but Prys Roberts, after an illness did not run his best in the half mile. The final score, however, was a few points better than last year.

Sport's Day was run in the rain; this did not affect the dance which was a success, being under cover.

O'Sullivan again ran for Great Britain at the White City and Prys Roberts is captaining United Hospitals' Athletic Club most efficiently.

GOLF

SUMMER MEETING

The Golf Club held their Summer Meeting at Sunningdale this year on June 27, and the entry of twelve members for the scratch and handicap cups reflected a much greater enthusiasm than last year. Play was over 18 holes of the 'New' course and although conditions were good, few low scores were returned. H. J. O. White, the captain, won both cups with an 82 gross and 74 net, M. J. S. Scorer being beaten by one stroke, returning an 83. The other members, although failing to produce such accurate golf enjoyed the chance of playing a good course under such pleasant weather conditions.

In the evening, a draw for partners was made, and a 10 holes foursomes Stableford competition was played, the captain generously offering to provide a prize for the winning pair. Scorer and Dobson with 25 points were clear winners from Bloomer and Rhys-Phillips with 22.

An Autumn meeting is being held in October and it is hoped that another good day's golf will be enjoyed then.

v. St. Thomas's, Wednesday, June 20.

M. J. S. Scorer, Lost 5 and 4. R. B. Deering, Won 2 and 1. A. W. Galbraith, Won 3 and 2. C. G. Stephenson, Won 6 and 4. R. C. G. Hughes, Won 2 and 1. J. Dobson, Won 3 and 1.

Result: Won 5 matches to 1.

SAILING

INTERHOSPITAL RACING.

9th June. 11½ miles.

The Bart's boat made a good recovery after being aground at the start, working its way into second place at the finish.

Helm: H. V. Blake. Crew: M. Bradbury, L. Farrow.

Result: St. Mary's 1st. Bart's 2nd. U.C.H. 3rd.

16th June.

Six boats crossed the line to sail an 11½ mile course in trying conditions of variable wind and pouring rain. Bart's, in Amber, took the lead early on, retaining it in spite of a strong challenge by U.C.H.

Helm: J. Misiewicz. Crew: Miss A. Thomas, H. V. Blake.

Result: Bart's 1st. U.C.H. 2nd. Charing X 3rd.

23rd June. 8½ miles.

This was sailed in light airs from N.E., giving a simple fetch to Red Wand and a beat down the Roach. Bart's sailing garnet started well, but were last to round Red Wand. Two places were saved on the beat, but we just could not make the boat sail as fast as the others.

Helm: J. Misiewicz. Crew: M. E. B. Hayes, L. Farrow.

Result: London 1st. St. George's 2nd. Guy's 3rd

30th June. 8½ miles.

In a nice breeze from the S.E. and over a flood tide, Bart's, in Chrysolite, got away to a good start and an early lead, when a gear failure in another boat necessitated a resail. In this we did not fare so well, losing a place through a tactical error.

Helm: J. Misiewicz. Crew: H. V. Blake, L. Farrow.

Result: London 1st. St. Mary's 2nd. Bart's 3rd.

OFFSHORE.

North Sea Race.

(Harwich— West Hillder L.V. — Smith's Knoll L.V. — Hook of Holland. 220 Miles).

M. Hayes, J. Misiewicz and G. Nash (Guy's) crew of an R.N.S.A. 24 racer, Ben's Choice, which finished 4th in her class. The crew visited Amsterdam, and then Ben's Choice cruised from Rotterdam to the Hamble.

Cherbourg Race.

(Southsea — Owers L.V. — Varne L.V. — Cherbourg. 230 miles).

M. Hayes, J. Misiewicz and G. Nash (Guy's) formed the crew for Ben's Choice. The boat finished fifth, cruising back to the Hamble via the Needles channel.

Boulogne.

J. Cocker, B. Pidcock and R. Herniman cruised in their 18 ft. centreplate sloop "Elizabeth" from Burnham on Crouch to Boulogne, via Ramsgate, Margate and Dover. Their plans of a more westerly passage were foiled by much bad weather, including strong winds, rain and fog.

Clyde - Cowes.

Dr. E. Nainbey-Luxmore is sailing his new Vertue 5 tonner to the South Coast from the Clyde. Dr. J. Murrell is crewing.

INTERNATIONAL.

Mr. J. Marsden has been invited to crew for Dr. F. Penman who is representing Great Britain in the European Snipe Championship in Ostend in August.

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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EDITORIAL

WHEN A PATIENT comes to hospital for the first time he enters a strange world, beset with fears and anxieties. As the mental attitude of a person can markedly influence his physical state, every effort must be made by those coming into contact with the patients to help reduce these fears.

The patient becomes disturbed as soon as he is advised by his own doctor to seek specialist opinion. Many have never had direct experience of a hospital, and their only knowledge is based on alarming reports of their friends' 'operations'.

It must be realised that the patient comes to hospital 'to see the doctor', and no one else can allay his anxiety concerning his illness—the more the doctor himself can explain to the patient the more reassured he will be.

Some patients are used as subjects for an outpatient class. We wonder how much they are informed of the procedure before they enter the class room. We suggest that any general practitioner referring a patient to a teaching hospital should warn the patient that he might be required for a class, and tell him what this involves. Such forwarning would certainly offset the shock that some patients obviously get when they enter a large room full of white-coated figures.

If a patient is advised to come back as an inpatient he is sent to the Almoners Department. On another page, Miss Cross, an Almoner of this hospital, describes her work, and discusses some of the difficulties experienced by patients who will have to spend time away from their jobs and homes.

When a bed becomes available for a particular patient, the Houseman on the firm informs the Steward's Office, and they contact the patient. The letter the patient receives tells him how to get to the hospital, where to report, and what to bring with him. We think it would help those entering this Hospital if they were sent a small leaflet describing the Hospital, and more importantly, the services that exist for the welfare of patients, such as the library and postal services. A list of visiting times might prove useful. All these facts are ascertained sooner or later, but to know them before admission would relieve small worries.

Once in the ward, the patient usually adapts himself remarkably quickly and makes friends with his neighbors. On the whole they complain little, and realise that everything is being done for their care. Yet on questioning they will admit to one cause of uneasiness; they often feel that they are not told enough about what is wrong with them, and what is to be the course of treatment. We believe that in the case of the more intelligent patient, fear of the unknown is much worse than almost any knowledge about their condition.

Remarks directing the attention of the Staff and Students of this Hospital to patients' welfare are largely superfluous. But most will not spend their lives within these hallowed walls: thus we have given a reminder to everyone dealing with patients that they are not cases but people.

Irresistible Force

The cranes and concrete-mixers on the site of the new hospital have been standing idle recently while a Battle of Bureaucratic Giants was waged over a tobacconists shop. The shop in question (run, incidentally, by a most affable tobacconist) adjoins the Gatehouse of the church of Saint Bartholomew the Great, and is the property of the Hospital. Plans for a new block included its demolition, and the erection on the same site of a pair of shops with Georgian frontage, one for tobacco, one for flowers. Some months ago, however, a note was received from the Ministry of Works pointing out that the Gatehouse was an Historic Monument; and declaring that in the event of any attempt to tamper with the adjoining shop, the Ministry would be obliged to serve a writ upon the hospital. A few days later a writ was received from the Corporation of London, demanding the demolition of the tobacconists shop on the grounds that it was unfit for human habitation. Work on the new site was held up for six months by this departmental *impasse;* tobacco changed hands as usual. The outcome: Corporation defeated Ministry. But the real loser was the Hospital. The delay in construction cost us five thousand pounds, and the date of completion of the New Block has receded yet another six months.

The unwitting cause of the trouble.

G. B. S.

The foregoing considerations remind one of George Bernard Shaw who was a fervent mover of Immovable Objects. A recent letter to The Sunday Times by an old Bart's man described a lecture which Shaw gave to the Abernethian Society in the Twenties. His failure to debunk the medical profession on this occasion may well have been due to his love of the unexpected.

A centenary seems to be an occasion for provocative generalisations. Newspaper correspondents, young and old, have been arguing fiercely about whether or not Shaw was a mystic, a snob, a bad lover or a demolition expert; and various of them have summed him up as ' the Bradman of Letters ', ' a sycophantic court jester ', and ' an Irish Aunt gorgeously drunk with wit '. We shall merely point out here that some Shavian verse can be found in the *Journal* of 1947.

Translation of Digestion

Thanks mainly to the confidence of Mr. Naunton Morgan in the linguistic ability of the members of the Hospital, four students were privileged to attend the social functions of the International Congress of Gastroenterology in the capacity of interpreters. An account of their experiences appears on another page of this *Journal.* No doubt they were in sympathy with the plea of the Minister of Health that gastroenterologists should quickly find a cure for the common hangover.

Donation

The Editor would like to thank Dr. W. C. Wigan for his very welcome donation of five guineas. Dr. Wigan wrote to say that as a life member of 80 he felt that he owed the *Journal* funds another subscription.

Oxford—Bart's Club

It was a rather warm and sultry evening when some forty members of the Club gathered at 45 Wimpole Street to congratulate themselves on being not merely of Bart's, but also of Oxford, and vice versa. Last year's celebration was held in the vast and booky spaces of the Hospital library and a return to the intimacy of the Vice-President's rooms was generally welcomed. Dr. STRAUSS greeted the early arrivals, among them Mr. and Mrs. FRASER and Professor and Mrs. FRANKLIN, to the exquisite harmonies of the *Liebes Lieder Walzer* and acquitted himself well in a viva on the merits of his modern paintings. Also soon to arrive were the Senior Secretary, Dr. BODLEY SCOTT, and Dr. NORMAN SMITH, an ex-President, accompanied by their wives. Mr. Donald Fraser was curious to know why the President, Vice-Admiral Sir Alexander INGLEBY-MACKENZIE, was drinking gin and lime and not ' black velvet '—a reference to Sir Alexander's recent retirement from the Navy and appointment as a Director of Guinness'. An expert opinion on the Mortlake Brewery was unfortunately unavailable, for Rowing Blue David WELLS, the Assistant Treasurer, had been warded during the week with glandular fever.

A follower of the international scene, eyeing a small patch of dilapidated ceiling, was overheard asking for an Amontillado à la Luce, to which someone rejoined, *sotto voce,* that we should probably all end up plastered. The Host, who happened to be nearby discussing the philosophical aspects of Judo with Surg. Lt.-Cdr. RAWLINS, a keen exponent of the art, was unperturbed and remarked that not only was he leaving for the Mediterranean and Capri the next day, but that the defect would be repaired in his absence.

The sudden and unexpected sound of a baby crying stimulated a buzz of conversation. It turned out to be MARK, the young son of Dr. and Mrs. HAVARD, who had to choose between bringing him or not coming at all. Mrs. Franklin offered to take charge while her husband, recently elected President of the British Society for Research on Aging, looked on approvingly.

Later in the evening Mr. John CREIGHTMORE played a popular song on the grand piano to an admiring audience, which reminded Mr. Donal O'SULLIVAN of a pressing engagement. He hurried away to a night club, where he currently entertains with the guitar and songs in several languages. The Assistant Secretary, Mr. KINROSS WRIGHT, wearing a flamboyant ' House ' tie that would not have been out of place on a Newmarket Bookmaker, and looking even more harassed than usual, was last seen setting out on a quest to the nearest Off-Licence for some more orange juice, which owing to the heat was in greater demand than sherry.

LITERARY PRIZE

THE Publications Committee have decided to award two literary prizes. One will be for the best scientific contribution, and the other for the best non-scientific contribution written by a student or subscriber who has been qualified not longer than ten years, which has been published in the *Journal* during 1956. Each prize will be £5, and will be awarded by Christmas, 1956 and be announced in the January 1957 *Journal.* Additional smaller prizes will be awarded for poems, drawings or photographs published during 1956, if a sufficiently high standard is reached.

The object of these prizes is to encourage writing by students and those recently qualified.

NOTICE

Timetables

Extra copies of the timetable given with the July issue of the *Journal* can be obtained from the Manager, priced 3d.

ANOUNCEMENTS

Births

ARTHUR.—On July 3, to Valerie (*née* Wadman) and Dr. Bruce Arthur, at Ashbourne, a son Duncan Charles).

BORRIE.—On July 2, at Barnet, to Helen (*née* Chesney) and Dr. P. Borrie, a son (Richard).

BOWEN.—On July 30, at Saundersfoot, Pembs., to Rosemary (*née* Renshaw) and Dr. Cecil Bowen, M.C., a daughter, sister for Jane.

FRIEDMAN.—On July 26 to Rosemary (*née* Tibber) and Dr. Dennis Friedman, a third daughter.

HARRIS.—On July 22, at Farnborough Hospital, to Sonia and Dr. John Harris of Sevenoaks, a son (David).

MIDDLETON.—On July 17, at Cambridge, to Pamela (*née* Mitchell) and the late Hugh Middleton, M.A., M.B., B.Chir., a daughter.

RAMSAY.—On July 24 to Lillian (*née* Bateman) and Raymond Ramsay, M.B.E., F.R.C.S., a son, brother for Jonathon.

