt that they are not merely children. Dwarfs have been displayed at fairs for centuries, and the Royal College of Surgeons has a portrait and the skeleton of the 'Corsican Fairy', a woman of 2ft. 10ins. who was shown at West Smithfield. The most famous dwarf of all was Charles Straffen, who did not grow between the ages of 6 months and 6 years. The son of a Puritan family in Connecticut, his height of 2ft. 7ins. was thought by his parents to be a judgment upon them. He was spotted by Barnum and brought to England. After being shown at Court, he was exhibited to the public as General Tom Thumb. The public flocked to see him and Tom Thumb made a fortune. He retired at the age of 20, but some years later, when Barnum went bank

rupt, Tom Thumb came out of retirement and helped him to start again.

Professor Cunningham said that most dwarfs were oddities occurring in an otherwise normal family, and the children of dwarfs were usually of normal size. Since the foetus was of normal size, it was often fatal for a female dwarf to become pregnant. It was often thought that a dwarf would want to marry another dwarf, but this was a mistake, and Professor Cunningham ended by emphasizing that the thing that most dwarfs wished to do was to live a normal and useful life. As evidence of this, he showed last a slide of a group of three dwarfs that had recently set up a grocery shop in Surbiton.

EXAMINATION RESULTS

UNIVERSITY OF OXFORD

Final B.M. Examination, December, 1955

MEDICINE, SURGERY, AND MIDWIFERY
Darquier, A. F. Edwards, J. G.
Ferguson, A. D.

The following students completed the examination for the degree B.M., B.Ch.:

Darquier, A. F. Edwards, J. G.
Ferguson, A. D.

UNIVERSITY OF CAMBRIDGE

Final B.M. Examination, December, 1955

PATHOLOGY AND PHARMACOLOGY
Beard, M. F. Bloomer, A. C. S.
Cameron, D. Chamberlain, D. A.
Downham, D. W. Goodliffe, A. D. R.
Keegan, F. J. Mulcahy, P. D.
Rice, N. S. C. Salisbury, A. J.
Shaw, J. H. W. Sleight, M. W.
Swinburne, K. A. McL. Thomas, D. W. P.
Thompson, J. M. Whalley, R. C.
White, H. J. O. Wooster, E. G.

MEDICINE
Bartlett, D. J. Bloomer, A. C. S.
Dawrant, A. G. Hudson, C. N.
Jones, P. M. Norbury, K. E. A.
Rothwell-Jackson, R. L.

SURGERY
Bartlett, D. J. Buckle, R. M.
Heyes, F. Hudson, C. N.
Nottidge, R. E. Jones, P. M.
Rothwell-Jackson, R. L.

MIDWIFERY
Bartlett, D. J. Beard, R. W.
Hudson, C. N. Nottidge, R. E.
Rothwell-Jackson, R. L.

The following students completed the examination for the Degree M.B., B.Chir.

Jones, P. M. Tait, J. A.
Bartlett, D. J. Beard, R. W.
Buckle, R. M. Heyes, F.
Hudson, C. N. Norbury, K. E. A.
Nottidge, R. E. Phillips, B. S.
Rothwell-Jackson, R. L.

HOSPITAL APPOINTMENTS

The under-mentioned appointments to the medical staff take effect from the dates indicated :

Mr. Hume's Firm Junior Registrar	Mr. N. E. Winstone (vice Regan) 1.1.56.
Mr. Hosford's Firm Junior Registrar	Mr. P. Knipe (vice Burn) 1.1.56.
Surgical Professorial Unit Junior Registrar	Mr. N. S. Painter (vice Rothnie) 1.1.56.
Casualty Department Registrar	J. I. Burn (as locum tenens from 1.1.56 until permanent appointment is made).
Ophthalmic Department	Mr. J. H. Dobree, to assist temporarily in the work of the Department during the absence on sick leave of Mr. A. S. Philips.

HOUSE APPOINTMENTS

Dr. G. Bourne Dr. J. M. S. Knott (acting temporarily)	I. S. Malpas W. G. Harris (until 31.3.56) P. H. N. Wood (from 1.4.56)	Mr. C. Naunton Morgan Mr. D. F. Ellison Nash	T. A. Boxall Miss M. J. Witt (until 31.3.56) L. Cohen (from 1.4.56)
Dr. E. R. Cullinan Dr. K. O. Black	R. A. Bugler J. A. Tait (until 31.3.56) K. E. A. Norbury (from 1.4.56)	CASUALTY H. P. CHILDREN'S DEPARTMENT Dr. Charles Harris Dr. A. W. Franklin E.N.T. DEPARTMENT Mr. Capps , Mr. Hogg, Mr. Jory, Mr. Cope. SKIN & V.D. DEPARTMENTS Dr. R. M. B. MacKenna Dr. C. S. Nicol	D. Fairbairn P. J. Burrows R. W. Beard F. F. D. Gawne E. J. Ashworth R. E. Drcaper
Dr. A. W. Spence Dr. Neville Oswald	J. H. Backhouse L. Cohen (until 31.3.56) Miss M. J. Witt (from 1.4.56)	EYE DEPARTMENT Mr. A. S. Phillips Mr. Stallard GYNAE. & OBS. DEPTS. Mr. J. Beattie Mr. Fraser Mr. Howkins	Miss R. E. Need K. A. Clare (Intern) W. S. S. Maclay (Intern) H. A. P. King (Junior H.S.) Miss R. Hutchinson R. C. Nainby-Luxmore W. A. Berwick
Dr. R. Bodley Scott Dr. W. E. Gibb	R. A. Stroud A. D. Ferguson (until 31.3.56) J. E. A. Wickham (from 1.4.56)	ANAESTHETISTS DENTAL DEPARTMENT ORTHOPAEDIC DEPARTMENT (Accident Service)	D. H. G. Hopkins
Dr. E. F. Scowen Dr. G. W. Hayward	Miss M. E. Staley J. Viner (until 31.3.56) R. M. Ruckle (from 1.4.56)	AT HILL END HOSPITAL ORTHOPAEDIC DEPARTMENT Mr. S. L. Higgs Mr. Burrows Mr. Coltart THORACIC DEPARTMENT Mr. O. S. Tubbs Mr. Hill NEURO-SURGICAL DEPT. Mr. J. E. A. O'Connell E.N.T. DEPARTMENT ANAESTHETISTS	J. H. K. Taylor S. L. Dale G. H. Fairley D. R. Farmer B. S. Phillips E. F. D. Gawne Miss R. Hutchinson R. C. Nainby-Luxmore
Mr. J. B. Hume Mr. A. H. Hunt	D. A. O. Cairns P. H. N. Wood (until 31.3.56) W. G. Harris (from 1.4.56)		
Mr. R. S. Corbett Mr. A. W. Badenoch	P. V. Rycroft J. E. A. Wickham (until 31.3.56) A. D. Ferguson (from 1.4.56)		
Mr. J. P. Hosford Mr. E. G. Tuckwell	J. C. T. Church K. E. A. Norbury (until 31.3.56) J. A. Tait (from 1.4.56)		
Prof. Sir J. P. Ross Mr. G. W. Taylor	T. A. Evans R. M. Buckle (until 31.3.56) J. Viner (from 1.4.56)		

SPORTS NEWS

LADIES' HOCKEY

LONDON UNIVERSITY TOURNAMENT

1st Round v. Queen Mary College
November 12. Won 7-3.

This was a very close game with changing fortunes which made it an interesting match to watch. Bart's went ahead at the start and were leading 2-0, but by half-time Q.M.C. had fought back to make it a draw of 3-3. The Bart's defence were playing a stalwart game, continually clearing to their forwards who, unfortunately, had not fully got the better of their opposition. After half-time, however, the forwards really came into their own with some good shooting, in which Miss J. Hartley was outstanding. Thanks too to some fine work by the Bart's backs and goalkeeper, Q.M.C. were not allowed to score again, although some dangerous movements were started on their right wing, which looked like being certain goals.

Bart's were admirably supported from the touch-line during the game by Professor Wormall, whose encouraging 'just two more goals Bart's' certainly seemed to do the trick.

RUGBY

1st XV v. Guy's Hospital. November 9. Won 6-0.

Despite the fact that the team was a little tired (this being their fourth match in six days), the victory was well deserved. At last co-ordination between all the forwards was achieved, and their passes to each other brought about some very useful movements which resulted in good goals.

1st XV v. Old Alleynians. At West Dulwich on November 20. Won 13-6.

From the outset it looked as though Bart's were going to have an easy win. The Hospital were soon on the attack, and Lloyd put the Hospital ahead when he crashed over the line from a loose maul near the corner flag. Halls converted from near the touch-line.

Bart's continued to attack with their three-quarters, especially Phillips and Lammiman, and soon went further ahead with an unconverted try by the latter, to which the Old Boys could only reply with a penalty goal.

In the second half the Bart's backs played even better, despite the poor service which their forwards gave them. Lammiman, now fully returned

to form, had some great runs on the right wing, and Phillips, as elusive as ever, was always ready to open up the game. Davies was in great form, and Charlton had a number of tricky runs from the back of the scrum. It was a forward, however, who scored again, in the person of D. B. Lloyd, who gathered the ball from a loose scrum near the line and dived over. Halls again converted. Old Alleynians then replied with another penalty goal by their Captain, O. J. Waite. The game ended with Bart's pressing strongly.

An easy win for the Hospital despite the absence of Gawne and MacKenzie.
TEAM: B. W. D. Badley; D. A. Lammiman, J. Neely, G. Halls, R. M. Phillips; P. R. Davies, C. A. C. Charlton; D. B. Lloyd, C. Carr, J. Dobian, D. W. Roche, K. E. A. Norbury, J. S. T. Tallack (Capt). H. Thomas.

1st XV v. Metropolitan Police. At Ember Court on November 26. Lost 5-18.

The game opened sharply with vigorous pressure by the police pack, which is now reputed to be the best in London. They soon arrived near the Bart's line and within five minutes had scored a try under the posts which was converted. Bart's immediately retaliated and for a short time, the play was confined to the middle of the field. The police, however, gained almost complete possession both in the line-outs and the tight scrums, despite some quick striking by Smith, who was playing his first game for the 1st XV.

The score was levelled by a typical run by Phillips who, taking a pass in our own half, ran hard to score under the posts. Halls converted. Play was then even for a short time, but it soon deteriorated from the Bart's point of view, for they had to defend continually for the remainder of the game. The police added to their score to the tune of two goals and a try. Not since the match with Streatham last season, has the Bart's pack been so badly beaten.

Outstanding for Bart's was J. Neely who tried to attack continually and defended most stoutly.
TEAM: B. W. D. Badley; D. A. Lammiman, J. Neely, G. Halls, R. M. Phillips; P. R. Davies, C. A. C. Charlton; D. B. Lloyd, P. Smith, B. Lofts, K. E. A. Norbury, D. W. Roche, J. S. T. Tallack (Capt). F. F. D. Gawne, J. C. Mackenzie.

1st XV v. Saracens. December 10. Won 5-0.

This match was played on a beautiful sunny day and was watched by a few stout supporters including a vociferous Welshman. The ground was firm and from the moment the Saracens kicked off, the Hospital attacked with some fine back play. The Hospital obtained the ball in the line-outs and also in the loose, but not from the tight where the benefit of the scrummaging machine was not yet apparent. However, the Bart's pack, playing with

a fire that had been lacking the week before, dominated the play.

At half-time there was no score, but in the second half Tallack inspired the forwards with some rugged play. Gathering the ball in the Hospital twenty-five, he ran 60 yards through a ruck of players before being brought down by weight of numbers. Finally, after an excellent run by Lammiman which ended in touch, the ball was again passed out to him and he ran strongly to score a beautiful try. Halls converted. This try involved most of the backs, and was made possible by a quick heel from the loose. The final whistle went with the Hospital still pressing, the winners of an attractive match.

Whitehouse played a grand game, and Badley at full-back was in great form screwing the ball into the wind and making long touches.

Team: B. W. D. Badley; R. M. Phillips, G. Halls, J. Neely, D. A. Lammiman; R. L. Davies, C. A. C. Charlton; B. Lofts, P. Smith, D. B. Lloyd, K. E. A. Norbury, J. Creightmore, M. Whitehouse, J. S. T. Tallack (Capt.), H. Thomas.

ROWING

BART'S v. GUY'S RACE

This race was held at Putney on December 7, between crews composed entirely of novices, the course being from Putney Pier to Fulham Football Ground. In order to fulfil the agreement between the two clubs that the crews should be formed from gentlemen who started rowing at the beginning of that Michaelmas Term, four coxes with very little rowing experience were selected for the bow four.

The crews started from Putney Pier and Bart's went away with a good start to gain a lead of $\frac{1}{2}$

length. As they approached the Football Ground Guy's drew level but Bart's fought back and drew ahead again to win an excellent race by three feet.

The occasion was completed most enjoyably by a dinner with the Guy's Club at The Thames Club-house.

SPORTS CALENDAR

Wed.	Feb. 8.	Soccer: v. U. C. H. II. Home.
Sat.	.. 11.	Rugger: v. Old Paulines (a.m.) Away. Soccer: v. Birkbeck College II. Away. Hockey: v. King's Coll., Camb. Away.
Wed.	.. 15.	Soccer: v. King's Coll., II. Away.
Sat.	.. 18.	Rugger: v. Streatham. Away. Soccer: v. Trin. Hall, Camb. Home. Hockey: v. Orpington. Home.
Wed.	.. 22.	Soccer: v. L. S. E. II. Home.
Sat.	.. 25.	Rugger: v. Old Haberdashers. Home. Hockey: v. St. Mary's Hosp. Away.
Sat.	Mar. 3.	Rugger: v. Old Millhillians. Home. Soccer: v. Westminster Hosp. Away. Hockey: v. University Coll. Home.
Sun.	.. 4.	Hockey: Past v. Present. At Chislehurst.

BOOK REVIEWS

Body Fluids in Surgery by A. W. Wilkinson. Published by E. & S. Livingstone Ltd., Edinburgh and London, 1955, pp. 212. Price 16s.

The author has set out to provide in 200 pages the basic information on the behaviour of body fluids in health and disease, and to give an account of the management of disturbances of the body fluids which occur in surgical patients. There have been three phases in the work on this subject. At first were recognised the differences between intra-cellular and extra-cellular fluid, the one being largely a solution of potassium salts, the other the "sodium space". In the second phase dilution techniques especially with the aid of radioactive and stable isotopes have led to a wider understanding of the total quantities of substances in solution, and their combination inside as well as outside the cells. In the third phase in which we are finding ourselves at present the convenient arbitrary division of body fluids into intra- and

extra-cellular portions has given place to a more dynamic conception. The cell membrane is no longer considered to be an inactive barrier or filter—"active transport" has been recognised which is a complicated metabolic process. The book deals adequately though somewhat dogmatically with these subjects. There is, however, a generous list of references which will enable the reader to pursue any point on which he wants more detailed and controversial enlightenment. Theoretical chapters deal with "Water", Sodium, Potassium, Acid-Base Balance, Metabolic Effects of Injury, and Shock. Practical advice is given on Acidosis and Alkalosis, Loss of Intestinal Secretions, and the general Effect of Disease on Electrolyte and Fluid Balance. The two last chapters are devoted to Diagnosis and Treatment, the last including the most recent experiences with plasma substitutes such as Dextran.

A sense of proportion is maintained. Repeated visits to the bedside at regular intervals do not

cost the patient any blood or discomfort and are commonly more rewarding than the perusal of reports of biochemical estimation of the composition of the body fluids. The hardest thinking must be done before any blood is withdrawn for chemical examination, and the examination of this blood should be planned to show if possible whether the clinical diagnosis is right or wrong.

H. LEHMANN.

BLOOD TRANSFUSION, by George Discombe, M.D., B.Sc. Lond. William Heinemann, 54 pages. 6s.

This pamphlet, published at a reasonable price, is of great value for reference and general reading to both house officer and registrar. The concise readable account of the most important aspects of transfusion can be quickly read and the advice contained can be used to ensure harmony between clinician and pathologist as well as eliminating obvious risks to the patient.

Whilst many hospitals have local individual organisation, many doctors and technicians will be pleased to have this pamphlet as a guide to perfect their own transfusion service.

Experts in blood transfusion may not agree with the dogmatic treatment of such controversial subjects as heating refrigerated blood or the omission of routine testing of the unknown serum against known cells as a check in ABO grouping. However although only twelve of the fifty four pages are devoted to the technique of ABO and Rh grouping and cross matching and several finer points have had to be omitted, the pamphlet contains the generally accepted views on transfusion.

Blood transfusion is one of the most important measures in treatment and many will be grateful to Dr. Discombe for having written such a lucid and factual account of the subject.

P. J. A. BUTCHER.

REHABILITATING THE TUBERCULOUS by MURIEL OWEN-DAVIES, A.M.I.A., S.R.N., S.C.M. Published by N.A.P.A. pp. 71.

This small book is a survey of the different sources of assistance available to the tuberculous patient. It rightly emphasises that rehabilitation must start as soon as the disease is diagnosed, and that the basis of the rehabilitation is the removal of fear of social insecurity arising from the disability.

The long period away from work, which the treatment of tuberculosis involves, will always bring hardship for the patient's family. This survey shows clearly that many patients do not receive the full socio-economical help that is available to them, principally it seems, because they do not know that such help exists.

Clearly then, such a book as this is important to doctors and others who care for the tuberculous, for they should have the widest possible knowledge of all the many forms of help available. They could then dispense this knowledge with the same facility and thoroughness as they do other forms of treatment.

R.I.D.S.



The Bacterium at the Breakfast Table

"Eat up your nice flannel," the clothes-moth is credited with saying to her child, "or you won't get any mink."

Bacteria have no mothers. They merely split into two, and it would puzzle even a Freudian to discern a mother-child relationship between the halves. This method of reproduction, besides sparing them many complexes, enables them to eat whatever they like. Nature, however, is a universal mother, and one of the old school; she sees to it that they eat the right things, or else.

I need hardly remind you that the bacteria which cause disease are very fond of battenning on the likes of you and me. And what is it, you may well ask, that they find so delicious?

Well, one of the things, which it seems we keep always on the menu, is known to biochemists by the insufferable name of . . .

If only we had space for the rest of this instructive medical cooey, which appeared originally in The Times, you could read it here. What we have got, however, is a collection of these diverting articles from the same celebrated pen. Would you like a copy of "The Prosings of Podalirius"? Just drop us a card at the address below.

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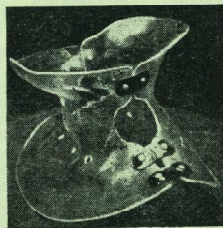
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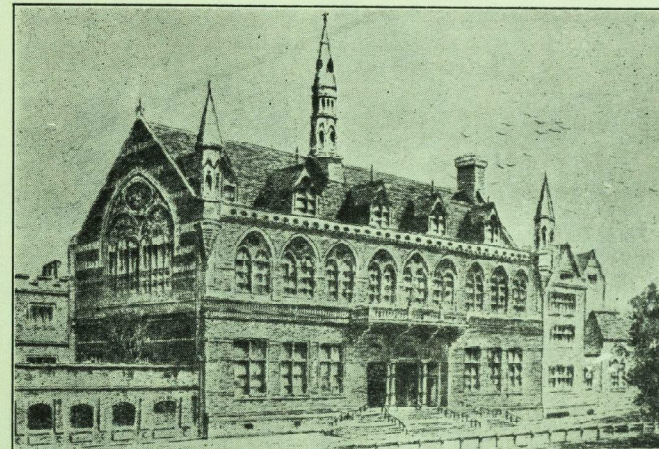
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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. LX

MARCH 1956

No. 3



THE OLD COLLEGE HALL
From a drawing by W. A. Donald

THE LAST TWO MONTHS have seen the gradual disarticulation of the greater part of the Old College Hall. To the continuous clatter of pneumatic drills and the thuds of falling masonry the walls of what was once a fine building have been reduced to a pile of rubble.

We therefore say good-bye to what was, in that short period before the war, the main building of the Medical College; containing as it did, the dining room and kitchens, the students' cloakrooms and common-rooms, the administrative quarters, the Library, the Lecture Theatre, the Pharmacology and part of the Physiology Departments. Built about 1878, at the time when Charterhouse School moved into the country and the site was taken over by the Merchant Taylors' Com-

pany, it was a good example of the architecture of that period. Some will regret its departure from the Charterhouse scene, but it would hardly have blended with the modern laboratories that are being built beside it.

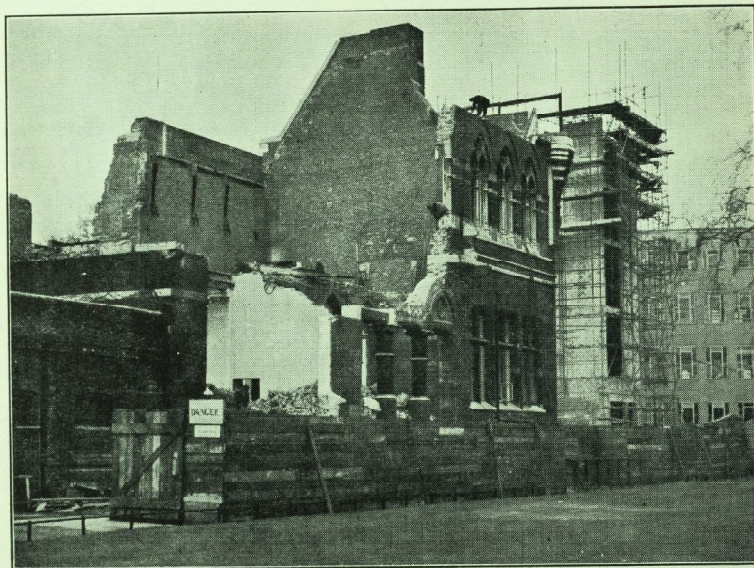
A few of our readers will remember the summer of 1935, when the Pre-Clinical Departments moved from their restricted quarters in the Hospital and the warehouse in Giltspur Street to Charterhouse. Many more, however will remember the campaign in the early '30s which, under the energetic generalship of the late Sir Girling Ball, helped to raise the money required to buy the site from the Merchant Taylors' Company.

At the outbreak of war it was expected that the Hospital and the Medical College

would suffer some damage in the air-bombardment of London. As a precautionary measure against blast, the central tower of the Old College Hall was taken down, but on October 29, 1940, incendiary bombs destroyed the roof, despite the most skilful fire-watching by one of the students and a

A Hill End Band

We hear that an attempt is being made to form a Dance Band at Hill End. We hope that this venture will prove successful. Perhaps, when they have had a little practice and reached a fair standard of proficiency,



A photograph taken in early February showing demolition in progress. The new buildings can be seen in the right background.

professional watcher'; and then on May 10, 1941, it was damaged again.

To the Medical College authorities, and in particular to Sir Girling Ball, the destruction of the Hall and the other buildings at Charterhouse must have been a tragedy. Now, with the new buildings rising fast around us, we think only of their removal as having provided an unparalleled opportunity for development and expansion. Soon, when the new-building programme is concluded, we will have one of the best equipped Medical Colleges in the World.

they will visit us here at Bart's and either give a Concert or play for a Dance.

Broadcasts

In late January two members of the Staff were heard broadcasting for the B.B.C.

Dr. A. J. Marshall, who is Reader in Zoology and Comparative Anatomy in the University of London, gave a talk on the third programme entitled 'St. Peter's Fishes'. This was the story of *Tilapia*, an apparently ordinary African fish, which was introduced

into the Eastern countries where it was hoped it would provide a useful source of food. The experiment, however, has so far been unsuccessful, because the fish, for a reason as yet unknown, have failed to develop normally in their new surroundings.

Dr. Marshall is shortly going to Africa in an attempt to find the reason for this failure of development.

Dr. P. J. Lawther, one of our experts on Smog was heard on the Home Service in the programme 'Science against Smog'.

He outlined the methods which are being used to investigate the problem, and how experiments on patients with 'chest trouble' are helping in the attempt to find why these people are so susceptible to smog. Dr. Lawther also gave a personal demonstration. He first played a recording of the noises made by himself as he breathed normal atmospheric air through a respirator; this was followed by a recording of him breathing air containing a high concentration of sulphuric acid. His breathing was then laboured and distinctly wheezy, sounding just like a severely asthmatic patient. This, Dr. Lawther said, was due to the bronchi contracting down as a result of the irritation of the sulphuric acid. He emphasised, however, that the concentration of sulphuric acid required to produce this effect in himself, and other normal people, was far in excess of that to be found in the atmosphere in even the worst of smogs.

Sir Henry Dale Honoured

The election is announced from Bonn of Sir Henry Dale, O.M., F.R.S., as a member of the West German *Orden Pour le Merite*.

The First Private Patient

During the latter part of last year and the first few weeks of this, Bart's treated her first private patient since 1948 when the National Health Service Act was passed.

The patient, who was of European nationality, entered this country for special treatment. He came to this Hospital; but not being a British subject, and never having paid any National Insurance, he was not entitled to free treatment. As there are no private beds in the Hospital, permission to admit him on a full-paying basis, had to be applied for from the Ministry of Health. The Minister granted this request and gave the

Hospital the right to have a Section 5 bed for the period that the patient required it.

Section 5, Sub-section (i) of the National Health Service Act, 1946, states:

If the Minister having regard to his duty to provide hospital and specialist services, is satisfied that it is reasonable so to do, he may set aside in any hospital providing such services special accommodation for patients who undertake, or in respect of whom an undertaking is given, to pay such charges as may be determined in the prescribed manner, being charges designed to cover the whole cost of accommodation and services provided for the patient at the hospital, including an appropriate amount in respect of overhead expenses, and the Minister may recover those charges:

Provided that nothing in this section shall prevent accommodation so set aside from being made available for any patient who urgently needs that accommodation on medical grounds and for whom suitable accommodation is not otherwise available.

Early this year the patient was well enough to return to his own country.

Astatine

This month we publish a survey article on Astatine by Dr. R. W. E. Watts. This is one of the first papers on this subject to appear in a British Journal.

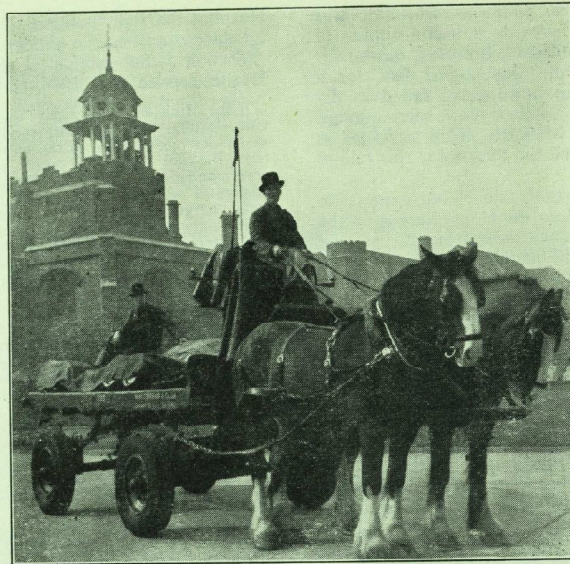
Dr. Watts was awarded the British Post-graduate Medical Federation (University of London) Travelling Fellowship for 1954-55. During that year he went to America, where he studied the applications of isotopic tracer techniques in medical and biological research. Nine months were spent at the Crocker Laboratory, Berkeley, California, and three months at the Department of Biochemistry, Columbia University College of Physicians and Surgeons, New York.

It was at the Crocker Laboratory that a satisfactory method of preparing astatine was first developed, and it is there that most of the work on this element has been done.

Zermatt 1956

From our Ski-ing Correspondent:

Victoria was crowded, noisy, dirty, and damp with masses of skiers, their shoulders wet with London rain, as the party of thirty-six Bart's students, nurses, and friends boarded the boat-train, animated with the anticipation of a fortnight of winter-sport in Switzerland. Succoured by succulent lunches packed by the ladies, the happy bunch sped across France in the night train, unfolded their cramped limbs for changes in Bern and



Delivery Day at Charterhouse.

Brig, and transferred to a little I-think-I-can cog-wheel train for the trip through the mountains, up to the snow. After a full day of travel, they arrived at Zermatt, clambered out of the train, coughed the last smoggy London air out of their lungs, and inhaled passionately the clean, cold Swiss mountain air.

The first afternoon was spent warily testing storky legs with unsure turns and slow, snowplow shusses, but the following morning everyone became professional—well, almost—so that the days in the charming white (for some, black and blue also) world of Zermatt fell into a delightful routine. Jump out of bed when the sun strikes the tops of the mountains on both sides of the long valley which has the Matterhorn dominating the village at one end and the Jungfrau a small peak in the distance. Pull on your long, red woollies, and scamper to the breakfast table for cherry jam and fresh rolls. Heave your skis on to your shoulders and trek out to the slopes.

There was Swiss-swooning Mike Newton hauling Audrey Woolf and Jill Carpenter out of drifts on the soup-plate lift, while Jill

Thwaites and Mike Bradbury practiced stem-turns. Nurses Margaret Heyday, Audrey Lewis, and Pam Shorter sunned themselves, while Ann Kirby threw snowballs at her bearded instructor. David Wells and David Thomas regularly pushed each other over the treacherous Wall of Death (with good reason), refereed by the fondue-loving Macvie sisters. Charlie Yip perfected the Chinese Christie (seen this year for the first time in the Alps), while Cortina-bound Mike Hall-Smith, Terry Shaw, and registrar John Marsden snobbily, but sleepily, shussed only the superior slopes. Old-pro Hugh Bower, when he was not changing hotel rooms because of the noise he made, spent his day tripping downhill over his tassel, but made a good tale over it at hot-chocolate time. Travers Grant, ever alert to medical opportunities, attempted unsuccessfully to reset Mike Scorer's shoulder, which most people think was dislocated while ski-ing, while heroic Henry Blake hobbled home helplessly on his twisted ankle. The best suntans were obtained (from the neon lights of Zermatt) by *roués* Tom Gibson and Bob Buchanan, who chaperoned the nocturnal outings of another

man-about-town (but not a member of the Bart's party, as far as we know), ex-King Farouk.

With a good deal of reluctance, but blessed with a fortnight of Swiss snow, food, and sun, the healthy carried the halt and lame to the train for the same trip in reverse, arriving back in London, of course, in the rain.