Engagements

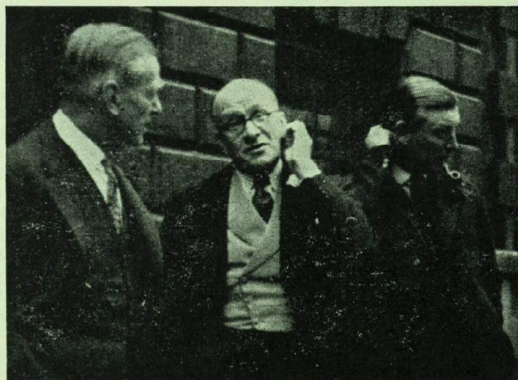
ADAM-TRAVERS.—The engagement is announced between Dr. Robert Marshall Adam and Miss Valerie Patricia Travers.

Deaths

RICHARDS.—On July 16 Dr. David Richards of East Anglia, Cadoxton and Barry. Qualified 1922.

SLOANE.—On July 4 John Stretton Sloane, M.S., F.R.C.S., of Leicester, aged 86. Qualified 1893.

CANDID CAMERA



Seven Year Itch.

THE WORK OF AN ALMONER

by MISS JOY CROSS

I HAVE been asked to try and describe what the functions of an almoner are at this hospital It is a difficult subject because the work of an almoner is wide and varied. But I think perhaps they can be summed up like this — it is the duty of an almoner to work with the medical and nursing staff in helping the patients with any personal and social problems arising out of their illness.

Many patients when they first attend hospital are not really aware that an Almoners' Department exists. Unfortunately they may vaguely connect an almoner with giving and taking of money, a function which ceased when the National Health Service was inaugurated, but they are often not aware that the Department exists purely for social work. The medical staff can do a great deal to help the Almoner by referring the patients they think are in need of help, and we are very dependent on the medical staff for this.

Nearly all patients who are recommended to come into hospital are seen by an Almoner. This is quite important because there are many reasons why patients are apprehensive about what may be a new and perhaps rather alarming experience. Men are often worried about their work—whether the job will be left open for them, and if it is, whether they will receive their salaries while they are sick. Often a letter to an employer will put a patient's mind at rest: usually employers are very sympathetic over illness and it is very rare for a patient to lose his job merely because of hospital treatment. There are still many people who do not receive their salaries while sick and this can present quite a big problem, especially in cases of prolonged illness, and if the man is married with a family. Sometimes patients say they will not come into hospital for this reason. There are statutory means for patients being able to get financial help besides National Health Insurance, worked out on a means test, and there is no reason at all if the financial need is genuine, for anybody to be in acute difficulties, although it cannot provide luxury living. There are also many Benevolent Societies which very willingly give help when required, and it is usually the almoner's job to write in the first instance asking for assistance in whatever way it is needed. The main worry as far as married women are concerned is the care of their husband and children. If there are grandparents or other relations they usually rally round and look after the family. But there are arrangements which can be made through the Children's Officer for children to be admitted to Nurseries if the patient is completely without relations.

Very often it transpires that these worries are not very real ones but are just part of the patient's apprehension about coming into hospital. A great deal can be done in reassuring the patient. Sometimes it takes a long time to get to the root of a patient's problem, and an important part of an almoner's job is to listen — often for a long time. Many minor problems will come out before a patient can bring himself to say what the real problem is at the moment. So many people are suffering from illnesses which could largely be cured if they did not have social problems to worry about, and it is our duty to help them resolve any problem if it is within our power to do so. Sometimes this is not easy to do. In fact it can be impossible at times because people cannot always be persuaded that they can do a great deal to help themselves. It is a curious thought but some people are inclined to think that doctors, nurses, and perhaps almoners can cure all their ailments and worries by one visit to hospital. They only have to mention a few points, and a new house can be found, the ideal job with the completely understanding employer, in fact all their worries can be removed at once. Although it is quite impossible for anybody to do this, many people are greatly relieved of some very big problems by the mere fact of having talked about them. If, however, they are not willing to see themselves and their problems in a realistic way, they are never in the end physically or mentally well.

So often these people lose one problem only to find another one again very soon.

Fortunately these patients are in the minority. Many of the people with whom we come into contact are very sick people who have had hard lives with poor housing conditions and little respite from financial anxieties. They have often brought up large families, long before the introduction of the Welfare State, when it was difficult to get much assistance, and these people were so often dependent on the help of local charities if the need arose.

The introduction of the National Health Service has removed many of these hardships, though, of course, there will always be a need for voluntary help and Benevolent Societies. There are conflicting views about the ultimate desirability of a National Health Service and it may be that some of its effects are not wholly good. But there is little doubt that many sick people have been relieved of much anxiety as a result of it.

An almoner's work has changed considerably since the National Health Act of 1948. Before this, although we have always worked on the same basic principles of working with the medical staff in helping the patients with their social problems, we were rather concerned with raising money through Insurance Societies and voluntary funds for financial help towards convalescence, surgical appliances and sometimes expensive drugs. In some hospitals, although this was not so at this hospital, almoners were responsible for assessing the patients' ability to contribute towards their maintenance while inpatients. That is probably why so many people still connect the almoner with the financial side of hospital treatment. In point of fact we have very little to do with money unless we are concerned with getting some extra help for patients through voluntary societies. We are now solely concerned with the social work for the patients. As can be imagined this covers a very wide field and includes the after care of patients who for some reason or another cannot return home. Sometimes permanent care must be arranged. Also convalescence is recommended for many patients. This is requested by the medical staff on medical grounds. On the other hand it is often up to the almoner to bring to their notice any special social reasons why convalescence should be arranged. It is not an automatic part of treatment and sometimes patients can have adequate care at home when they leave hospital. But there are also many whose hospital treatment could be wasted if it were not possible to send them to a Convalescent Home. Each case must be gone into individually, and if arrangements are made, then care should be taken to see that the patient is sent to the right Home for his medical and temperamental need. It is sometimes necessary after a long period of hospital treatment, either for medical or surgical reasons, for patients to be sent to a Rehabilitation Centre where they are gradually restored to a normal outlook and perhaps prepared or trained for work, thus making them useful members of society again. A great deal has been done in this resepct recently and even if patients are unfit to return to their former job, if they are willing and co-operative it is usually possible to find some type of work for them.

We also have our clientele of Common Lodging House dwellers who call hoping for some clothes or assistance from the Samaritan Fund. At the same time they make use of the warmth and out-of-date magazines in the department. News travels quickly in the Lodging Houses, and so does news between different Almoners' Departments! There is a central list of people who do go to various hospitals getting what they can—we have all been taken in at some time. When it is known, they are fairly firmly dealt with, and they are certainly not encouraged to come again. But there are also those people whom we know well, and even if they are vaguely hoping for some "under the counter" help, I think we should miss them if they ceased to come.

Many people pass through an Almoner's Department and we often hear some rather sordid and unusual tales. Sometimes we wonder how people manage to carry on, and it is amazing how so many of these people who have had so much to put up with, remain cheerful and unembittered by it all. Many of our patients are still the cockney type for whom we all have a great affection. While we are often able to help them in their problems it must be admitted that we ourselves can learn much from their stoic philosophy.

As I have already said social work covers a wide field, and it is sometimes thought these days that the National Health Service is a panacea for all evils. I well remember the lady who, I think, had been put on a reducing diet and found that her wedding ring was too large. She called, wondering whether we could arrange for her (free of charge), to have it made smaller for her.

There is still a great deal which could be said about an almoner's work, and I have only given a few examples of what we try to do. But I would, however, like to finish this article with a quotation from a letter written by an almoner at another hospital.

"Almoning in the best sense bears the same relation to a technical and scientific accomplishment as a work of art does to a blue print. In both, study and special knowledge are required, but what distinguishes the work of an artist from the technician? It is, I think, a capacity for feeling. It is only by an artist 'feeling' the subject that he produces his work of art. It is by the Almoner's 'feeling' the patient that she primarily obtains the results she seeks. It is indeed a form of self-expression and without the capacity for this feeling and its expression, I do not believe any of us can make good almoners."

It may be that some will regard this as too pretentious a view of our work. Be this as it may, it is undoubtedly true to say that the true understanding of a patient's problems which almoners try to have, is often instrumental in completing the work of the medical and nursing staff. To be continually listening and trying to resolve problems of others can be exacting work, but because we feel it is an integral part of hospital treatment, it is also most rewarding.

SAINT BARTHOLOMEW AND HIS ASSOCIATIONS

PART III: ST. BARTHOLOMEW FAIR

by J. B. DAWSON

A MAJOR function which prospered under St. Bartholomew's commercial beneficence was The Great Bartholomew Fair of Smithfield. This began in 1133, under a Charter granted to Rahere by Henry I, and represented the chief cloth and leather sale and national market of England being held for some two weeks every year until 1691. Then its length was reduced to four days only, with the changing of the Calendar it moved to September 3rd; and in 1840 it shifted its site to Islington, but it prospered until 1855, and even at that time it was still customary for none other than the Lord Mayor himself to pronounce the market open. It was finally suppressed, as it was becoming licentious. After this a Saint Bartholomew Fair continued to prosper in the North of England maintaining the tradition and the customary business, but this in turn passed on, leaving only one other Fair of which I have heard continuing in the England of to-day. Those who wish to see what form of a party 'The Fair' took, can see a fine picture in College Hall, Charterhouse Square, and several other representations in the Medical College Library. In fact, it was an occasion of such importance that it was constantly being faithfully represented in some medium or other throughout the ages, and as such has contributed a valuable record as to changes in modes and mores, apart from structural variation in this particular quarter of London. An old proclamation of the Fair reads thus:—

'The Olde Forme of the Proclamacion of Bartholomew Fayre in King Edwarde the Seconde

Hys Reygne A.D. MCCCVII—MCCCXXVII

Be it p'claimed on the Kyng our Souvayn lord's behalf that ev'ry p'sone of what state, degre, or condicion that he be of having recours to this faire kepe the peas of our souvayn lord the king.'

And that no man make any congregacons conventicles or affray by the which the same peas may be broke or disturbed upon peyn of enprisonment and grevous fine to be made after the discrecons of the Mair and Aldermen.

Also that all men sellors of Bere, Wyne or Ale sell by mesure ensealed as by galon, potell, quarte,

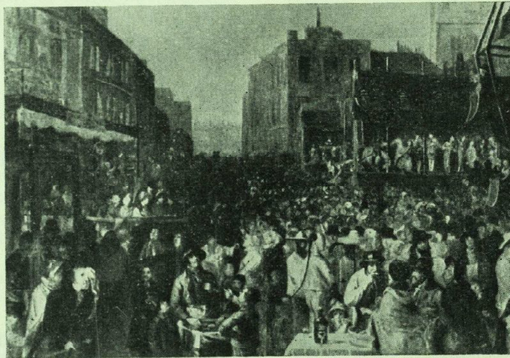
and pynte a galon of the best ale for ij^{d} (2d.) ptell for jd (1d.) quarte for ob. ($\frac{1}{2}$d.) a pynte for q^{ns} ($\frac{1}{4}$d.) upon pein that woll fall thereof.

Also that no man sell no brede but yef it kepe the assize and that it be good holsom and sesonable for mans body upon pein that woll fall thereof.

Also that no man cook, piebaker nor huxter sell nor put to sale any man vitaill but yef it be good sesonable for mannes body upon pein that woll fall thereof.

Also that no man bye nor selle but with trewe weightes and mesures enseled accordyng to the Statutes thereof made upon pein that woll fall thereof.

Also that what p'sone or p'sones find them agreved or wringed by an man or p'sone in this faire that they come wyth their pleintes befor the



St. Bartholomew Fair Circa 1830.

From the painting by George Scherf in College Hall.

Stywardes in their faire assigned for to hear and det'mine plees and they shall minister to all p'ties justice accordyng to the lawes of our said sov'ayn lord the Kyng and the customes of the Citee.

Also that no man take upon him to make any man of arrest attachment somons or execucon within the precinct of this fayre, but it be doon by officers of this Citee therto assigned upon peyn that woll fall y'of.

Printed for Richard Harper at the 'Bible and Harpe' in Smithfield 1641.

Another small book that relates the goings on at the Fair is a small child's 'The Pretty ABC,' which gives 'A Description of Bartholomew Fair and the funny folk there' and is dated about 1810.

Here's fun from the Fair. You may see what was there,
While you sit by the fire idle in your armchair,
If you read this book through without missing a letter,
Next year for your fairing I'll give you a better.

Here's first Mr. Punch with a hunch on his back,
And Joan's nose and chin which a filbert will crack,
On the Salt Box see Andrew playing a tune,
Here the Clown's fed pap with ladle for spoon.
Here's a lady that goes full swing on the wire,
Here's a fellow that says he can dine upon fire,
Here's a tumbler that shows all manner of postures,
And Billingsgate Bess crying whol'l buy my oysters?
Here's a Comedy King that can bluster and swagger,
And a Tragedy Queen with poison and dagger,
Here's the Manager going to cut Bepo's head off,
Here's the Great Trojan Horse which some folks have read of.