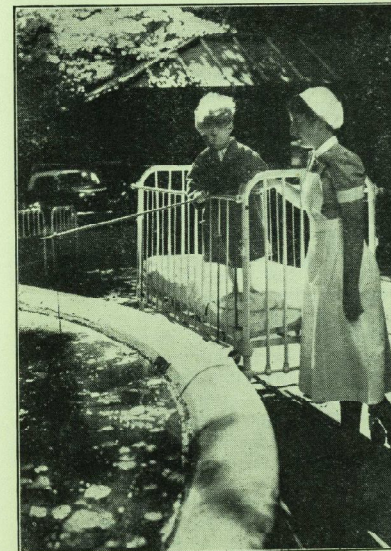
R.E.J.

Those Goldfish

In our December and February issues a great deal of concern was shown for the goldfish who inhabit the Fountain. The main reason for the lack of survival of the young fish (if of course any are born) put forward so far is the lack of water-weed which, it is said, exposes them without any protection to their predatory parents.

The photograph below shows another source of danger. We have carefully searched the Children's Wards and their Play-room, but so far no goldfish have been discovered. We are, however, keeping that Department and its occupants under observation.

The photograph was taken by, and is reproduced by kind permission of the Photographic Department.



Baby-Snatching

Journal Staff

Mr. J. T. Silverstone has been appointed Assistant Editor, and Mr. C. J. Carr Assistant Manager.

NOTICES

Lectures on General Practice

Wednesday, March 14, at 12 noon

Dr. G. F. Abercrombie will give the next lecture in this series in the Hospital Lecture Theatre.

* * *

Abernethian Society

Thursday, March 15, at 5.45 p.m.

Dr. C. S. Nicol will show a film entitled

THE INVADER

in the Physiology Lecture Theatre,
Charterhouse Square.

CALENDAR

Sat. Mar. 3	Dr. E. R. Cullinan and Mr. J. P. Hosford on duty. Rugby: v. Old Millhillians (H). Football: Westminster Hosp. (A). Hockey: v. University Coll. (H).
Wed. " 17	Football: St. Thomas's Hosp. (A).
Sat. " 10	Medical and Surgical Professorial Units on duty. Rugby: v. Loughboro' Coll. (H). Football: v. Goldsmith Coll. (H). Hockey: v. Oxted (A). Hockey: v. Bandits (H).
Sun. " 11	Hockey: v. Bandits (H).
Wed. " 14	Lecture on General Practice.
Thurs. " 15	Meeting of the Abernethian Society.
Sat. " 17	Dr. G. Bourne and Mr. J. B. Hume on duty. Rugby: v. Aldershot Services (H). Hockey: v. Westminster Bank (H). Dr. A. W. Spence and Mr. C. Naunton Morgan on duty. Rugby: v. Harlequin Wanderers (A). Football: v. London Hosp. (A). Hockey: v. King's Coll. Hosp. (H).
Sat. " 31	Dr. R. Bodley Scott and Mr. R. S. Corbett on duty.
	Inter-Firm Sevens at Chislehurst. Hockey: v. Bexley Heath (H).
Fri. Apr. 6	Cambridge—Bart's Club Dinner.

 ANNOUNCEMENTS

Births

- APTHORP.—On Jan. 28, to Marion and Dr. G. H. Apthorp of Harrow, a son (George Charles).
- COLLINSON.—On Jan. 20, at Rotherham, to Desne (*née* Service) and Dr. Peter Collinson, a daughter.
- GLENISTER.—On Jan. 7, to Monique (*née* de Wilde), and Dr. T. W. Glenister, a third son (James).
- KELSALL.—On Jan. 10, in London, to Margaret (*née* Miller) and Dr. A. R. Kelsall, a daughter (Janet Elderton).

Engagements

- JENKINS—WOODS. The engagement is announced between Dr. J. S. Jenkins and Miss Shelagh M. Woods.
- SMART—HEATH. The engagement is announced between Dr. P. J. G. Smart and Dr. Anne Heath.
- MCKENZIE—WADE. The engagement is announced between Dr. A. MacKenzie and Miss S. R. Wade.

Deaths

- IRVING.—On January 22, 1956, at Port of Spain, Trinidad, B.W.I. Joseph Irving, M.B., B.S., D.A., D.R.C.O.G., aged 42. Qualified 1943.
- POPE.—On December 3, 1955, at Bourne-mouth, Hants, William Henry Pope, O.B.E., M.R.C.S., L.R.C.P., Surgeon-Captain, R.N. (Retired). Qualified 1896.

 A LETTER TO THE EDITOR

Cambridge-Bart's Club

Dear Sir,

Apart from wartime interruptions, the Cambridge Graduates' Club of St. Bartholomew's Hospital has held a dinner every year since 1876. By kind permission of the Ladies, the male members of the Club keep up the custom, and the next Dinner will be held on Friday, 6th April, 1956, at the Royal College of Surgeons at 7 for 7.30 p.m., with

- PRETTY.—On January 18, 1956, at Ipswich, Kenneth Pretty, T.D., aged 71. Qualified 1908.
- WILLIAMS.—On January 10, 1956, at Eastbourne, Major Augustus Scott Williams, D.S.O., M.R.C.S., L.R.C.P., R.A.M.C. (Retired), aged 77. Qualified 1905.
- YOUNG.—On January 18, 1956, at Bourne-mouth, Alister Cameron Young, M.R.C.S., L.R.C.P. (late of Ipswich). Qualified 1902.

Change of Address

- HODGSON—JONES.—Dr. I. S. Hodgson-Jones to Little Harrowden House, Little Harrowden, Wellingborough, Northants.

 OBITUARY

VERNON LAURENCE CARTLEDGE was one of those rare men who attract spontaneous friendship and affection on first meeting. His open, genial and handsome face and his clear voice arrested attention.

His services to the Hospital Eye Department as House-surgeon and then as Clinical Assistant were marked by loyalty, kindness and absolute integrity in his dealings with colleagues and patients.

His love and pride for his wife and children and for the home they had made was a constant delight to all who knew him.

During his long illness with its swaying fortune but inevitable end his courage and patience in suffering, adversity and anxiety were always admirable.

Those of us who were privileged to know him, to work and to play with him will forever remember him with honour and affection.

H. B. STALLARD

Dr. Malcolm Donaldson in the Chair. The Secretaries endeavour to inform, by circular, every Bart's man in this country who is a Cambridge Graduate, and would be grateful to hear from any who fail to receive the notice.

Yours faithfully,
 H. Jackson Burrows
 R. A. Shooter
Honorary Secretaries.
 St. Bartholomew's Hospital.

EAST SIDE, WEST SIDE

by ROBERT E. JONES

Following the custom prevailing in England, young men aspiring to a medical career became apprenticed to a surgeon or physician. This apprenticeship was rather a rough and strenuous career; still it made for versatility and resourcefulness. The student's duties were to clean the office, brush the boots and clothing of the doctor and take care of the horse and stable, and he was expected to study the books offered by his preceptor and to assist in operations. He was expected to pull teeth . . . He was early taught to cup, bleed and apply leeches which he himself had procured from the neighbouring stream. He performed much menial labour, chopping wood, running errands, and, in Philadelphia, helped the doctor's good wife with the family washing.

Medical Interchange between the British Isles and America before 1801. Fitzpatrick Lectures, 1939.

There was a time, apparently, when American medical students received the same education as their English contemporaries. This was no wonder, since early colonial doctors were English, and American students, after their rough apprenticeships, were sent to study at English hospitals. As I studied in Philadelphia, home of the oldest hospital (1751) and oldest medical school (1762) in the States, I was well aware of the fact that American medical education had changed tremendously since pre-Revolutionary days. The skyscraper American medical school of today bears no resemblance to the red-brick Pennsylvania Hospital with its gate, porter, and square, founded by Benjamin Franklin who undoubtedly had observed St. Bartholomew's Hospital when he worked at a print shop in nearby Bartholomew Close.

But how much does the English medical education of today differ from its American off-shoot? The first obvious difference is the length of time spent at medical school. The American student studies four years (age 22-26) at medical school, each with a three month summer holiday, two years pre-clinical and two clinical, as compared with five or six years in Britain. Before he can be accepted by a medical school, however, he must prepare for three or four years (age 18-22) by studying a required amount of chemistry, biology, physics, mathematics, a

foreign language, and literature at a college where he may spend the bulk of his preparatory years on a course such as philosophy or history, unrelated to medicine. Usually, he postpones military service until after graduation from medical school and after his internship. As he is older during medical school than the British student, he does not participate in such frivolities as organized sports or ward shows. His day is longer, tightly scheduled, more intense, and much more hurried. And there is never time for tea.

Emphasis in teaching is entirely different. In England, the clinical instructor pays constant attention to the relation between pathological processes and physical signs and symptoms, while the pathologist is equally concerned with pointing out to the student the symptoms which will result from a pathological process. Across the Atlantic, the clinician seems to place more faith in laboratory and X-ray, while the pathologist maintains a department for research and study and seldom lends his knowledge to clinical teaching. There is much American reliance on the textbook, journal, and lecture, while the English source-material is more commonly the patient. Whereas the English student is taught by widely-experienced clinicians who teach on many subjects far afield from their chief interests, the Ameri-

can student is taught by an astounding parade of specialists.

Some subjects appear on the student roster at different times. Courses in psychiatry, with case presentations, begin in the first year of medical school in Philadelphia, so that the student is able to handle his own patients with minimal supervision during the clinical years. During the first year, medical and surgical cases are also presented, while lessons in physical diagnosis begin during the second pre-clinical year. It follows that, during the clinical years, the student has more responsibility in the care and treatment of patients, performing lumbar puncture, thoracentesis, and other procedures usually reserved for the houseman here. American students spend only half the number of weeks which English students spend on medical and surgical wards. The American student is always encouraged to initiate or participate in some research project with faculty guidance, and apparatus is provided.

As a result of all these differences, the atmosphere in medical school differs also. Speed, efficiency, and impersonal techniques, all marvellous to behold, often leave the American student, who is frequently on the wards at 7.30 in the mornings and often later

at night, tired and harassed. The ever-present calm of English schools, which Dr. Scowen calls *equanimitas*, is difficult to find in noisy American hospital corridors. Part of the explanation for this lies in the fact that English nurses are more disciplined and responsible, and part in the fact that the English medical student, always haunted by the vision of a veiled lady in blue, does not have free access to the wards at any time of day or night.

What is the outcome of these different systems? American doctors once were 'discarded surgeons of ships.' In 1758, William Shippen, Sr., who sent his son to study under John Hunter (Bart's) and at Edinburgh, wrote, 'But for want of that variety of operations and those frequent dissections which are common in older countries, I must send him to Europe.' William Shippen, Jr., returned to Philadelphia to found the first medical school in the still unformed United States. Could it be that he helped to change the direction of medical exchange across the Atlantic? It is ironical that the English now find themselves travelling to the New World to study the rapidly developing art of medicine which they so skilfully nurtured.

THE BUNDLE OF HIS

That cardiac bundle of His
As a student I gave it a miss,
And though still far from clear,
As each year passes year,
I've respect for that bundle of His.

Youth: cherish that bundle of His,
For it's easily damaged by vice
And will break off relations
With loud fibrillations
Which cannot be healed in a trice.

Mysterious bundle of His
Along which the impulses whizz;
In some unexplained way
So 'twas said in my day;
Most remarkable bundle of His.

Now I wait for the last sun to rise
When its actions no longer suffice
And I roll up the bundle,
His bundle, my bundle,
My old worn-out bundle of His.

R.O.W.

THE DIETETIC TREATMENT OF OBESITY

by MISS M. E. FURNIVALL (*Chief Dietitian*)

THE TREATMENT of cases of obesity, where this has been caused by a 'luxus consumption' of calories, is primarily dietetic. In the relatively small number of cases resulting from an endocrine imbalance a restriction in calories may be ordered as an adjunct to the treatment required.

The cause of 'functional obesity', as distinct from that of endocrine origin, remains obscure. Undoubtedly there are individuals who 'eat too much', but there are also those who 'eat like horses' and signally fail to gain weight, though their calorie intake may differ very little from that of those in the first group. To consider an obese person as having inevitably been guilty of the sin of gluttony raises a moral issue which may most unjustly influence clinical treatment.

Mayer (1955), in a recent review article, has described the development of a strain of mice having an hereditary obese-hyperglycaemic form of obesity. He also quotes human studies made in the United States which have shown that less than 10 per cent of the children of normal parents are obese; while where one parent was obese the proportion rose to 50 per cent, and to 80 per cent if both parents were obese. Mayer suggests that

'instead of denying the facts of heredity it would be more intelligent and effective to use them to detect other overweight persons and, more important, to try to prevent the development of obesity in susceptible children. Obesity is most malignant when the onset is early.'

The dietetic treatment of obesity is based on the application of the principles of the first law of thermo-dynamics. Recent investigations have shown that there may be a lag of some 48 hours before a balance is struck between energy output and intake. Where bodily activity declines progressively, without a corresponding decrease in calorie intake, then there is every likelihood of fat stores accumulating in those individuals who do not possess the ability, which may be genetically determined, to increase sufficiently their rate of tissue metabolism (Mayer 1955). The continued accumulation of such body stores of fat may be deterred by decreasing the caloric

intake of the subject to a level commensurate with his bodily activity. This restriction of calories is achieved by regulating the intake of protein, fat and carbohydrate. Protein and carbohydrate each supply four calories per gram and fat nine calories per gram. Numerous investigations have been carried out into the most effective method of allocating the calories to be supplied by each of these nutrients. Ohlson (1948), using iso-caloric diets supplying 100 gm. protein, found an even distribution of the remaining calories between carbohydrate and fat to be more effective than a preponderance from either nutrient. Kekwick and Pawan (1953) used iso-caloric diets supplying in turn 90 per cent of the calorie intake from protein, fat and carbohydrate. They found the 90 per cent calorie intake from fat to produce weight reduction more effectively than that from protein, which was in turn more effective than that from carbohydrate. This closely paralleled work by Mayer and Jones (1953), who found mice exhibiting the obese-hyperglycaemic syndrome to gain most weight on a high carbohydrate diet, to gain slowly on a high protein diet, and to gain least on a high fat diet.

Investigations have also been made into the metabolic and psychological effects of calorie restriction on the subjects concerned. Ohlson (1955) found that obese patients losing weight over a sufficient period on 1400 calories and 100 gm. protein could be divided into two groups. Those who could be maintained in positive nitrogen balance during the period of reduction were usually able to remain successfully at the lower weight achieved when the period of treatment ended. Those subjects, however, who were in negative nitrogen balance during the period of reduction inevitably returned to their original weight when rigid control of the diet ceased. Young (1955a) considered it possible also to divide subjects undergoing weight reduction by their psychological response. Some patients manifested no special emotional difficulties, while others deteriorated psychologically when their caloric intake was cut down. Mayer (1955)

quotes studies which have repeatedly shown that many obese subjects tend to do their overeating late in the day and at night.

The importance of exercise in helping weight reduction has been ridiculed for many years. Nevertheless, particularly for those of sedentary habits, re-arranging the day's activities to include regular exercise within the physiological capacity of the subject can only lead to a desirable increase in energy expenditure. This question of exercise is regarded as specially important in treating obese children, many of whom may not have higher calorie intakes than comparable non-obese children, but who have been found to be less active (Bruch 1940).

PRACTICAL MEASURES

The existing average weight for height tables should not be used indiscriminately in diagnosing obesity, but only as a guide. Most of the currently published tables are based on data collected in New York in 1910 from candidates for life insurance policies. Recognition of the increase in the average bodily stature since then of British and American population groups is well documented. The old fashioned method of pinching to assess the degree and consistency of fat pads can be a valuable aid to diagnosis.

Obesity is a complicated medical problem, not a moral issue. The responsibility for weight reduction can not, in fairness, be shifted entirely on to the patient. Satisfactory weight reduction is a long term project. The patient must be educated to understand the calorie value of his foods, and taught how to expend his necessarily limited calorie allowance in such a way as to provide for his basic nutritional needs. It is essential that the process of weight reduction should be supervised at regular intervals. The varying reactions of different patients to reducing diets must be taken into consideration. If the initial diet does not produce satisfactory weight reduction the distribution of the calories between protein, fat and carbohydrate should be re-assessed. Raising the calorie intake slightly by providing additional protein can be instrumental in inducing further weight loss when a patient has apparently 'stuck' at a plateau on his reduction curve. Restriction of the sodium and fluid content of a reducing diet is of no lasting therapeutic value unless there is a con-

current oedema. The patient, wherever feasible, should be encouraged to take increased regular daily exercise.

Clinical experience would appear to indicate that effective weight reduction may be obtained by restricting the calorie intake to 1,000 to 1,500 calories per day, depending on the rate of reduction desired. The protein intake should not be below 60 gm. daily. Calorie intakes of less than 1,000 per day are not invariably successful, and require a degree of dietary supervision which render them unsatisfactory for outpatients. An easily adjusted reducing diet may be constructed from the 'calorie portions' shown below.

The probability of achieving successful weight reduction with a patient is not high. Young (1955b) stated that only a quarter of her patients in a recent long-term study reduced weight successfully; while a quarter achieved a smaller loss of weight, a quarter lost a little weight and then regained it, and a quarter lost virtually nothing. Nevertheless, such is the importance of controlling obesity that surely no patient should be considered as belonging to the 'irreducible 50%' until most strenuous efforts have been made to induce a satisfactory weight reduction.

SUMMARY

The treatment of functional obesity is a medical problem, not a moral issue.

Some of the metabolic and psychological problems which may militate against weight reduction have been indicated.

Dietary measures to achieve weight reduction by calorie restriction should be planned on a long-term basis, taking due note of the fundamental nutritional needs of the patient. Increased exercise should be considered as a means of raising the energy expenditure of the subject.

The vital importance of controlling obesity is now generally recognised. The most successful degree of weight reduction can best be achieved by considering the dietary needs of each obese patient individually.

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APPENDIX

List I : 100 calorie portions

1 Egg	2 oz.	Herring
$\frac{1}{4}$ oz. Cheese		Crab meat
1 oz. Beef, lean roast		Bloaters
Ham, lean		Fish roes
Mutton		Salmon, tinned
Spam	3 oz.	Rabbit
$1\frac{1}{2}$ oz. Beef, corned		Tripe
Liver		White fish
2 oz. Chicken		Kipper
Grouse		Smoked haddock
Kidney	5 oz.	Whole milk
	10 oz.	Skimmed milk
1 oz. bread=100 calories. This may be exchanged for 3 ryvita biscuits, 2 macvita biscuits, 2 cream crackers or 3 tea matzos.		

List II : 50 calorie portions

$\frac{1}{4}$ oz. Butter	Dripping
Margarine	$1\frac{1}{5}$ oz. Olive oil
Cooking fat	

List III : Extras which may be taken freely

Tea	Pepper
Coffee (ground or instant)	Mustard
Water	Vinegar
Soda water (siphon only)	Saccharine
Clear broth	Vanilla
Marmite	Lemon juice
Bovril, Oxo	Gelatine
Fresh fruit drinks	Salt

List IV : Foods which should be prohibited

Made up dishes	Sausages, fried foods
Pastry, pies, cakes	Thick gravy, sauces
Sweet biscuits, cereals	Ice-cream, nuts
Sugar, sweets, jam,	Alcohol
marmalade, glucose	

An example of a 1,000 Calorie Diet

DAILY ALLOWANCES

Milk :	5 oz. (10 tablespoons)
Bread :	3 oz. (3 thin slices)
Meat or Fish :	5 times anything from List I
Fats :	2 times anything from List II
Vegetables :	As desired, but NOT potatoes, peas, beans or beetroot.
Fruits :	As desired, but NOT bananas, grapes, tinned or dried fruits

Any extras from the third list.

The foods should be arranged to suit the individual food habits of the patient, provided they are reasonably evenly spaced throughout the day.

Supplements of Vitamins A, B, and D are advisable, especially for children and in pregnancy.

ERRATA

The Development of Therapeutic Diets by Miss M. E. Furnival. *St. B. H. J.*, November, 1955.

1. Miss M. Abrahams has asked us to say that she went to the United States in the late 1920's without a Rockefeller or any other scholarship.

2. The title of Miss Abraham's and Miss Widowson's book is *Modern Dietary Treatment* and not *Modern Diets* as stated in the References. The publishers are Baillière, Tindall and Cox and it is now in its third edition.

We apologise for this inaccuracy.

SO TO SPEAK...

Say it with flowers

Heard during the course of a minor operation on the anus under local anaesthesia.

SURGEON: 'Mrs. Jones, would you mind holding your buttock up?'

MRS. JONES: 'What did you say, doctor?'

SURGEON: 'Would you please hold your buttock up.'

MRS. JONES (trying to be helpful, and after a pause): I am sorry but I am not quite sure what my buttercup is.'

SOME ASPECTS OF THE LIFE AND WORK OF ERNEST HENRY STARLING

by E. B. VERNEY

ERNEST HENRY STARLING was born in 1866, was educated at King's College School and subsequently at Guy's Hospital. He completed his medical studies there in 1889, graduated M.D. in 1890 and immediately became Demonstrator, and the following year Joint Lecturer, in Physiology in the Guy's Hospital Medical School. He died on May 2, 1927, shortly before reaching Kingston, Jamaica, whither he had set out on a short holiday for the benefit of his health.

HIS EARLY WORK ON THE HEART

His first paper¹, published with W. M. Bayliss in 1891, was 'On the electromotive phenomena of the mammalian heart.' At the time of its publication 'any sort of muscular continuity between the auricles and ventricles was denied, and the view that conductivity was due to some nervous network supplying the fibres was in favour.'² It is therefore of interest that in this paper Bayliss and Starling make the following observations: 'On stimulating the auricles and leading off the base and apex of the ventricles to the capillary [electrometer] there is a period of about 0.13 sec. after the auricular stimulation before there is any change in the electrical state of the ventricles. This period varies very slightly whether we stimulate the auricles close to the auriculo-ventricular groove, or at the tip of one of the auricular appendices, showing that the greater part of the time is taken up in the propagation of the excitatory change from auricles to ventricles across the auriculo-ventricular groove.'

In another paper³, published the following year, the interesting observation was made that towards the end of one experiment stimulation of the accelerator nerves (the anterior loop of the left Annulus of Vicussens) although absolutely without effect on the auricular beat yet improved conductivity between auricle and ventricle. When the auricles were stimulated at a frequency of

about 5 per sec., the ventricles failed to follow. Superimposed stimulation of the accelerator nerves, however, so improved conductivity that after a short latent period the ventricles followed suit. Added interest is given to these early observations of Starling and Bayliss on auricular-ventricular conduction by the fact that it was one or two years later that Stanley Kent⁴ published his discovery of the band of specialised muscle-fibres running through the fibrous auriculo-ventricular groove, and so established the fact and the nature of the functional connecting link between the two chambers in many species of mammals.

THE STUDY OF LYMPH PRODUCTION

In 1892 Starling went to work for a short time in Heidenheim's laboratory in Breslau, and was there introduced to the enquiry in which Heidenheim was then engaged: on the mode of action of lymphagogues. Heidenheim's view that the postulation of a vital secretory activity of the blood-vessel wall was necessary in order to account for his observations on lymph flow was one which, seemingly, did not appeal to Starling, whose experimental drive was ever towards an interpretation of physiological events in terms of chemistry and physics. So after working in Breslau on the lymphagogic action of peptone, and showing incidentally that the peptone content and the incoagulability of the blood did not run parallel, he returned to Guy's to start a long series of investigations

E. B. Verney, F.R.S., M.A., M.B., B.Chir., F.R.C.P., is the Shield Professor of Pharmacology at the University of Cambridge. A Shuter Scholar at Bart's, he qualified in 1918. He became Professor of Pharmacology at University College, London, in 1926, and moved to Cambridge in 1934. He was appointed F.R.S. in 1936.

This article is part of an address given to the Physiological Society last November.

that culminated in one of his most scientifically influential discoveries.

For these next five years he worked on lymph production and the absorption of fluids from serous cavities and from the tissue spaces. After having shown that there was a direct correlation between intracapillary pressure and lymph flow, he succeeded in making the first measurements of the osmotic pressure of the proteins of serum, the value found being between 30 and 41 mm. Hg. From these experiments Starling concluded that 'although the osmotic pressure of the proteids of the plasma is so insignificant, it is of the order of magnitude comparable to that of the capillary pressure; and whereas capillary pressure determines transudation, the osmotic pressure of the proteids of the serum determines absorption. Moreover, if we leave the frictional resistance of the capillary wall to the passage of fluid through it out of account, the osmotic attraction of the serum for the extravascular fluid will be proportional to the force expended in the production of this latter, so that, at any given time, there must be a balance between the hydrostatic pressure of the blood in the capillaries and the osmotic attraction of the blood for the surrounding fluids. With increased capillary pressure there must be increased transudation, until equilibrium is established at a somewhat higher point, when there is a more dilute fluid in the tissue-spaces and therefore a higher absorbing force to balance the increased capillary pressure. With diminished capillary pressure there will be an osmotic absorption of salt solution from the extravascular fluid, until this becomes richer in proteins, and the difference between its (proteid) osmotic pressure and that of the intravascular plasma is equal to the diminished capillary pressure.' Starling concludes these comments with the pregnant sentence: 'Here then we have the balance of forces necessary to explain the accurate and speedy regulation of the quantity of circulating fluid.'

In a paper published three years later (viz. 1899, at the time when he was leaving Guy's for the Jodrell Chair of Physiology at University College) entitled 'The Glomerular Function of the Kidney,'⁵ Starling describes, and gives the results of using, an improved method of measuring the osmotic pressure of colloids in general. The results showed that the osmotic pressure of the colloids in blood serum containing from 7 to 8 per cent of protein amounted to between 25 and 30 mm.

Hg. This value Starling correlated with the facts that the urine flow ceases at arterial pressures round about 40 mm. Hg., and that the difference between the arterial pressure and the maximum ureter-pressure is also round about the same figure. His determination of the osmotic pressure of the serum proteins afforded, therefore, a most telling argument in favour of 'the view that the process occurring in the glomeruli is one of filtration.' It is, I feel, a significant index of Starling's essentially biological outlook that the descriptions of his original measurements of the serum colloids should have appeared, not in a separate paper, but in the physiological context of investigations on the absorption of fluid from the tissue spaces and on the glomerular function of the kidney.

Referring to Starling's work on lymph production and absorption from the tissue spaces, the late Sir Charles Martin has written 'After long-continued and difficult experimentation, combined with observation of the highest order of accuracy, this hitherto obscure but fundamentally important region of physiology was finally illuminated by his dexterous experimentation and triumphant imagination.'²

The facts and concepts resulting from this work formed, indeed, so tremendous and fertile a contribution to physiological knowledge that the patency of its physiological fitness and significance has, I feel, tended to obscure, rather than to be a measure of, its magnitude. The results have taken their place so naturally and unobtrusively in the setting of integrative function that one is all too prone to forget the long years of manual and intellectual toil from which they derived. In his obituary notice of John Scott Haldane (a physiologist for whose work E. H. Starling had the profoundest respect and admiration) Professor C. G. Douglas uses words which, I feel, interpret with peculiar aptness the composure with which the discoveries of Starling that we have just been considering were compounded into current thought: 'When we have learnt we are a little apt to become intolerant of those who have taught us.'

THE STUDY OF PERISTALSIS

As I mentioned, Starling left Guy's for University College in 1899, two years after the completion of the new physiological laboratories which he had planned at Guy's.

Here at University College his first work (already begun at Guy's) was with Bayliss on the movements and innervation of the intestine⁶; and by the introduction of accurate methods of recording contraction of both the circular and the longitudinal muscular coats, they brought order and exactitude into a field of physiology that had hitherto teemed with conflicting statements and opinions. They were able to show (1) that peristaltic contractions are true co-ordinate reflexes carried out by the local nerve plexuses and independent of the connection of the gut with the central nervous system; (2) that local stimulation of the gut produces excitation above, inhibition below; and (3) that besides the local processes, every part of the gut is subject to the control of the central nervous system through the splanchnics and vagi, the former being inhibitory and the latter containing both augmenting and inhibitory fibres. It is, I think, of interest that in this work Starling and Bayliss emphasise the potent inhibitory influence of the sympathetic on gut movements. They say 'If one splanchnic be intact, inhibition of intestinal movements can be produced by stimulation of the central end of a sensory nerve, or of the central end of the other splanchnic. The most striking method of producing reflex inhibition is stimulation of the intestine itself. If one or both splanchnics be intact, the slightest stimulus applied to the intestine, even a gentle handling of the gut, suffices to produce a reflex inhibition of the whole length of the intestine. If now both splanchnic nerves be divided and the intestine again stimulated the inhibition will in most cases be limited to the parts of the intestine below the stimulated spot. If however the splanchnics be intact, the inhibition is as well marked in a loop of intestine, isolated by ligatures or section from the rest of the gut, as in the remainder of the gut. This shows that the effect is not propagated along the intestinal wall, but is a true reflex carried out through the mesenteric nerves.' It is, I suppose, this highly sensitive reflex, which Bayliss and Starling's work disclosed, that immediately operates, and with survival interest, during sudden haemorrhagic lesions in the duodenum.

PANCREATIC SECRETION

I pass now to the remarkable paper⁷ published by Bayliss and Starling in 1902 on the

mechanism of pancreatic secretion. Pavlov had previously shown that the flow of pancreatic juice begins with the entry of the chyme into the duodenum, the exciting influence of the chyme being due chiefly to its acidity. Pavlov regarded the secretion of pancreatic juice so evoked as reflex in origin, and ascribed the varying composition of the juice in different diets to a marvellous sensibility of the duodenal mucous membrane, so that different constituents of the chyme excite different nerve-endings, or produce different kinds of nerve-impulse, which travel to the gland, or its nerve centres, and determine the varying activity of the gland-cells.