Here's a coach without horses that goes round the table,
And a dog that to tell all his letters is able,
Here's a lady that beats up the Grenadier's march,
And a monkey feeding a Kitten with Starch.
Here's a Linnet discharges a cannon in rage,
And another with Milk Pails hops over the stage,
Here's a cow with two heads and with both she can eat.
Here's the Orang Otang that walks on two feet.
Here's Slight of Hand and Tricks with cards,
And a man from his mouth pulling ribbons by yards,
The lion from the Tower, the king of the wood,
The pelican feeding her young with her blood.
Here's the Roundabout boys see how swiftly it goes,
Here's one without arms at work with her toes,
Here's a fine Royal Tiger just come from Bengal,
Here's Smoking hot Sausages and now you've seen all.

GENERAL PRACTICE

ON JUNE 20th Dr. G. K. Hodgkin, a family doctor in single-handed practice in Redcar, Yorkshire, gave a lecture to final-year students. After showing diagrams illustrating the differences between the material seen in hospital and that seen in general practice, he pointed out that the initial handicap of inexperience is aggravated by the fact that senior partners, rather suspicious of the newcomer's more recent hospital training, expect him to see large numbers of patients without much help. Moreover, in his new sphere, he is answerable, not to his old chief, but only to the patient, and his sole critic must be himself. The object of his lecture, he said, was to stress the two habits of mind which had helped him most in the constant struggle to develop and maintain satisfactory and satisfying methods and standards, and to prevent their deterioration.

First, to think at every stage in terms of diagnosis and alternative diagnoses and to check them. 'Age,' 'Teething' and 'the Change' are not diagnoses, and merely reduce the diagnostic field. The principles of diagnosis in hospital and in general practice are exactly the same, and in the matter of adapting hospital methods to family practice and of making the best use of time, an efficient appointments system helps enormously. He advised two appointments every fifteen minutes for one hour before 'surgery'. Seeing patients before and not after surgeries means that 'appointments' do not jump a queue of people waiting, and it avoids 'surgery' dragging on. About 60% of all patients are seen by appointment, and only one in seven fails to turn up or is late. In taking a history it must be remembered that patients are often shy and that leading questions are necessary ; systematic enquiry into weight, appetite, bowels and periods must not be omitted. Patients must feel free to talk ; they cannot know which parts of their story are important, and any impression of hurry or lack of interest forces them to choose what they guess may be relevant, so that essential information may be withheld. They are not good at giving histories and it is rare to find a patient able to sum up a history in a few concise words, like the booking-office clerk who said simply that she 'got dizzy spells in the busy spells'. Examination is doubly important for it unearths further information to check the diagnosis and it gives the patient confidence in the doctor. It is impossible to do good work without at least one, preferably two, sound-proof examination rooms. 'From the history you assess the patient and his disease, but from your examination the patient assesses you'.

Secondly, to assess every contact with a patient in terms of the help given at that contact. The simple question, 'What have I done to help her ?' makes you humble towards your problems and human towards your patients. It makes you more practical, more prepared to deal with the problems you find and less disappointed when you discover that these often differ so greatly from those in hospital. It is useless to tell an old lady, living on her own, with mild congestive failure, to rest in bed. She simply cannot do it, unless you show her how. You must be prepared to see relatives and neighbours, explain the position and get their help. The aid of the district nurse or home help service must be invoked. The importance of wasting energy in going upstairs must be explained to her and her bed brought downstairs ; even when this is done you must make sure that she's not "nipping" up to a first floor bathroom or lavatory. *If you don't organise things, no one will.* This leads you inevitably to see disease and medicine from the patient's point of view. These two principles — the constant revision of diagnosis and the constant endeavour to help the patient in every way will of themselves lead to good medicine.

Dr. Hodgkin concluded with some account of the potentialities of General Practice. The family doctor is not a specialist and should not try to think in specialist terms. There is no need for special equipment, such as X-ray apparatus or an electrocardiograph, in order to do good work or individual research, successfully. Some of the problems, such as the effect of shift work on the family or the effects of medical suggestion on the public mind, are so huge that they cannot be comprehended without years of study. The new virus diseases now being recognised give the family doctor fine opportunities for observation and careful record.

The next lecture in this series will be given by Dr. G. F. Abercrombie on November 2nd at 12 noon. His subject will be "Obstetrics".

HOUSING IN THE CITY

by MRS RITA COHEN

MAY I begin by stating that the City Corporation as a Local Authority administers over 1,000 flats and houses in various parts of London. That may sound extraordinary, but when one realises the tremendous cost of land within the City it does not seem surprising that the Corporation has extended its housing boundaries, and has acquired land for housing in Camberwell, Lambeth, Shoreditch, Finsbury, Stepney, Islington as well as in the City, and at the present time is building an attractive housing estate in Sydenham as well as the rather more talked about scheme in Golden Lane, of which only a very small part is in the City.

Many at Bart's may have applied for accommodation in certain areas only to be told that unless they had a residential qualification, they were not eligible for inclusion on the Housing Register. These will appreciate that neither people who lost their homes by enemy action in the City, nor the sons and daughters of families living in the City and wishing to set up homes of their own would be accepted for housing in areas other than the City.

The Corporation realised these difficulties and became conscious that Housing and Welfare went hand in hand. A complete record of housing conditions was made and although it is true to say that at first this was resented by tenants, it is equally true to say that very quickly tenants of City properties appreciated that this survey of conditions and needs was for their benefit ultimately.

The condition of some of the properties was, and still is dreadful—repairs, redecoration, and of course, reconstruction had all been impossible during the war years. It may be difficult to imagine that within the Square Mile of the City there exists a block of dwellings containing more than 500 tenants which was built in 1865. Here three or more families on each landing share communal kitchens and toilets—there is no hot water system, and no electric power and, of course, no lift. It may be asked can such conditions be tolerated, but I assure you that in this dwelling there is much give and take and much good neighbourliness — more possibly than exists in many properties where conditions are modern and up-to-date, and where every amenity is at hand. Why are such conditions tolerated? One of the answers is, I am sure, that the tenants realise that the Corporation can only improve conditions or rehouse those who wish to leave this property as new accommodation becomes available, and during the interim period the tenants also appreciate that everything possible is done for their comfort and welfare. For the over 60's a Club has been provided where they can and do meet daily, and where they can enjoy a midday meal at a reasonable cost, where they have entertainments provided, but where too they provide entertainment for themselves, and for many visitors who come especially to see and hear these elderly people dance and sing.

These and other facilities are extended to the 250 over 60's living in the tenement buildings and for the 1,000 other over 60's for whom the Corporation, as a Housing Authority, has a responsibility, even though they may live in any of the districts to which I have already referred.

Although I do not wish to dwell on the Welfare work being carried out for the over 60's I think, that as I have mentioned the City's old property it is only fair that I should tell you of one rather special block of flats which was built by the City Parochial Foundation as an experiment in the housing of the elderly, and which has now been acquired by the Corporation of the City.

In this block are single flats on the ground floor for elderly persons living alone, and double flats for two elderly persons. There are family flats on the two floors above. The flats have every conceivable convenience, they are centrally heated and there is constant hot water. In addition to the flats there is an Administration Block which contains a beautifully equipped dining room where the elderly residents of the flats have a daily midday meal, the cost of which is included in the rent, and a Sick Bay which was built as an adjunct to the old people's flats but which was used to a very limited extent by them owing to the care and attention they received from the Resident Matron and her Assistant. Many may be aware that vacant beds in this Sick Bay have been made available to St. Bartholomew's Hospital for the past two years, during which time the City has accepted 160 patients for varying periods.

By caring for the over 60's in and of the City, the Corporation is also carrying out welfare for their younger residents who in the past have all too often had to bear the full responsibility of looking after elderly relatives under very difficult circumstances. This help that the City has been able to provide has encouraged families to share

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Mrs. Rita Cohen, M.B.E., F.W.I.

Mrs. Cohen has been actively engaged in welfare work since 1939, when she was appointed Ambulance Station Officer in the City of London. In 1941 she became Hon. Welfare Officer to the City Defence Services, being responsible also for the comfort of the thousands that slept nightly in the City shelters.

At the end of the war Mrs. Cohen was invited to join the staff of the City Corporation as Hon. Welfare Officer. Since then she has organised the welfare of the elderly people in the City. She is responsible for all the welfare problems received by the Lord Mayor.

Apart from her work for the City Corporation Mrs. Cohen is County Welfare Officer of the City of London Branch of the British Red Cross and a member of a number of committees dealing with the care of old people.

The Golden Lane Scheme : Flats in Construction.

rather than to shirk their problems and responsibilities.

The Corporation provides a Resident Caretaker on each of its Estates and thereby helps to ensure that repairs are quickly attended to and that all complaints are more easily assessed and dealt with more promptly. The Estates are visited regularly and tenants are encouraged to maintain their accommodation in good order. Those whose standards are unsatisfactory are visited even more frequently and it is very evident that these visits have produced good results.

It is hoped that the housing needs of all for whom the Corporation has a responsibility will be met within the next two or three years. It is hoped to provide flatlets for young students and for other single persons in secretarial or similar jobs and it may also be possible to include facilities such as a lounge, a dining room and recreational amenities for such a group. The general communal facilities, which are provided in the larger estates, will be available for young couples, whom the City is anxious to assist in their endeavours to commence their married lives in homes of their own ; suitable accommodation for families with play space etc., for children of all ages, and more accommodation for elderly persons with all the suitable safeguards are planned.

This programme will, I hope, help to maintain the harmonious relationship which already exists between the Corporation and their tenants, who, although they may not be entirely satisfied with their present conditions do, in the main, appreciate that the Corporation Housing Department is deeply concerned with the well-being of those already housed in Corporation property, and equally concerned with those whose names are on the City's Housing List.

I hope that I have not appeared to be too smugly satisfied with the City's Housing and Welfare programme—I know full well that not all Corporation tenants or would-be tenants are satisfied with the methods, by which the City Corporation selects tenants, with the decisions made or with the allocation of accommodation. Those who do not get just what they want naturally criticise. May I try to complete the picture by setting out the categories of persons from whom the City accepts housing applications as follows :

1. (a) Tenants of Corporation flats requiring transfer.
   (b) Other families inadequately housed in the City of London or in flats administered by the Corporation as a Local Authority.
2. Having a claim by virtue of previous residence to be housed in the City and no justifiable claim on any other Housing Authority within the London area.
3. Being at present inadequately housed, having taken up employment in the City and having no qualification for inclusion on the housing register of any local Authority within the London area.
4. Employed within the City under circumstances such as to cause unavoidable hardship in travelling from their present place of residence to their employment.

All persons are visited prior to an offer of accommodation being made to ensure as far as possible that people are housed with others who have similar standards of behaviour.

FOOTNOTE

Since the above article was written the number of applications for housing in the City has increased. There was a danger of the list growing beyond the capacity of the Corporation's available accommodation. The following letter is now being sent to all applicants.

Dear Sir,

With reference to your enquiry regarding housing accomodation, I am direted to inform you that applications can only be accepted from people in the following categories :—

1. (a) Tenants of Corporation flats requiring transfer.
(b) Other families inadequately housed in the City of London or in flats administered by the Corporation as a local authority.
2. Having a claim by virue of previous residence to be housed in the City and no justifiable claim on any other housing authority within the London area.

The number of applications for accommodation from those working in the City is as many as the Corporation is likely to be able to house on the estates under construction or projected, and further applications from those whose qualification is working in the City are not being accepted.

The Corporation has under consideration the provision of non-subsidised flats in the City.

Your enquiry has been filed for future reference if any further accommodation, either subsidised or non-subsidised, should become available.

Yours faithfully,

HOSPITALS DOWN UNDER

by R. J. KNIGHT

THIS IS an attempt to let others get a glimpse of the hospitals that I was able to visit in Australia and New Zealand during a cruise ' Showing the Flag ' in 1955.

During the trip I learnt, among other things, that in Australia there are three classes of hospital ; *Public,* where the patient goes into the general ward under the care of a consultant, but may not see very much of him ; *Intermediate,* where the beds are in small wards, and the patient must be treated by a specialist, though of course it is the resident who keeps him alive after his operation; *Private,* where he gets the best of everything, and pays through the nose for it. There are Repatriation Hospitals in each State, classed as intermediate hospitals, maintained by the Federal government, for ex-servicemen and their dependants. To qualify for admission to these hospitals the illness has to be caused or aggravated by war service. If a man has served out of Australia the benefits are greater. The returned servicemen get very generous treatment as far as pensions go, consequently it is often an uphill fight trying to improve their health ; like compensation cases they have far too much to lose, sometimes a pension for life. In the Repatriation Hospital that I visited treatment for relatives seemed to be mostly for tuberculosis, but practically anything was covered for war widows and their children. In spite of the restrictions on the intake they get a fair amount of emergency surgery, and many of the common medical diseases of old age, such as coronaries in Boer War veterans, which can hardly be blamed on the patient's service. The onus of proof that the disease is not due to the man's service is on the doctor. I have never understood why, if all treatment has to be done by specialists, the house surgeons do the emergency surgery, while an anaesthetist has to be called in. There is often a long delay before the anaesthetist arrives at the hospital, especially at weekends. It may be because no one will take the position of resident anaesthetist, but I believe there is no such position on the staff. Jobs in these hospitals are not very popular, and are often held by men who have been qualified for five or six years. To compensate for their lack of chances of getting to know the right people, they are paid more than most Australian Housemen. Which is considerably more than the National Health Service pays.