A year or so later Popielski, and Wertheimer and Lepage showed that the introduction of acid into the duodenum still excited pancreatic secretion when both vagi and splanchnic nerves had been divided, the spinal cord destroyed, or even when the solar plexus had been completely extirpated. These workers concluded, therefore, that the secretion was due to a peripheral reflex in some local nervous apparatus. Starling and Bayliss say: 'The apparent local character of this reaction interested us to make further experiments on the subject, in the idea that we might have here to do with an extension of the local reflexes whose action on the movements of the intestine we have already investigated.' They were able to confirm the statements made by their predecessors; but the *experimentum crucis* of taking an isolated loop of intestine, dividing the mesenteric nerves supplying it, and then injecting acid into it had not been performed. The late Sir Charles Martin happened to be in Starling's laboratory at University College when this crucial experiment was made, and he has given the following description of what happened: 'In an anaesthetised dog, a loop of jejunum was tied at both ends, and the nerves supplying it dissected out and divided, so that it was connected with the rest of the body only by its blood vessels. On the introduction of some weak hydrochloric acid into the duodenum, secretion from the pancreas occurred and continued for some minutes. After this had subsided, a few cubic centimetres of acid were introduced into the denervated loop of jejunum. To our surprise, a similarly marked secretion was produced. I remember Starling saying, "Then it must be a chemical reflex." Rapidly cutting off a further piece of jejunum, he rubbed its

mucous membrane with sand in weak hydrochloric acid, filtered and injected it into the jugular vein of the animal. After a few moments the pancreas responded by a much greater secretion than before.'

The depressor and secretory effects of an extract prepared in this way were dissociated by finding that similar extracts made from the lower end of the ileum failed to affect the pancreas although the fall in blood pressure followed much the same course as with extracts of the jejunum. Further, Bayliss and Starling were able to obtain a secretin (prepared from mucous membrane after it had been extracted with absolute alcohol) which was without effect on the blood pressure and yet had a powerful effect on the pancreas. They were able to show that secretin withstood boiling and could be filtered through a gelatinised Chamberland filter. Not only was the discovery of secretin an intrinsically outstanding achievement, but it had two important consequences. First, it gave an easy means of obtaining natural pancreatic juice; and Starling and Bayliss made full use of these opportunities in order to study trypsinogen and its conversion into trypsin by enterokinase. Secondly, the recognition by Starling that secretin was an example of one of probably many substances formed in one part of the body and producing specific effects elsewhere—it was, indeed, the discovery of secretin that led directly to the introduction of the name 'hormones' for such substances—focussed attention on the importance of these as integrators of function in the living animal, and gave impetus to much subsequent experimental investigation deriving from this concept.

THE HEART-LUNG CIRCULATION

In 1909 Starling returned again to work on the organ on which his first research was carried out nearly 20 years earlier viz. the heart. For this purpose an isolated heart-lung circulation was devised⁸, and with this he and his pupils carried out an immense amount of work on the properties of the isolated mammalian heart, but space will permit the mention of only a few of them. It was shown that within wide limits the output of the heart was independent of arterial resistance and of temperature, and that up to the limit of its capacity the isolated heart will pump out from the venous side all the blood it receives, and it does this without any

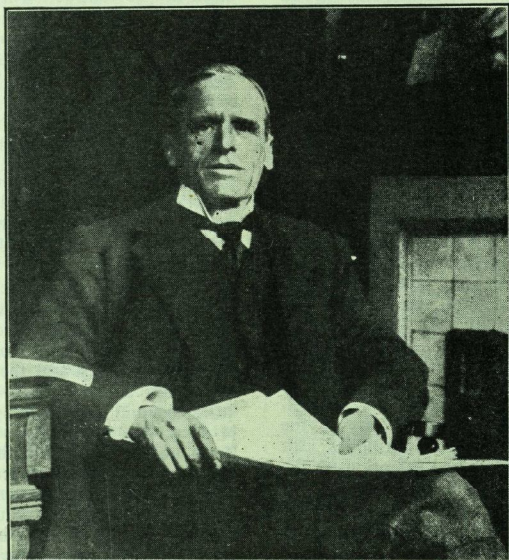
change in the frequency of its contractions. In the search for the events that underlay this self-regulation it was eventually found that the total energy liberated (a measure of which was taken to be the oxygen consumption) ran parallel not with the external work done by the heart but with the diastolic volume. This arrestingly simple finding explains at once the self-regulation of the heart's output to variations in the caval pressure, in that if the heart fails to empty itself at one contraction it starts the next at a greater physiological advantage. Moreover, it gave precision to the concept that had hitherto been expressed as 'tone', by substitution of the term 'mechanical efficiency'. Thus by keeping the external work done by this preparation constant, i.e., keeping the venous pressure and the peripheral resistance at fixed values, one can, from the effects on the volume of the heart of a given substance added to the blood, determine at once (provided no change in frequency occurs) whether this substance improves or impairs the mechanical efficiency of the cardiac muscle.

At the end of the first world-war Starling underwent a serious surgical operation, and this illness kept him from his laboratory until 1920. Then and thereafter, indeed up to within a few weeks of his death, he attracted and was working intensively with a succession of young men eager to learn from and to catch something of the enthusiasm of one who had become recognised as the greatest living master of experimental physiology. In these later years he was mostly engaged in using his heart-lung preparation as a means of perfusing, under the rigid control thereby afforded, of other organs, and so of studying their properties when removed from the integrative influences under which their functions were normally effected.

AN APPRECIATION

Starling was the lineal scientific descendant of Claude Bernard. The work of both these great men embodied a fascinating combination of comprehensiveness in purpose with limitation in attack, and the greatness of their discoveries is shown at least in part by the generality of their application and their deep significance in the interpretation of phenomena presented by the living animal in

health and disease. The nature of Starling's work denoted the unexpressed recognition that integration is the province of organism and environment, and disentitles data and events to simple transference beyond their conditioned field of origin; and the aim of his work, just as was that of Claude Bernard and J. S. Haldane, was seemingly to detect and to measure the precise means whereby that co-ordinated interplay of function which we dimly perceive in the living animal is



Reproduced from a photograph taken at University College by the late Professor H. S. Raper.

effected. There remains, I am convinced, plenty of murex to be fished up by allegiance to this outlook.

It was my good fortune to work with Ernest Starling as his pupil and collaborator for some three years. I can see him now, with his blue-linen white-buttoned Bavarian jacket and his pince-nez spectacles, stepping from his office into the laboratory and animating the environment to the tempo of a physiological experiment. Starling never missed the mark by excessive aiming. He had not only the biological insight to realize what questions were worth asking, but also

the knowledge, technical skill, resource and determination needed for answering them. Starling's personality exemplified the revolt of the human spirit against its 'imprisonment in Time': his mind shamed composure, and his gamesome enthusiasm infected all with whom he came into contact. To so indefatigable a worker nothing could be more irritating than even the sign of torpidity in those around him. But he was a kindly person all the same. Often when analyses of the

fruit of an experiment carried one into the early hours of the morning, Starling would step into the laboratory, enquire how the results were coming along, and leisurely discuss plans for further work. This, as you can well imagine, was a tremendous encouragement to any beginner in physiological research. He loved physiological science as one would love a game — I remember his once saying Physiology is the finest sport there is; and no man through conviction that the game is more than the player of the game proved more conclusively than he that the converse might sometimes be true.

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THE RADIATION RESEARCH VISITING CLUB

THE SECOND MEETING of the Radiation Research Visiting Club took place at St. Bartholomew's Hospital Medical College on February 3 and 4. The Club was formed in 1954 for the exchange of views on the effects of radiation in chemistry and biology, and it is intended that two visits be made each year to a hospital or other centre engaged on radiation work.

The main theme of the second meeting was the importance of dose rate in radiobiology, a theme of particular importance to this hospital where the 15 million electron volt linear accelerator can provide up to 10,000 *r* in a single pulse lasting 1.7 microseconds.

On Friday, February 3, Dr. J. W. Boag (Bart's) gave a theoretical analysis of how a high dose rate may be expected to modify chemical reactions and biological systems. Dr. P. Alexander (Chester Beatty Institute) gave details of some reactions which showed a marked dose rate dependence and, as usual, stimulated a great deal of discussion on the relative importance of the 'direct' and 'indirect' mechanisms of radiochemical reactions. In the afternoon tea was served in the Great Hall and was followed by a demonstration of work in progress in radiobiology at Bart's.

On Saturday, February 4, the demonstration was continued and followed by coffee in the College Refectory. Dr. W. M. Dale (Manchester) then read a paper on the radiochemical decomposition of thiourea, a reaction showing a very marked dose rate dependence. This was followed by papers by Dr. J. F. Loutit and Dr. C. E. Ford of Harwell

describing some recent remarkable findings on the effect of irradiation on transplanted heterologous tissue in mice. These workers were re-investigating the well known effect of the spleen in protecting mice from irradiation. It had been shown that the survival time of mice irradiated with a lethal dose of X-rays was doubled by transplanting several other mouse spleens into the peritoneum. Drs. Loutit and Ford found the same protection was obtained by intra-peritoneal injection of macerated spleen or bone marrow but not by intravenous injection. It was suspected that the intact spleen cells were responsible and not a chemical extract. This suspicion was elegantly confirmed by injecting splenic material from a strain of mice with an easily visible chromosome abnormality when it was found that all the cells of spleen, lymph nodes and thymus were replaced by those of the donor. After some weeks these cells were gradually again replaced by the normal recipient's cells. It was found that this replacement could even be obtained with rat splenic material. Thus the important finding has been obtained that a major effect of heavy irradiation is either to destroy the normal resistance to transplantation of heterologous material or (less likely) to induce the irradiated cells to adopt another chromosome pattern.

After discussion the meeting closed with a vote of thanks to Professor Rotblat and the Board of Governors for their hospitality.

D.F.P.

A SURVEY OF SOME RADIOBIOLOGICAL STUDIES WITH THE ASTATINE ISOTOPE OF MASS 211

by R. W. E. WATTS

THE PRODUCTION of astatine* (At), the highest member of the halogen group of elements was reported by Corson, MacKenzie and Segré in 1940. No stable isotopes of this element are known, and only one (At^{211}) of its twenty radioactive isotopes has nuclear properties which suggest potential therapeutic value.† Although its position in the periodic table indicates that astatine is a halogen, the astatide ion (At^-), which has halogen-properties, is readily oxidised to higher valency states, and under appropriate conditions, the chemical properties of the element resemble those of the heavy metals. It has been suggested (Hamilton, Asling, Garrison & Scott, 1953) that astatine present in an approximately neutral aqueous medium consists of a mixture of six different ionic and molecular species each with its own chemical and physical properties (see also, Johnson, Leininger & Segré, 1949). In these circumstances, it is clear that an adequate explanation of the behaviour of At^{211} *in vivo*, quite apart from the radiobiological effects of the high energy α -particles which result from its radioactive decay, is likely to be extremely complex.

The astatine isotope of mass 211 is made by the bombardment of bismuth (Bi^{209}) with α -particles which have been accelerated to an energy of 29 MeV in a cyclotron. Satisfactory methods for the separation of the At^{211} from the cyclotron target and for its assay in biological experiments are now available (Garrison, Gile, Maxwell & Hamilton, 1951; Hamilton *et al.* 1953; Durbin, Hamilton & Parrott, 1954a; Parrott, Garrison, Durbin, Powell & Hamilton, 1955). The difficulties which arise in connection with the laboratory handling of At^{211} stem partly from its high degree of chemical lability, and partly from the fact that the material is, of necessity, in a 'carrier-free' state (i.e. no non-radioactive atoms of the element are present).

Hamilton & Soley (1940) observed that At^{211} was accumulated by the thyroid gland, and most of the subsequent biological studies

with this isotope have stemmed from this observation. It has been suggested that the combination of a short half-life period and high energy α -particle emission might make it superior to I^{131} in the therapy of thyroid gland disorders (Hamilton & Soley, 1940; Hamilton, Asling, Garrison, Scott & Axelrod-Heller, 1950).

Hamilton *et al.* (1953) reported that in rats, following an intravenously injected dose of At^{211} (as astatide), the time of maximum thyroid radioactivity was approximately twenty-four hours post-injection. The thyroid radioactivity at that time corresponded to about 1.5 per cent. of the injected isotope, this being roughly 10 per cent. of the corresponding value obtained for I^{131} . Astatide uptake by the thyroid gland is inhibited by the simultaneous administration of iodide, and it is presumed that astatide and iodide ions compete with one another for the same uptake mechanism. There is evidence that the uptake of astatide, as of iodide, is influenced by the anterior pituitary thyrotrophic hormone (Hamilton & Soley, 1940; Shellabarger, Durbin, Parrott & Hamilton, 1954). The problem of whether or not the astatine analogues of the iodotyrosines and

* Also known as element 85 or eka-iodine.

† At^{211} undergoes radioactive decay with a half-life-period of 7.3 hours. Forty per cent. of the disintegrations occur with the emission of 5.86 MeV α -particles, the decay product being Bi^{207} (half-life-period 50 years) which decays by orbital electron capture and a series of γ -ray transitions to Pb^{207} (stable). The remaining 60% of the At^{211} disintegrations occur by orbital electron capture to form Po^{211} , 80 keV polonium X-rays are emitted immediately following this transition. Po^{211} decays to Pb^{207} (stable) with the emission of 7.43 MeV α -particles and a half-life-time of 0.52 seconds (Hollander, Perlman & Seaborg, 1953). It should be noted that of the two radioactive daughter elements produced by the radioactive decay of At^{211} , Bi^{207} is rapidly excreted (Hamilton *et al.* 1953) and Po^{211} is very short-lived. Hence, the formation of radioactive daughter elements *in vivo* should not, in this case constitute a source of an appreciable amount of undesired internal irradiation.

iodothyronines are formed in the gland has attracted considerable attention. Attempts to synthesise the astatine derivatives of the aromatic amino-acids chemically and to prepare astatido-benzene met with failure in the hands of Hamilton and his colleagues (Hamilton, Durbin & Parrott; 1954a); but, Hughes & Gitlin (1954) claim to have succeeded in astatinating tyrosine, and to have labelled gamma-globulins with the isotope. There was no evidence, in the latter case, that astatine had become bound to the peptide-linked tyrosyl residue, i.e. that the astatine analogue of an 'iodinated protein' had been produced.

The thiocyanate ion inhibits the uptake of both astatide and iodide ions, it also causes the discharge of astatine from the gland in circumstances where iodine is not discharged. These observations suggest that although the initial 'trapping' of iodide and astatide by the gland may involve similar, or possibly the same, mechanisms, astatine does not become organically bound in a manner which is strictly analogous to that of iodine. Thiourea derivatives enhance the uptake of At^{211} by the thyroid, these drugs block the organic binding of iodine in the gland and decrease the I^{131} uptake (Durbin, *et al.* 1954 b; and Shellabarger & Godwin, 1954). The precise explanation of this observation in the case of astatine is not clear, although it lends support to the view that the thyroid does not handle iodine and astatine in a strictly analogous fashion. It would, in the present writer's opinion be surprising if this were not so, in view of the substrate specificity of most enzyme systems and the probable differences in the sizes of the astatide and iodide ions; as well as the protean chemical properties of astatine in aqueous solution at near-neutral pH values, particularly in the presence of oxidation-reduction systems.

Shellabarger & Godwin (1954) noticed that the difference between the thyroid uptake of At^{211} and I^{131} was minimal at very short time-intervals (less than one hour) post injection. They suggested that there may be an immediate radio-biological effect produced by At^{211} which reduces the glands ability to concentrate halogens, this effect being absent or relatively slight in the case of I^{131} .

The histopathological appearances of the thyroid glands of animals given At^{211} are in general similar to those of animals given I^{131} . Hamilton *et al.* (1953; 1954b.) comment that the necrosis produced by I^{131} is more

uniform than that produced by At^{211} , the injury in the latter case being most intense in the region of the smaller, physiologically more active, follicles, and in the deeper parts of the gland. This difference is attributed to the different ranges of the I^{131} -beta and At^{211} -alpha particles (approximately 2000μ and 50μ in soft tissue for the I^{131} -beta and At^{211} -alpha particles respectively). Radioautographic studies have confirmed that more At^{211} is taken up by the smaller than by the larger follicles (Hamilton *et al.* 1953).

The effect of At^{211} on thyroid functions as judged by the ability of the astatine-treated gland to take up a subsequent tracer-dose of I^{131} has been investigated (Hamilton *et al.* 1953). The results were somewhat irregular due to variations in the initial uptake of At^{211} but it appeared that a dose of 100 μc . per rat (or approximately 0.5 μc . per gram of body weight) almost completely abolished thyroid function as judged by the 24-hour uptake of a tracer-dose of I^{131} forty-one days later. The time course of the development of hypothyroidism in rats following the administration of a thyroidectomizing dose of At^{211} and of I^{131} have been compared. Slowing of the metabolic rate began sooner and a final steady state was achieved more quickly after the administration of At^{211} than after I^{131} . A correlation between these differences and the different nuclear properties of the two isotopes has been suggested (Watts, 1955).

Hamilton and his colleagues have made a quantitative comparison of the toxicity of At^{211} and I^{131} for rats of standard strain, sex and age. The Median Lethal Doses at 60 days (MLD_{60}) were 1.12 μc . and 85 μc . per gram of body weight for At^{211} and I^{131} respectively. Apart from thyroid damage, rats given radiotoxic amounts of At^{211} showed severe damage to the haemopoietic and lymphoid tissues. Parenchymal injury was also apparent in the lacrimal glands and ovary. The gross haemorrhagic lesions which were present most extensively in the lungs, adrenals and stomach were considered to have been at least partly due to 'increased capillary fragility' (Hamilton *et al.*, 1954a) possibly resulting from intense irradiation of the capillary walls. Similar haemorrhagic lesions were not found in animals given radiotoxic doses of I^{131} although radiation injury to the bone marrow and lymphoid tissues occurs in these circumstances.

The long-term sequelae of At^{211} administration in rats and monkeys are attributed

to a combination of chronic hypothyroidism and irreversible radiation injury (Hamilton *et al.* 1953; 1954a; 1954b.). The distribution of intravenously injected astatide and iodide in the tissues (Hamilton *et al.* 1953) indicates that a greater proportion of the total energy dissipation associated with the radioactive decay of At^{211} occurs in the extrathyroid tissues than is the case with I^{131} in similar circumstances. Also, if any intravascular oxidation of astatide to astatine in a zero or a positive valency state occurs, this will alter the chemical properties of the injected isotope possibly favouring colloid formation with a consequent tendency for the isotope to become localised in the highly radiosensitive reticuloendothelial tissues. The occurrence of mammary gland adenocarcinomata following the administration of At^{211} has been reported. Although causally related to the administration of At^{211} these tumours were not considered to have been due to direct irradiation of the gland (Hamilton *et al.* 1954b). Unfortunately the results of comparable studies with I^{131} from this point of view are not available.

Hamilton *et al.* (1954c) have determined the proportion of an oral dose of At^{211} (50 μ C. in the form of astatide) which is present in the human thyroid after time intervals ranging from 13½ to 22 hours. The observed At^{211} uptake was somewhat higher than had been anticipated from the earlier studies on animals, but, as all of the eight subjects concerned had gross thyroid disease, no generalization can be made on the basis of this observation. Shaffer (1952; 1954) injected ten millicuries of At^{211} (as astatide) into an epithelial cyst of the anterior chamber of the eye. No clinical improvement in the patient's ophthalmic condition, or significant radio-toxic effects, apparently followed this procedure.

Although the published toxicological studies with At^{211} are still incomplete, it is clear that its systemic toxicity is much greater than that of I^{131} . This, coupled with the practical difficulties of preparing large batches of the isotope, make it appear unlikely that astatine will find therapeutic application by

virtue of its action on the thyroid gland. Apart from the intrinsic interest of astatine from the chemical and physical points of view, its isotope of mass 211 has nuclear properties which may command it to experimental radiotherapists for use in other fields in the future.

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MRS. NELLIE DRISCOL



Outside the Henry VIII Gate

THE YEAR Eliza Doolittle first uttered 'that word' on the London Stage, another flower girl, Mrs. Nellie Driscol, began her career outside St. Bartholomew's Hospital. 'July 31st, 1912' is boldly written on the creased but not crumpled Street Trader's Licence which she carries in the pocket of her long black coat. 'There were seventeen of us Traders then' she says, in her somewhat hoarse voice, 'but I'm the only one left'.

Mrs. Driscol's association with the hospital began in her childhood; for living in Cloth Fair, she used to play on the old Out-patient steps. Sister surgery of those days, Mrs. Driscol remembers as 'a very abrupt little woman' who would send anyone talking in the Outpatient queue to the back of the line.

Smithfield has changed considerably since that time, a hay market was held outside the hospital, where fodder was sold for the dray horses employed in and around the meat

market. The meat porters in the days before the first World War had to wait overnight for the privilege of carrying meat on their backs: no trollies then. 'Uncouth lot they were' Mrs. Driscol scathingly remarks—her nose twitching with indignation. Apparently when not shifting meat they would saunter over to the line of outpatients and hurl ribaldries to the embarrassed expectant mothers waiting for treatment.

All things considered, Mrs. Driscol thinks that her life was easier then than now. Visitors to the hospital, arriving in their four-wheelers were more generous than their modern counterparts. Having been an in-patient herself, she has nothing but praise for those who looked after her, but she adds, firmly, 'I'd sooner be outside!', where, it is hoped, she will be seen with her flowers for a long time to come.

J.T.S.

WHAT DO YOU THINK OF AMERICA ?

by J. G. EDWARDS

THE SHIP was slow, the public rooms crowded. Every morning we crowded round the chart and saw that we had crawled over another inch of the Atlantic. We crowded round the bar, crowded into the ship's cinema, smiled and apologised as we crushed each other in the corridors. I shared a cabin with an American oil man and we were thrown much into each other's company. He lay on his bunk and read Toynbee. He was a silent sort of man, never seemed to say much unless he had considered his words for an hour or two. Yet the tie that adorned his neck was not reticent, and would have brought a blush to the cheeks of a Soho spiv; but he was an educated man who had travelled round the world several times, acquiring an unusual knowledge of European literature and a scholarly interest in jazz.

One day (the eighth day of the interminable voyage and we had clam chowder at lunch), the oil man sat on the edge of his bunk and warned me against the folly of an Englishman trying to make his home in America.

'You Englishmen', he said, 'you don't survive in America. America is a country that lacks self confidence, and the American is an individual lacking self confidence. So every man has to waste half his life making a show, proving that he's a swell guy. An American never settles down to taking himself on trust. There's none of your English self assurance that allows a man to relax without being thought idle or allows him to be eccentric without being suspect. You stay home, boy.'

On the morning of the tenth day at sea, my friend stood by me on deck, and we watched the sky-scrappers of Manhattan shape themselves out of the mist. I have never seen a city more surprising or more beautiful.

A few days later I was eating rainbow trout in a wayside café. It was only an ordinary dinner, the English equivalent being the café you find by any main road. There was trout and there was turkey on the menu, there was ice in the water, and there were paper table-napkins. An American college

girl gave me a lecture on the American way of life, and I was humble, and listened. She had an earnestness about her that was enchanting. She said that it was wonderful that people should have television sets and refrigerators and good food and a college education, and that Englishmen scorned the importance of material things too easily. I listened to her, and for the first time believed in the spiritual value of the refrigerator and I was certainly not laughing at her.

In New York, I got lost. This is supposed to be impossible, as the street numbering is logical in the extreme. However, I landed up in East 114 street when I was aiming at West 114 street. I realized my mistake when, after fifteen minutes walking from the subway I had not seen another white man. It was midnight, and I was somewhere in the depths of Harlem. The houses were shabby and decaying, people sitting about on the steps even at that time of night, bursts of music coming from open windows, incredible New York heat, the bars still open and a great deal of life and excitement. Suddenly a voice hailed me from a doorway.

'Hey, smart guy, what you want?'

'I want to get home,' I said. Never a truer word.

'When I see a smart guy like you I think you want a woman.'

The man who spoke to me was a little negro, with a crushed-in hat, shabby down to his dilapidated sneakers. I gave him a cigarette and we stood in the doorway and talked.

'What do you think of this joint, smart guy?' the negro asked.

A drunken man with only one arm came by, and seeing a white face, lunged at me, swearing. That night, I was glad to get home.

Next day, I lunched in a club on Wall Street. My host, a business man, was in a great hurry, but was profoundly courteous and helpful.

'Well, what do you think of America?'

I told him that it seemed to be an open-hearted country, and that I had received

kindness wherever I went. My host replied by telling me that America was the country where a man could be sacked by his firm on Christmas Eve, where everyone would hurry up the steps of the club while a man died in the street. He said it was a country in which the Jew was still socially segregated, a country that depended on a depressed negro class for its industrial success. It was a country that required of people an empty, meaningless *bonhomie*. He told me that America was a nation of uneducated people, where, if one had read the editorial in the Christian Science Monitor and quoted it at dinner, one would be counted a brilliant conversationalist. It was a country without modesty. The waiter brought our order, and was angry when my host insisted that if he ordered beef he was going to have beef.

'This' said my host, 'is the rudest country on earth.'

I decided to go and look at New England. In one town I had two hours to wait for a train, and took a seat on a bench outside the station, watching the people come and go. As I was sitting there a truck driver walked by, then came back again.

'Say bud, what's the matter?' he asked. 'Aint you got no pal? Like to come for a ride in my truck. Bud, I can show you a place where the ground's black with rats.'

So I went for a ride to the town rubbish dump. The driver chewed tobacco and spat out of the window. We talked about France, and sweated. The weather was tropical that summer.

'Well, what do you think of America?' my new pal asked.

False *bonhomie*? I don't think so. Anyhow, we could find no rats.

Later that week, an old lady sat in her rocking chair, and poured tea. She had baked bread specially for the occasion, and brought out her exquisite china. She lived in a little white-and-green painted New England house, built all of wood. In front was a veranda looking on to the village street (white dust, the sun intense), and behind her house flowed the river. Her drawing-room surprised me by having no print of Queen Victoria: there was, however, a print of Durham Cathedral. The room was cool and still, with the blinds down, and I could hardly make out the photo of some Harvard crew, among the dozen other pictures and photographs crowded on the wall. The chair rocked and rocked, and the old lady talked

to me in her lovely voice of Harvard and Smith, of her sons and grand-daughters, and of how anxious she had been when the river rose the previous winter. Slowly and precisely she explained her family's descent from the Mayflower.

'Well now' she said, 'you must tell me what you think of America.'

The old lady said that I must go to Boston, so I went to Boston. I sat in the park and waited for the spirit of the Cabots and the Lowells to descend on me. But I found that I was sitting by a children's swimming pool in a slum city, and that the children were Italian, Polish, Czech, and half-caste, and that they all shouted together, splashed together, and that miscellaneous harrassed mothers slapped miscellaneous children. I went off to a drugstore and put five cents into a juke box, and listened to Cherry Blossom Pink and Apple Blossom White (or was the cherry blossom white, I could never get it straight all that summer).

On a Sunday afternoon I went to a music festival held in the New England hills. Some miles up a side road was the College, with its concert hall, one of a group of white-painted buildings set on high ground among smooth lawns and elm trees, and beyond was a view of valleys wooded with pine and spruce. A world-famous pianist played, sweating a little in the heat, and the audience clapped, but did not clap too much. In the interval we sat on the lawn, and looked at the delectable scene around us, and it seemed that everyone had been analysing Beethoven's sonatas from the cradle.

'What do you think of America?' they politely asked me.

I left New England. An old man asked me to dinner, and his negro cook brought in the fried chicken. He told me about the West that he had known as a boy, the West that was wild. He told me about the time (more than fifty years ago), when the coach in which he was travelling was held up by highwaymen, and robbed at gunpoint. He told me about an exciting boyhood in a West long-since tamed, about a frontier where bad men were still bold, and carried a Colt.

'It's all gone now' he said. 'Even Texas is tame.'

After the fried chicken, there was cream and strawberry shortcake.

Next morning, I read in a newspaper that a teen-age gang had burnt an old tramp alive. And later I discovered that my host, who had

described himself as a small-time pressman, was the winner of two Pulitzer Prizes.

A medical student offered to show me round his hospital. He had spent some years in London, and was nostalgic about London buses. London to him was a sort of Athens, full of charming and educated people, kind fat nannies and walks in the park.

'American politics' he said, 'are in an undifferentiated schizophrenic state. But don't be put off.'

He showed me a hospital throbbing with energy, where students worked from eight in the morning to midnight, where endless conferences strove after integration, where the professor worked in his shirtsleeves and looked like a general directing a battle, a place where scientific medicine was reaching the highest possible level of efficiency.

STUDENTS UNION

COUNCIL MEETING

A meeting of the Council was held on January 24, with Dr. Cullinan in the Chair. The main matters discussed were as follows.

1. It was reported that it would cost about £10 to install a dimmer on the lights in the redecorated Gymnasium. It was suggested that the Medical College Committee be asked to include this expense in their redecoration scheme.

2. A letter from Mr. J. B. Hume was read in which he accepted the post of a Treasurer to the Union and thanked the members for their invitation.

3. Mr. Badley reported that the scheme for cheap rail tickets to Sidcup had now been satisfactorily concluded with British Railways. Two batches of tickets were now obtainable from the male cloakrooms at Charterhouse and the Hospital:

- (i) Return from London Bridge @ 2s. 8d.
- (ii) Return from Charing Cross or Holborn @ 2s. 11d.

It was stressed that such tickets should be taken to the appropriate station booking-office on the day of use for date-stamping, as undated tickets are regarded as being invalid by the Railway authorities.

4. B.M.S.A.: Mr. Dawrant, the Hospital representative of the B.M.S.A., asked to relinquish his position in view of forthcoming examinations.

'Well, what do you think of American medicine?' the student asked.

I went out into the country again, to stay with friends. The daughter of the house took me roller skating, and she grazed most of the skin off one of her knees. Next day she went to the local hospital, and they tore off the bandage and slapped on iodine. The price for this treatment was two dollars.

Reluctantly, after postponing my date of departure, I flew home to England. Sitting next to me in the Stratocruiser was a poet, a thin nervous Englishman afraid of flying, and in particular afraid of the air hostess. I got the question in first.

'What do you think of America?' I asked him.

'Oh,' he said, 'oh'.

We hit an air-pocket, and the poet was poetically sick.

This request was granted and Mr. Dawrant was thanked for his services.

Although the appointment of a successor must be left to the A.G.M., Mr. B. Hill was unanimously elected to fill the vacancy until that date.

5. A discussion was held regarding late dances in the Gymnasium. It was decided to write to the College Committee to find out the proposed regulations governing such functions.

6. The report of the 1955 Pot-pourri Committee was read by Mr. Bekenn. This included thanks to those who had given assistance and taken part in the Ward Shows and the Pot-pourri. A motion that the prices of some of the seats be increased was defeated. The council thanked the Pot-pourri for all their hard work, and Mr. Edwards for arranging the Pot-pourri Party.

7. The Christian Union was granted the use of the Charterhouse Music Room from 1.30 p.m. every Tuesday for their weekly Bible reading.

8. It was suggested that better methods of starching white coats would lead to smarter appearance and that they would keep clean for a longer time. A request was sent to the appropriate quarter.

9. In response to a complaint that the A.B.C. Railway Guides were out of date, it was decided to place a monthly order for the Guides; the new copies to go to the ladies' and gentlemen's cloakrooms at the Hospital and the Porter's Lodge at College Hall in rotation. Each should then have a new copy every three months.

B.W.D.B.

A CASE OF POLYARTERITIS NODOSA

by C. STEPHENSON

THE FOLLOWING CASE was presented at the last Clinical Evening of the Abernethian Society, and was reviewed last of the four cases which Dr. R. C. King described as 'ranging from the difficult to the frankly impossible'.

CASE HISTORY

The patient, a youthful-looking woman of 24, was admitted to the Hospital complaining of painful swellings and spots on the legs, and the passing of 'smoky-coloured' urine.

Ten months previously she had had an attack of malaise, vomiting and shivering; following this she noticed that her urine was 'smoky-coloured' for the five days preceding each menstrual period for four consecutive menstruations. She was then admitted to Bart's for investigation. Examination of the urine revealed haematuria and albuminuria, the former losing its relationship to menstruation and becoming continuous. Cystoscopy was performed but no abnormality was seen. I.V.P. showed good renal function on both sides but there was a filling defect at the lower pole of the left renal pelvis; retrograde pyelogram revealed persistent narrowing of the superior calyx on the right side.

Results of clinical investigations:—Haemoglobin 68 per cent, R.B.C. count 3.4 million per cu. mm., E.S.R. 20 mm. in the first hour. The blood indices were within normal limits. Blood urea was 43 mgms. per cent.

Many specimens of urine were examined for acid-fast bacilli but none was found. Inoculation of a Lowenstein-Jensen medium showed no growth after eight weeks incubation.

The patient felt well despite albuminuria and haematuria, and for only two evenings during her period of four weeks bed rest was her temperature raised. Her blood pressure at this time was 135/80 mms. of Hg. Having been in Hospital about thirty days the patient was then discharged.

She remained in good health for a further five months when there was an exacerbation of her symptoms. Shivering and malaise lasting four days were followed two weeks later by swelling of the feet, calves and arms. Small red ecchymoses appeared on her shins, and turned brown before fading. The clinical picture was complicated further by abdominal pain which was relieved by vomiting, but the patient, resting in bed and able to take only water by mouth, remained afebrile. The haematuria was now visible to the naked eye, and the blood pressure had risen to 150/90 mms. of Hg.

On re-admission the patient was healthy looking and co-operative. She did not suffer from headaches, insomnia or giddiness. Glasses were worn for reading, and although not specifically asked she offered no history of abnormal discharge

from the nose or ears, and described no corneal lesions. There was no cough, dyspnoea, orthopnoea or palpitations. She had a fair appetite and her weight, which was then 7st. 7lbs. had increased a little recently. Her bowel habit was regular and there was no melaena. She suffered no dysmenorrhoea, dysuria or nocturia. There was no past history of Rheumatic Fever, Diphtheria or Scarlet Fever. Nine years previously she had had an attack of gastro-enteritis; and a year later pain in the left iliac fossa had necessitated an examination under general anaesthesia at the London Hospital, but no abnormality was found. Examination of the patient revealed a positive Hess's test. The pulse, rate 80 per minute, was regular and the volume normal, the walls of both radial arteries being impalpable. The blood pressure was 140/90. The limbs showed no residual oedema or scarring of the skin, and they were neurologically normal.

Results of further clinical investigations:—Haemoglobin: 70 per cent. E.S.R.: 25 mm. in the first hour. Packed cell volume: 30 per cent. Mean Corpuscular Volume: 73 cu. μ . Mean Corpuscular Haemoglobin Concentration: 34 per cent. R.B.C. count: 4.1 millions. W.B.C. count 16,000/cu. mm. (of these 9,600 were polymorphs, 4,800 lymphocytes, 1,120 monocytes, and 320 were eosinophils). The platelet count was 360,000/cu. mm. The bleeding time was 4½ minutes and the clotting time 3½ minutes. The blood urea concentration was 100 mgms.%. The serum proteins 5.9 total, and the serum albumin 3.4 gms.%. Protein electrophoresis of the serum showed a slight increase in the globulin fraction. Pseudo-cholinesterase was 53 units; serum alkaline phosphatase 8.2 K.A. units; thymol turbidity 1.5 units; serum cholesterol 215 mgm.%; and alkali reserve 55.7 c.c. of CO₂/100ml., or 24.9 m. equiv. per litre. Lupus erythematosus cells were not seen in the blood, which was sterile. The urine contained many white and red cells, and granular and hyaline casts; there was much debris but no pus cells, and culture yielded no growth. Examination of the sternal marrow and chest X-ray showed no abnormality.

The patient's good general condition was maintained with bed rest; but one month after re-admission the haemoglobin had fallen to 42 per cent, the B.P. had risen to 170/115 mm. of Hg., the sedimentation rate to 135 mm., and the blood urea to 90 mgms.%. The albuminuria was then of the order of 1½ to 2½ gms. per litre (Esbach), and the haematuria was considerable, but urine culture still remained sterile.

It was at this time that the case-history was presented at the Clinical Evening of the Abernethian Society. During the discussion it was suggested that the initial relation of the haematuria to menstruation could have been due to endometriosis of the urinary tract;

but this condition had not been reported at cystoscopy, and soon the haematuria had lost its relation to the menses. Chronic-on-acute nephritis was suggested as a diagnosis, but the prevailing albuminuria and haematuria was not accompanied by hypertension; indeed only recently had the blood pressure shown any rise at all.

Lupus erythematosus of the erythematous type, of which nephritis is a major complication, was also considered. However, in this disease there is always a marked pyrexia, and it is usual to find the so-called 'tart' cells of Lupus erythematosus in a stained smear of blood which has been allowed to clot and then kept at room temperature for two hours. It was stated that the absence of L.E. cells did not exclude the diagnosis.

Henoch-Schönlein syndrome, or haemorrhagic capillary toxicosis complicated by nephritis, seemed to be compatible with all the features of the case, in particular that of the positive Hess's test and the normal blood picture; moreover there had been some joint and epigastric pain. The syndrome, however, is usually associated with a sore throat and resolves with the throat condition.

Dr. King in his summary favoured the diagnosis of Polyarteritis nodosa, saying that the wide diversity of symptoms in the absence of marked pyrexia and hypertension suggested this; the value of Hess's test was not well defined.

In the course of the next fortnight the patient's condition gradually deteriorated; she suffered epigastric pain (relieved by codeine), the blood urea rose, and three days before death she became markedly euphoric, smiling and laughing without apparent cause. Her electrolyte balance was found to be upset; this was corrected by giving oral sodium; this resulted in general improvement for two days. She then suddenly became breathless, and developed tachycardia, triple rhythm and increased crepitations at both bases. Oxygen and digitalis were given but these failed to help her and she died in coma.

POST-MORTEM EXAMINATION

On external examination there was slight pitting oedema of the lower extremities but no skin eruptions. A mobile swelling in the right cubital fossa, just lateral to the brachial artery, exhibited all the signs of a ganglion, and on excision it was found to be such a tumour attached to the bicipital aponeurosis.

Internally there was much evidence of the cause of death. The upper air passages contained copious amounts of frothy serous fluid. The pleura showed bilateral effusion, up to two pints of faintly blood stained fluid being seen on each side. The lungs

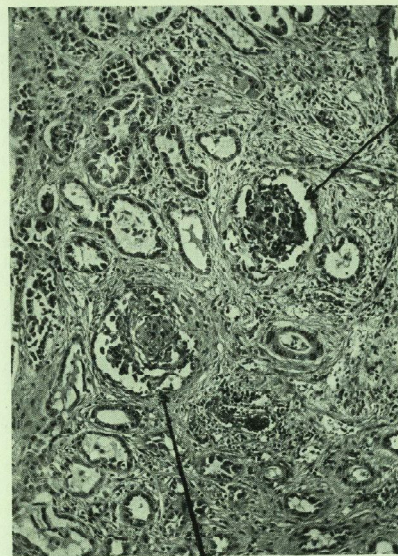
were grossly oedematous but no scarring or consolidation was seen.

The pericardial cavity contained two ounces of clear fluid. The heart weighed 320 gms. (normal female range 230-280 gms.); its chambers were slightly dilated and the walls presented sub-endocardial haemorrhages in the infundibular region and in the pulmonary valve cusps. The myocardium was noticeably pale and the papillary muscles showed fatty striation; the valves, the coronary arteries and ostia were normal.

The tongue, pharynx and oesophagus were all normal; the tonsils small. A little ascitic fluid was found but the alimentary tract showed no abnormality. The liver weighed 2 Kgms. (normal 1,200-1,400 gms.) and suggested passive venous engorgement. The biliary system appeared normal. The spleen weighed 165 gms. and was normal except for small focal haemorrhages. The kidneys—centres of interest in this case—each weighed 125 gms. (normal female range 115-155 gms.). Both were small and rather soft; the capsules stripped easily revealing the pale kidney surfaces spattered with haemorrhages of up to 1 mm. in diameter. The cut surface showed pallor of the cortex with loss of cortical pattern and numerous small



Section 1: Two afferent glomerular arterioles (arrowed) showing acute arteritis. The interlobular artery from which they are derived is seen in longitudinal section: it is unaffected by the disease process. X 90.



Section 2: Two glomeruli (arrowed) showing destructive glomerulitis similar to that of acute nephritis (Ellis Type 1). The tubules are atrophic and there is a marked increase of interstitial tissue. X 100.

haemorrhages; there were also fresh haemorrhages in the renal pelvis.

The bladder, uterus, ovaries, meninges, cerebral arteries, the thyroid gland and the supra-renals were all normal, but the brain showed some congestion of the small vessels throughout the white matter.

A diagnosis of Polyarteritis nodosa with severe renal involvement was made macroscopically and later confirmed histologically.

The renal lesion (illustrated in sections 1 and 2) was typical of polyarteritis nodosa; the smallest vessels in the afferent glomerular arterioles and the glomerular tufts themselves being mainly affected. Few glomeruli had escaped injury and they showed all the stages of morbid change, from acute glomerulitis with crescent formation to scarring and obliteration of the tuft. The tubules showed corresponding degrees of degeneration and atrophy, and many contained blood and protein casts. The interstitial tissues were oedematous and showed focal haemorrhages, sparse inflammatory cell infiltration and early fibrosis.

Section of the lung revealed fresh haemorrhages, marked oedema, and focal acute necrotizing

inflammation of the arterioles and alveolar walls, suggestive of polyarteritis nodosa.

The healing of typical acute lesions was also demonstrated in the arterioles of the sciatic nerve, and in one of the hamstring muscles, and also in the spleen, liver and pancreas, the last having a small fresh haemorrhage. Fresh interstitial haemorrhages but no arteriolar lesions were found in the heart muscle. The suprarenals, brain, femoral bone marrow and synovial membrane of a knee joint were normal.

DISCUSSION

Polyarteritis nodosa is not as rare a disease as is commonly believed. At St. Bartholomew's Hospital as many as six cases have been diagnosed in a single year.

The case described here was by no means a typical one. Characteristically the illness is protracted and pyrexial, the pulse rapid, and the patient usually complains of malaise and weakness, limb pains (rheumatism) and visceral disturbances such as asthma or abdominal pain: the latter may be sufficiently severe to simulate peritonitis or mesenteric thrombosis, when the disease may present as an abdominal emergency. Subcutaneous nodules may appear but are not common. Albuminuria is a sign that the kidney is involved and haematuria may also occur. Almost always there is a leucocytosis, a high sedimentation rate and a negative blood culture. Eosinophilia may suggest the diagnosis, but it has been said to occur in only 20% of cases. Severe hypertension may be a malignant sequel should the disease resolve.

Muscle biopsy, usually of the deltoid or hamstrings, is diagnostic. The original basis for the recognition of this disease, however, was the finding of nodular greyish-yellow swellings along the course of the visceral arteries; these were aneurysms. In cases with severe renal involvement the appearance of multiple small aneurysms over the cut surface of the kidney is highly suggestive of the disease.

Very commonly the diagnosis is only made on biopsy or at necropsy. The essential lesion in the acute stage is fibrinoid necrosis of part or all of an artery wall, together with a perivascular infiltration of leucocytes; with granulocytes in any proportion. Arteries of any size may be affected, although most commonly the medium-sized ones are involved. Damage of the vessel wall leads to 'explosive' aneurysm forma-

tion with thrombosis: this is followed by intimal hyperplasia proximal and distal to the aneurysm. Fibrosis of the adventitia and media then takes place in the process of 'repair'. Elastin staining of a 'repaired' focus often shows rupture or partial loss of the internal elastic lamina.

It follows from these facts that section of a healed, or partially healed, vessel may reveal nothing more than intimal hyperplasia if the section is not in the plane of an aneurysm. An atrophic intima and 'explosive' aneurysmal destruction of the vessel wall signifies the acute stage of the disease.

In 1953 Dr. Pearl Zeek claims that the term 'polyarteritis nodosa' was first used by Kussmaul and Maier of Cincinnati in 1866. In 1878 Meyer associated the artery lesions with those of hypertension before blood pressure recording had become a regular pastime, and he drew attention to the absence of the disease in the pulmonary circulation to illustrate his concept. During the first quarter of this century exhaustive attempts were made to try and find a bacterium, virus or toxin which produced the disease, but without success. Concurrently similar lesions were described in a herd of deer in Germany.

In 1931 in America the characteristic changes of polyarteritis were found at necropsy in a few cases of malignant hypertension; this gave impetus to researches in methods of producing it experimentally. In 1939, Wilson and Byron described their experiments with rats. They had induced an ischaemic renal hypertension by partially occluding the renal arteries; this had produced morbid changes in the kidneys which another worker declared to 'closely resemble' the lesions in seven of his patients who had died from polyarteritis nodosa. Rats fed on a diet rich in calcium, phosphorus and phosphoric acid produced identical lesions.

The question as to whether the microscopical appearance of the arteries of the rats was due to hypertension *per se*, or to that factor combined with impaired renal function, is of great interest, and Goldblatt in New York concluded that in hypertension produced in some other way (not renal, e.g., neurologically) there was no associated arterial pathology. Very occasionally polyarteritis of the pulmonary circulation occurred and in a significant number of these cases pulmonary hypertension had been present—on clinical evidence. The question as

to which is the primary lesion remains to be settled; perhaps with the adoption of needle biopsy of the kidney the solution may soon be forthcoming. Fishberg stated in 1939 that hypertension does not occur in polyarteritis nodosa without extensive involvement of the renal arteries. The case which has been described here is in keeping with this.

In 1948 Davson, Ball and Platt of Manchester described the kidney changes in fourteen cases of polyarteritis nodosa. One of these, a woman aged 26, had marked hypertension and no evidence of renal polyarteritis and the urine was normal, and in six of the fourteen cases there had been no hypertension: they therefore concluded that occlusive vascular lesions of the kidney bore no relation to hypertension. They add that in two cases 'it is tempting to regard hypertension as secondary to renal ischaemia due to healed polyarteritis in the kidney vasculature, by a Goldblatt mechanism'. The hypertension thus produced may lead to specific malignant nephrosclerosis, and it may be that earlier workers had mistaken this condition for a genuine polyarteritis nodosa.

In their survey the Manchester workers stress the need for careful histological investigation of organs other than the kidney in order to differentiate the disease from focal embolic nephritis, Ellis Type I nephritis, or malignant nephrosclerosis.

SUMMARY

A fatal case of polyarteritis nodosa with severe renal involvement but without fever or hypertension is described. The characteristics of the disease are listed and followed by a brief survey of the literature. The procedure of needle biopsy of the kidney in different stages of the disease is expected to resolve the problems concerned with its relation to hypertension.

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R. B. PRICE'S poem 'TO T. B.' was first published in the *Journal* in 1908: in the following year it appeared in the first edition of *Round the Fountain*.

Earlier this year Brigadier Price wrote and told us that for a long time he has wished to amend the original, but only recently had he had the opportunity of doing this. He enclosed the following version. Four completely new verses have been added and two of the original ones discarded.

TO T.B.

Slender yet strongly pugnacious bacillus,

What though your size is but 3 or 4 μ ,
 Yet you attack and courageously kill us—
 Us, many times bigger than you.

Still do I feel some remorse to have slain you
 By methods that must have been painful to
 you,

Feel it unsportmanlike still when I stain you
 With hot Carbol Fuchsin and Methylene
 Blue.

Bound to investigate any suggestion

One of your sort in the sputum might
 hide—

T.B. or not T.B. that is the question,

Idle soliloquy cannot decide.

There have I singled you out from the million,
 Filmed you and featured you star of the
 cast,

All technicolour in vivid vermilion,
 Guaranteed acid and alcohol fast.

Now all the triumph and glorification
 Felt at your capture sadly subside,
 Heaving regret at this last degradation,
 Wounding indeed to a warrior's pride.

Valour and virulence perfectly blending
 Should in some noble achievement have
 died,
 Rather than meet an inglorious ending
 Mounted and stained on a microscope
 slide.

You must have had many strenuous tussles,
 Lived in a state of perpetual strife,
 Struggling with fierce phagocytic corpuscles,
 Barely escaping perhaps with your life.

Grappled with the murderous opsonins,
 striving
 Cannibal-fashion to cook you entire;
 Death in a thousand conflicts surviving,
 Only at length on a film to expire.

Then had the foes you so stoutly resisted
 Buried you there with the honours of war;
 Finely and fittingly encysted
 Still might your corpse fill young blood cells
 with awe.

Later the process of calcification
 Might a more lasting memorial raise,
 So handing on to a new generation
 Of phagocyte fighters its tribute of praise.

Yet in your downfall to tears you provoke
 us;
 Even your carcass, in death lying prone,
 (Wait half a tick while I get it in focus—
 There!) has a delicate grace of its own.

What though no flaunting flagella adorn you,
 What though for speed you were never
 designed,
 Let not the motile bacteria scorn you,
 Yours is a beauty more staid and refined.

Some in your fate a just Nemesis may see
 For wanton aggression of heinous degree—
 Nevertheless *Reviescas* in Pace
 Graceful, disgraceful, gallant T.B.

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SPORTS NEWS

RUGBY

1st XV v. Old Cranleighans. At Chislehurst, December 17. Won 6-3.

This was undoubtedly the Hospital's most fortunate win of the season so far, for their opponents played extremely good robust rugby. The Bart's forwards were handicapped in the first half by an injury to Tallack and Gawne had to take over the leadership of the pack, in spite of this, however, play was even. The first score came for the home side when Davies broke away and Halls crossed the line for an unconverted try.

In the second half the Old Boys pressed continuously but Bart's went further ahead when Charlton broke through and Halls ran half the length of the field to score another unconverted try. The Old Cranleighans came back with great determination, they were awarded a number of penalty kicks and one of their attempts at goal succeeded.

The game ended with the Hospital defending desperately.

1st XV v. Old Rutishians. At Thames Ditton, January 7. Lost 3-9.

This game was undoubtedly lost because the team were not as fit as they ought to have been after the Christmas and New Year festivities. For the first time this season Bart's received ninety per cent of the ball through some fine hooking by Jewell. The backs played cleverly enough but far too many movements were spoilt by the ball being dropped or knocked on, and two penalty kicks in the first fifteen minutes should have put the Hospital in the lead but these failed. Bart's pressed hard but near half time the Old Rutishians broke out of their own half on two occasions, once to score a try and again to gain a dropped goal.

In the second half the Hospital fought very hard and were rewarded with a penalty goal by Halls. However, near full time the Old Boys broke through again and added another three points to their total with a try.

TEAM: B. W. D. Badley; D. A. Lammiman, J. Neely, G. Halls, R. M. Phillips; R. R. Davies, C. A. C. Charlton; D. W. Downham, W. H. M. Jewell, B. Lofis, K. E. A. Norbury, D. W. Roche, H. Thomas, J. S. T. Tallack (Capt.), J. C. Mackenzie.

1st XV v. Taunton. At Taunton, January 14. Won 15-3.

This was the most convincing win of the season and probably the greatest. Taunton, with victories over Bath, St. Lukes, Redruth and Manchester to their credit, seemed like being stern opposition, so it was decided that as many as possible of the team should travel the previous evening in order to

prevent them going on to the field feeling the effects of a long train journey.

Bart's kept the game open from the outset, and after ten minutes the whole side settled down to play some very good football. Lammiman gained the first try in his familiar style of running round his opponent and scoring near the corner-flag. Halls just failed to convert with a magnificent kick that hit the cross-bar. Taunton came back strongly but the Hospital soon recovered and returned to the offensive again. Neely, playing his usual grand game kicked the ball along the ground towards the corner-flag and Lammiman running up very quickly gathered the ball and went over for a second try. It was not converted. Play was then even until half time.

Bart's returned to the attack in the second half, and after fifteen minutes play, amid excited cries from the touch-line, Mackenzie received an inside pass from Thomas and ran in with great determination for the Hospital's third unconverted try. Five minutes later Halls broke through the centre from just inside the Taunton half and coasted down the touch-line to score wide out. Again it was not converted. Taunton then tried desperately to score and there followed several anxious moments as scrum after scrum was held on the Hospital line. The forwards, however, fought their way out splendidly. Shortly after Halls broke away and Mackenzie, backing up well, scored the last try for Bart's. Taunton retaliated and with the referee waiting to blow his whistle they gained their only try when a defending kick was charged down. The whistle for no-side sounded as their conversion kick failed.

For the second game running the Hospital had a good share of the ball, this time through the hooking of Carr. The whole team played well and fully deserved their victory of five tries to one.

TEAM: B. W. D. Badley; D. A. Lammiman, J. Neely, G. Halls, R. M. Phillips; R. R. Davies, C. A. C. Charlton; B. Lofis, C. Carr, D. W. Downham, D. W. Roche, K. E. A. Norbury, H. Thomas, J. S. T. Tallack (Capt.), J. C. Mackenzie.

1st XV v. London University. At Chislehurst, January 18. Won 8-0.

A weakened Bart's XV without Tallack and Gawne faced stiff opposition in London University who had previously only lost two games, having drawn with St. Mary's and defeated Guy's.

In the first half the University side showed itself to be competent and tough, especially their backs who were thrustful and extremely fast. Despite this, the game was fairly evenly contested. The Hospital went ahead after about twenty minutes with a fine penalty goal by Halls and maintained this lead until half-time.

In the second half the Bart's forwards came into their own and gained the ascendancy over their opponents. The University back division faded and the Hospital three-quarters began to pile on the pressure. However, it was not until a few minutes from full-time that they finally broke

through. Davies pierced the defence, Mackenzie linked up with him and sent out an excellent pass; Lammiman coming in from the blind side wing at top speed burst through and dived over the line.

Outstanding for the Hospital was Mackenzie who was everywhere both in attack and defence. Carr hooked well and Lofis played a very hard game.

TEAM: B. W. D. Badley; D. A. Lammiman, J. Neely, G. Halls, R. M. Phillips; R. R. Davies, C. A. C. Charlton; B. Lofis, C. Carr, D. W. Downham, K. E. A. Norbury, D. W. Roche, H. Thomas, L. Thomas, J. C. Mackenzie (Capt.).

Club Records

A Club record and history is being compiled by J. S. T. Tallack. He would be very grateful if old Bart's players would send him any information they have in their possession, e.g. photographs, playing records, county players, formation, etc.

BOOK REVIEWS

BORRODAILE'S MANUAL OF ELEMENTARY ZOOLOGY. 12th Edition. Revised by W. B. Yapp. Oxford Medical Publication. 30s.

Ask a Bart's man of a former generation where he acquired the elements of zoology and comparative anatomy and he will almost certainly answer 'Borrodaile'. This book first appeared in 1912 and ran through about twenty editions or impressions although in recent years it has been superseded by excellent manuals by Murray, and Grove and Newell. The edition under review has been largely rewritten and is therefore as up-to-date as any elementary text can expect to be.

There are altogether twenty-nine chapters, including treatment of sponges, star-fishes, molluscs and 'the pigeon', which are not generally considered in such text books. There is in further addition a good elementary account of the classification and structure of vertebrate animals. The illustrations are unambiguous and the work is well-indexed.

A. J. MARSHALL.

DIAGNOSIS AND MANAGEMENT OF UROLOGICAL CASES by Pender and Robinson. Baillière, Tindall and Cox. 21s.

This handbook sets out to supply much needed information for the undergraduate and young post-graduate. It gives an excellent account of the essentials of urology laying stress on the practical aspects of investigation and of pre- and post-operative management, wisely omitting pathological detail and operative technique. The authors are to be congratulated on the clarity and lucidity of their text which makes the book a pleasure to read.

Only in two places is there some confusion. Firstly in a description of the Urea Clearance Test

All material will be carefully preserved and returned as soon as possible. No scrap of information is too small, as all minute books prior to 1937 have been destroyed.

Memorial Tablet

Old Bart's Rugby players will be glad to hear that the memorial tablet to G. W. C. Parker is being re-erected at Chislehurst.

An Apology

The Editor regrets that there was an error in these columns in the February issue.

The report of the 1st XV playing Guy's Hospital was incorrect. This account referred to a match played by the Women's Hockey Club. We would like to apologise to the Women's Hockey and the Rugby Clubs, and also to Guy's Hospital.

which is inexact, and secondly and more important, in the description of treatment of carcinoma of the bladder, one of the most difficult subjects in urology. In these paragraphs a more dogmatic approach is necessary for them to be of real value to the relatively inexperienced reader. It is essential in a book of this nature that some guidance should be given as to the comparative merits in the author's opinion of the several forms of treatment described.

The sentence 'If the paraplegia is permanent the sooner a suprapubic cystostomy is performed the better', reads strangely today, but in general there are few statements of fact or opinion with which one can quarrel.

The book is a summary of modern, orthodox urological practice and is therefore of great assistance to the examinee and to the houseman. There are particularly good accounts of the management of acute and chronic retention and of renal calculi. The diagrams are clear and helpful.

The book is to be strongly recommended to the readers for whom it is intended and is produced at a reasonably low price.

R. M. T. WALKER-BRASH.

A HUNDRED YEARS OF NURSING by Sir Zachary Cope. Published by William Heinemann Medical Books Ltd. Price 10s. 6d.

Sir Zachary Cope has often instructed and amused us before and we look forward to a book by him. His style is fresh and lively, and he has a keen ear for the illuminating remark. This is Miss Nightingale on the training of nurses. 'Taking notes wanted in a private nurse. Rather discourage it in a probationer (so cocky) till 2nd year.' Or what could better typify the attitude of mind of the 1920 nurse than this remark of one

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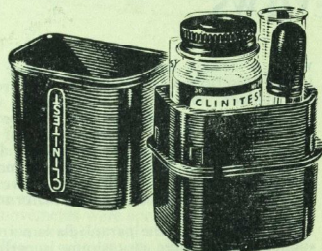
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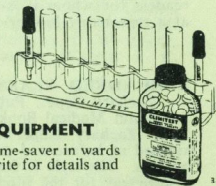


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March 1956

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adult woman to another. 'Milne, you've cut off your hair. Have you told Matron?'

St. Mary's Hospital, Paddington, which is the subject of this book, opened in 1851, and so from its early days felt the impact of Miss Nightingale's ideas on nursing. In 1876 a Nightingale, Miss Williams, was appointed Matron, and the institution of nurse training at St. Mary's was begun. The Matron's task was not consistently easy, and to judge by Sir Zachary's account of the trouble over her salary, she was not a psychologist or a business woman. Miss Williams left in 1885, and there were forty eight applicants for the vacant post of Matron at £120 a year.

From then onwards the story is one of steady forward movement. Though this book is primarily for the friends of St. Mary's, Paddington, there is material to interest others. For instance, we notice that in 1897 the list of expenditure among the London teaching hospitals on trained nurses was headed by (have you guessed?) St. Bartholomew's Hospital.

W. E. HECTOR.

THE M.B., B.S. FINALS (1946-1954) by F. Mitchell-Heggs, F.R.C.S. 4th Edit. 10s. 6d.

Attractively bound and of convenient size, this book is less tedious, though no less depressing, than search through the past papers themselves. Its arrangement into sections facilitates reference, and though repetition of questions limits the topics covered, it serves to emphasize those favoured by the examiners.

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A Chance for Child-lovers

The geneticists, those unfortunate students of heredity, are agitated by the way families in this century have shrunk in size. If any race—whether of men or of animals—is to thrive, and maintain a good stock, they say, there must be plenty of them about, so that the genes have plenty of opportunities for reshuffle. The genes are those mysterious bits of nuclear protoplasm by which hereditary characteristics are handed down from generation to generation; and of course every child gets half his genes from his father and half from his mother.

Well, the geneticists say, there must be plenty of cards in the pack if shuffling and re-dealing is to produce interesting and refreshing combinations. The smaller the pack the smaller the variety of hands you can deal.

But the hereditary pack, confound it, doesn't even remain constant. The genes in every generation show . . .

Would you like to hear more? Unfortunately, space will not permit reproduction of the whole of this entertaining and informative essay, as it appeared originally in The Times. It is one of a collection of delightful medical musings—all from the same wise and witty pen. If you would like a copy of "The Prosings of Podalirius" just send us a card at the address below.

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RECORD REVIEW

HERSCHWIN Concerto in F
Rhapsody in Blue

Played by Julius Katchen with Mantovani and his Orchestra. Decca, L.X.T. 5069

RHAPSODY IN BLUE. This recording of what has become a modern classic is undoubtedly technically first class, but I do not think that the performance is as good as the original Paul Whiteman arrangement or the Andre Kostalanetz version.