The first hospital that I visited in Australia was in Melbourne. The Royal Marine Band were to give a concert at the Heidleburg Repatriation Hospital, and the girl friend, on this trip we had a girl in every port, worked there as an occupational therapist. So I went out with the band, sharing the bus with the musical instruments and the bandsmen in their best blue uniforms. The first sight of the hospital was most impressive, a modern brick building with green lawns and trees in flower in front, while a cloudless sky of the purest azure completed the picture. Spoiling the foreground was a barbed wire fence which ran round the hospital. When we got out of the bus we were told that the band was expected to march through the grounds to the concert site. Unfortunately the band had only their concert instruments with them, so climbing up again, we drove between the wooden bungalow wards to the back lawns of the main block. There the band played to the up patients, while I went round the hospital.

The first thing that struck me was the magnificence of the office and acute ward blocks. They were four stories high, the X-ray department on the ground floor, with the wards above, and then in front of the wards were the offices, the theatres, the blood transfusion service, and the department of pathology. The plan of the buildings was that of an H on its side, with the upper arms shorter than the lower. The wards were large, divided by glass walls into

Robert John Knight

Surgeon-Lieutenant Knight came to Bart's from Cambridge. He was manager of the *Journal* in 1953. After qualifying in 1954 he was appointed House Surgeon on Mr. Corbett's firm.

eight bed units which were much more crowded than anything at Bart's. There was plenty of space for the up patients in the "sunroom" at the end of the ward. The "sunroom" ran the full width of the building, was about forty feet square, and had three outside walls. The Sister's desk was in the wide corridor which turned all the cubicles into one ward, and she could see nothing of most of her patients from it. Round the desk were grouped the kitchen, sterilising room, sluice, and the sister's office. These wards held about 50 patients. Behind this well built brick building, which is a pleasant modern one with lots of windows and balconies for the wards, there were rows of 'duckboard' (but to me a duckboard is something to walk on to keep one's feet dry) buildings. These were nurses' quarters and wards which had been added to cope with the wartime rush, and had never been emptied completely. From the outside they looked as if they were due to fall down with the next breath of wind, but inside they were quite pleasant, even though they gave the impression of being more crowded than any part of Bart's.

The theatres suffered from the fact that they had been designed without a surgeon's advice. All the scrubbing up had to be done in the general corridor, and the theatres were just a few feet too small either way for comfort when using a portable X-ray machine in them. The blood transfusion service for the hospital was independent of the Red Cross. They called in their own donors and kept their own block stocks. The giving sets used there were very similar to the ones that were introduced, only to be withdrawn, at home in 1954. I was told that they have no difficulties with them. These sets had filters in the drip chamber set in the tubing, and the cap of the bottle was pierced by two wide bore needles, one of which went right to the bottom of the bottle. The needle was never sterile by the time it was inserted, as it bent so much that it had to be gripped halfway down to control it while pushing it through the thick rubber diaphragm.

The patients of this hospital, which is maintained by the Commonwealth government, are ex-servicemen or their dependants. A House-surgeon and a House-physician are in charge at night with no other doctors in the hospital. The staff is small compared with the size of the hospital, which has 1,600 beds, some 600 of which are not in use. The nursing is done by trained nurses almost entirely; there being only about twenty student nurses.

I was shown their record studios, which are used for recording patients' voices as well as for playing popular music for the patients' entertainment. I heard a couple of really interesting records of the voices of myxoedematous patients before and after treatment.

In Sydney one of the artificers was crushed between a four inch gun turret and the side of the ship. He was very severely shocked and had a broken clavicle, and three broken ribs. As he was being lowered on a stretcher by the crane, an ambulance, one of the American two stretcher type, arrived with the siren screaming and the tyres squealing, even louder than the siren, their protests at the speed at which the driver was cornering. Ambulance drivers the world over seem to drive faster than necessary. We left the ship with a jerk, and immediately started a fast right hand turn, which almost slid the patient off his stretcher onto my lap. This sort of treatment for the whole journey did him no good. Luckily the Sydney Hospital was not more than two miles away. It is the oldest hospital in Australia, and unfortunately looks it.

The casualty department is new and well laid out, but the wards are definitely old. The English hospital that the long, bleak, high wards reminded me of was the Whittington Hospital in Highgate. But the equipment is modern. Here I did not talk as as much about the hospital as I did about my patient. I discovered that it is a teaching hospital, and that everyone on the junior staff is resident. I was surprised once when I went up to see my patient at about 3.30 to be told that the houseman had most of the afternoon off, almost every day too, and would be back about 5.30.

From Australia we crossed the Tasman Sea to New Zealand which we visited between calling at Melbourne and Sydney. In New Zealand the Health part of the Social Security allows the government to pay general practitioners in three ways. On a salary in the special areas, which are mostly populated by Maoris. The Repayment system, where the patient when he produces

the doctor's receipt at the Post Office can get 7s. 6d. back for each visit. The Schedule system, where the doctor puts down the name and address of everyone he sees on a special form, which he forwards to the Health department at regular intervals. He is paid for each patient seen. There is a 3s. 6d. fee for a small service such as an injection, and the standard fee is 7s. 6d. The doctor enters the fee he is claiming on the form. I am told that the better doctors work the repayment system.

In Dunedin I sent a patient to the Dunedin General Hospital because, after three days of high fever, he was unable to move his legs on the afternoon of the day that we arrived in Dunedin. He had some power in the muscles of his legs, but the pain in his hips prevented him bending his legs much, and he was quite unable to lift his heels from the bed. A tentative diagnosis of poliomyeltitis was made, and he was sent to hospital. After a lumbar puncture that diagnosis was discarded, and eventually he was diagnosed on discharge as Anaphyllactoid purpura. He got well in a fortnight and is in fine form now. I did not see right over this hospital but I spent a lot of time talking to the R.M.O. and I saw a bit of the hospital. The wards are of the traditional pattern: the ward that my patient was in being one of the ones dating from the last century. It was high and not very wide, with the siderooms and the Sister's office at the entrance. As at Bart's the sterilisers and sluices are at one end of the ward. They are a rather better version of the wards in the Park Hospital at Hither Green. The hospital is the teaching hospital of New Zealand. It is part of the University of Otago, and is in fact the only hospital that teaches students in their earlier years of medicine. The others teach final year students who have been farmed out to see a larger amount of clinical material than is available in Dunedin.

The staffing of the hospital is on the same lines as we have at Bart's with two resident senior registrars. The nursing is mostly done by student nurses. The hospital has about 300 beds and is run by a committee of managers who receive a specific sum of money for each inpatient day, about 30s. I believe, from the government, which can be spent as they like. There is a system of government grants for new building. This system of providing the money makes it a financial advantage to have a small Outpatient department as there is no money provided for Outpatient attendances. However I was told that there were plans afoot to enlarge the Outpatient department.

The preclinical school is well sited just across the road from the hospital. While I was there they were letting the public see how their money had been spent; and the medical school was thrown open to visitors; the afternoon was for invited guests, and the evening for the hoi poloi. I was very impressed with the buildings and with the demonstrations. There were lots of machines that I had never seen in my student days, perhaps for want of looking, and there was someone standing by them all to explain in simple phrases what they did. The calmness of the student sitting contracting his vasti, while a couple of needles inserted in the muscles took off the action potentials to a cathode ray screen for the multitude to gape at was admirable. I have listened to the amplified noises produced by needles in the forearm of a professor of physiology at one of our ancient universities. The set up is more like Cambridge in more modern buildings than like Bart's. There seemed to be a large staff, for the microbiologists sent off a field research unit each year to the Pacific Islands.

In Wellington I took a sailor who had had a haematemesis to hospital the night before we sailed. I went in the ambulance with him. It was a large American car, which had a two berth ambulance body. There was only the driver in it, so they are presumably more economical that the big Daimlers that the L.C.C. use, but not as comfortable. Here the St. John's Ambulance service was free, while in Dunedin we had to pay, and in Sydney as far as I remember the ambulances were free, anyway nobody sent us a bill. I saw little of the Wellington General Hospital as it was late in the evening and I had been asked to a party at the other end of the city. I saw my patient safely into the care of the admitting doctor, a lady House physician in her late thirties, and on his way to the ward I left. The arrangements for receiving casualties from ambulances are good. They are taken from the ambulance straight on to a trolley, and then wheeled into a lift and taken up to the casualty department. This is possible because the hospital is built on a

slope, and the ambulances go into the basement. The casualty department, which was very well equipped, is up some steps above road level. The patient was lifted onto the stretcher before being put in the ambulance, and when he is lifted off the stretcher it is into his bed.

The prize goes to the Royal Newcastle Hospital in Newcastle, New South Wales. It is built on a small hill overlooking the beach, which curls round in a big halfmoon of golden sand and breakers just below it. The hospital secretary came on board the first day we were in and seeing my red stripe offered to have me shown round the hospital, which offer I very happily accepted. The hospital buildings are roughly Y shaped. The two parallel blocks were the original hospital, which has recently had a Y shaped new block built on the seaward side. Not all the wards were in use at the time of my visit, something to do with the shortage of accommodation for nurses. The new block is six stories high, each floor with a balcony all the way round. Across the road there are the Outpatient department and the Nurses' Home. The wards are mostly four bedded in the new block and larger in the old block. They cater for all three classes of patient. One floor of the new wing is theatres, in pairs with a preparation room between, and an anaesthetic room across the corridor. Everything that has to be sterilised and can stand autoclaving is sterilised in a central sterilising department. Dry sterilised operation packs are issued to the theatres as required. The old theatres still used the boiling of instruments in water for sterilisation as the central department was not yet large enough to cope with the full volume of work, but it was due to be enlarged. There are floors devoted to maternity, to gynaecology, to orthopaedics, to surgery and to medicine, and some beds for various other specialisations. The hospital has about three hundred and fifty beds. One very good idea is the fairly small, but very comfortable, lecture theatre for the doctors to have their meetings in, with a projection room for films. Here are held the local medical meetings, weekly clinico - pathological conferences, nurses lectures and staff meetings.

The Outpatient department, though small in relation to the population that it serves, is just what the journals say it should be. Clean, light, cheery and pleasant to work in. There are two examination cubicles, each with two doors, to each consulting room. The couches are comfortable and the lights well placed. From the provision of footrests at the end of the couches in the Women's department, I presumed that they did not use the left lateral position much. The walls are painted gay colours and the chairs in the waiting rooms are comfortable. At the top of the building is the pathology department, which is rapidly growing too big for its space.

The hospital is State, not Federal, aided. It has a high reputation with those graduating from Sydney. The training offered, lasting for three years, is possibly the most comprehensive in Australia. There are rotating internships, spending two months on various subjects during the first year, and longer periods in the other two, so acquiring something about everything in the hospital. It seemed that they spent at least six months on medicine, surgery, midwifery and gynaecology, and the other eighteen months were split between orthopaedics, anaesthetics, eyes, E.N.T., urology, children, casualty and pathology. (I may have got this a bit wrong, as I have to remember what I was told while drinking whisky with three of the residents after showing them round the *Newcastle's* Sick Bay. I had had no supper and a very beery day sailing. So I may well have missed the point once or twice.) In some ways it is better than the English system of six month House jobs at different hospitals, but insofar as continuity in one job counts the English system has the advantage. When their three years are up they can take registrar posts in the hospital for another three years, and when that is over, and they have a higher degree, they are eligible for consideration for election to the honorary staff. Most of the residents are however preparing for General Practice. To get on the House at the Royal Newcastle it is almost a must to have been selected for a House job at a Sydney teaching hospital and to have turned it down in the hope of getting in at the Royal Newcastle. It says something for a hospital in the provinces if the cream of the recently graduated try to get their first jobs there rather than at their own teaching hospitals. The whole set up was very impressive. It showed what can be done on a medium sized budget by a director with an eye for economy, and the prevention of waste.

INTERNATIONAL CONGRESS OF GASTROENTEROLOGY

FOR THIS MEETING of distinguished medical men (which included members from Europe, North Africa, the New World and the Far East), and their mothers, brothers, cousins, wives, etc., a number of interpreters were required. These, together with the demure members of the Ladies' Committee, smoothed over barriers caused by irregularities of speech—as far as was possible. On a few occasions this seemed far from possible; especially when our cousins from warmer climes were trying to work out between themselves (probably a large and exceedingly loquacious group) the Cook's man and ourselves, just how many wanted tickets for the social outing on the River.

Clive Charlton explains a point.

Most of the interpreters came from London teaching hospitals. Bart's provided four: Francis Boston, Clive Charlton, Roger White and Michael Woolrych. Between the four of us we reckoned to be able to cope with visitors from Spain, France, Denmark, Sweden and Norway.

Many of the lectures were so succinctly expressed that even we could readily follow and assimilate them. If bored one could always amuse oneself by turning the dial on one's headphone set and tuning in to rapid babbling noises in languages more or less (or not all) understood. Two professional simultaneous translation interpreters were provided in lectures for each of the languages: Spanish, French, German and English.