Katchen and Mantovani are both well known, and the two major themes of this work, the one syncopated and modern, the other great and flowing, are loved by many. This piece is, however, meant to be a Rhapsody in Blue and although the individual obligatos on the various wind instruments are quite excellent the work is fragmented and restless. Surely there are no other musical forms more demanding of a *flowing* interpretation than rhapsodies and blues, and this recording unfortunately lacks that quality.

CONCERTO IN F. This work is not so widely known as the Rhapsody, but I hope that the association of the two works on the same discs will increase its popularity. The solo piano is very well played, and once again, so are the numerous and prominent obligatos, but this time the restless feeling of the orchestration is more in mood with the composition. It is a very good recording of an unusual but interesting work: much more satisfying than the Rhapsody, where I feel Mantovani is at fault.

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. LX

APRIL 1956

No. 4

EDITORIAL

He was subject to a kind of disease, which at that time they called lack of money.

François Rabelais.

RUSKIN once cynically remarked that 'the first of all English games is making money'. This will be regarded by many as a sweeping statement, but there is no doubt that the sport has been practised with great energy during the past ten years, with the employees playing against their employers. A succession of wage claims has resulted in disagreements, deadlocks and the inevitable strikes. Now the Medical Profession has found it necessary to ask for more money, but we feel sure that this request will not have any such unfortunate *sequelae*.

In February, the General Medical Services Committee of the British Medical Association, representing the general practitioners, together with the Joint Consultants Association, acting on behalf of all grades of hospital medical staffs, announced that they would submit a claim to the Minister of Health asking for an increase in remuneration. At present remuneration is the same as it was in 1950, being then based on the Spens Reports and the Dankwerts awards. Since then the cost of living has rapidly increased and Ruskin's game has become a fight.

Following this announcement a considerable amount of correspondence appeared in the medical journals and the national newspapers. Few of the letters were from members of the Hospital Staffs, who probably fear that if they complain their chances of promotion may be jeopardized: most were from general practitioners. Reading them it is apparent

that many doctors are dissatisfied with present conditions. They feel that their sense of duty is being exploited, for, since the introduction of the National Health Service Act they have been forced to work even harder, while other members of the community have received more money for less work.

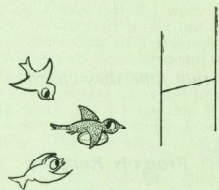
The disclosures of these apparently penniless doctors, following as they do the cry that the profession is becoming overcrowded, and the concurrent threat of unemployment, have caused a certain amount of alarm among the junior members of the profession and those about to enter it. No one today becomes a medical student in the hope of making a fortune, but once he has finished his protracted course of study, he expects to earn enough to keep himself and his family in reasonable comfort, and to be able to give his children as good, if not a better, education than he himself received.

It has been said by some people that the profession should not embarrass the Government with requests for more money at a time when the country is facing a financial crisis. They advocate that the claim should be sacrificed, so setting an example to the trade unions. This is undoubtedly a noble sentiment, but, if financial hardship is being suffered by some members of the profession, we hope that the Minister of Health will rescue them from their plight as soon as possible.

View Day Ball

Owing to circumstances beyond the control of the Ball Committee, arrangements for the View Day Ball have had to be changed. The Ball will now be held in the Park Lane Hotel on Friday, May 18. There will be dancing from 8.30 p.m. till 3 a.m. Double Tickets, including a four course dinner, will cost £3 3s.

It is hoped that there will be a good attendance at what promises to be a most enjoyable evening.



Staff Appointment

Dr. H. W. Balme has been appointed a Physician on the Staff as from April 1; he will be Assistant Director of the Medical Unit.

Having qualified in July, 1943, Dr. Balme was House Physician to Dr. Scowen from August to December; earlier that year he had won the Brackenbury Scholarship in Surgery, the Skynner Prize and the Walsham Prize. During the War he served as Captain in the R.A.M.C.

He returned to Bart's in January, 1948, as a Chief Assistant to Dr. Scowen, a post which he held until January, 1952. From then until July, 1954, he was in turn Senior Registrar and First Assistant to the Medical Professorial Unit.

We would like to congratulate him on his appointment.

Wessex Rahere Club

The Spring Dinner of this Club will take place at the Clarence Hotel, Exeter, on Saturday, May, 12. It is hoped that Mr. Derrick Coltart 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 any other Bart's men who are interested

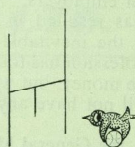
are asked to get in touch with the Hon. Secretary, Mr. A. Daunt Bateman, of 11, The Circus, Bath.

Natural History Society

After an unavoidably late arrival, that caused some understandable anxiety to the Committee of the Society, Mr. James Fisher returned to Bart's on February 10 to talk about 'Field Work on British Birds.' In the hour that followed, this former student at our College gave an interesting outline of the methods used in the organized scientific studies of British Birds, and some of the results emerging from this work.

Starting with the pre-war pioneer centre of bird observation on Heligoland, Mr. Fisher went on to discuss the development of British centres and their work on study of bird population and migration. Of particular interest were the observations relating to the gradual spread of the Fulmar down our coasts over the last fifty years.

Mr. Fisher concluded by saying that there was still a place for serious bird-watching as there was a vast amount of work to be done in this field.



Oxford-Bart's Club

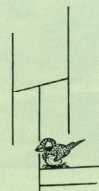
The annual meeting and dinner of the Oxford-Bart's Club was held on Tuesday, 7th February at the Royal College of Surgeons. At the meeting G. R. Kinross Wright was re-elected as assistant secretary, and D. P. Wells elected as assistant treasurer.

After the loyal toast, the Hospital and the University were proposed by Dr. E. B. Strauss, who told of the wide range of interests of Oxford-Bart's men. Professor K. J. Franklin replying, succinctly and proudly described his career as Oxford, Bart's, Oxford, Bart's, and went on to reminisce about the halcyon days in Oxford before the Great World War. The health of the club and the guests was proposed by the President, Vice-Admiral Sir Alexander

Ingleby-Mackenzie, K.B.E., C.B., who pointed out the advantages to be enjoyed by being a member of such a group as the Oxford-Bart's Club. He welcomed Mr. J. P. Hedley Atkins as guest of honour. Mr. Hedley Atkins suggested that the Oxford-Bart's type, if there be such, combined the culture of Oxford with the respectability of Bart's. He assured the Club that those at Guy's held a real and lasting affection for Bart's. On this amicable note the very pleasant evening came to an end.

Women's Hockey

We congratulate the Ladies' Hockey Club on winning the Inter-Hospital Tournament for the third year in succession. A report of the match appears elsewhere.



Memorial Plaque

During late February and early March workmen were busy erecting a granite plaque in a recessed archway of the north wall of the Hospital. This plaque is a memorial to Sir William Wallace, a legendary Scottish figure, who was executed at Smithfield on August 23, 1305. The Sir William Wallace Memorial Committee had hoped to erect it last Autumn to mark the six hundred and fiftieth anniversary of his death, but unfortunately this had proved to be impossible. When completed a bronze railing will be placed in front of the archway.

Sir William Wallace was born at Elderslie, Renfrewshire, about 1270, and from 1296 was engaged in fighting for his country's liberty and independence. In 1297 he made a night attack on the English Sheriff of Lanark, and this was followed by many successful guerrilla campaigns: his siege of Dundee, his victory at Stirling Bridge, and his Autumn raid on the North of England. He was defeated at Falkirk on July 22, 1298,

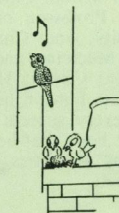
but he managed to escape and remain at liberty until August 5, 1305, when he was betrayed and captured. He was brought to London and executed later that year.

Percy

In the car park at the back of College Hall, his face turned to the wall as though in disgrace, stands Percy. The days when he was taken to the various Hospital sporting events are long past, and very few people know how, or why, he once nearly became part of the Lord Mayor's Show. Now, neglected and apparently forgotten, he is left to rot in the rain.

At the end of February it was noticed one morning that he had been daubed with red paint, but the reaction amongst the students, apart from a slight show of feeling by some of the Pre-clinicals, was remarkably mild. As it was just before the Cup Match it was politely presumed that some followers of the St. Mary's Hospital Rugby Club were responsible for this childish prank, and it was left at that.

Although regarded as the Bart's mascot, we are of the opinion that it is just as well that Percy no longer attends sporting events, as we learn that whenever he appeared in past years there was almost always an undignified 'rough and tumble'. He is, however, an interesting creature and we would be sorry to see his familiar figure depart from Charterhouse; we therefore hope that some public spirited gentlemen will find time during the summer to restore him to his former colour.



Montreal Appointment

D. V. Bates, M.D., M.R.C.P., has been appointed Associate Professor of Medicine at McGill University, and Assistant Physician at the Royal Victoria Hospital, Montreal.



This photograph of the Little Britain Site shows No. 57, West Smithfield, in the lower left corner. It was taken early in March as workmen began to take down the upper part of that building.

Dr. Bates, who qualified in 1944, is at present the First Assistant to the Medical Unit, a post which he also held under Professor Christie. In Montreal he will be working once more under his old Chief, as Professor Christie is the Professor of Medicine at McGill University, and Chairman of the Department of Medicine and Physician-in-chief of the Royal Victoria Hospital.

We congratulate him on his appointment, and wish him every success and happiness in Canada. We hope that he will take with him many happy memories of Bart's when he leaves in June.

The New Hospital Block

Work on the Little Britain site continues; most of the foundations have been dug and the walls of that part of the basement which will house the oil-storage tanks have been

almost completed. It is intended that all hot water for the Hospital's central heating system will be heated in the boilers of the new block. Oil-burning furnaces will be used.

The new block will be connected to the main Hospital by an underground tunnel. It had been hoped that Little Britain would be closed while this was being built, but the City Police decided that the road had to remain open. This has made it necessary to build the tunnel in two separate stages. Work has begun on the new block side of the road, and when they have extended as far as they can without interrupting traffic the road will be diverted to run over the completed portion; work will then start from the Hospital side.

Late last year there was a slight delay when the Dangerous Structures Surveyor of the City of London condemned part of the brickwork of No. 57, West Smithfield, a building which is owned by the Hospital; as

a result it was not possible to dig foundations near it. Because of its age No. 57 was considered an Ancient Monument and a number of organizations were anxious for it to be preserved. But, when the brickwork was removed it was found that the whole building was unsafe and that if it was to be preserved it would have to be completely rebuilt. Eventually, in order not to delay work on the foundations any longer, the building was shored up and its foundations reinforced.

In March it was decided that No. 57 would have to be pulled down, but in two stages. First down to first floor level, a temporary roof being put above the shop; later the shop itself will be removed. It is planned to replace it with another building which will be designed in an old architectural style, probably Georgian.

Christian Union

The Annual House Party will be held from May 11—14, at Greenwoods Conference Centre, Stock, Essex.

News from Abroad

Professor E. G. D. Murray, who retired from the Chair of Bacteriology and Immunology at McGill University, Montreal, last year, has accepted the title of Research Professor in the University of Western Ontario.

E. D. Sturton, O.B.E., M.A., M.D., a radiologist at Hong Kong Sanatorium and Hospital, was elected a Fellow of the American College of Chest Physicians in December, 1954; and in December, 1955, he was elected a Fellow of the International College of Surgeons, Geneva. Dr. Sturton qualified in 1920; he was at one time Professor of Radiology at Chekiang Medical College, Hangchow, and has written a book, *Handbook of Roentgenology*, in Chinese.

T. P. Blanshard, M.D., M.R.C.P., who qualified in 1939, is now at the Kaiser Foundation Hospitals, Fontana, California, writes to tell us that he would be very pleased to entertain any of his contemporaries or acquaintances who happen to be out that way.

At Home

Sir Selwyn Selwyn-Clarke, who qualified in 1916, has retired from the Ministry of

Health after five years service as a Principal Medical Officer. He has now accepted the post of medical secretary to the Society of Retired Medical Officers.

Dr. W. M. Beatley, who qualified in 1952, has won the Amateur and Professional Sabre Championship of Great Britain, 1956.

The Hockey Clubs' Ball

Social events organized by the student body were few and far between this winter; however, we must admit that quality is much to be preferred to quantity. An ambitious Boat Club Christmas Dance, the Pot-pourri Party were followed, in February, by the Hockey Clubs' Ball. It was presented by the combined Ladies' and Men's Clubs and proved to be a most elegant evening. The Derek Pyke Band, now regular visitors to College Hall, stirred the dancers with some brisk charlestons and were provoked into playing an eightsome reel—a dangerous proceeding with so many people on such a small floor.

The Men's Club were honoured by the presence of one of their Vice-Presidents, Mr. P. H. Jayes, and Mrs. Jayes.

Sports Editor

Mr. D. F. Rowlands has been appointed Sports Editor.

CALENDAR

Sat.	April	7	Dr. E. R. Cullinan and Mr. J. P. Hosford on duty.
Wed.	"	11	Golf Match v. Middlesex Hospital.
Sat.	"	14	Medical and Surgical Professorial Units on duty.
Sat.	"	21	Dr. G. Bourne and Mr. J. B. Hume on duty.
Sat.	"	28	Dr. A. W. Spence and Mr. C. Naunton Morgan on duty.
Sun.	"	29	Cricket Trial. Cricket match v. London House. Home.
Sat.	May	5	Dr. R. Bodley Scott and Mr. R. S. Corbett on duty. Cricket match v. U.C.S. Old Boys. Home.
Sun.	"	6	Cricket match v. Putney Eccentrics. Home.
Wed.	"	9	View Day.
Fri.	"	18	View Day Ball.

ANNOUNCEMENTS

Births

- BORRELLI.**—On February 17, at Swindon Maternity Hospital, to June (*née* Smith) and Dr. V. M. Borrelli, a son.
- BRADFORD.**—On February 20, at Gloucester, to Dorothy (*née* Synnott) and Dr. D. C. Bradford, a son (Jonathan Cordley).
- KING.**—On February 8, at St. Bartholomew's Hospital to Patricia (*née* Jackson) and Dr. R. C. King, a daughter (Susan).
- MACDOUGALL.**—On February 4, at Hampstead, to Rachael (*née* McNair) and Dr. Iain MacDougall, a son (Edward Iain Bartholomew).
- MULLAN.**—On February 24, at 21, Westwood Road, Southampton, to Mary and Dr. John Mullan, a daughter.
- ROFFEY.**—On February 21, at St. Bartholomew's Hospital to Anne and Dr. P. J. Roffey, a daughter (Margaret Emily).
- WIGGLESWORTH.**—On February 17, at St. Mary's Hospital Maternity Department, Kettering, to Jean (*née* Cooper) and Dr. Robert Wigglesworth, a daughter (Sarah Rose).
- ZEITLIN.**—On February 16, at Sutton, to Joan (*née* Eddels) and Dr. Reginald A. Zeitlin, a son.

Engagement

MORLEY-EAMES.—The engagement is announced between Dr. D. F. Morley and Miss M. E. Eames.

Golden Wedding

HADFIELD—MACDOUGALL.—On St. Valentine's Day, 1906, at St. Bartholomew's the Great, by the Rev. Sir Borradaile Savory, Rector, Charles Frederick Hadfield to Winefield Elizabeth MacDougall, both of St. Bartholomew's Hospital. Present address: Redbourne, New Road, Esher.

Deaths

DUCKWORTH.—On February 14, at Cambridge, Dr. W. L. H. Duckworth, formerly Master of Jesus College, Cambridge, aged 85. Qualified 1905.

GARDNER.—On January 22, at Lewes. Dr. A. W. Gardner, M.M., M.R.C.S., aged 53. Died in a car crash. Qualified 1925.

NORBURY.—On February 18, Dr. William Norbury of 167, Old Brompton Road, S.W.5., aged 87. Qualified 1895.

PAYNE.—On February 8, at Pavey's Cottage, Langton Green, Kent. John Ernest Payne, F.R.C.S., aged 78. Qualified 1905.

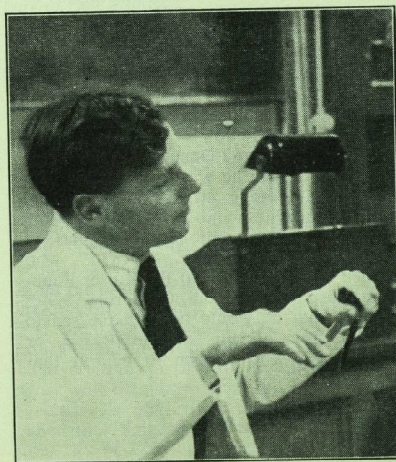
SAVORY.—On February 28, at Camden House, Newmarket, Dr. Charles Harley Savory. Qualified 1915.

SCOTT.—On February 16, Group Capt. Henry Wakeman Scott, R.A.F. (retired), M.R.C.S., L.R.C.P., of Kiln Cottage, South Holmwood, aged 74. Qualified 1911.

TURNER.—On October 19, 1955, Dr. P. E. Turner of Humberstone Manor, Leicester, aged 85. Qualified 1893.

ZEROLO.—On January 27, Dr. Thomas Zerolo, at his home at Santa Cruz, Teneriffe. Qualified 1919.

CANDID CAMERA



Begging the Question?

LETTERS TO THE EDITOR

A NOTE ON FROCK-COATS

SIR,—In *The Memoirs of Sir Charles Gordon-Watson* in the January number of this *Journal* (pp. 18-19) one reads . . . 'I qualified in April, 1898' and it is evidently to this period that the author refers when he goes on to say 'The Surgeons at that time were Tom Smith, Alfred Willet, John Langton, Howard Marsh (my chief) and Henry Butlin . . . There were two general operating theatres . . . There was a cupboard . . . where the surgeons kept their blood-stained frock-coats into which they changed to operate.' This statement will surely give a shock to anyone who remembers the state of surgery at other hospitals at the beginning of this century. Not being a Bart's man I of course know nothing about the affairs of Bart's but the following note, unavoidably egotistical, offers some collateral evidence on this matter.

In 1905, when walking to the Middlesex Hospital in the morning, I often met, in George Street Marylebone, no doubt on their way to Hyde Park, a man on a horse, both very well groomed, the former in coffee-coloured bowler, having a white moustache, and an air of distinction, visible at a considerable distance. I put him down as a very eminent retired Indian Civil Servant. Some years later he came to the Lister Institute, top-hatted, driving a beautiful pair of horses; he was seated, with attendant footman, in an open four-wheeled vehicle the name of which one does not know now-a-days ('gig' sounds too plebeian), and bore a lashless whip. I then learned that he was Henry Butlin.

At this time (1905) Gordon-Taylor, then fresh from Aberdeen and a House Surgeon at the Middlesex Hospital, heard a lecture at the College by Butlin on some surgical subject, and had been greatly impressed by his fastidious manner, and technique; thus the surgeon should introduce only instruments, never his hand, into the abdominal cavity. Gordon-Taylor had a keen sense of personality, and some powers of mimicry, and gave his dressers a vivid account of this, and of other, lectures at the College. At that time

rubber gloves were just coming into use, and pus, 'laudable' or otherwise, was still produced copiously in some places; Gordon-Taylor adopted gloves, and his chief, whose pachydermatous hands lived in carbolic, followed his example unwillingly. But such surgery, and still more that described in Butlin's lecture, was surely remote by more than seven years from blood-stained frock-coats.

Even enemies of Bart's made no allegations based on this matter. When I was a demonstrator of Physiology at Guy's in 1909, Arbuthnot Lane, whose methods were then beginning to excite comment, used to say that the reason why Bart's men were such successful candidates for the F.R.C.S. was that their surgery was so perfectly fitted to that examination; it was 40 years behind that of any other hospital in London. But he said nothing about frock-coats.

I saw operations for the first time at the Radcliffe Infirmary at Oxford in 1901; certainly the surgeons (Horatio P. Symonds, R. H. A. Whitelocke, Gabriel Farmer) at that time would have repudiated any suggestion of frock-coats as forcibly as would their successors at the present day.

Yours faithfully,

E. L. KENNAWAY.

St. Bartholomew's Hospital.

FISH AT HILL END

SIR,—During the war the largest part of Bart's Hospital was at Hill End and the majority of the students also. A large tank of water for emergency firefighting stood in the grounds and was adopted by the resident students as an emergency Fountain. It was duly christened by the immersion of undesirable bodies.

During the summer, clouds of mosquitos emerged from the water and irritated the students. So some small roach were put in the water to devour them. Incidentally these roach were angled from ponds in the grounds of the Night Nurses country seat; a sport

which demonstrated perfectly the advantages Hill End had over Bart's.

The strength of the Hertfordshire air was also demonstrated by the fact that these fish actually multiplied and soon exceeded the supply of mosquito larvae. Accordingly a piscator, who found time on his hands while awaiting the mating season, caught a pike (with a snare!) in the river Ver.

Percy Pike soon adjusted the balance of nature in the water tank. His crowning success was when he startled Professor Garrod who was fishing for anophelines and culicines. It was with a good deal of satisfaction that the student fishers heard the Professor's tale of the Hill End monster received with incredulity by his colleagues.

Yours faithfully,

L. S. CASTLEDEN.

Dunmow, Essex.

A BART'S PHARMACOPOEIA

Sir,—May I ask if it would be possible to have a new Bart's pharmacopoeia based, more or less, upon the *National Formulary*, as is the *U.C.H. 1956 Pharmacopoeia*, which

will shortly be published. It is some twenty years since Bart's last published one, and I feel that there is a growing need for one to be reinstated in order not only to sift the wheat from the chaff of the *National Formulary*, but also, to enable one to find what is required directly, instead of hunting for a needle in the National.

To assist speed and simplicity it could be compiled under the various body systems, for instance, all formulae acting directly upon the alimentary system could be together. This would be a departure from the usual empirical classification whereby drugs are listed under tablets, lotions, mixtures, etc. Alternatively it might be compiled under the pharmacological action of the various drugs.

In addition, I would suggest that it contain sections on the 'special' subjects—E.N.T., Eyes, Skins and Children, to give a few examples; that doses be given in both metric and imperial systems; and that blank pages be interleaved. Such a pharmacopoeia would be of untold worth to the student and average doctor, and would save him from the ignominy of the present system whereby he is forced to use the pharmacopoeia of another teaching hospital.

Yours faithfully,

A. M. M. PLUMPTRE.

STUDENTS UNION

COUNCIL MEETING

A Meeting of the Council was held on Wednesday, February 22, with Dr. Cullinan in the Chair. Business discussed included the following items:—

1. The Ball Committee was elected and given power to co-opt further members if necessary. It consisted of the Senior and Junior Secretaries, the Financial Secretary and Miss Shiona White. The Committee promised to find out whether it would be possible for dancing to continue until 3 a.m. instead of 2 a.m. as had previously been arranged.

2. It was agreed that the students' white coats had been better starched over the past week, but it was felt that the laundering and starching could be further improved.

3. The problem of lost property at Charterhouse was raised. It was decided that lost articles should be handed to Miss Oxborrow who would advertise their recovery on the College notice boards. If not

claimed within six months they would be sold, the money being given to the Student Union funds.

4. The Council approved an application from the Tennis Club for the award of Honours Colours to J. R. Worthy.

5. The Cricket Club were granted permission to hold a Derby Sweepstake in order to raise the necessary funds for obtaining an umpire for the coming season.

6. The Financial Secretary told the Council that the affiliation fees of member clubs were not now being paid by the College Committee as they were already giving financial assistance with the running of Foxbury. The Council approved the payment of £10 on behalf of the Golf Club, £35 for the Sailing Club, and decided to await a fuller report of the requirements of the Boat Club, meanwhile authorising the payment of £50.

7. It was announced that the Cripplegate Theatre had been booked for the evenings of December 27, 28 and 29, for the Pot-pourri.

B.W.D.B.

FUNCTIONAL HEART DISEASE

by GEOFFREY BOURNE

THE LABEL functional heart disease includes those conditions in which symptoms suggest to a patient that the heart is abnormal, or signs which may suggest a similar conclusion to the examining physician. Functional heart disease is of great importance, firstly because fifty per cent or more of the practice of most cardiologists is composed of patients who in fact have no organic cardiovascular lesion, and secondly because it is a more constructive social measure to be able to return such individuals to normal life disabused of their fears, than to treat patients who in actual fact are suffering from some cardiovascular disability.

The elucidation of symptoms, or what is technically known as the clinical history, is of paramount importance in this association. The more skilled the clinician and the more intelligent the patient, the more clearly do these symptoms attain their true value. The chief symptoms of functional heart disease are exhaustion, palpitation, left chest pain, sweating, faintness, and giddiness. The presence of many such symptoms suggests a functional disorder, whereas the presence of a single symptom in isolation always suggests an organic cause.

Shortness of breath on exertion is the paramount symptom of organic cardiac failure, but this also is often complained of by individuals suffering from functional heart troubles. They, however, will confess when closely questioned that of the two symptoms, dyspnoea and exhaustion, the latter symptom is the more severe. Palpitation and heart consciousness usually co-exist with exhaustion and dyspnoea in such cases.

There is another type of shortness of breath which is in fact not true dyspnoea. The patient will not always make a clear distinction between the two varieties unless carefully questioned. What is really complained of is an inability to take a sufficiently deep

breath. This particular symptom is especially common in patients who are psychologically rather depressed, nervous, and anxious. They are seen to have a respiration punctuated by sighs and varying in depth. X-ray screening will often show that the diaphragm does not descend with its usual free movement.

Palpitation is in most cases an indication of nervous hyper-sensitivity or anxiety rather than of organic disease. It is particularly noticed after exertion, or from an emotional cause, or as the patient lies in bed before sleeping. Palpitation may also be due to premature beats when of course the history elicits from the patient consciousness of a single heart throb or of a momentary sinking sensation. Paroxysmal tachycardia may be a cause of palpitation in otherwise normal hearts. Here again an exact history is essential for the diagnosis. The patient will always be able to describe the sudden onset of the attack, the termination may sometimes be less easy for the patient to define.

FUNCTIONAL HEART PAIN

The accurate diagnosis of functional heart pain is of great importance. Serious organic heart disease and chest pain form such a frequent combination that it is essential to be able to assure nervous patients suffering from functional or harmless chest pain that there is indeed no evidence whatsoever that their pain is due to organic heart disease. Although an objective differentiation between the two is usually possible, either by the resting cardiogram or by comparison between the resting cardiogram and that taken after exercise, in a small number of cases this means of differential diagnosis is not reliable because organic heart disease can produce coronary pain in hypersensitive patients, the cardiogram remaining normal.

The chief characteristics of functional left chest pain are that it consists of two varieties. One is a heavy submammary fullness or

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ache, and the other is a sharp stab or prick. They may co-exist or they may occur separately. These pains are nearly always felt in the left chest, in the fourth or fifth spaces, usually under the breast. They may be accompanied by the other symptoms of functional heart disease described above.

The most valuable distinction between functional pain and that of coronary disease is the relation to exercise. Angina of effort is, in any individual case, precipitated by a definite amount of exercise. For example, pain, in one individual, may come on after walking a block, in another after fifty yards, in a third after half a mile. When present it is so increased by further exercise that the patient is forced to stop, frequently to look into a shop window, until the pain after a few minutes passes away. Thus the pain of angina of effort occurs during exertion not after it. Functional heart pain on the other hand does not prevent an individual from continuing with exercise already started. Although it is often loosely described as being precipitated by effort, it nearly always is noticed after such effort is finished. Its duration is much longer than that of angina of effort. It may be present for hours or days at a time. A further point of differentiation is the fact that hyperaesthesia of the chest wall is commonly associated with it. This may be general, or localised to one or more spots. It may prevent the patient from sleeping on the left side, or from carrying hard objects in a left breast pocket.

Functional chest pain is most common when the patient is tired or worried. In rare instances the sharp stab or prick is the predominant symptom, and a few cases are on record in whom this sudden stab of pain is immediately followed by a fainting attack. The type of individual who is apt to get functional heart pain is the hyper-sensitive, nervous, type, not necessarily suffering from any definite psychiatric disorder. The pain however, can to some extent be regarded as psychosomatic.

PHYSICAL SIGNS OF FUNCTIONAL HEART DISEASE

Tachycardia from nervous causes can sometimes simulate such a condition as paroxysmal tachycardia. In functional tachycardia the cardiac mechanism remains normal, and the rate although high varies

measurably with such things as posture, exercise, and rest. In paroxysmal tachycardia the rate remains practically constant in the individual case whether the patient is resting or not.

The normal heart sounds vary to some extent. The first sound for example in nervous young adults may be louder and more abrupt than normal, and its quality may be impure. These changes may even lead to the suspicion that there is early mitral stenosis, an organic lesion which may be present without demonstrable abnormality, radiologically or in the cardiogram. The exaggerated first sound of the normal excitable heart has to a musical ear a low pitch, that of early mitral stenosis a high one. The differential diagnosis in such cases may be further confused by the presence of a physiological third heart sound. This is a distinct isolated and clearly limited distant little thud heard at the apex. It is usually more audible towards the end of expiration, and particularly when the patient is in the left lateral position. This postural accentuation is of course characteristic also of the diastolic and presystolic murmurs of mitral stenosis. The third heart sound is much briefer than the diastolic mitral murmur.

The experienced physician learns to distinguish a number of murmurs to which the label functional is best applied. The commonest of these is a systolic murmur audible at the apex and conducted not into the axilla but towards the left sternal border, and thence up to the pulmonary base. A second example is a systolic murmur restricted to the pulmonary conus area. A third example is a soft blowing systolic sound best audible at the apex and conducted into the axilla. At first hearing this murmur might seem to be difficult to distinguish from that of mitral insufficiency. It is, however, entirely limited to inspiration and is not produced inside the heart cavity at all. A further example, which is unique among functional murmurs in being present in diastole, is a rather short diastolic shuffling sound, sometimes quite distant and suggesting the diastolic murmur of aortic incompetence. This murmur is heard at the pulmonary base, sometimes also the aortic base. It is not conducted downwards as far as the true murmur of aortic regurgitation, and it may be made to disappear completely during full inspiration. It also is no doubt exocardial in origin. All of these murmurs exist without symptoms, and any other

demonstrable abnormality in the heart or cardiovascular system, clinically, electrocardiographically, or radiologically.