Our real place, however, was in the Reception Hall, and on Social Investigations. The latter included a dietetic discussion on Henry VIII's armour in the Tower, and summaries, in French, at Windsor Castle of what the guide said in best Windsor — for the benefit of those who understood French better than Windsor.

Our last night was crowned by a visit to the Royal Opera House, Covent Garden, to see Smetana's 'The Bartered Bride'. This we enjoyed very much, and likewise the champagne buffet provided afterwards, when conversation and champagne sparkled equally.

We should like to express our gratitude to the Organisers for inviting us to join in so many of the functions of the Congress and for providing us with such a fine opportunity for meeting many interesting people.

F.M.B.

AN UNUSUAL CASE OF ADDISON'S DESEASE

by N. C. ROLES

ADDISON, in his original article published in 1855, stated that the presenting symptoms and signs were 'anaemia, general languor and debility, remarkable feebleness of the heart's action, irritability of the stomach, and a peculiar change in the colour of the skin.' If we add to these loss of weight and a low blood pressure, we complete the classical picture of the disease. Thorn, Dorrance and Day (1942) found the presenting symptoms in 158 cases to be weakness and fatiguability in all, pigmentation in 94% and anorexia in 91%.

The following case of Addison's disease is interesting from its unusual mode of presentation. An Oxford undergraduate, aged 21, came to this Hospital on January 1st complaining of fainting attacks. For four months previously he had had symptoms of occasional loss of appetite, nausea and vomiting and a dull intermittent ache in the right upper quadrant of the abdomen which was unrelated to food. These attacks did not worry him unduly and his doctor thought that they might be due to overwork. However, his symptoms had increased in severity and he began to have attacks of weakness and feeling faint and he was admitted to a surgical ward for investigation. On examination he was thin and pale and weighed 8 st. 12 lbs., but the only abnormal finding was a low blood pressure of 90/50 mm. Hg. He was noticed to have continuous movements of his face, hands and feet, which were thought might be choreic in origin. His heart, lungs and abdomen were normal.

Results of clinical investigations on admission:— Hb. 88%, R.B.C. count 4,970,000 per cu.mm. and W.B.C. count 8,000 per cu.mm. with a differential count of 40% polymorpha, 55% lymphocytes, 3% monocytes and 1% eosinophils.

A barium meal and chest X-ray revealed no other abnormalities than a rather small heart, but the patient fainted twice during these procedures.

In view of his increasing weakness and fainting attacks he was transferred to a medical ward for further investigation. A fractional test-meal and liver-function tests were all normal.

The movements of his face and hands were very marked at this time. They were frequent, involuntary and purposeless movements of his facial and neck muscles and of those of his arms, hands and feet. In the face, they were not bilateral and at no time were seen such coordinated movements as protrusion of the tongue, blinking or rolling of the eyes. The head was continually moving in short jerks as the neck muscles contracted, and this was especially marked when the patient was engaged in conversation. The movements in the arms and hands never consisted of more than rapid muscular contractions, involving individual muscles rather than muscle groups. The movements, as far as could be ascertained, ceased at night.

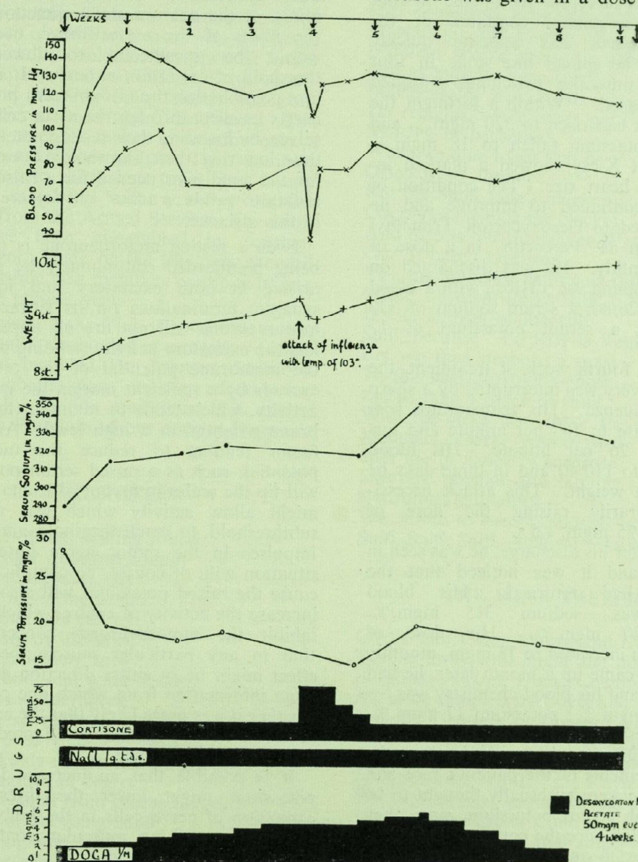
Further clinical investigations, however, were now undertaken:—Hb. 110%, serum sodium 280 mgm.%, serum potassium 23.5 mgm.%, a fasting blood sugar of 94 mgm.%, and an E.S.R. of 6mm. in 1 hour.

In view of these laboratory findings and physical signs, a diagnosis of Addison's Disease was made and further tests were done to confirm this. The Water Dilution Test was carried out:— the volume of urine excreted from 10.30 p.m. to 8.30 a.m. was measured. 9 ml. of water per pound of body weight were administered before breakfast and the urine was collected and measured at 9.30, 10.30, 11.30 a.m. and 12.30 p.m. Not one volume of any single day specimen exceeded the volume of urine excreted during the night. The Robinson, Power and Kepler Test was next performed. The volume of night urine was measured and the volume of the largest morning urine; these were 305 ml. and 100 ml. respectively. The serum chlorides were 490 mgm.%, serum urea 54 mgh.%, urine chlorides 515 mgm.% and the urine urea 232 mgm.%. Applying this to the formula:—

$$\frac{\text{Urine urea}}{\text{Blood urea}} \times \frac{\text{Blood Chlorides}}{\text{Urine chlorides}} \times \frac{\text{largest morning urine}}{\text{night urine}}$$

the low value of 13.4 was obtained for the factor. The eosinophil count was 91 per cu.mm. and after the administration of A.C.T.H., 93 per cu.mm. Similarly the urinary 17-ketosteroids were unchanged after A.C.T.H. from the low value of 4.8 mgm. in 24 hours.

These findings are typical of Addison's Disease. A Mantoux Test was done and



this was negative to a dilution of 1/100, and in view of the chest X-ray, a tuberculous aetiology was ruled out, the case being considered one of simple idiopathic atrophy of the adrenal glands.

A course of cortisone, D.O.C.A. and salt was started forthwith. The initial dose of D.O.C.A. was 2 mgm. daily, given intramuscularly, gradually raised to 6 mgm. over a period of five weeks until signs of overdose appeared and then decreased again to 2 mgm. when the patient had become stabilised. The cortisone was given in a dose of 12.5 mgm. b.d. Salt was administered in the form of 1 gm. tablets t.d.s. On the day of starting treatment, one month after his admission, the patient's weight was 8 st. 3 lbs., his blood pressure 80/60 and his condition very weak. The muscular twitchings were very marked.

Investigation of his blood showed:—serum sodium 290 mgm.%, serum potassium 28 mgm.%, serum chlorides 520 mgm.%, serum urea 30 mgm.% and serum calcium 9.1 mgm.%.

The response to treatment was dramatic. His blood pressure rose to 140/80 in four days and the general condition of the patient improved. His appetite quickly returned and he gained one stone in four weeks. The muscular twitchings subsided and finally ceased. Within a fortnight the serum sodium had risen to 320 mgm.% and the serum potassium fallen to 18 mgm.% Another chest X-ray showed a marked increase in the heart size. The condition of the patient continued to improve and he was transferred to Desoxycorton Trimethyl Acetate, given as 'Percortin' in a dose of 50 mgm. monthly. He was discharged on April 6th weighing 9st. 13½lbs., with a blood pressure of 126/80, a serum sodium of 330 mgm.% and a serum potassium of 17 mgm.%.

During the fourth week of treatment, the patient's recovery was interrupted by a sharp attack of influenza. His temperature rose to 103°F, pulse to 105 per minute and respirations to 26 per minute. His blood pressure fell to 110/40 and in three days he lost 5 lbs. in weight. This attack necessitated temporarily raising the dose of Cortisone to 25 mgm. t.d.s.

Ten days after his discharge, he was seen in Outpatients and it was noticed that the movements had returned. His blood chemistry was:—sodium 315 mgm.%, potassium 20 mgm.%. His dose of D.O.C.A. was increased to 75 mgm. monthly and when he came up a month later, he had no twitching and his blood chemistry was:—sodium 320 mgm.%; potassium 17 mgm.%.

The interesting feature of this case of Addison's Disease is undoubtedly the curious movements of the patient's face and hands. These were eventually thought to be due to a high serum potassium, since they readily subsided once the course of D.O.C.A. had been started and the serum potassium restored to its normal level.

A moderate rise in the potassium concentration lowers the threshold of all excitable tissues, by reducing the resting potential. This means that the raised potassium level might exert its effect on any part of the motor unit, including the muscle fibres themselves, the neuro-muscular junctions, the motor nerves, the anterior horn cells and the nerve cells higher up in the C.N.S. which facilitate the excitation of the muscles concerned. *In vitro* experiments have shown that it is unlikely that a concentration as low as 28 mgm.% of potassium would produce spontaneous activity in the muscle fibres, at the neuromuscular junctions or in the fibres of the motor nerve, because it would be insufficient to lower their threshold of excitation enough. It is therefore possible that the raised serum potassium exerts its effect through the nerve cells themselves, by lowering their resting potential and thus lowering their threshold of excitation, for the conditions needed for a raised excitability to produce actual activity are present in this instance.

Even a resting motorneurone is probably being bombarded continuously by impulses arising at both excitatory and inhibitory synaptic terminations on its surface. The motorneurone will not fire off impulses unless the excitatory activity (tending to reduce the membrane potential of the cell body) exceeds by a sufficient margin the inhibitory activity, which tends to maintain the membrane potential at a high level. Any other factor tending to reduce the membrane potential, such as a raised serum potassium, will tip the scales in favour of excitation and might allow activity which was normally subthreshold, to reach threshold and fire off impulses in the motor nerve fibres. The situation will, of course, be complicated because the raised potassium will also tend to increase the activity of centres which tend to inhibit the motorneurones concerned, so that in any particular muscle the overall effect might be in either direction and there is no information from which one could say whether it was more likely that the excitatory or the inhibitory effects would predominate in a particular instance.

It is possible that an increase in serum potassium might lower the threshold of excitation of nerve cells in the body, resulting in the striking muscular contractions observed in this patient.

ACKNOWLEDGEMENTS

My thanks are due to Dr. Cullinan for his permission to reproduce the case and to Dr. King for his help in the composition of the paper. Mr. A. F. Huxley F.R.S., of Trinity College, Cambridge, has been good enough to write to me at length on the physiology of this case and I have drawn freely upon his remarks.

FOUNTAIN CLUB DITTIES

R.B.P. writes:

The Fountain Club was founded in 1919 by a group of old Bart's men, whose appetite for conviviality could not be appeased by the too infrequent, and too little selective opportunities of meeting their friends and contemporaries at Decennial Club dinners. The members meet for dinner in London once a month from October to June. Their numbers are limited to thirty-four town, and twenty country, members, with a rather smaller number from the Armed Services. The numbers have been maintained by constant recruitment: some of the founders are still with us, while new members continue to join up to the present year.

The object of the Club is good fellowship, and all that is demanded of a member is that he should be what Dr. Johnson described as "a clubbable man," with an affection for and loyalty to the traditions that centre round the Fountain of our ancient Hospital.

THE SNIFTER

SNIFTER, SNIFTER, sniffing round
Like an eager questing hound,
Sorting our tobacco out
With discriminating snout,
Is it true that you can tell
Any mixture by the smell?
Can you genuinely spot
What is good, and what is not?
Is your naso-pharyngeal
Sensitivity so real
You can nose your way among
Different kinds of camel's dung,
And distinguish in degree
High grade snuff from coarse rappee?
Is the art of choosing snuff
Simply a gigantic bluff,
Or can one who's never sniffed
Hope to cultivate the gift?
At your birth what friendly fairies
Gave you such perceptive nares,
Made your turbinates so tough,
When you pack them full of snuff,
That with such apparent ease
They resist the urge to sneeze,
While with me such insufflation
Leads to violent sternutation?
Since the Fountain Club began
Only one distinguished man
Has been deemed expert enough
Every year to choose our snuff
Other officers may change
Into something rare and strange—
Masters go, and Clerk's resign,
Different people taste our wine;
Still as SNIFTER we record
Indispensable ROY WARD—
He remains, while other go,
SNIFTER in perpetuo!
When we dine I fear that he
Often is an absentee;
But the Snuff king's magic box
Circulates (against the clocks),
And directs our thought to WARD
Our Tobacco Overlord.
Yes, his influence haunts us still,
While, obedient to his will,
Docile addicts of the cult
Sniff, because "Le ROY le Veult."
Let me then propose a toast
To this sniff-provoking ghost—
Let us take a pinch of snuff
With the chap who chose the stuff.
Members, charge your nostrils please:
Join me in a hearty sneeze!
SNIFTER, popular and famous,
Sternuituri salutamus—
We, about to sneeze, address you—
Sniff, Sniff, Sniff, Atchoo!—God Bless you!

THE WINE TASTERS

COYTE and CANE, COYTE and CANE,
Tasting away with might and main
Burgundy, Claret, Hock, Champagne—
All to be sampled by Coyte and Cane.
Nuit St. George's or Chateau Yquem?
Both of them taste pretty good to them!
Liebfraumilch or dry Champagne?
"Mumm's the word!" say Coyte and Cane!
Mix their drinks, and make 'em toyte!
That is the motto of Cane and Coyte—
Clumsy perhaps and mal adroit—
"Couldn't care less!" say Cane and Coyte.
Finish the bottle, and to it again!—
One for the road for Coyte and Cane!
Staggering homewards through the rain,
Giddy as goats that have got migraine,
Marvellous how they stand the strain—
Rollicking, roystering COYTE and CANE!.

R.B.P.

THE HOSPITAL VISITOR

by Percy Hayes Carpenter

"First door on the right," the porter said. "Ask for the house physician."

I asked for the house physician.

"Which ? " a pert nurse asked, indicating that time was precious and any hope for further information would rest on very slender grounds. I apologized, realising surrender to be the better part of valour. "What is the patient's name ? " She had relaxed a trifle.

"Rawbone," I said.

"Anything else the matter ? "

"Jaundice."

She deliberated. "Perhaps if you saw the registrar," she suggested. "The house physician isn't down yet."

"You mean he isn't up ? "

"No, *down*!" she snapped.

"I see," I said, thinking some nurses nicer than others.

"He sounds a surgical case," she said. "This is *medical* outpatients."

"I said his *name* was Rawbone." She shrugged, suggesting that she couldn't care less; yet she was nice, I thought. That is, she wasn't so deplorable as some. I fingered two shillings, then replaced them, deeming a bribe inexpedient. "Have you a buffet here ? " I asked, seeing the registrar took time. "Perhaps you'd like a cup of tea ? "

"I should hate it."

"No hard feelings," I said, as a large, white youth approached. "You the registrar ? " I asked him.

He regretted. "Just the house physician. Can I help you at all ? "

"I wanted a Mr. Rawbone," I said.

He scratched his sparsely-covered pate, which like my own showed just a touch of frost. How quickly the years passed. Ah, me. "Have a cigarette ? " I asked.

"No, thank you." He deliberated further. "I haven't anyone of that name," he said. "I could ring up other housemen, but that's quite a job. Difficult to locate, I mean"

I tut-tutted "Try," I said.

He tried.

I thought it decent of him and said so. Who was I compared with he, or was it him ? Yet the patient was a dear friend. I listened to the telephonic conversation like a deaf person eager to hear. "What name did you say ? " he asked, turning to me.

"Rawbone," I said.

He was engaged a long time. I thought how kind he was, also that time was passing. I only wanted a signature to Rawbone's will, one in my favour. Not much, yet vital. It shouldn't have been difficult, yet the house physician assured me no man of that name was in the hospital, which was curious to say the least. "Are you sure ? " I asked again.

"Of course I'm sure."

Perhaps if he consulted a registry, or head porter, the matron or hospital chief, all of which I construed into plain language. The porter was consulted, necessitating a walk to the lodge through the pouring rain, when my medical friend begged to be excused.

The porter knew no one of that name. Indeed, he went further, saying that at no time during a long and distinguished career had he met such a name, which was something, though not much. "Perhaps, if you rang up the matron ? " I said, taking the next on my list.

She knew no one of that name.

"Too bad," I said. "What about the ward sisters ? " I jingled all my spare change.

He rang all the ward sisters. None of them knew my friend. "Had they heard of him ? " I asked, raising my voice. No one had heard of him. I asked if there was anyone else, pleading lawful business and stressing its urgency. There appeared none, and though I may be wrong, I thought the porter seemed losing interest. Half a crown will do a lot, but it won't do everything. I decided to return to my pert nurse for whom I had conceived a strange liking, arriving as the departure bell rang. "You know they ought to be a bit smarter," I said, brandishing the will. "Tracing a patient shouldn't be difficult. Surely the matron should know."

"Why should she ? " my pert friend asked.

"Or, at any rate, sisters, housemen, or outpatient nurses. Or *impatient* ones," I hastened to add.

She went just the faintest shade of pink, like a pale rose on a June morning. And suddenly and later memory descended on me, like a dull, wet garment, brightening my consciousness but destroying my happiness as we dined together at the local hostelry. Of course I had called him "Rawbone" all my life, always, even from schooldays. No one thought of calling him anything else. "His name was Rawbone-Smythe," I said.

And then she laughed. She really was pretty. Laughed until her sides shook. Laughed, when she should have wept. "Everyone knew Rawbone-Smythe," she said. "He died just before I came out."

LETTERS TO THE EDITOR

SAINT BARTHOLOMEW

Dear Sir,

I have been interested in Mr. J. B. Dawson's essay on the hagiography of St. Bartholomew. It has not yet been established when the cult of the saint first reached England, but the late Wilhelm Levison* produced evidence carrying back his patronage of the Crowland monastery (Lincs.) at least as far as the late eighth century, and from analogy with the spread of church dedications of other saints, there can be litle doubt that his cult was well established in England long before the Conquest.

Yours sincerely,

CYRIL HART, M.B., F.R.Hist.S.

'Goldthorns,'
Yaxley,
Peterborough.

* Wilhelm Levison, *England and the Continent in the Eighth Century*, Oxford (1946), p. 262.

ACTORS AT BART'S

Dear Sir,

I was interested to read in your June number that Bart's had been providing "large lords, stalwart soldiers and medium-sized monks" for a London theatre production. I also have appeared on a London stage, while still a Bart's student, but I did not aspire to the West End, nor did I receive 11s. 5½d. a night for my services.

For several weeks I was one of a batch of students who provided the walking-on parts for the late Tod Slaughter's repertory company at the Elephant and Castle Theatre. My first part was that of a juryman in the inquest scene of 'The Speckled Band'; Bart's provided more than half of the 'good men and true'. Bart's was represented also in 'Sweeney Todd,' 'Bulldog Drummond' and other shows. We were told that the Actors' Union would not approve of our receiving any monetary awards, so we were paid in beer. Each night the management provided a new nine-gallon cask, for the use of the performers. Sometimes, as in the wedding breakfast scene in 'Brigadier Gerard,' we drank beer on the stage, but usually it was behind the scenes. We played our parts, stayed around till the beer was finished, and took tram for home.

Yours, etc.,

NOEL CHILTON.

c/o World Health Organisation,
P.O. Box 6,
Brazzaville,
French Equatorial Africa.

STANDARD ABBREVIATIONS

Dear Sir,

My attention has been drawn to the possibility of misunderstanding regarding standard methods of abbreviation of titles of periodicals, which may have arisen as the result of reading my article in the July issue of this *Journal* (p. 235).

The *World List of scientific periodicals* is the authority quoted by numerous medical and scientific journals to be followed in the compilation of lists of references. *World medical periodicals*, published by UNESCO and WHO, contains abreviations based on *World list* rules, but with a few modifications adopted by the International Organization for Standardization, which has published a draft of its rules (I.S.O. R4), these having been agreed upon by the British Standards Institution.

Thus these are modifications rather than separate methods of abbreviation, and authors who might desire to possess a copy of standard abbreviations may be interested to know that the *World List* costs 12 guineas, while *World medical periodicals* can be obtained for twelve shillings and sixpence.

Yours,

JOHN L. THORNTON,
Librarian.

SPORTS NEWS

VIEWPOINT

Over the past few years there have been many comments in this *Journal* deploring the lethargic attitude of the majority of Bart's students towards extra-curricular activities in general, and sport in particular. Therefore it is of interest to look through the list of Clubs and their estimated membership, as submitted to the Financial Secretary of the Students' Union recently. The full list is as follows:—

Abernethian	No fig. possible
Assoc. Football	25-30
Athletic	25
Boat	30-35
Boxing	—
Chess	20
Christian Union	45
Cricket	50
Dramatic	20-30
Fencing	12
Golf	20
Hockey (men)	25
„ (ladies)	40
Lawn Tennis (men)	20
„ „ (ladies)	20
Music	20
Nat. History	15
Photography	24
Physiology	40
Rifle	26
Rugby Football	100
Sailing	20
Squash	25
Table Tennis	20-30

At first glance, the list looks impressive, considering that the total number of students at Bart's is about 500, including women. But it is questionable whether these figures are true reflection of the interest taken in the Clubs. The Rugby Club, for instance, which claims a membership of 100, can only field four regular teams each week, three with difficulty when interest wanes at the end of the season. This leaves 40 'players' unaccounted for. The Association Football Club boasts25-30 yet has great difficulty in fielding one regular XI to fulfil its fixtures. Both the Cricket and Men's Hockey Clubs only turn out two XI's, the 2nd XI in each case having few fixtures, yet claim memberships of 50 and 40 respectively. Again, the Squash Club claims 25, and the Table Tennis Club 20-30 members, yet two VI's each is the maximum turn-out. These are examples taken at random from the above list, and the same applies to most other Clubs, especially the almost defunct Rifle and Fencing Clubs claiming their respective 26 and 12 members. One exception is the Boat Club, which has given a fair estimate when it is remembered that four VIII's were entered for the United Hospitals 'Bumps': the Club's officers are to be commended.

Why, then, are these figures submitted? There are two possible explanations, and it is probable that both contribute to the final answer. First, the amount of financial assistance granted by the Students' Union to each Club is largely determined by the membership, so perhaps it is human nature for Club Treasurers to overestimate slightly. Secondly, it is very probable that Clubs do in fact have almost the stated number of members on their books, but that a large percentage of these are not sufficiently interested to enable the Clubs to function at their maximum strength. This apathy must be overcome before Bart's students can refute their critics.

CRICKET

1st XI v. Jesters Saturday, 30th June Won.

A most pleasant match which was won with minutes to spare. This game followed a period of several unfortunate defeats and it was pleasing to see some confident batting and enthusiastic fielding.

Barts 180 for 7 [Nichols 62, Marks 45].
Jesters 179.

1st XI v. Old Roans Sunday, 1st July Won.

This impressive victory completed a most pleasant week-end for the side. Marks continues to improve and batted beautifully. Nicholson, after a disappointing season last year, seems to have found new inspiration and looked a most solid and fast scoring player. As we won as so convincingly only a few of the batsmen had time to find out just how weak our opponents' bowling was.

Old Roans 162 for 7 dec. [Rosborough 4 for 29].
Barts 166 for 2 [Nicholson 82 not out].

1st XI v. Past Sunday, 8th July Drawn.

A most delightful day which will be long remembered by those lucky enough to take part. Bart's batted first and kept their more illustrious opponents in the field for an indecent length of time. Stark played an attractive, if somewhat chancy, innings. Whitworth looked immeasurably solid and Bloomer completed a pleasing fifty. By tea, a somewhat hot Past side were soon in trouble with the most aggressive swing bowling of our outstanding pace attack, but once the shine had gone things weren't so good and, by virtue of a most resourceful innings by A. Clappen, Mr. O'Connell (the President of the Club), was saved from having to play out time.

This, indeed, was a cricket match which lends the game its charm for which the Club owes its President a great debt of thanks.

Barts 219 for 6 dec. [Stark 50, Bloomer 53 not out].
Past 182 for 7 [Whitworth 3 for 56].

1st XI v. Hampstead Sunday, July 15th Won.

At last a win over Hampstead. Having been humbled so many times in recent years, it was a joy to see the side win by so convincingly a margin. Even if we let it be known that they weren't at full strength, it is still music to our ears. Many thanks to our bowlers again and a few batsmen, who scraped the necessary runs.

Barts 149.
Hampstead 90 [Garrod 4 for 23; Whitworth 4 for 17].

THE SUSSEX TOUR

A victorious tour indeed. Played five, won four and drawn one are the bare results, but they express little of the margin by which most of those wins were achieved.

Again centred on Rottingdean, or more correctly The Plough, the side sallied forth each day to score these memorable victories, and each night returned to tell, modestly and quietly to the other long suffering patrons, tales of our deeds.

Whitworth persisted in taking hatfuls of wickets and if runs were wanted there was always a batsman or two to do the job. Stark and Marks continued to improve, weighed down as they were with entertaining responsibilities, and Nicholson enjoyed several good innings. Everyone else more than pulled their weight, but misfortune struck Ross in the shape of a damaged shoulder, which restricted his activities on the field. Mellows and Mackenzie were welcome and colourful members of the side, the latter working up to his old pace and devastating inswing again.