The physical explanation as to the cause of these functional murmurs is as yet unknown. Their obvious innocence in the eyes of cardiologists of experience will no doubt give them immunity from investigation for a further period of time.

FUNCTIONAL MANIFESTATIONS IN ORGANIC CARDIOVASCULAR DISEASE

In many patients an exact separation between functional and organic cardiac symptoms and signs is not found. The admixture or association of the two occurs in various ways. Perhaps the commonest is that caused by an unnecessarily serious and pontifical medical opinion in the case of a patient who has a perfectly well compensated slight and non-progressive organic cardiac lesion. Aortic regurgitation of such a slight degree as to cause no left ventricular hypertrophy or dilation or fall in the diastolic blood pressure, a leak in the mitral valve similarly without cardiac enlargement, or indeed a slight degree of stenosis of it, may give murmurs which are the only proof that the heart is in any way abnormal. Moreover such minor abnormalities may remain unchanged for many years. The untutored clinical judgment may be sufficiently uncertain as to whether to dismiss such a murmur as being of no clinical importance to the patient, or whether to play for safety and give a guarded opinion. This clinical uncertainty raises even larger uncertainties in the patient, who senses the opinion of his physician.

Similar misapprehension regarding the importance of a definite organic cardiac manifestation may arise from the patient's own brain or central nervous system, rather than from that of the doctor. A small well healed and well compensated myocardial infarct may arouse fears in the patient's mind which lead to the development during convalescence of the typical functional syndrome with heart consciousness, palpitation, a dull left chest ache, and an associated state of anxiety. It is most important in such circumstances for the doctor to be sure, and to transfer his certainty to the patient, that such a functional state has no pathological or clinical relationship to the preceding

myocardial attack. If it can be stated truly and firmly that the patient's own nervous system is the cause of the new pain, the symptoms and the anxiety are likely to subside.

Furthermore, the thump of premature beats, themselves of no significance, may as it were knock at the door of the patient's chest, remind him of his heart, and institute similarly a functional syndrome. Paroxysmal tachycardia with no other evidence of disease may have the same result.

Mitral stenosis perhaps rather more commonly than other forms of organic disease is apt to cause a clinical picture in which functional symptoms are intermixed with those due to the organic lesion. The snapping impulse so characteristic of this condition not infrequently rises into consciousness, induces the nervous symptom of palpitation, and precipitates functional left chest pain.

FUNCTIONAL MANIFESTATIONS OF HYPERTENSION

The nervous factor is extremely important in hypertension. This occurs in two ways. An excitable visceral nervous system in quite a young adult may easily provoke during examination a nervous cardiovascular reaction. The heart rate will be raised from 90 to 120 or more, the heart action will be vigorous and excitable, and the blood pressure reading may be as high as 170/100. In such cases there is no other abnormality to be found radiologically, in the cardiogram or in the retinal vessels. Furthermore, when the blood pressure is taken with the patient no longer excited normal figures are found. This condition of nervous hypertension is usually quite latent, so far as the patient is concerned, and is only revealed by a routine medical examination for insurance purposes or for military service. If the examining physician is wisely silent about the situation no further troubles follow. If the state of affairs is mistakenly labelled hypertension the consequences to the patient's future morale may be serious.

A second and more important manifestation of a functional reaction is present in the form of a nervous or functional superstructure imposed upon true organic hypertension. It is impossible to be certain from the blood pressure figure alone and an isolated observa-

tion, how serious the underlying permanent hypertension is. The following facts must always suggest that the sphygmomanometer figures in such a case have greatly exaggerated the severity of the underlying disease the presence of considerable tachycardia at the time of the examination, other evidences of nervousness in the patient, a perfectly normal cardiogram with upright T waves in the left ventricular leads, and R waves that are of normal amplitude, a normal or even small vertical cardiac silhouette on X-ray

screening, normal retinal arteries free from shininess, diminution in size, irregularity, tortuosity, and arterio-venous nipping.

In such people the hypertension is probably mild or benign. Such a conclusion is reinforced if the findings remain unchanged at subsequent examinations made at long intervals of time. Indeed it is often found that the figures which were high at the time of the first examination remain subsequently at a considerably lower level.

BALLADE OF DIAGNOSIS IN W.1

The symptoms of Sir Stephen Spain
Of Maiden Manor, Apsley Guise,
He tendered to me in a train
For my professional advice ;
I toyed with dreams of expertise,
Decided then I too would cheat,*
So told him in a manner wise :
'Go, try your luck down Harley Street' †

He whispered when we met again
(The effort of it made him wheeze)
He'd lost a fortune just to gain
The title to a rare disease ;
He said : 'It's really worth the fees
For a distinction strange and sweet ;
To learn such splendid words as these
Go, try your luck down Harley Street' .

Alas, Sir Stephen's joy was vain :
When buried, old and penniless,
Certificated very plain
Was 'coronary thrombosis',
And all the long obituaries
By inky scribes across the Fleet
Could not conceal its commonness ;
Go, try *your* luck down Harley Street.

Envoi

Prince, should you wish to know your price,
The value of your rotten meat,
Before the final Throw of Dice
Go, try your luck down Harley Street.

* * *

*I think that I should make it plain
I will not practice in a train ;
I always think it pretty steep
To cadge for medicine on the cheap.

†The formal days have far receded
When introductory notes were needed.

SCIAPUS.

AMERICA REVISITED

by RUPERT CORBETT

THERE IS something most stimulating in a visit to America. Thirty years ago I was fortunate to be chosen by my Chief, the late Sir Holburt Waring, to spend a year at the delightful University Town of Ann Arbor, in the State of Michigan, to work as an instructor in Surgery at the University Hospital under Dr. Hugh Cabot and Dr. Frederick Coller. I received opportunities there in my surgical career for which I shall always be grateful and never forget. Last year I was invited to return to this Medical Centre, which is now the largest Medical School in the country, at the invitation of Dr. Fred Coller. The invitation included the delivery of the William J. Mayo Lecture for the year, and taking part in the activities of the Surgical Unit as a Visiting Professor for a period of twenty days, as shown on a handsome vellum which has just been sent to me. It was this offer which made it possible for me to consider the visit, and their generosity overcame the great barrier of finding the dollars.

As a member of the State Medical Service, permission was obtained from the Regional Boards which I serve and in addition, I was given a Grant by the Governors of St. Bartholomew's Hospital, and it was as much as a member of the staff of the Hospital, as a private individual, that I embarked on this tour.

As Chairman of the Cancer Department Committee, I was asked to look into the advances in Radiotherapy—especially as the Governors of the Hospital had been persuaded to buy a Linear Accelerator, which we hope in the near future will be applied to the treatment of the cancer patient. Also it was pointed out that the American Congress of the American College of Surgeons was being held in Chicago after my duty at the University Hospital was ended, and that this would give an up-to-date picture of the advances in surgery all over the country. Finally, I hoped to gain knowledge of the latest treatment for Chronic Ulcerative Colitis in the various Clinics in the country.

Before leaving I had to go through the formalities of obtaining a Visitor's Exchange

Passport owing to my University Hospital commitments and earning 'dollars' in the country. The privilege appeared doubtful to me when I had to have a blood test through a commercial firm, which cost me a guinea, as well as an X-ray of my chest and the taking of finger prints at the American Embassy!

Accompanied by my wife, I sailed from Liverpool on the M.V. *Brittanic* on September 23, 1955, and arrived in New York on Saturday, October 1, after a comfortable and fair weather voyage. After this we did practically all our journeys by air, which we were able to pay for in sterling in this country before leaving. Air travel is so well organised and comfortable that on the shorter distances, passengers queue up as if they were boarding a bus. Returning by air we were allowed the International quota for luggage, which is 60 lbs., throughout our trip, whereas the American is only allowed 40 lbs. They get over this, in part, by carrying over their arm in a plastic hanger an extra suit or overcoat which is not weighed. The airports at all the main centres are excellent and while you wait for notification of your flight, you can shop and see the latest models of motor cars of popular makes on show in the large reception halls. On the plane you are made very comfortable and the meals are cleverly arranged on individual trays and often accompanied by Champagne. This hospitality is only exceeded by the B.O.A.C. on the return journey, when you are offered a Sherry or Dry Martini before the meal, Champagne or Red Wine with your meal, and a choice of three good liquours afterwards. You really do not worry about whether you arrive or not after this!

New York is overwhelming, the Statue of Liberty and the Manhattan skyline are as imposing as ever. The city gets 'bigger and better' so my taxi-man told me, and they are determined to make it the capital of the World. Quite recent buildings are pulled down to be replaced by more modern and, in many cases, very handsome edifices which can have a side completed in glass or aluminium in a day! The traffic is terrify-

ing at first but very orderly. The two-tone car is very much in evidence now and with the modern devices of power brakes, power steering, and automatic gears, is easily controlled and simple to drive. A critic has said that of all the moving vehicles only 10 per cent are going anywhere, the rest are trying to park. The wise person does not drive his own car in the City owing to parking difficulties which are much worse than in London. This is so all over the country, in spite of the extensive garages and parking places and the use of parking meters which are everywhere.

The shops are full of expensive articles, many are the best this country can produce which we do not see until we travel abroad. There are many very wealthy people in the States and this is emphasised by seeing a man's overcoat made of Vicuna cloth in the window outside the Waldorf Astoria, priced at 750 dollars (£267)!

The hospitality accorded to one is still as wonderful as ever. A doctor who only knew my name met us at the pier on arrival, collected our luggage, passed it through the Customs and drove us to the hotel in his own car. I cannot tell you how grateful we were. The cocktail is still much in evidence and a strong spirit either in the form of Scotch, Bourbon and Rye, or Gin served in a tumbler of ice, is by far the most popular. The Dry Martini has many stories attached to it, and the approval of a butler who had only used two bottles of Vermouth in two years, making Martinis every night, gives one an idea of the proportion of gin to Vermouth they expect. The most delightful sea foods and savoury dishes accompany the drinks at the Cocktail Party. As at a Cocktail Party all over the World I think one can say, without being unkind, that one never talked so much, about so little, to so many! When the evening meal is finally reached, iced water and black coffee *ad lib* throughout the meal is the rule. The meal to the honoured guest is always a perfect steak—'corn fed' or a piece of beef; the ladies enjoy this as much as the men. In some restaurants in the West, one is supplied with a greaseproof bag to take away the leavings for the dog!

At the Memorial Centre, in New York I visited Dr. Ralph Phillips, an old Bart's man and a most experienced radiotherapist who, in his early days, worked with Professor Hopwood on the million volt machine. He

showed me the Betatron (20 million volts) in action, one of the noisiest machines I have ever heard. Through Dr. Henry Cave, an outstanding authority on Chronic Ulcerative Colitis, we had the unique opportunity of attending the last day of the World Series Baseball games: a titanic struggle was on between the Brooklyn 'Dodgers' and the New York 'Yankees'. Each had won three games and the whole country had been listening in for the last six days. We heard it on board ship and we saw it on TV in the Cafeteria of the Hospital. The 'Dodgers' won—the first time for seven years.

THE UNIVERSITY OF MICHIGAN

Ann Arbor is one of the most beautiful University towns in the States and it has grown almost to the point of saturation. The Hospital is so large that it is impossible to know what is going on in many departments. My activities were confined to the Surgical side. I was given a share of an 'office' and a secretary who kept me informed of the daily activities and saw that I had a clean white coat every day. A Surgery Weekly Calendar is made out covering all lectures, conferences, clinics and ward rounds applicable to Seniors or Juniors, or both. In addition the special lectures are advertised. Two outstanding items I must refer to: one is the 'Surgery Grand Round' held once a week—usually on a Wednesday for two hours in the morning. This is a misnomer—it is not a Round in our sense of the word, but a Meeting in the main amphitheatre presided over by Dr. Collier. It is attended by the heads of the various branches of the Surgical service with their assistants, referred to as residents—qualified by their year of seniority, varying from 2nd to 5th year residents, and also by the interns, or house surgeons, who rotate every two months. About seven selected cases are usually shown, rather like our Surgical Consultations used to be. They are very well presented by the Intern without reference to the records, and amplified by a Senior Resident, corresponding to our Chief Assistants, and Radiologist or Pathologist. Comments are made by Dr. Collier and he may call upon anyone in the audience who is interested. The visitor must be prepared to take part as he is always invited to do so. There is no doubt that these weekly Meetings of selected cases are of the greatest value in enlarging



THE UNIVERSITY HOSPITAL, ANN ARBOR

one's surgical experience. The other item to which I would like to refer (which also occurs on a Wednesday) is the Surgery Staff Meeting. This again, is held in the Hospital Amphitheatre and starts at 7.45 p.m. with a review of the post mortems of the previous week. On two consecutive occasions this was a 100 per cent report on deaths during the week. This is followed by a pre-arranged paper given by an outside speaker. I was fortunate enough to hear a talk on 'Public Speaking' by the Professor of English in the University, and in a very pleasant way he used the Interns to illustrate how 'not to do it!' This sort of training undoubtedly makes the young surgeon very much more at his ease in after life when he is talking about his work, and I felt envious of the great opportunities that Collier was giving his students. One Wednesday I gave the 8 o'clock Lecture to the Juniors, attended the 10 o'clock Grand Round and the Staff Meeting in the evening. On another I attended the Grand Round at 10 o'clock and gave the Mayo Lecture at 1 o'clock on the 'Influence of W. J. Mayo on Surgery', and in the evening, addressed the

Surgical Staff Meeting on Chronic Ulcerative Colitis.

I took no active part in the Operating Theatre but looked in at different theatres, all situated on one floor where the Chief and fifth year Resident do all the major surgery, the rest is shared out equally. A list of operations is compiled the previous day at 4 p.m. and circulated as we do at Bart's. There is not quite the same supervision by the Chief at operations as there is with us, and the Registrar or Intern group do not get so much operating, as there are more of them. In the States, normally there are only three Residents to a Service which at Ann Arbor carries nine. It is also becoming common practice to have a Recovery Ward on the same floor as the Operating Theatres, where a patient remains four to twenty-four hours after operation. Here there is an expert nursing staff with a twenty-four hour service, taking care of the intravenous drips, noting the blood pressure, and the general condition of the patient and operation site. This can be so easily arranged where the theatres are all on one floor, and give far more efficient

nursing service in the post-operative period than could be given in the General Wards or small rooms with the staff normally available.

One of the smaller active Units in the Hospital was the Isotope Unit. They were the third centre to receive Radioactive Iodine (I^{131}) from Oak Ridge and they were carrying out extensive investigations into the management of thyroid diseases. They treat carcinoma of the thyroid and certain cases of hyperthyroidism. A Scintillation Counter is used to estimate the avidity of the thyroid gland for iodine, and in a nodular enlargement they differentiate between the 'hot' and the 'cold' nodule. The 'hot' nodule takes up the iodine readily and is never malignant, whereas the 'cold' does not take up the radioactive iodine and may be malignant. There was great enthusiasm for the use of Isotopes for blood volume estimations. It was pointed out that the possible advantages of this over clinical and haematocrit estimations are that they are more accurate and a safer estimation in the aged where clinical signs of dehydration may be masked. A new building of the Hospital, the Kresge Building, accommodates a very active Deep X-Ray Therapy Department, research rooms and a magnificent Medical Library. There is a full-time physicist in the Radiotherapy Department and two Cobalt Unit rooms. One is in active use having been put in by the Atomic Energy Commission at a cost of about a hundred thousand dollars, the other unit may be used for Cesium 137. They have no Linear Accelerator.

There is tremendous keenness over the football games, everyone goes to support the University team on a Saturday afternoon. On one Saturday we saw the massed bands of all the schools in the States overflowing the Stadium in the interval. They wore colourful uniforms and they numbered 11,500—a fantastic sight—in fact, the World's largest massed band!

We were very sorry to leave Ann Arbor. Colleagues of thirty years ago, now prominent members of the medical profession, received us in their family circle and showed us the greatest hospitality. With most of the senior surgeons we moved to Chicago to attend the 41st Annual Clinical Congress of the American College of Surgeons. This is a huge organisation and can only be accommodated in the largest centres in the States as there is an attendance of eight to nine

thousand surgeons from all over the country. A week's activities are arranged to suit all tastes. These include panel discussions, symposiums, motion pictures and television in colour. The sessions started at 8 a.m. and went on all day. The Conrad Hilton Hotel was the centre of activities. It is the largest hotel in the States, and the grand Ballroom, which holds 2,500, was usually full, as also were the smaller ballrooms and an adjacent cinema theatre. The use of the coloured film was most popular and made the points of the narrator, present in person, very clear and excellent for teaching purposes, or for showing a new procedure. These were far superior to the coloured television programme, at far less cost.

There were five honorary fellowships conferred on the last day of the Meeting; amongst this number was Sir Stanford Cade of the Westminster Hospital. As President of the Royal College of Surgeons, Sir Harry Platt was also present at this Meeting. Opportunity was taken by him, following a citation from Sir Stanford Cade, to award Dr. Frederick Collier with the Honorary Fellowship of our College. Nine hundred and forty-four new Fellows then took the pledge and the evening ended with a Presidential Address by Dr. Warren Cole.

One side activity took place during this week in Chicago and that was the Annual Dinner of the Fred Collier Clinical Society, at which over a hundred members were present. After the Dinner I was informed that I had been elected an honorary member, and I hope that this will strengthen the bond which we already have between Bart's and the University of Michigan.

After this intensive course of postgraduate study, my wife and I enjoyed a short holiday in the West. We travelled by easy stages to Los Angeles and San Francisco. Through the great kindness of friends we visited the town of Tulsa in Oklahoma made famous by its oil wealth. Here is one of the finest museums of American History, depicting and preserving Indian lore. It houses paintings and bronzes of two well-known men, Fred Remington and Charles Russell. The collection is valued at twelve million dollars. We then went on to Phoenix where we were met and taken by road to the Grand Canyon, via Prescott. We motored across a vast expanse of country depicting deep ravines and pines and patches of wonderful red stone formation. We passed through the ghost city of

Jerome, derelict for thirty years, having once been a most prosperous copper mining town. Then across desert looking country to reach the south side of the Grand Canyon. We stayed in a log cabin, 8,000 feet up, but even though it was centrally heated it still became very cold at night. The Canyon, twenty-five miles across, is uncanny and grim. There is an air of desertion about it and one longs to see some life, but there is very little. There are, however, changes of colour throughout the day which makes you go back and have another look. It is certainly a freak of nature and once seen never forgotten. Then, on to Los Angeles where we were greeted by 'Smog'. It certainly answered to the description of Cecil Roberts that it was 'Six suburbs in search of a City'. The distances were great but our kind friends drove us all round the beautiful homes of the film stars, where the gardens and their golf courses are truly 'manicured'. Here are beautiful University buildings and a new Hospital with Professor Longmire as head of the Surgical Unit. Finally we reached San Francisco, a most cosmopolitan and fascinating city and beloved by all Americans as well as we foreigners who go to visit there. Here were two interesting Bart's contacts: one, Professor Emile Holman, now Emeritus Professor of Stanford University, who was made a perpetual student of the Hospital after leaving our Surgical Unit. I was there on the 18th November when they had 'Grand Rounds' and it was his day to mark his retirement. I was called upon to discuss a case of Ulcerative Colitis and was able to preface my remarks by recalling Holman's reaction to being presented with the two volumes of the *History of St. Bartholomew's Hospital*

by Norman Moore. 'I shall certainly be a perpetual student'! The other contact was Dr. Frank Gerbode, well-known to many of us, whose wife and himself were most hospitable to us. We had a delightful Chinese dinner and in their company saw the City from the 'Top-of-the-Mark.'

Frank Gerbode received notoriety when we were there by the foundation of a Blood Vessel Bank, similar to a Blood Bank, to aid all the North State of California in storing arterial grafts in vacuum tubes. Other friends introduced us to the University Buildings of California, situated at Berkeley and through them I met a very grateful patient of Mr. O'Connell and spent an afternoon hearing from Dr. John Lawrence about the activities of the Radiation Laboratory in connection with Radiation Hypophysectomy with high energy proton beams. The City by the Golden Gate is certainly fascinating. It is a Gourmet's paradise and a lovely climate. There is a lot of talk about air conditioned buildings in the States today. San Francisco is one of nature's air conditioned cities.

We returned to New York direct, and one gets an idea of distance when it is pointed out that it is only three hundred miles shorter than our final flight from New York to London.

Thus ended ten weeks of wonderful hospitality and strenuous travel. A great stimulus to one's surgical outlook and I hope the achievement of renewed understanding between two big English speaking nations. For some Bart's men in the future I hope that the opportunity to visit and work in Ann Arbor will come their way and that the three chosen this year will not be disappointed.

OBITER DICTA

Mr. H - - - - s:

Dysmenorrhea is an incurable disease due to some peculiar twist of the psyche. If I were a woman I should certainly have it.

A CASE OF HEREDITARY HAEMORRHAGIC TELANGIECTASIA

by T. P. ORMEROD

HEREDITARY haemorrhagic telangiectasia, or Rendu-Osler-Weber disease is characterised by telangiectases and haemorrhages, especially epistaxis, and a family history of one or both. It behaves as a Mendelian dominant and is thought to be due to a congenital abnormality of groups of capillaries on the skin and mucous membranes, which become dilated and bleed easily. A case is now reported.

CASE HISTORY

Mrs. E. T., a widow aged 64, had been in good health until the onset of epistaxis 15 years ago (1940). Except for a three hour haemorrhage in 1948, epistaxes had been infrequent and mild until June 1950, when they became severe and she was admitted to this Hospital under the care of Dr. E. R. Cullinan.

Since 1950 the haemorrhages have been severe and frequent (see Figure 2); in addition to those shown slight daily bleeding often occurred from the nose and latterly also from the pharynx. The bleeding was increased by 'coids' and by bright sunlight; there was a haematemesis in 1954. She was admitted for the eleventh time in November 1955 with severe anaemia.

The telangiectases were not present in 1940, but had appeared by 1948. The first, which was above the right eyebrow, has now faded considerably. They later spread to the face, mouth and hands. In the last two or three years they have become less conspicuous on the face, but more prominent in the throat, and six months before this admission telangiectases appeared on the left palm.

She said that the digital lesions occasionally disappeared for about a week, whether she was anaemic or not, and then recurred in the same place.

PAST HISTORY: Pneumonia when 28. Two normal pregnancies; hysterectomy for 'flooding' 1942; menstruation previously regular. Varicose dermatitis during last five years.

FAMILY HISTORY: See Figure 1.

SOCIAL HISTORY: Non-smoker and only drinks occasionally.

SYMPTOMS ON ADMISSION (NOVEMBER 1955)

Appetite good, though swallowed blood caused nausea; no abdominal pain or melaena; weight steady. Slight cough with a trace of sputum; no haemoptysis. Palpitations with dyspnoea and occasional fainting on exertion; no chest pain. Headaches over vertex, tinnitus; no migraine.

Nocturnal cramps of legs, feet and hands. No dysuria nor haematuria.

CONDITION ON ADMISSION

An anaemic, brown-haired woman of stocky build with a sallow complexion. Fundi normal; tongue dry, pale and furred. Edentulous. No lymph glands palpable. Slight bruising on shins. C.V.S.: Heart clinically normal. Soft, constant systolic murmur over the praecordium. Tachycardia. Blood pressure 120/80. No ankle oedema. ABDOMEN: Normal. Liver and spleen not felt. C.N.S., R.S., URINE: Normal.

The telangiectases were of various types:—

- (1) A raised lesion on the right cheek $\frac{1}{2}$ inch in diameter with thin radiating processes.
- (2) Reddish-purple macules, of pin head size on cheeks, fauces and tongue; they blanched on pressure. Smaller ones of pin-point size around the mouth, on the lips, hard and soft palate, palms

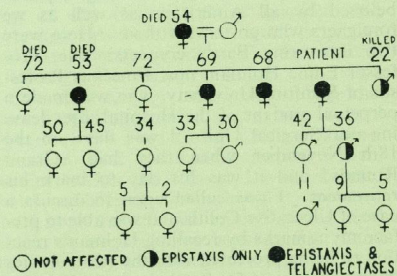


Figure 1.

of both hands and on the palmar surface of the right fingers.

- (3) A slaty-blue patch $\frac{3}{16}$ inch in diameter over the right eyebrow.

INVESTIGATIONS

On the first admission:
 R.B.C.: 2,930,000 per cu. mm.
 Film showed anisocytosis, poikilocytosis, hypochromia and slight polychromasia.
 Hb.: 30% C.I.: 0.5.
 M.C.V.: 69 cu. μ . M.C.H.: 14.1.
 M.C.H.C.: 20.5%.
 W.B.C.: 3,800 per cu. mm.: 60% polymorphs, 28% lymphocytes, 7% monocytes, 3% eosinophils and 2% basophils.
 Prothrombin Time: 60%.

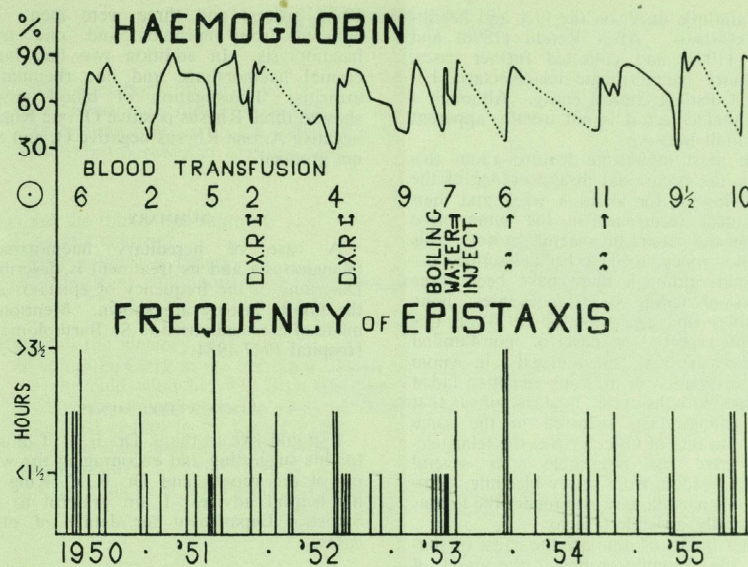


Figure 2.

Coagulation Time: 3 mins. at 37° (Dale & Laidlaw).

Bleeding Time: 3 mins. (Duke's Method).

E.S.R.: 4 mm. in one hour (Westergren).

On subsequent admissions:

Platelets varied from 108,000 to 138,000 per cu. mm.

Prothrombin Time up to 100% (Average 75%).

C.S.U.: Moderate number of red cells.

Blood urica, Serum bilirubin, E.C.G.: Normal.

Barium Meal: Oesophagus, stomach and duodenum normal; an opaque area adjoining the caecum and terminal ileum. This might have been calcification in a haemangioma.

Hess' Test: Negative.

Haemoglobin: See Figure 2.

TREATMENT

(1) *Blood:* 71½ pints of Group O, Rhesus negative blood have been transfused (see Figure 1). 3½ pints were also given elsewhere in 1948. She had a severe reaction in January 1951 with collapse after transfusion, but no incompatibility was discovered. Premedication with sedatives and an antihistamine or ephedrine diminished these reactions. She was sensitive to morphia and adhesive strapping.

(2) *Haematinics.* Ferrous sulphate (gr. iii, t.d.s.) until July 1951, then Mist. Ferri et Ammon. Cit.

(fl. oz., i, t.d.s.). Ferrous gluconate (gr.v., t.d.s.) since December 1953. A nutritious diet was supplemented by ascorbic acid tablets.

(3) *Special Methods.* At another hospital she had the bleeding vessels cauterised and received liver injections.

Rutin for one month was given in July 1950 (50 mgm. orally daily) and in July 1953 (80 mgm. t.d.s.).

Deep X-Ray was tried twice on the nose (see Figure 2) as 200 unit skin doses per day over 20 days and the second time supervoltage 2,900vd during 29 days.

Boiling water was injected into the nasal five blood have been transfused (see Figure 2). 3½ the longest period of freedom from epistaxis since 1950, although giving rise to nasal crusts causing anosmia and much discomfort.

Vitamin K was prescribed to raise the prothrombin time.

She was discharged on 10/12/55 with haemoglobin 88%.

DISCUSSION

One of the earliest reports of this condition was by Wickham Legg (1876) of this Hospital, who described a case of 'haemophilia'

with multiple naevi on the face and hereditary epistaxis. After Rendu (1896) and Osler (1901) had collected further cases, hereditary haemorrhagic telangiectasia became a distinct clinical entity. Although a congenital defect it is not usually apparent until adult life.

The most interesting feature about this case is the occasional disappearance of the digital lesions for about a week and their subsequent recurrence in the same place whether the patient be anaemic or not. This does not appear to have been described before and, although there have been three reports of fading of telangiectases, none resembles this case. Roles (1928) in this *Journal* reported a case of non-familial telangiectasia with splenomegaly, in whom the spots came out in crops and then faded in a three months cycle; he does not say that each telangiectasis recurred in the same place. In one of Osler's cases the telangiectases were less noticeable after several months freedom from severe bleeding. Pronounced anaemia may also render the lesions temporarily invisible (Petch).

Other points of note are the effect of sunlight, the thrombocytopenia, the onset of epistaxis preceding the facial lesions, and alterations in these facial telangiectases over the last few years. The clinical impression was that the epistaxes were becoming more frequent, but Figure 2 shows that this is not so.

The rarity of hereditary haemorrhagic telangiectasia is realised on noting that only seven cases were admitted to this Hospital between 1947-1954. Four were women (two

being sisters) and three were men. Six suffered from epistaxis and one from haemoptysis. In addition two had intracranial haemorrhage and one rheumatoid arthritis. Investigation of blood groups showed three Rhesus positive O, one Rhesus negative A, one Rhesus negative O, and two not grouped.

SUMMARY

A case of hereditary haemorrhagic telangiectasia and its treatment is described. Diagrams of the frequency of epistaxis and the family history are shown. Mention is made of cases admitted to St. Bartholomew's Hospital 1947-1954.

ACKNOWLEDGEMENTS

I should like to thank Dr. E. R. Cullinan for his suggesting and encouraging the writing of this report, and Dr. R. C. King for his helpful advice. I am grateful to the Statistics Department for details of other cases.

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SO TO SPEAK . . .

*Who shall decide, when doctors disagree,
 And soundest casuists doubt, like you and me?*
 Alexander Pope.

Report on Patient's right lung, from the Benign Tumour Registry
 Brompton Hospital.

Prof. W - - - - l regards it as a cylindrome-mixed parotid type of adenoma is growing slowly but certainly extending into the lymphatics. Prof. B - - - - d regards it as a polygonal celled carcinoma of mucous glands of the bronchus. Prof. H - - - - n as a frank adenocarcinoma, and Prof. W - - - - s as a typical 'bronchial adenoma' with local infiltrative malignancy greater than normal. All felt that the risk of metastasis was slight.

REMINISCENCE

What then does Bart's mean to you?
 The Housemen's dinner in R.S.O.?
 The evening round with the coffee brew?
 The eyebrows raised at anything new?

What are the things that matter?
 The idle chatter?
 (That goldfish is fatter)
 The insistent continuous Post Office clatter?

What shall the memory sift?
 Meeting the Clerk to the Governor's lunch in the lift?
 Or the cold wind blowing from the east
 Filling the square with the smell of Whitbreads yeast?
 The hoot of tugs in the fog's breath
 Groping their way down the river?
 Do you shiver
 At the bong of St. Paul's bell telling of death
 —the last gift of the Giver?

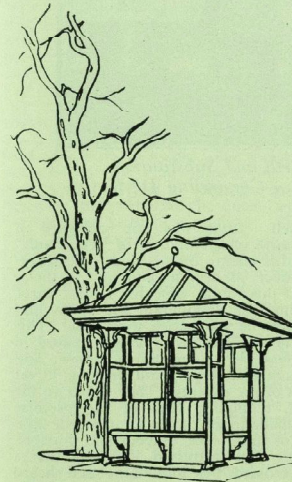
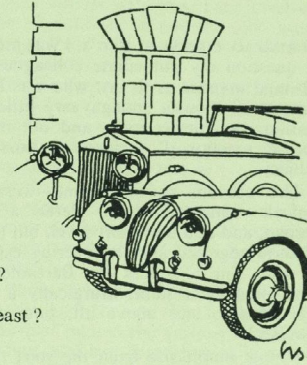
What are the things you remark?
 The square after dark?
 (The occasional lark)
 Or the plane trees chequered with peeling bark?
 Victorian shelters from Hove promenade
 Specially cleaned for the View Day charade?
 (Wherefore the urgent repairs to that door
 And geraniums planted the day before).

Or are these the things in your ken?
 The fancy cars of the gynae men?
 The smell of hot cabbage at half past ten?
 Or the motto above the gentlemen?

Or Christmas with signs that you know?
 The colostomy filled with a row
 Of pianos, and carols below?
 And a firkin of ale for each show?

What place has this type of emotion?
 Irreverent symbols of deeper feeling
 Just the façade for devotion
 And drama, and patience, and even for healing
 A frame for the moments of meaning.

D. V. BATES.



THE LIFE OF SAINT BARTHOLOMEW

by J. B. DAWSON

DURING MY COURSE at Bart's, I was prompted to question my immediate colleagues in an off-hand manner as to just who was Bartholomew. Curiously enough very little information was forthcoming, and out of sheer obtuse reaction I decided to pursue the subject.

The obvious starting points were theological. This led me to clerics at home, abroad, and at a university level, but the lack of knowledge was again staggering, especially so when one considers that Bartholomew is hagiologically a saint, liturgically a martyr and apostle, and above all, one of 'The Twelve'!

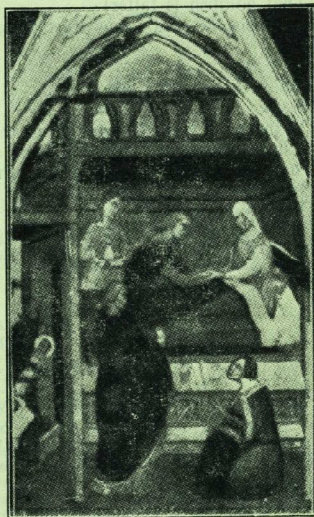
I must emphasise from the start that the picture I hope to produce of Saint Bartholomew is an impression collated from masses of fragmentary evidence and that almost every facet of my picture has an antithesis.

There are three schools of thought for the origin of his name. The first of these is that it is purely patronymical and derives from the Syriac, not Hebrew, in meaning 'son of Tholomew or Tolmai or Tholomy.' The second fragments the name still further from a derivative point of view and translates Tholomew into Tholes meaning 'sovereignty' and Moys meaning 'water.' Thus the whole becomes 'son of him hanging over the waters.' Finally there is the translation wherein it is said to mean 'son of the ploughman (farmer or gardener)'. This latter has some slight support in that Saint Bartholomew is stated to be 'Bartholomew the man of Italy, the gardener, the dealer in vegetables that dwelleth in the garden of Hierocrates, the Governor of our city,' and also in that the famous biblical passage from *St. John* quotes Christ as having seen Bartholomew under a fig tree.

Until very recently I had found no reference to Bartholomew's very early life, but luckily I found two charming narratives which I should like to present. They are translated from the French and have been deliberately left in a rather literal and therefore stilted style.

A couple of royal birth, living in Syria, were childless. In his disappointment the man promised to dedicate his infant to the service of the God of

Israel if he would grant him one. His wife conceived and during her pregnancy had a presentiment that her son would be gifted with absolute power over all the devils in hell. During her delivery she believed she saw a light which illuminated the world and chased away the shades of night. She bore a charming and beautiful son whom she



*Birth and Substitution
by a Changeling Devil.*

nourished herself. Satan was not backward in hearing of the birth of a supporter of 'The Faith,' and a redoubtable enemy of his kind. He therefore held a council of demons and said to them, 'We must steal this infant from his cradle, carry him to the summit of a mountain and throw him in the snow where he will perish with cold.' This being done, a devil, black as pitch was placed in the cradle instead of young Bartholomew, and stayed there three years crying and weeping. Great was the distress of the parents. They called on the God of Israel, reminding Him of the promise which He had made to give them an infant of light and not a son of the shades, hideous and horrible. While they were thus distressed, it is told that a Jewish priest crossed the mountains and heard cries. He ordered his servants to go towards the place from where the cries came and to bring him the infant. The servants pointed out to him that it was only an infant abandoned by a distracted

mother to hide her shame. 'Go!' replied their master. They walked towards the voice and found an infant of very tender age lying in the snow. The priest received him with joy and kept him in his house for three years. He then heard of the fate of the noble couple of Syria, whose son, black as pitch, refused to grow and wept night and day in his cradle. Taking the young Bartholomew with him he travelled to this country and when he had come into the city and found the palace of the noble couple he asked to see the infant. His entreaties overcoming the resistance caused by their shame, the priest found he was not mistaken about the nature of this horrible being. 'In the name of the God all powerful!' he said to him 'I order you to tell us who you are.' The devil replied 'This infant that you have found and reared is the son of this noble couple. He was born to them to have power over all of us. This is why we wish his undoing. You have frustrated our plans. It only remains for me to return to hell from whence I came' and he disappeared with a great noise. Great was everyone's rejoicing. The young Bartholomew was put in royal clothing. After the death of his parents he heard Christ preaching the gospel and abandoned all to follow Him.

The second narrative comes from a Leipzig manuscript, and is supported by another from Padua.

A nobleman of India, fallen from riches into poverty, sold himself to the devil to recover his wealth. But he only continued spending as before. The devil undertook to restore him to twice his former condition if he would bring to him the two hands of his only daughter. He cut them off. His money once again spent, it is now the very life of his child that the devil demands. He resigns himself to obey but the henchmen, charged with the sinister deed, had pity on their victim and let her escape. She reached a convent of nunnesses where the abbess was the sister of the king of that land. The prince, while hawking in the forest saw this young girl with the severed hands and wished no other as his wife. On his accession he married her. While he was away campaigning his wife gave birth to a son. The messenger carrying the news to the king allowed the devil to take away his letters and to substitute a missive in the hand of Satan wherein the queen was accused of having given birth to a monster. The king, however, suspecting a contradiction between the message and the facts sent back news of his victories and of his return. Once again the devil altered the message to an order to burn the mother and child; again the henchmen spared their victims. Two angels came and baptised the son of the queen and as she touched the baptised child, her hands were restored. The angels led her to the monastery where she had stayed in the past and commanded her to send her son into the country of the Jews until he should become a man. The abbess looked for the king her nephew and explained all to him. The king summoned to his presence his wife's parents and all rejoiced.

Thus we have followed Bartholomew through childhood and now arrive at his biblical introduction with at least one healthy demon to his credit. Bartholomew is re-

ported as an intelligent man, an aristocratic Israelite from the region of Cana who St. Augustine maintained to be, in addition, a doctor of Jewish law. St. Jerome says that Bartholomew was the only one of the Twelve who came of noble birth and as such was entrusted by Christ with the higher mysteries of the Christian religion.

He is always portrayed in classical art as a middle aged man with dark hair and a beard, and his face expresses nobility yet an open hearted simplicity. This character is in keeping with the man who is typified in the apocryphal *Gospel of St. Bartholomew* wherein he repeatedly asks naive and searching questions of Christ. So much so that the Gospel is secondarily named 'The Questions of Bartholomew'.

When Bartholomew is first mentioned in the Bible, he had been in the company of Philip who had related the various works of Christ to him, and had urged him to join the disciples who followed our Lord at that time. Bartholomew, it would appear, was at first, somewhat sceptical of Christ's powers but agreed to accompany Philip to meet Him.

All references to the next phase of Bartholomew's life are contained in the following six passages taken from the Gospels and the *Acts of the New Testament*. The first passage is from *St. John's Gospel, Chapter 1*, which opens with the witness of John the Baptist to the priests and Levites of Christ's coming and culminates in the baptism of Jesus. Andrew and Simon Peter then attach themselves to Christ as the first two disciples and the three journey on to Galilee. Here Philip joins Christ and introduces Nathanael to his master, whereupon Christ gazes on Nathanael and says, 'Behold, an Israelite indeed, in whom is no guile'. Nathanael replies, 'Whence knowest thou me?' and Jesus answers, 'Before that Philip called thee, when thou wast under the fig tree I saw thee'. This is an interesting passage because it is generally accepted, except by St. Gregory and St. Augustine, that Nathanael refers to Bartholomew. This is supported by the fact that Bartholomew is never mentioned in *St. John's Gospel* and Nathanael is never mentioned in the other Gospels and the Acts, yet both are associated with Philip. I think the suggestion that Bartholomew was originally called Nathanael Bar Tholomai is very reasonable, and offer that as my tenet. Some further information is gained from this passage, namely that

Bartholomew lived in the region of Galilee and that the first thing he did on meeting Christ was to ask a question. Also the association of the fig tree, which was previously mentioned, is significant.

There are further reports about this first meeting with Christ, and it is told that Bartholomew was somewhat loath to forsake his superior form of living for the rough road associated with mysteries which he, at first sight, found difficult to stomach. Our Lord challenged him, saying that one day he would be obliged to forgo his *manteau pourpre* as an emblem of nobility for his *manteau rouge* which represented his flayed skin, symbolic of his martyrdom. When Christ said that he had remembered Bartholomew in the past under the tree, Bartholomew appears to have been so impressed that he acquired faith from that moment and became one of the most positive and believing of the company of disciples, who finally numbered seventy-two.

The next two passages are from Mark and Luke and are almost contemporaneous. *St. Mark's Gospel, Chapter III*: This chapter relates the healing on the Sabbath by Christ, of a man's withered hand, with the subsequent confounding of the Pharisees, and a mass healing of many of the assembled throng. After this we are told that Christ withdrew to a mountain and named Bartholomew among The Twelve. This is followed by a series of parables on the sea shore in the presence of the multitude, some of whom had journeyed from Galilee, Judea, Jerusalem, and Tyre and Sidon. The passage ends with Christ commanding The Twelve to go forth, to preach, to heal sickness and to cast out devils.

St. Luke's Gospel, Chapter VI: This extract almost repeats St. Mark, dealing with the withered hand, the ascent into the mountain and the naming of St. Bartholomew amongst The Twelve. This is followed by the descent into the plain, and a healing and banishing of unclean spirits. Christ then delivers parables to The Twelve in terms of 'Blessed are ye that . . .', and after this they go on to Capernaum. In passing it might be noted that in the three Gospels Bartholomew is named sixth, but in the Acts he is seventh.

St. Matthew's Gospel, Chapter X: Once again The Twelve are named and receive powers to deal with unclean spirits. Christ then sends them forth with the command 'Go not into the way of the Gentiles, and into any

city of the Samaritans enter ye not, but go rather to the lost sheep of the House of Israel'; and He gives them a code of behaviour to follow while they preach and to guide them when they must eventually face death.

Bartholomew has now been promoted to The Twelve, has received powers, and has had his immediate plans of action detailed. These were to effect the cleansing of the 'House of Israel' and its consolidation as a base, from which evangelical action could originate.

In the midst of these authentic Gospels it would seem not out of place to mention the apocryphal references to the saint. Apocrypha, by derivation, means hidden, and the *Apocryphal Acts* bear no relation to the *Apocrypha* of the present day Church of England. They are confabulations which.



St. Bartholomew.
A panel from a Polyptych, c. 1320.



From a Polyptych by Giovanni de Biendo, c. 1378. St. Bartholomew is seen in the centre.

originating in the third century and earlier, expanded the known facts of relatively unknown religious characters, with special reference to The Twelve after the dispersal from Jerusalem. These acts were for the benefit of the more credulous, and not long after their origin they were submitted to purification by the Church, to bring them within the bounds of reason.

Among these works relating to Bartholomew there is a Greek martyrdom of the fifth and sixth centuries, which originates from the Nestorian and Byzantine empires. This and a Latin *Passio Bartholomei* tell of the overthrow of the idols and Bartholomew's subsequent martyrdom. These works are supported by the Gospel of Bartholomew,

known alternatively as *The Questions of Bartholomew*, and several lesser acts which stem from Coptic, Arabic, Ethiopian, Latin and Greek MSS but contain only short references to Bartholomew. They are of varied origins:—

1. The Arabic gospel of the Infancy.
2. Coptic Narratives of the Ministry.
3. The Assumption of the Virgin.
4. The Acts of Philip.
5. The apostolic history of Abdias.
6. The Acts of Andrew and Bartholomew and Andrew and Matthias.

The *Gospel of Bartholomew* itself is beautifully written and paints a very definite picture of Bartholomew. He is represented as the one apostle who is prepared to take the initiative in questioning Christ on matters of miracle and heavenly procedure. Many were the times when Peter, who was a hesitant fellow in the early times of the 'teaching', wished to know 'such and such' and questioned his fellow apostles, all of whom would prompt each other to act as spokesmen to Christ, until Bartholomew, taking the initiative, would stand forth and question Christ outright. Several times Bartholomew found that he had gone rather further than he had intended and becoming extremely frightened would clutch Christ's robes for support. However, being an extrovert, he would soon regain his reassurance, and became, with Christ's repeated answers to his constant questioning, the great referee of the Holy Mysteries. It is impossible to reproduce all the apocryphal Gospel here, but I should like to give some idea of the major subjects handled, with a few descriptive excerpts to demonstrate the beautiful literary description employed.

The major subjects, which appear in several of the ancient manuscripts in similar form, are:—

1. The descent of Christ into Hell from the Cross and a discussion of those souls which were saved and those which were lost.
2. The Virgin's account of the Annunciation.
3. The showing of the bottomless pit of the apostles.
4. The devil is summoned and gives an account of his doings.
5. Questions regarding the deadly sins.

The first fragment comes from Chapter II of the Gospel and deals with the Annunciation. Bartholomew begins by saying to Peter, Andrew and John:

"Let us ask her that is highly favoured how she conceived the incomprehensible or how she bare him that cannot be carried, or how she brought forth so much greatness". Once again no spokesman was forthcoming and so Bartholomew 'with cheerful countenance', himself questions Mary.

Mary is loath to disclose this Mystery but finally, with persuasion and guidance from above, she begins to say unto them 'Let us sit down upon the ground; and come thou, Peter the chief, and sit on my right hand and put thy left hand beneath mine armpit; and thou, Andrew, do so on my left hand; and thou, John, the virgin, hold together my bosom; and thou, Bartholomew, set thy knees against my back and hold my shoulders, lest when I begin to speak my bones be loosed one from another. And when they had so done she began to say: when I abode in the temple of God and received my food from an angel, on a certain day there appeared unto me one in the likeness of an angel, but his face was incomprehensible, and he had not in his hand bread or a cup, as did the angel which came to me aforetime. And straightway the veil of the temple was rent and there was a very great earthquake and I fell upon the earth, for I was not able to endure the sight of him. But he put his hand beneath me and raised me up and I looked up into heaven and there came a cloud of dew and sprinkled me from head to the feet, and he wiped me with his robe and said unto me: Hail, thou art highly favoured, the chosen vessel, grace inexhaustible. And he smote his garment upon the right hand and there came a very great loaf, and he set it upon the altar of the temple and did eat of it first himself, and gave unto me also. And again he smote his garment upon the left hand and there came a very great cup full of wine: and he set it upon the altar of the temple and did drink of it first himself, and gave also unto me. And I beheld and saw the bread and the cup whole as they were. And he said unto me: Yet three years and I will send my word unto thee and thou shalt conceive a son, and through him shall the whole creation be saved. Peace be unto thee, my beloved, and my peace shall be with thee continually. And when he had so said he vanished away from mine eyes, and the temple was restored as it had been before. And as she was saying this, fire issued out of her mouth; and the world was at the point to come to an end: but God appeared quickly and laid his hand upon her mouth and said unto Mary: utter not this mystery, or this day my whole creation will come to an end and the flame from her mouth ceased and the apostles were taken with fear lest haply the Lord should be wroth with them.

The second fragment comes from Chapter IV and is related to the summoning of the devil and his explanation of his machinations. Again the scene is opened by Bartholomew and his eternal questioning: Lord show us the adversary of men that we may behold him, of what fashion he is, and what is his work, and whence he cometh forth, and what power he hath that he spared not even Thee, but caused Thee to be hanged upon the tree . . . And as he thus spake, Jesus raised him up and said unto him: Bartholomew, wilt thou see the adversary of men? I tell thee that when thou beholdest him, not thou only but the rest of the apostles and Mary will fall on your faces and become as dead corpses. But they all said unto Him: Lord let us behold him. And He led them down from the Mount of Olives and looked wrathfully upon the angels that keep hell and beckoned unto Michael to sound the trumpet in the height of the heavens. And

Michael sounded, and the earth shook, and Beliar came up, being held by six thousand and sixty angels and bound with fiery chains, and the length of him was one thousand nine hundred cubits and his breadth seven hundred, one wing of him eighty, and his face was like a lighting of fire and his eyes full of darkness. And out of his nostrils came a stinking smoke and his mouth was as the gulf of a precipice, and straightway when the apostles saw him they fell to the earth on their faces and became as dead.

Finally, this fragment is given more for content than for colour, and consists of Bartholomew questioning Our Lord upon the subject of sin:

Declare unto us, Lord, what sin is heavier than all sins? Jesus saith unto him: Verily I say unto thee that hypocrisy and backbiting is heavier than all sins:

There follows a big gap in the chronology of St. Bartholomew's biblical history and the next relevant passage comes from *St. John's Gospel, Chapter XXI*. Christ has arisen and the chapter begins with the risen Lord appearing on the shore of the sea of Tiberias while Simon Peter, Thomas Didymus, and Nathanael of Cana in Galilee, and the Sons of Zebedee and two others were fishing early in the morning. At Christ's suggestion they cast the net the other side of the ship and enmesh a vast shoal. Whereupon Peter realising the presence of Christ walks upon the waters towards Him; and finally they all breakfast on fish and bread upon the shore. This occasion is the third showing of Our Lord after the resurrection and the time is now approaching when the world beyond Israel must receive their attention.

The last biblical passage relating to Bartholomew is found in *Acts, Chapter I*. Here we find that Christ has commanded his disciples to remain in Jerusalem until the coming of the Holy Ghost at Pentecost who is to baptise them with fire. He further commands them to bear witness of Him in Jerusalem, in Judea, and in Samaria and finally to all the earth. Our Lord then ascends to heaven, and the disciples, returning from Mount Olivet to the upper room, are named once more before they kneel in prayer. They ask for guidance, as they achieve their first action as a body in the absence of their Master, in the choosing of Matthias to replace Judas.

The moment has now come, and Bartholomew, after a short period, travels forth in company with Philip, his constant friend.

To be continued.

IN NEO-SLAVONIA NOW

by PETER QUINCE

AS I HAVE recorded elsewhere (1944*), every now and again I pop over to Neo-Slavonia as a Visiting Fireman to see how that backward country is tumbling over itself to catch up with our British Progress. Well, I have just returned from such a jaunt. My host this time, by the way, was a District Board Official in the National Jurisprudence Service. It's a marvellous service by which anyone can litigate against anyone else, the N.J.S. paying not only the damages awarded, but the costs of both sides. While kept from their work by the court proceedings, all parties draw 'Litigation' Benefit with Family Allowances. There is nothing to stop the simplest case going on appeal to their House of Dukes. It's hard work for the Dukes, but they get very well paid for it and are very glad of the job. We certainly haven't anything resembling it in England.

But that is all by the way. I simply must tell you of a discovery I made when I lunched at the home of my host, and met his family for the first time.

As we came indoors, little Anna ran to her father, was tossed up to the ceiling and caught and hugged. But something displeased him.

'Eh, but what's this?' he asked, 'Who hasn't been biting her nails today?'

Anna blushed and hung her head.

'But I do so hate doing it, Daddy,' she expostulated.

'You do as you are told, my girl. You want to go to that lovely place in the country, don't you?'

'But shall I have to bite them all the time I'm there?' she asked.

'By no means, once you are there; but you've got to get there first.'

At lunch his wife remarked ominously that it was four nights since Karl had wet his bed. It was Karl's turn to colour up. There was an exchange of glances between the parents in which I could see perfect agreement.

'I was thinking,' my hostess ventured, 'we must avoid overdoing things?'

'Quite,' my host nodded, 'But I think we should aim at three wets out of four nights. Don't you? And what about temper tantrums?'

There were cries of dismay from both children.

'Three a week?' he asked teasingly, 'I think two should be enough.'

'Hooray' shouted Karl and Anna.

In his study over coffee I asked him, 'What on earth is all this caper?'

'Well,' he said sheepishly, 'I can't afford to send them to boarding schools, but we can get them into really tip-top places—Public Schools, I think you call them in England—if we can satisfy the authorities that they are Disturbed Children. It's uphill work, but it pays a handsome dividend. My wife and I both went to Public Schools. Parents could afford it in those days. And we want our children to have the same advantages and the same fun.

'The fact is, between you and me, I don't like State Education. I don't know what it is; perhaps it is that State Education has no room for eccentrics.'

He lit his pipe and leaned back in his chair.

'My old housemaster was the ripest eccentric,' he continued. 'He couldn't have cared less about exams. He had a vague idea that it was a good thing for people to pass exams, and if challenged by parents would readily pay lip-service to it. But his mind was on other things. It was our spare time he taught us how to use and enjoy. He'd coax us into sharing his favourite books and listening to his favourite music. He'd lead us in play reading, charades, improvisations, round games, sketching—anything and everything on the impulse of the moment. Like a whirlwind he was. Never a dull moment. He possessed a flamboyance, a richness . . . Ah dear, what a loss!'

'Why, what happened to him?' I asked.

'Oh, he got married and the virtue went out of him. But that was after I'd left, thank God . . . Don't imagine he was wild and woolly. He was wise and admirably strict on discipline. He beat people. He beat people

* Quince, Peter, *St. Bartholomew's Hospital Journal*, Sept. 1944.

good and hard when they did things that earned a beating.'

'But isn't beating nowadays regarded as a confession of failure?' I interpolated.

'I dare say. Depends on how you look at it. It never struck me that way, I must say. Personally it was one of the things I liked about my school. You knew where you were. You could avoid being beaten. You could avoid all punishments if you stuck to the rules. But you didn't, and so you paid the agreed price; just as you had to fork out if you broke a window or lost a library book. It closed the account, and there were no harsh feelings.'

He re-lit his pipe and sighed.

'Here in Neo-Slavonia the motto, "We must copy Britain" has made life very difficult for some of us, I'm afraid. Please don't think I'm being critical. Things may suit you that don't suit us. The growth of this so-called Education is a case in point. A single-minded child with an aptitude for acquiring and replaying knowledge is absolutely the tops. He can get anywhere; but he arrives there quite unversed in any way in which to apply his knowledge. He probably earns lots of money and lots of leisure, but doesn't know how to spend them. None of our three children are single-minded. They are born experimenters and dam' good fun. They can acquire exhaustive knowledge about the things they are interested in at the moment. But that's no good at all. They'd never be scholarship standard. They'd probably even plough their — what do you call it?—Vulgar Admissions? No, there's nothing for it but to get them accepted as Disturbed Children.'

'You mean the Common Entrance,' I said. 'But surely you don't want to land them in an Approved School do you?'

'Approved School, my foot! They wouldn't be sent to an Approved School in

England, would they? They are not criminals. No, they are sent to the most expensive public schools. Our Worrah and Ybgur, equivalent in some ways to your Eton, and our Naedor are chock-a-block with Disturbed Children. It's what keeps them going. Gustave, our eldest is at Worrah, and doing very well. And kept there by the tax-payers. The difficulty is to get them accepted. Hence our drill with nail-biting, bedwetting and temper tantrums. Gustave got in on his sand-tray test. We rehearsed him to build a fence all round the farm with himself outside and his Mummy and Daddy inside being stabbed by Zulus. He hadn't a clue as to what it all meant. He angrily refuted the social psychologist's interpretation and burst into tears. Absolutely full marks. It couldn't have gone bigger. They've got a new young chap now who is keen on the Rorschach blots. There are Rorschach coaches, of course, and some parents are sending their children to them; but they are much too expensive for us. We shall just have to tell our chicks to see as many hobgoblins and witches as possible, and of course, plenty of blood and fire, and trust to luck. They aren't complete fools—the psychologists, I mean—and it's better to give them too little than too much. It gives their imagination more scope.'

'But, look here,' I said, 'maybe you will get your children accepted, but aren't you meanwhile inculcating them into habits of deceit and roguery?'

He rubbed his pipe-bowl along his nose thoughtfully before replying.

'Of one thing I am becoming increasingly convinced. It may be reactionary by your British standards, but, *you cannot have it both ways*. You've got to dung your rosebeds if you want the finest blooms.'

As usual, he seemed to have an answer for everything.

CYPRUS: ASSISTANT MEDICAL OFFICER

CYPRUS MINES CORPORATION

It is proposed to appoint an Assistant Medical Officer for work at the Corporation's Mines in Cyprus. The engagement is for an initial tour of three years, with the possibility of renewal. Applicants should have some postgraduate experience in midwifery. Salary scale is within the range of £1,200 to £1,800 per annum, depending upon experience and qualifications. Limited private practice may be permitted. Applications, together with the names of two referees, should be submitted before April 15 to Wilkens and Devereux Ltd., Trafalgar House, Waterloo Place, London, S.W.1, from whom further information may be obtained.

THE SMITHFIELD GODDESS



THE TWO FOUNTAINS

POINTING the way to Charterhouse Square and College Hall is the Goddess of Fertility. She is seen turning her back on her more decorous colleague, Justice, who, with outstretched arms, balances on the pinnacle of Old Bailey.

It may seem strange that the West Smithfield Goddess should have as godfathers, the august members of the Coal and Corn Finance Committee of the Corporation of the City of London, especially in the reign of Queen Victoria. Yet, in 1864 this committee discussed the spending of an annuity of £6 13s. 4d. originally intended for repairing the conduits. The bequest had been made by Sir Martin Bowes, Alderman of the City,

in 1566 when he gave certain property to Christ's Hospital.

A report was drawn up, a meeting of the Common Council held, and the proposal approved that £1,200 be spent on an ornamental drinking fountain in Smithfield Gardens, together with £50 annually for the supply of water—subject to the consent of the Charity Commissioners. Three years later, in 1873, 'Fertility' came to Smithfield.

For half a century she quietly exercised her charm over meat porters and medical students. But in 1924 her identity was questioned, her deity became suspect: a market superintendent said she was only a martyr. After prolonged inquiry her good

name was cleared, her honour remained unstained. Some atmosphere of Victorian prudery must have hung about her, for her maiden state was considered improper, and a wedding ring was duly placed on the appropriate finger. Today the ring is no longer there, but a green band of patina bears witness to her marriage.

Lord Horder noticed that it was difficult for children to drink from the large foun-

tain. In 1951 he gave a donation to the Metropolitan Drinking fountain and Cattle Trough Association, of which he had been a vice-president since 1946, for the small fountain seen in the foreground of the photograph. Unfortunately the colour of the fountain when completed, did not meet with Lord Horder's approval, and with true generosity he paid for the colour to be changed.

A CODE OF INSTRUCTIONS

To be observed by those preparing for examination at the Hall.

We thought that the following extract from *The London Medical Student* by Albert Smith might interest some of our readers, particularly those who will shortly be facing the examiners, though not necessarily at the Apothecaries Hall. The book was published in 1861 and was printed not far from the Hospital—in Farringdon Street. It is believed that Albert Smith was a Bart's man.

1. Previously to going up, take some pills, and get your hair cut. This not only clears your faculties, but improves your appearance. The Court of Examiners dislike long hair, and any extravagant style of dress.

2. Do not drink too much stout before you go in, with the idea that it will give you pluck. It renders you very valiant for half an hour, and then muddles your notions with indescribable confusion (in this state the different processes, on the bones, and the shapes of certain crystals, become very difficult to determine).

3. Having arrived at the Hall, put your rings and chains in your pocket, and, if practicable, publish a pair of spectacles: this will endow you with a grave look. Should you wear stand-up collars, turn them down for the occasion; it is Byronic, and gives you an intelligent and hard-working appearance.

4. On taking your place at the table, if you wish to gain time, drop your spectacles, or anything you may have in your pocket that you can drop, and feign to be intensely frightened. One of the examiners will then rise to give you a tumbler of water, which you may, with good effect, rattle tremulously against your teeth when drinking. This may

possibly lead them to excuse bad answers on the score of extreme nervous trepidation.