A word of thanks to all those kind people who entertained us in Rottingdean and we look forward to meeting them all again next year.

v. Hurstpierpoint Sunday, 5th August Won.
Bart's 137.
Hurstpierpoint 49 (Nichols 3 for 6).

v. St. Andrew's, Burgess Hill, Monday, 6th August
Match abandoned.

v. Rottingdean Tuesday, 7th August Won.
Rottingdean 62 (Whitworth 6 for 24).
Bart's 66 for 6.

v. Littlehampton Wednesday, 8th August Won.
Bart's 141 (Nichols 70).
Littlehampton 74 (Whitworth 4 for 7).

v. Barcombe Thursday, 9th August Won.
Barcombe 51 (Whitworth 7 for 23).
Bart's 53 for 1 (Stark 35, not out).

v. Keymer and Hassocks. Friday, 10th August Drawn.
Bart's 157 for 4 dec. (Nichols 45, Marks 42, not out).
Keymer and Hassocks 107 for 4.

ROWING

Kingston Regatta. July 14. Wyfold Class Fours.

HEAT I v. KINGSTON R. C.

Bart's had a poor start and Kingston quickly took the lead. Rowing steadily Bart's came back to within ½ length and with a good final spurt the Hospital arrived home first by two feet.

HEAT II v. THAMES R.C.

Another poor start by the Hospital allowed Thames to take the lead and with the bend in their favour they increased this to 1½ lengths. Bart's came back well, but Thames managed to stay in front and won by ½ length.

Crew: Bow and Steers, C. N. Hudson; 2, G. M. Besser; 3, C. C. H. Dale; Stroke, G. D. Stainsby.

Metropolitan Regatta. July 24-26. Junior—Senior Fours.

HEAT I v. KENSINGTON R. C.

Bart's took an early lead of one length but Kensington were coming back well until they caught a crab. They recovered quickly and with the bend in their favour they took the lead and the Hospital had no reply to their finish. *Verdict*: lost by 1½ lengths.

Crew: Bow and Steers, D. King; 2, J. R. Strong; 3, R. France; Stroke, G. M. Besser.

Staines Regatta. July 28. Junior-Senior Fours.

HEAT I v. WEYBRIDGE R. C.

Bart's won easily, having steered a very good course.

HEAT II v. ETON SCHOOL.

Eton took the lead immediately and rowed home easy winners. They subsequently won the final.

Crew: as at the Metopolitan Regatta.

REVIEW OF THE SEASON

The Hospital has had a disappointing year and failed to retain either of the trophies won last year. The eight reached the final of the Allom Cup, but was unsuccessful at all the other Regattas, and the four, though it had some good races, was never consistent enough to be successful.

On the brighter side, the Hospital can be pleased that it was the only Club able to enter as many as four crews in the Hospital Bumping Races. Many members of these crews were pre-clinicals and the enthusiasm shown by these and other members augurs well for the future.

We wish to thank our coaches who so willingly assail the job of building a crew from a hotch-potch of styles and who sacrifice so much of their valuable time. They were, at different times during the season:

A. C. Sheed (Clare), J. W. B. Palmer (S.B.H.B.C., Clare and L.R.C.), D. P. Wells (S.B.H.B.C., and Magdalen), R. P. M. Bell (Jesus and L. R. C.), T. Edwards (1st and 3rd Trinity and L.R.C.), Dr. A. G. S. Bailey (Caius), Dr. J. Lang (Lady Margaret), and Dr. D. A. Chamberlain (S.B.H.B.C., and Queens').

Honours were awarded to: D. A. Chamberlain.
Colours were awarded to: G. M. Besser, D. King, A. R. Geach, E. J. B. Makin and J. R. Strong.

RECORD REVIEWS

KATHLEEN FERRIER—An Anthology.
BLOW THE WIND SOUTHERLY (Northumbrian Folk Song, arr. Whittaker).
HE WAS DESPISED (Messiah-Handel).
UM MITTERNACHT (Mahler).
CHE PURO CIEL (Orfeo—Gluck).
Decca, medium play, LW.5225.

This anthology samples all sides of the late Miss Ferrier's art, for it contains a lieder, an operatic aria, a folk song, and an aria from an oratorio. The Decca recordings of all these have been issued before and are well known; for an anthology of four items the choice could hardly be bettered.

Thoroughly recommended to anyone who does not already possess any of these recordings.

DVORAK: Quartet No. 6 in F major ("American"), Op. 96,
DOHNANYI: Quartet No. 3 in A minor, Op, 33,
played by THE HOLLYWOOD STRING QUARTET: Capitol, L. P., CTL.7098.

The Hollywood String Quartet have established an international reputation and this recording can only enhance it. The lyrical 'American' quartet of Dvorak is accurately and affectionately played; every phrase being thoughtfully shaped. The less familiar quartet by Dohnanyi is given a brilliant performance. Throughout their control and precision are masterly, and the recording microphone has preserved the balance between the instruments.

BACH AND LISZT ORGAN RECITAL.

BACH: Toccata and Fugue in D minor,
LISZT: Prelude and Fugue in G minor on the name of BACH,
BACH: Chorale Prelude 'Ich ruf' zu dir, Herr Jesu Christ" (BWV 639),
BACH: Passacaglia and Fugue in C minor (BWV 582),
played by KARL RICHTER at the organ of the Victoria Hall, Geneva. Decca, L. P., LXT.5110.

Organ music is notoriously difficult to record, but in making this the engineers have triumphed and produced a fine clear recording. Karl Richter gives a technically accurate performance and exploits the range of tone colours available to him with imagination and ingenuity.

BOOK REVIEWS

BREAST FEEDING *by* F. Charlotte Naish. Lloyd-Luke. London. 12s. 6d.

The second edition of Dr. Naish's excellent little handbook will be welcomed by general practitioners, students and nurses alike, although of the mothers at whom it is also aimed, it will probably appeal most to those who have least need of its advice.

As a whole-hearted advocate of natural feeding, Dr. Naish devotes her early pages to convincing the reader of its ascendancy over artificial methods. Besides the well-known superior rate of growth and resistance to infection of the breast-fed baby, as is convincingly shown in a table comparing the morbidity rate encountered in her practice in both groups, she also stresses the insuperable difference in constitution between human and cow's milk which, as a result of its relative indigestibility, will at best lead to a lesser calorie intake. The fact that breast-feeding is so much easier than the preparation of artificial feeds is given prominence. Dr. Naish would like to see all babies breast-fed for a minimum of three months however great is the necessary proportion of complement.

Before considering practical aspects, a very unnderstanding chapter is devoted to the psychological attitude of the lactating mother, and its effect on the milk yield.

Having thus put her case, and commented on the fact that 90 per cent of women are potentially able to breast-feed, Dr. Naish goes on to consider the mechanism involved and, with assistance from the cow, to give a clear exposition of this ill-understood subject, and prophylactic advice against some of the snags which may arise. In face of the current fashion for 'demand feeding' and 'rooming in', Dr. Naish adopts the middle camp and stresses the individuality of the baby.

The various pitfalls which may occur are systematically discussed in the ensuing chapters, special attention being paid to the 33-6 weeks period when the majority of weaning occurs.

There is a helpful chapter on multiple births and a final discussion on the importance of expressed breast milk in infants who for one reason or another are unable to suck.

This is a book which should convince many who are indifferent, and give added confidence to the advocates of natural feeding.

H. E. BAMBRIDGE.

PRINCIPLES OF CHEST X-RAY DIAGNOSIS by George Simon M.D. F.F.R. Butterworth and Co. (Publishers) Ltd. pp. 174. Price 50s.

Dr. Simon is to be heartily congratulated upon his new book on chest radiology. Instead of taking the easy course of describing radiological changes by diseases, he has attempted to arrange the various radiological abnormalities under descriptive headings. The first half of the book is devoted to homogeneous and linear shadows and contains excellent descriptions of the various types

of pulmonary consolidations and pleural effusions, with many photographic illustrations. The second half of the book, which is less well done, includes such subjects as cardiovascular, mediastinal and skeletal abnormalities. These are followed by good chapters on bronchography, tomography and radiological technique.

The book, which has been written for student radiologists and clinicians interested in thoracic diseases, would seem to serve two very useful purposes. It cannot fail to be of value in radiological departments where large numbers of chest radiographs have to be reported upon, often with inadequate clinical details. Alternatively, it is a very pleasant book to glance through at leisure as it contains a mass of facts and shrewd observations.

The volume is well produced and the reproductions are all of a high quality. In another edition, perhaps the order of the chapters might be revised and more radiographs inserted in the second half. Anybody who can read this book without learning much has not much to learn about the radiological diagnosis of chest diseases.

N. OSWALD.

MODERN GYNAECOLOGY WITH OBSTETRICS FOR NURSES by W. E. Hector and John Howkins. Heinemann. 17s. 6d.

This book, written by an experienced sister tutor in conjunction with an enthusiastic gynaecologist, should be of great value to nurses in training. Senior medical students and young interns, who notoriously wish to run before they can walk and who tend to under-estimate the knowledge of their nursing colleagues, may also benefit from the exact descriptions of many practical nursing techniques.

The material supplements a standard course of lectures which have been given at Bart's for many years. The presentation is clear with useful alteration of printing to emphasise key words in the subject. The dosage of any drug mentioned is meticulously noted. The diagrams are original and easy to understand.

With regard to obstetrics the book makes no pretence to anything beyond a defensive knowledge appropriate to a trained nurse "at sea" who is always assumed by lay people to be a trained midwife as well.

In the introduction, some allusion is made to the peculiar psychology of gynaecology. It might be thought desirable to extend this practically, in the chapter on pre-operative preparation, to include information designed to help the nurse to anticipate the patients' natural fears of such operations as hysterectomy and sterilisation.

It is difficult to fault this book which admirably fulfils its purpose and provides a valuable addition to current nursing literature.

D. B. FRASER

PRACTICAL UROLOGY *by* Alex E. Roche, H. K. Lewis & Co. P. 258. Price 35s.

This is a very well produced short book, which constitutes a series of case records copiously illustrated by reproduction of X-rays, with the

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 Podalirius pieces in a special booklet entitled "The Prosings of Podalirius." Would you like us to send you a copy?*

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clinical findings and course of the ease well summarised .These in themselves would be interesting but each has some comment in true 'Rochean' style which makes this little book a veritable 'Bedside Urology.' 'It is notoriously even more difficult to extract a history from the insertor of foreign bodies than it is to extract the foreign bodies themselves' is the summing up of a case of a lead pencil in the urinary bladder. The book provides a selection of what must be the most interesting cases in the author's career and as this has been wide and extensive, some of these cases are quite unique. It is a great pity that many more experienced clinicians have not had the same diligence and application to record the highlights of their experiences, but perhaps, lacking Roche's whimsical and yet truly practical outlook, their records might often make dull reading. That is never so in 'Practical Urology,' and as some cases have been followed up over a period of as long as 30 years, there is much practical gain in delving into the book. It has but one drawback which is common to all medical books at the present time, namely the cost of production.

I would strongly recommend this book to all urologists and surgeons interested in Urology as an accurate, intelligent and interesting series of reviews and commentaries on an individual surgeon's own cases.

A. W. BADENOCH.

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. LX **OCTOBER 1956** **No. 10**

EDITORIAL

On the Golden Road to Samarkand

EACH SUMMER a migration of holidaymakers takes place. This migratory urge, as yet unstudied scientifically, may perhaps be explained on the basis of the aphorism, 'a change is as good as a rest'. Travel seems to have become an interest of many thousands of people in this country, and at the end of every vacation period, bronzed Englishmen can be heard discussing the relative merits of Provençal villages, Italian bathing resorts or Greek historical monuments. Even in the winter the would-be traveller, remaining fog-bound in his flat, can obtain vicarious pleasures from the many books written about journeys of exploration or pleasure. The more reputable Sunday newspapers whet the appetite with exotic suggestions for the coming summer: a quaint villa on the Costa Brava; an exclusive restaurant in Zagreb; and perhaps next year will see a dissertation on how to select caviar in Leningrad.

Bart's men have not been left behind in these wanderings. At present two are with the Antarctic expedition (*Journal*, January 1956); many are serving overseas in Her Majesty's Forces; and several are practising abroad. Some have been fortunate enough to obtain fellowships at foreign medical centres.

Recently we have published several articles written by those who have had experience of travel abroad. In this issue there is an account of a journey to Malta undertaken by a resourceful medical student with a limited budget, and a description of a visit made to a small sheikhdom on the coast of the Persian Gulf by a serving Naval officer.

This travel is not all one way: during the past year many doctors and students from abroad have spent some time working or studying at Bart's. These exchanges are beneficial to us as well as to our visitors.

On a national scale such interchange is common practice in Germany and other European countries, where students spend some of their time during their medical training at several different medical schools. While the idea of a mob of peripatetic medical students might be contemplated with misgiving in this country, it would certainly broaden the outlook of most students if they spent part of their career sharing views with those from other teaching hospitals. We believe that an exchange scheme enabling every student to travel to at least one university would be welcomed. With the active encouragement of medical school authorities, and the medical associations of the various countries, this plan could be adopted without difficulty. Doctors and students should have more opportunities for appreciating the truly international nature of their profession.

Abernethian Society

The Secretary of the Abernethian Society, which was founded by John Abernethy in 1795, has written a letter outlining the programme for the coming term. This letter appears in our correspondence pages.

We are pleased to see a return to the tradition in which students take a more active part in the proceedings of the Society. In the past we have had occasion to criticise the committee of the Society for their tendency to rely almost entirely on well known speakers. It is to be hoped that the members of the Society take the Secretary's message to heart, and do participate fully in the discussions. The dates of the meetings for this month can be found in the Calendar.