5. Should things appear to be going against you, get up a hectic cough, which is easily imitated, and look acutely miserable, which you will probably do without trying.

6. Endeavour to assume an off-hand manner of answering; and when you have stated any pathological fact—right or wrong—*stick to it*; if they want a case for example, invent one, 'that happened when you were an apprentice in the country', or 'walking that hospital in Paris'. This assumed confidence will sometimes bother them, more particularly if your examiner should happen to be a new hand. We knew a student who once swore at the Hall, that he gave opium in a case of concussion of the brain, and that the patient never required anything else. It was true—he never did.

7. Should you be fortunate to pass, out of gratitude go down the next day to your grinder's, and enliven the class with anecdotes of the night before. He will be very glad to see you, and will treat you as a son during the afternoon—your passing is of course an advertisement for him; also go to your hospital and report your examination, describing it as the most extraordinary ordeal of deep-searching questions ever undergone. This will make the Professors think well of you, and the new men deem you little less than a mental Colossus. Say, also, 'you were complimented by the Court'. This advice is, however, scarcely necessary, as we never knew a student pass who was not thus honoured—according to his own account.

HOSPITAL APPOINTMENTS

Consequent on the appointment of Dr. H. W. Balme as a Physician on the Staff from April 1, 1956, Dr. Graham Hayward will join Dr. Bourne's Firm and Dr. Balme will become Assistant Director of the Medical Unit from this date.

The under-mentioned appointments to the medical staff take effect from the dates mentioned:—

Dr. Cullinan's Firm
Junior Registrar—Mr. J. S. Murrell, succeeds Parrish, 1.3.56.

Surgical Casualty Department
Registrar—Mr. J. I. Burn, succeeds Winstone, 1.3.56.

Department of Dermatology
Senior House Officer—Miss I. M. Smeed, succeeds Hodgson-Jones, 1.3.56

RECORD REVIEWS

WOLFGANG AMADEUS MOZART (1756-1956). A short biography by Donald Mitchell. Published by the Decca Record Company. 5s. 6d.

The Decca Record Company have published a short biography of Mozart to mark the bicentenary of his birth.

Authoritatively written it is full of interesting information such as the fact that the Toy Symphony was written by Mozart's father, and not by Haydn as is commonly supposed. Well illustrated, it contains most of the famous portraits of the Master and his family, examples of his original manuscripts, and scenes from some of his Operas. At the back there is the list of the Mozart works recorded by Decca.

BRUCKNER: SYMPHONY IN E MAJOR WAGNER: SIEGFRIED IDYLL

The Vienna Philharmonic Orchestra conducted by Hans Knappertsbusch. Decca LXT 5065-6.

It is inexplicable why this Symphony should be so little played in this country, however, anybody who has not yet heard it has a treat in store.

This recording has many good points, but for those who know Klemperer's wonderful interpretation of this work this performance will come as a disappointment. Klemperer, while contrasting the tempi of each movement, manages without any sense of rushing to knit the whole work together. Knappertsbusch however just meanders through and adopts very slow tempi in all four movements. This is most disturbing in the wonderful scherzo which loses its vivacious spontaneity.

Both the recording and the orchestral playing are however very fine and the thrilling brass parts come over vividly.

The Siegfried Idyll cannot be recommended. Frau Wagner might have been excused for falling off to sleep again if she had heard a performance as slow and tedious as this ascending up her staircase.

DIETRICH BUXTEHUDE (1637-1707) AND LUTENIST SONGS

Dietrich Buxtehude: Jubilate Domino (Cantata for Solo Voice), Fugue in C major (Organ), In dulci júbilo (Cantata for Three Voices).

Lutenist Songs: Never weatherbeaten sail; Most sweet and pleasing are thy ways, O God; Author of light; To music bent; (Campian). Misere My Maker (Anon). Fantasia—Lute Solo (Francesco da Milano). Editions de L'Oiseau-l'yre. 12 ins. L.P. OL 50102.

This is not a record designed for general taste, but as part of the specialist's music library it will hold a prominent position, for it is well recorded and performed.

The fugue is well played by Denis Vaughan on a delightfully early sounding organ, the group-singing is finely balanced and Miss McLoughlin in particular must be commended on her excellent diction. Most of the record is however left to Deller and Dupré, who, as always the perfect partnership, give excellent authentic performances of the Campian songs.

SPORTS NEWS

FOOTBALL

1st XI v. Chartered Accountants. Lost 7—5.

After a break of three weeks, due to bad weather, the pitch at Chislehurst was in excellent condition for what proved to be a most enjoyable game. It began at a furious pace and it was not long before the Chartered Accountants had opened their score. This spurred the Hospital into action and soon Walton drove home first time a perfect centre from Palmer on the right wing. Shortly afterwards the Hospital scored again, Gould heading in after a shot from Pilkington had rebounded from the cross-bar; but in the last few minutes of the first half the Accountants equalised and then went ahead by scoring two quick goals.

After changing ends Bart's returned to the attack and equalised through Gould, but success was short-lived as the Accountants scored their fourth goal shortly afterwards. The Hospital equalised once more from a penalty kicked by Gould. The ding-dong battle continued when another goal by the Accountants was followed by a fine goal scored by Walton. It was only in the last five minutes that the Accountants obtained and held a lead of two goals.

The surrender of these last two goals was no reflection on the defence in which Hackett, the Captain, Kennedy and Kingsley are to be complimented on their good work.

RUGGER

1st XV v. Cheltenham. January 28. Lost 14—15.

Against Cheltenham, one of the strongest sides in the West Country, the Hospital gave one of its best performances for some time, although they were without the services of Tallack and Neely.

In the first half, playing against a strong wind, the Hospital were hard pressed. However Bart's scored first when, after a spirited forward rush with Thomas and Carr well to the fore, Lammiman touched down between the posts. Badley converted. Then following some rugged forward play Cheltenham equalised after a cross-kick from the right wing. The half-time score was 5—5.

Early in the second half Thomas, who was playing well in the unaccustomed position of centre-threequarter, broke through and passed to Lammiman who ran 60 yards for a good try. It was not converted, but Halls made amends by kicking a penalty goal soon after, bringing the score to 11—5. Cheltenham, however, continued to get a great deal of the ball and after some spectacular back play they scored a try which was converted. With only one point now separating the teams Mackenzie dribbled over for an

opportunist's try and the game seemed to be safe for the Hospital. However in the last minute Cheltenham scored another converted try to snatch victory by one point.

1st XV v. Oxford University Greyhounds. At Oxford. January 28. Won 14-6.

The game began with the Greyhounds looking fitter and faster than a weakened Bart's side, Lammiman being travelling reserve at the county semi-final game between Devon and Leicestershire, and Neely still injured with a haematoma.

Bart's were soon defending desperately, but the Greyhounds were unable to break through the defence. They went ahead however with a penalty goal after ten minutes, and just before half-time they succeeded in adding another to make the score 6-0. A special tribute must be paid to Mackenzie for his fine play in this first half, he played havoc among the home backs causing them to change their stand-off half.

In the second half the Hospital team found its feet and for a period of about twenty minutes the Greyhounds were completely pulverised. Charlton scored first after one of his short elusive runs from a scrum near the line. Bart's soon returned to the attack and Mackenzie crashed through with a twenty yard run to score near the posts. Badley converted. Again the Hospital came back and from play around the Oxford twenty-five Davies ran in for an unconverted try. (Shortly after Halls went over after a good run for another unconverted try. There was no further scoring but Phillips was twice unlucky not to score. After this scoring bout play was mostly in mid-field with the Greyhounds so demoralised that they never looked like scoring.

In the last four games fourteen tries have been scored by the 1st XV.

Team: B. W. D. Badley; J. Laurent, L. R. Thomas, G. Halls, M. R. Phillips; R. R. Davies, C. A. C. Charlton; B. Lofis, C. Carr, D. Downham, J. S. T. Tallack (Capt.), D. W. Roche, H. Thomas, E. F. D. Gawne, J. C. Mackenzie.

The matches against the Old Merchant Taylors, the Old Paulines, Streatham and the Old Haberdashers were cancelled due to the frost.

HOSPITAL CUP MATCH

Bart's were unlucky to play against the favourites in their first tie of the Hospital Cup. Unlucky because the side is the best the Hospital has had since the war, and, in the other half of the draw, would have been strongly tipped to reach the final. Played at Richmond under ideal conditions, after having been postponed by the Great Frost for nearly a month, the game was exciting,

often brilliant and always interesting. The last, perhaps, only for those who could subordinate their traditional loyalties. Both sides were well-balanced and played fast, open, attacking rugby from start to finish—a welcome change from last year's interminable muddy battles. The game was more evenly contested than the score would suggest, for if Mary's had the finish which enabled them to exploit their scoring opportunities to the full, Bart's generally held the initiative and territorial advantage, largely due to the tireless work of their forwards in the loose and to the splendid form of Badley at full-back.

From the kick-off Bart's attacked strongly, delighting their supporters for the first twenty minutes by seldom leaving the Mary's 25 and generally dominating the play. Carr hooked well and Lammiman and Phillips on the wing saw plenty of the ball, each coming very near to scoring. Eventually one of Cannell's high kicks found touch and the play was taken into mid-field. The Mary's forwards now began to get the better of the line-outs and the tight, and with the Mary's centres receiving a steady supply of ball and having plenty of room in which to manoeuvre, the game had clearly entered a dangerous phase. Again and again the Mary's centres were smothered by three or four Bart's men, and for a time they resorted to the high kick ahead; but Badley's positioning and fielding were faultless and his 40 yard touch-kicking soon made this an unprofitable form of attack.

Ten minutes before half-time came the inevitable break through. Cormack handed-off a high tackle, made some ground, passed outside to Cannell who

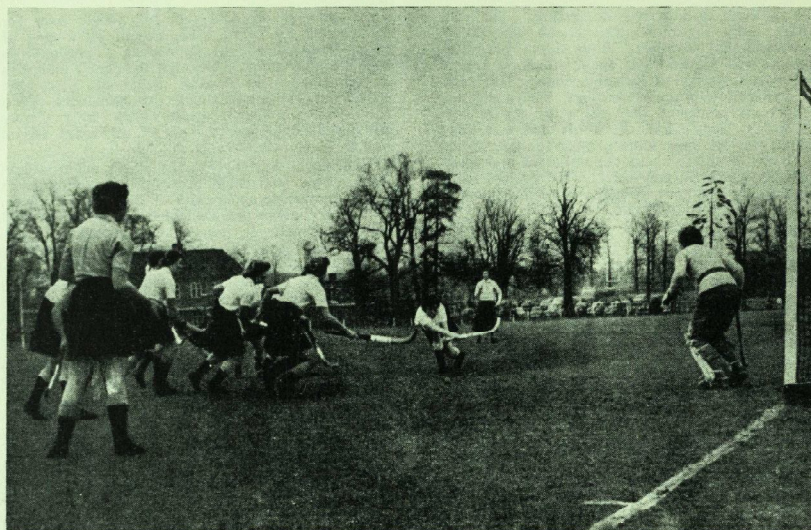
drew the fullback and sent his winger over for the perfect try. The kick, caught by a gust of wind, bounced off the near post. Five minutes later Cannell swerved through the centre and with a beautifully timed and delivered pass sent Richardson sprinting down the touch-line for a second try. Shortly afterwards Bart's were penalised for offside in front of the posts, and at half-time Mary's were leading 9—0.

The second half began with Bart's again attacking strongly, and their more optimistic supporters still believed the superiority of Bart's in the loose, in which Gawne and Mackenzie were quite outstanding, might yet change the course of the game. These illusions were quickly shattered by a terrific opportunist break by Cannell. Intercepting a careless pass in his own 25, he weaved 70 yards up the field, throwing off his pursuers to left and right, before allowing a backing-up forward to score under the post. The Mary's forwards, having tasted blood, gathered the ball from the kick-off and stormed through the bewildered defence in a short-passing movement, finally giving the ball to Richardson who went over in the corner.

To be put 17 points down in as many minutes would crack the morale of any side and for the next quarter of an hour Mary's had things very much their own way, treating the spectators to a dazzling display of scissor movements, dummy passing and cross-kicking. Only desperate spoiling and tackling prevented them from adding to their score. At length John Tallack somehow managed to pull Bart's together; they regained the initiative and for the remaining twenty minutes made repeated and determined attempts to reduce Mary's



Charlton in possession after a line-out.



The Bart's Ladies' attacking

winning lead. Individual breaks by Phillips, Rees Davies, Neely and Charlton just failed to come off, and Badley made a gallant attempt at a drop-goal, but the defence held firm and Mary's finished the game worthy winners.

The undoubted architects of the Mary's victory were their exceptionally powerful centres: Cannell, who won his 15th English cap a fortnight before this match, and his partner Cormack, a Welsh trialist. There are only three surefire answers to a pair of international class centres: (1) Pray that the ball never reaches them, (2) Have a pack that really does corner-flag, and (3) Have international centres of your own.

Team: B. W. D. Badley, R. M. Phillips, G. J. Halls, J. Neely, D. A. Lammiman, R. R. Davies, C. A. C. Charlton, B. Lofts, C. J. Carr, D. W. Downham, D. W. Roche, J. S. T. Tallack (Capt.), H. Thomas, E. F. D. Ganne, J. C. Mackenzie.

LADIES' HOCKEY

INTER-HOSPITALS CUP

Final v. Guy's Hospital

March 17. Won 6-3.

The weather was perfect, the ground in fine condition, and vocal support from the touch-line

extremely encouraging as the Ladies' Hockey Team, looking fit and well, took the field against Guy's Hospital. Their blue stockings forgotten, but their faces still tense, the Bart's Ladies were undoubtedly determined to complete the hat-trick by winning the Inter-Hospitals' Shield for the third year in succession. However, their undoubted superiority, which enabled them to achieve this feat by the handsome margin of 6-3, was not apparent until the later stages of the game, and indeed, extra-time had to be played before Guy's wilted under the sustained pressure of the lively Bart's team.

Guy's attacked from the start, and much to the surprise of the Bart's team and its supporters succeeded in scoring before the game was five minutes old. They maintained their pressure, and after two strong attacks on the Bart's goal they forced a corner. Bart's, however, cleared and rallying well they swept upfield for Miss Hartley to score in the ninth minute. The next fifteen minutes saw Bart's getting the better of the game, and good shots by Miss Swallow and Miss Chambers were well saved by the Guy's goalkeeper. Then followed a period of Guy's superiority which lasted until half-time, during which time they added two more goals.

Beginning the second half 3-1 down, the order of the day for the Bart's team was Play the Game Girls. In great style they attacked strongly along the left wing, Miss Swallow putting in a good centre; but somehow the Guy's defence scrambled it away, and then the Bart's defence were on tenter-hooks as play switched to the other end of the

field and Guy's forced two corners in quick succession. But no score came. For the next quarter of an hour the game deteriorated from its previously high standard. Play by both teams was nondescript and neither goal appeared in danger.

This lull was, however, the calm before the storm, for suddenly the game became alive with the Bart's team showing splendid teamwork. First, centre-half Miss Tuftt scored, then two minutes later, centre-forward Miss James hit home a beautiful shot from an absolutely perfect centre by Miss Wilson. Now, with the game fast drawing to a close and the teams standing level at 3-3, play was in deadly earnest. Excitement ran high as both sides played with all their might, in near desperation. However, full-time was reached without further score.

It was agreed to play extra-time of seven minutes each way, but Bart's, who evidently thought that it was now or never, needed only fifty seconds to take the lead with a goal by left inner Miss Chambers. This was followed with a second within the next minute, also by Miss Chambers; on both occasions she split the Guy's defence with devastating solo runs. Shortly after the same player delighted everyone by scoring yet again. This excellent hat-trick of goals left Guy's well and truly beaten.

Mr. E. G. Tuckwell, the Dean of the Medical College, presented the Shield to the Captain, Miss Swallow. The team, their faces flushed with pride, then chaired her from the field.

Team: I. Tompkins; G. Barraclough, A. Woolf; M. Childe, J. Tuftt, A. Tressider; J. Wilson, J. Hartley, S. James, J. Chambers, J. Swallow (Capt.).

CRICKET

For many years it has been supposed, erroneously, that all the cricket played by the Hospital is of a serious nature, a description which at the very best conjures up visions of long cold wet afternoons of grimly brilliant fielding. While not wishing to decry the undoubted qualities of our fielding, we would like to point out that nothing could be further from the truth. Whereas the 1st XI tend to cultivate the aesthetic side of the game, the attitude of the 2nd XI can only be described as 'sporting'.

It is hoped that those members of the Hospital who are frequently heard to say that 'they would love to play but that the standard is too high' will forget their shyness this Summer and come down to Chislehurst, one of the most beautiful cricket grounds near London.

TENNIS

The following Officers have been elected for the 1956 season.

President: D. B. Fraser
 Captain: J. T. Bench
 Vice-Captain: C. S. Goodwin
 Secretary and Treasurer: B. le G. Waldron

AWARDS AND PRIZES

BRACKENBURY SCHOLARSHIP IN MEDICINE

Awarded to: P. D. Mulcahy
 Prox. Access.: D. A. Chamberlain

KIRKES SCHOLARSHIP AND GOLD MEDAL

Scholarship and Medal awarded to:
 R. E. Troughton

WALSHAM PRIZE

Awarded to: P. E. Troughton

ROXBURGH PRIZE

Awarded to: C. B. S. Wood

SKYNNER PRIZE

Awarded to: J. B. Dawson, acq.
 R. E. Troughton
 Prox. Access.: R. G. Evans

WILLETT MEDAL

Awarded to: D. H. Elliott
 Prox. Access, acq.: E. R. Nye
 N. C. S. Rice
 H. T. Shacklock

MATTHEWS DUNCAN MEDAL AND PRIZE

Awarded to: J. H. W. Shaw
 Prox. Access.: M. F. Beard

BURROWS PRIZE

Not awarded

SENIOR SCHOLARSHIP IN ANATOMY, PHYSIOLOGY AND BIOCHEMISTRY, 1956

Awarded to: G. M. Besser
 Prox. Access: B. N. Ballantine
 Highly Commended: C. G. Beardwell

HARVEY PRIZE, 1956

Awarded to: M. W. Childe

FOSTER PRIZE, 1956

Awarded to: J. Owens
 Certificates: G. M. Besser
 R. J. Chambers
 T. O. Johnson

HERBERT PATERSON MEDAL, 1956

Awarded to: M. W. Childe

PRIZE IN HISTOLOGICAL DRAWING, 1955

Awarded to: B. N. Ballantine
 Prox. Access.: A. Andan

BOOK REVIEWS

The chief knowledge that a man gets from reading books is the knowledge that very few of them are worth reading.
—H. L. Mencken.

MODERN PUBLIC HEALTH FOR MEDICAL STUDENTS

by I. G. Davies. Edward Arnold (Publisher) Ltd. 30s.

The author of this excellent textbook, the most comprehensive of its kind written for the undergraduate, is a practising medical officer of health and occupant of the Chair of Preventive Medicine in the University of Leeds. The work is particularly notable for its clear exposition, illustrated by diagrams, of the statutory and voluntary provisions for health and social welfare: a knowledge of which is so essential to the future medical practitioner, so that he may use these services fully for the benefit of his patients. Always with the students requirements in mind are chapters on such important subjects as the effect of heredity on the public health, the science of nutrition, the measurement of health and control of international health problems. To those familiar with the changes in teaching public health to medical students during the last ten years it will be no surprise to see the omission of any reference to matters of general sanitation; though it may be regretted that more attention is not drawn to such an important aspect of environmental hygiene as the relation between housing and the health of the family.

The scope of courses in social and preventive medicine to-day requires a team of teachers. The part that social factors play in aetiology and in prognosis may be learned in clinical teaching in the ward, out-patient department and the almoner service but such teaching must be co-ordinated with that of epidemiology, the fundamental principles of public health practice if the instruction in modern public health practice is to be made more real and interesting. Professor Davies's book if read by the student in the last or penultimate year will surely help him to preserve a balance between the complexities of individual therapy and the significance and importance of the community aspects of ill-health.

G. H. HOGGEN.

DISEASES OF THE NERVOUS SYSTEM

by Sir Russell Brain, D.M., P.R.C.P. 5th Edition. Oxford University Press. London: Cumberlege. 1955. Pp. 996 + XVIII. 55s.

The new edition of this well known textbook of neurology contains fresh material on Coxsackie virus and toxoplasma infections and inclusion body encephalitis; there is a short chapter on neuropathy and myopathy associated with carcinoma, and other topical subjects included are cervical spondylosis and polymyositis. There is also a valuable brief section on consciousness and unconsciousness. In other respects the book has been brought up to date, notably in the treatment of meningitis, polio-

myelitis and lead poisoning. In spite of all these additions, the volume is a little smaller than the fourth edition due to conciseness of writing, and clarity has nowhere suffered from condensation.

A glance at the index will reveal the breadth of the subject of neurology: so often confined in the student's mind to a few untreatable diseases. The list of contents however reflects present day difficulties in neurological classification due to ignorance in aetiology, and shows a mixture of anatomical and aetiological classification. This leads to curious inconsistencies, *spina bifida* for example is included in the chapter on diseases of the spinal cord but subacute combined degeneration and amyotrophic lateral sclerosis are treated elsewhere. In the present state of knowledge these misplacements are bound to occur unless each disease is given a separate chapter.

This book cannot be recommended to undergraduate students because it is too long, but it forms an ideal reference book for post-graduate work with very useful lists of references interspersed in the subject matter. It has been for many years a standard book on neurology for the M.R.C.P. examination and deserves a high priority on the list of books bought in the first rush of enthusiasm after qualification.

K. W. G. HEATHFIELD.

MODERN METHODS OF FEEDING IN INFANCY AND CHILDHOOD

by Paterson and News. Constable, London. pp. 188.

This popular book in its tenth edition has gained a second author. In the process it has lost none of its unity even though sections have been rewritten by a fresh hand and some new material has been added. The basic principles of infant feeding remain the same; their application has been brought into conformity with current practice. One of the most valuable changes is an increase in the amount of food stated to be required by young infants and, if this suggestion can be made to reach the right quarters, the widespread practice of underfeeding may diminish. Having said that it is perhaps ungracious to suggest that the bulk of some of the increased feeds e.g. five 8½ oz. feeds a day for a fifteen pound baby is greater than will always be tolerated, and that the same food value could be compressed into a smaller quantity of water.

The various methods of artificial feeding are set out in a pleasantly dogmatic manner. When the reasons underlying them are explained the *ex cathedra* statements are not always so satisfactory. For instance "Human milk contains much less of the volatile fatty acids . . ." and "Cow's milk contains a much greater proportion of the lower fatty acids . . ." is surely an exaggeration of a com-

paratively small difference which in any case affects only about a fifth part of the total fatty acids in the two milks. Similarly the section on the digestion of sugars contains some assertions which seem illogical.

These are small things, however, in a book which contains much valuable information. Not the least of this are the diets and methods of preparing food for the treatment of a variety of disorders including coeliac disease and nephritis. Altogether this is a book which should be read and it can be commended especially to those whose ideas on infant feeding are becoming stereotyped.

C. F. HARRIS.

THE EAR, NOSE AND THROAT FOR NURSES

by Kenneth Kotler. Published by Faber & Faber. Pp. 207. 15s.

This small book sets out in some detail the diseases of the ear, nose and throat region with a brief description of the anatomy concerned. It must be very difficult to select the most suitable facets of any condition to include in a book of this nature, but on the whole the choice appears reasonable.

Despite an assurance to the contrary by the author in the Preface, too little emphasis is placed on post-operative care. Though an understanding of the disease is essential to a nurse, it is with the details of pre- and post-operative care that she is concerned. The description of the post-operative care of mastoidectomy cases is sketchy, no mention being made of the control of vertigo. Similarly no mention is made of retention of urine and constipation after laryngectomy, and there is only a brief note on carcinoma of the antrum. There is no description of cocaine intoxication or of its treatment.

The general outline is good and the illustrations clear and helpful. This is a book which may be read with profit by any nurse who has to take charge of E.N.T. cases.

D. A. T. FARRAR.

INTRODUCTION TO OPERATING-ROOM TECHNIQUE

by Berry & Kohn. Published by McGraw-Hill Book Company, Inc., U.S.A. Price 10s.

The first impression made by a technical book from another country is of differences in practice and equipment. Most instruments are autoclaved, and if they are not, boiling time is thirty minutes; a classroom is attached to the theatre; shoulder rests are used to maintain the Trendelenburg position; no mention is made of ganglion-blocking agents in a quite full account of anaesthesia. The important aspect to a reviewer is, however, the way in which the authors have dealt with their material and how much of it is applicable to this country.

The answer is that it is written with the care and attention to detail characteristic of good theatre superintendents. An aseptic routine should cover



Psyche-cum-soma

Cupid, you will remember, deserted Psyche; and I occasionally wonder whether it was not so much because she asked awkward questions as because he discovered that she was one of a pair of Siamese twins. For though it was easy enough for Cupid to leave Psyche, Psyche, poor girl, can never leave Soma. Yet to their Siamese twinship—the twinship of mind and body—we are often, like Cupid, blind.

Of course in one sense, we know quite well that our minds are constantly influencing our bodies. Suppose I ask you to think of a lemon—to remember how it smells, how it feels when you cut it with a sharp knife, and what it tastes like when you let your teeth sink into it, as we used to do at halftime. Unless you are unusually weak on imagination your mouth will water. But not because I have in fact handed you . . .

Fascinating, but owing to a shortage of space, unfinished. The complete essay, which appeared originally in The Times, is one of a collection of meditations by this celebrated medical essayist. We will be delighted to send you a copy of "The Prosings of Poldairinus". Just send a card to the address below.

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every action that takes place in the theatre, and this book shows how carefully-thought-out the authors' own aseptic ritual is.

The accounts of gowning and gloving are well done and well illustrated. The care of the patient is everywhere emphasised. The sections on sutures, needles, anaesthetic emergencies, economy and medico-legal aspects are excellent. Some material not strictly relevant, such as post-operative nursing, has been included, but may help to indicate to the theatre nurse her responsibilities to the patient. One principle for procuring economy must cause envy in theatre superintendents here; it is 'elimination of accident-prone personnel from this area'.

W. E. HECTOR.

THE POCKET PRESCRIBER & GUIDE TO
PRESCRIPTION WRITING by Alistair G.
Cruikshank. Livingtone.

Concise, compact, and comprehensive. This book, now in its sixteenth edition, has 291 pages, several hundred prescriptions, and a hack on the shins for Professor Micks (Section 162). The list of synonyms combines entertainment with instruction, and such trusted remedies as 'Chelsea Pensioner' (rhubarb and sulphur), 'Imperial Drink' (lemonade) or 'Lenitive Electuary' (senna) may yet prove a match for the new endocrine Big Talk.

K.S.

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No. 5

EDITORIAL

AS FROM the first day of this month, Mr. George Ellis becomes the Warden of the Medical College; he is seventeenth in a line of succession which began in 1843 with James Paget.

It was on June 1, 1842, that the medical officers of the Hospital wrote to the Treasurer and the Almoners urging 'that a collegiate establishment would render St. Bartholomew's Hospital a much more efficient institution for medical education, and would also be productive of great benefit to society at large'. The Treasurer and Almoners, we are told, took the greatest interest in the proposal and after consultation with Mr. Paget, 'a Gentleman whose long connections with the Medical School enabled him to furnish very important information', they recommended to the House Committee, 'that six houses in Duke Street should be appropriated to the purpose; and that they should be very neatly and plainly fitted up at the expense of the Hospital'. Duke Street is now part of Little Britain and these houses were behind the East Wing.

A Collegiate Committee was elected by the House Committee in January, 1843, and at their first meeting they resolved: that the building should be called St. Bartholomew's Hospital Collegiate Chambers; that an officer be appointed to take charge of the chambers and the diet, and that he be called the Manciple; and that a superior officer be appointed to have the general charge of the establishment, and that he be called the Warden.

On August 10, 1843, Mr. James Paget, who was described as 'a gentleman

eminently qualified for the appointment', was elected the first Warden.

In some respects, college life in those early days differed from what it is today, for in one of their earliest reports the Collegiate Committee said that 'they have not considered it expedient to make daily attendance at the church imperative on the students, but they are gratified in being able to state that many of the pupils have been constant in their attendance.' But, although the nineteenth century student appears to have been a devout gentleman, there were times when his behaviour was not beyond reproach. In the 1860's, Dr. Andrews, who was then Warden, suggested that 'if the students had a pecuniary interest in the preservation of the furniture, it would strengthen the financial position of the establishment'.

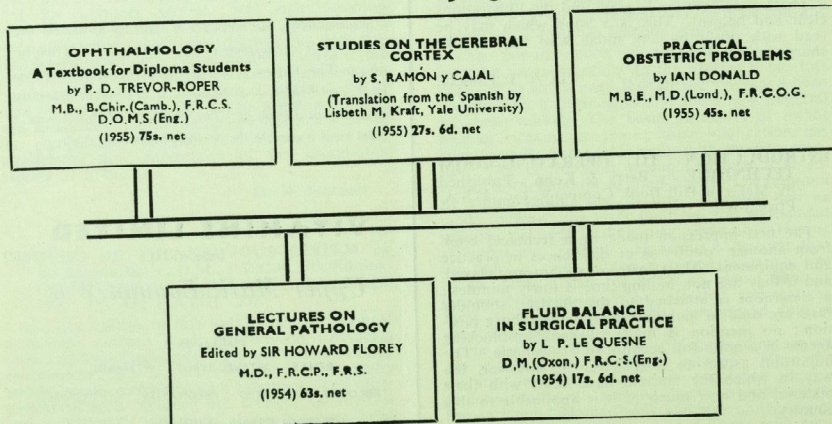
As regards the benefit of living in college there appears to have been little change, for we read that 'at that period, and for about forty years later, most students attended as many operations as they could, and those in college had a special advantage as a box-carrier, or porter, used to shout "operation" up every staircase when such an event took place at night. There is, however, one great change; today, they are summoned by telephone.'

In 1923, the Collegiate Chambers were closed. Although there were no resident students to look after, the office of Warden was retained, the Warden being responsible for the general discipline of the students and the House Appointments.

When the building of College Hall was completed in 1952, the Warden, then Dr.

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