Medical Education

The September 1st issue of the British Medical Journal was devoted almost entirely medical education, with special reports on the proceedings of the First World Conference on Medical Education which was held in London in 1953. These reports make constructive proposals which may be incorporated in the medical curriculum of the future.

In the section devoted to preliminary education it was generally agreed that specialisation should not begin too early. This Hospital has recognised this, and encouraged students to continue their general education until they enter Bart's. On the other hand students entering Oxford or Cambridge before coming to Bart's are urged by the colleges to pass examinations in Chemistry, Physics and Biology before becoming undergraduates. This early specialisation is to some extent offset by the close association medical students at these Universities have with their colleagues studying other subjects. It is one of the great drawbacks of a London medical school that it is isolated from the rest of the University of London. However, any student who wishes to cultivate outside interests will do so whatever his millieu.

Far-reaching recommendations were made in the discussion on the ' Aims and Concepts of the Medical Curriculum.' It was considered that much of the anatomical detail could well be left until a surgical career was entered upon. In the teaching of physiology to medical students the finer points of frog muscle action might be disregarded to make room for the study of modern metabolic techniques, and the understanding of human physiology which they have brought about.

Various methods of teaching are discussed, and all have a place in imparting knowledge and understanding. One word that cropped up frequently was ' integration.' Some observers believed that a subject like psychiatry should be integrated into the teaching of clinical medicine, leading to an appreciation by the student of the psychiatric complexities involved in any given case. Social Medicine is also considered a suitable subject for ' integration.' When students are made more aware of the relation of the patient to his home background, they will be able to understand his difficulties and advise him more fully.

One trend becomes evident: medical students should not be trained primarily to become General Practitioners, but to become doctors who are eager to continue their training in the given specialities, of which General Practice is one.

These reports, sponsored by the British Medical Association, outline the modern concepts in undergraduate medical education, with relevant comments on medical school teaching in Great Britain. We hope that their recommendations are adopted as soon as is practicable.

Congratulations

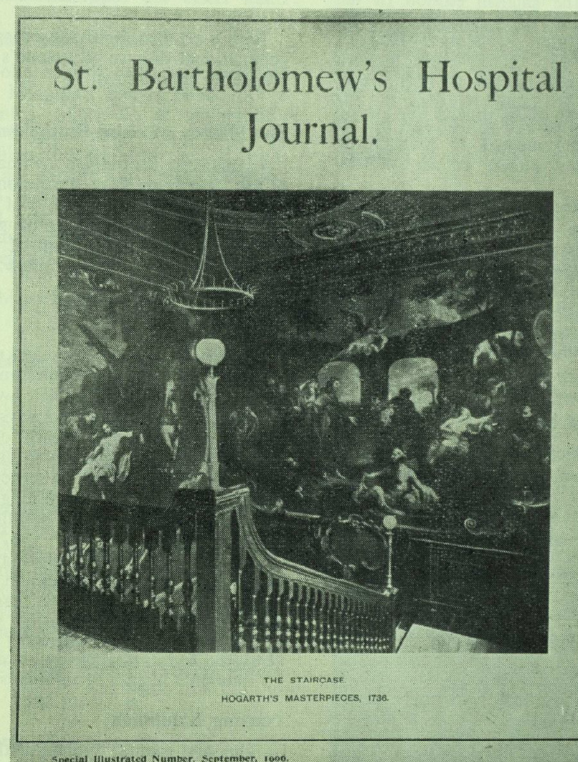
to Sir Henry DALE, O.M., F.R.S., on his being awarded the Albert Gold Medal of the Royal Society of Arts.

to Professor Sir James PATTERSON ROSS on his receiving the Honorary Freedom of the Society of Apothecaries.

Special Illustrated Number

Fifty years ago, last month, a special illustrated number of the *Journal* was issued. In place of an editorial there was a very brief history of the Hospital followed by an account of how to get to Bart's and then how to get in as a student. In those days one ' called on the Dean ' at his office in the Warden's House. It sounds a leisurely procedure.

The rest of the issue was taken up with short descriptive accounts of the individual departments with an accompanying photograph. We learn that the Physics Department was housed in two basement rooms beneath the library: how many would now read their books easily, knowing that just below was a linear accelerator generating a few million electron volts. The Anatomy student was advised how to secure a ' part ' and the care he should take of it.


St. Bartholomew's Hospital Journal.

THE STAIRCASE
HOGARTH'S MASTERPIECES, 1736.

Special Illustrated Number, September, 1906.

The Cover of the Illustrated Number.

The advertisements seem strange to modern eyes: Dr Lahmann's Cottonwood Underclothing is praised as a daily blessing to thousands; the ' Pedes-Cyclo ' shoe was a versatile creation which could be used for walking or cycling; Welford and Sons could readily supply humanized milk, or if the complexion were a little patchy, asses milk was available; the Scriviner Cuff Protector, was ' invaluable for preventing the cuffs from being soiled during small operations or dissections.' We wonder if present day products will seem so outmoded to our successors.

In Our Library

During the last fifteen years the Librarian, Mr. Thornton, has written several short accounts for the *Journal* of the books of historical interest which are in the Library. At

present there is an exhibition in the Library of some of these books: each has beside it the appropriate descriptive passage from the *Journal*. Some are historical treasures, such as the first edition of William Harvey's *Exercitiones de Generatione Animalium*, 1651; the English edition of the *Works of Ambrose Pare* published in 1678; and the first edition of Robert Hooke's *Micrographia*, 1665. Other, more modern books are of special interest to Bart's men, and include *Solid Space Algebra* by Sir Ronald Ross who earned world fame for his discoveries relating malaria to mosquitoes, and the *Collected Papers* of Sir D'Arcy Power.

All those interested in the History of Medicine and in Bibliography are recommended to browse over this exhibition. For further information the articles themselves can be consulted in back numbers of the *Journal*. Since 1946 the *Journal* staff has enjoyed the hospitality of the Librarian, and we are pleased that our association is continuing.

Royal College of Surgeons

At a recent meeting of the council of the Royal College of Surgeons Sir Archibald McIndoe was re-elected onto the Council; Professor G. Hadfield was appointed Imperial Cancer Research Fund Lecturer; and Mr. D. F. Ellison Nash was elected Hunterian Professor to give one lecture on 'Congenital Spinal Palsy—The Management of Incontinence.'

Gateway to Charterhouse

The gate from College Hall into Charterhouse Square was closed for some days in August and September while the local drainage was being adjusted. Those who thought that an attempt was being made to level the driveway will be disappointed; the irregularities which were the real reason for the 5 m.p.h. speed limit are destined to remain.

When we asked one of the workmen his opinion of the operation he stated that he thought members of the College had too many hot baths; to work on the College drains, he said, was as bad as working in the Turkish Baths in Russell Square. His mate, however, took a more broadminded view; he considered that hot soapy water was cleansing, and that as far as he was concerned he preferred steam to smell.

As a result of these works there has been a decline in the request for early calls from the College Hall porter; the eight o'clock pneumatic drills have served the purpose. Later risers are requested to report their dreams.

Both workmen faced the prospect of their occupational disease (Raynaud's) with commendable equanimity.

The History of Saint Bartholomew

In this issue we publish the final instalment of the History of Saint Bartholomew, written by John Dawson. The life of the Saint is buried in obscurity, and we congratulate Dr. Dawson on his full account of the life and associations of St. Bartholomew.

Redecoration

On entering the men's cloakroom during the early part of last month one was faced with a row of posteriors, their owners leaning on the counter reading the newspapers; this almost gave the appearance of a western saloon, with Mr. Garwood as the kindly bartender. The Small Abernethian Room became a smoke-filled gambling den, groups of bridge players were huddled in every available space.

The cause of this transformation was the redecoration of the Abernethian Room. Had this taken much longer we fear that Bart's students would begin speaking with a drawl as they gazed fondly westward to the unexplored territory around Shepherd's Bush.

Nursing Exhibition

The 41st annual Professional Nurses and Midwives Conference and Exhibition—organised by the *Nursing Mirror*—will be held from October 15-19 inclusive at Seymour Hall, W.1. Doctors and other professional visitors can obtain free tickets by presenting their professional card at the entrance.

Signs of the Times

The report of the University Grants Committee for the academic year 1954-5 states that the total number of medical students in Great Britain fell by 141 to 13,098. Medical students represented approximately 15% of the total number of University students, but the percentage of new medical students was only 11.9% of all new students.

Saint Bartholomew's Day

Our Correspondent writes:

The Catholic Society celebrated the feast day of the Hospital's Patron Saint with a special evening Mass in St. Ethelreda's Church, Ely Place. Afterwards a party was held, at which the principal guests were Professor and Mrs. Cave, and Professor Garrod. A particularly noticeable feature of this party, which attracted a good attendance of Catholic nurses, staff and students, was the excellence of the food organised by the nurses. It is hoped that this function may be established as an annual event.

Yugoslav Visitor

We had the pleasure of meeting Miss Petrovic Bosiljka, a medical student at Belgrade University. She was en route to Denmark where she will be an exchange student for six weeks. Most medical schools in Britain unfortunately do not encourage short term exchanges with students from the Continent. Miss Bosiljka appeared impressed by the historical associations of the Hospital, but on being shown the Library she enquired whether all the students were on holiday because it seemed so empty.

The medical curriculum in Yugoslavia appears to be similar to that in England.

Wessex Rahere Club

The Autumn Dinner of the above Club will take place at the Grand Spa Hotel, Bristol, on Saturday, 27th October, 1956.

It is hoped that Dr. Geoffrey Bourne will be present as Guest of Honour.

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

Country Club

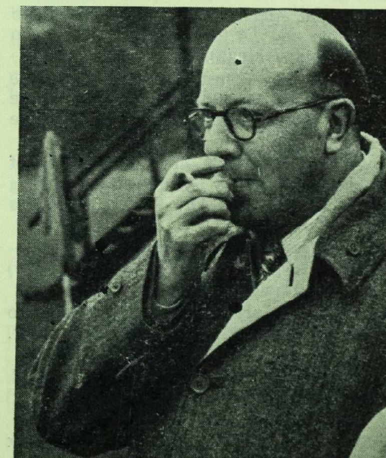
For the benefit of new students who are attached to Dr. Cullinan's firm, we shall explain the sobriquet of the firm, which unfortunately gives a misleading picture of its origin. Not on the polo field at Hurlingham, not on the links at Sunningdale, not even on the green turf at Lords, but in the hot steamy atmosphere of Dan's café in West Smithfield the firm was so christened by its clinical clerks in 1947. These gentlemen enjoyed their leisure so much in this café that they compared the life on the firm to being members of a country club.

The Tenth Decennial Club

The Annual Dinner of the 10th and associated 8th and 9th Decennial Clubs will be held at the Bath Club, 74 St. James's Street, S.W.1., on Wednesday, 24th October, 1956, at 7 for 7.30 p.m. Sir James Patterson Ross, K.C.V.O. in the chair.

Members wishing to attend the dinner should contact S. L. Higgs, Esq., F.R.C.S. 17, Wimpole Street, W.1.

CANDID CAMERA



The Stress Syndrome

NOTICES

Literary Prize

THE Publications Committee have decided to award two literary prizes. One will be for the best scientific contribution, and the other for the best non-scientific contribution written by a student or subscriber who has been qualified not longer than ten years, which has been published in the *Journal* during 1956. Each prize will be £5, and will be awarded by Christmas, 1956 and be announced in the January 1957 *Journal*. Additional smaller prizes will be awarded for poems, drawings or photographs published during 1956, if a sufficiently high standard is reached.

The object of these prizes is to encourage writing by students and those recently qualified.

Timetables

Extra copies of the timetable given with the July isue of the *Journal* can be obtained from the Manager, priced 3d.

Births

BARNES.—On August 18th, at B.M.H., Kinrara, Malaya, to Elizabeth (*née* Kerr) and Major John Barnes, R.A.M.C., a daughter (Rosemary Ann).

IVENS.—On August 12th, at Portsmouth, to Daphne and Dr. H. P. H. Ivens, a son (Christopher Hugh).

LUMLEY.—On August 25th, to Fay (*née* Clarke) and Dr. Philip Lumley of Forge House, Hayes, Kent, a daughter (Christine Fay).

NEWILL.—On August 4th, at the City of London Maternity Hospital, to Patricia (*née* Bowles) and Dr. Robert Newill, a daughter.

PEDERSEN.—On August 13th, at St. Bartholomew's Hospital, to Wendy (*née* Newberry) and Dr. David L. Pedersen, a daughter.

SINGER.—On July 31st, at St. Albans, to Mary (*née* Hilder) and Dr. Geoffrey Singer, a daughter (Alison Mary).

TAIT.—On July 28th, at St. Luke's Hospital, New York, to Doctors Janet (*née* Nye) and Ian Tait, a son (Nicholas Grenville).

VINES.—On August 23rd, at Gull Rock House, St. Austell, to Ingrid and Dr. H. W. C. Vines, twin daughters.

Engagement

WATKINS—GOULD. The engagement is announced between Dr. David Watkins and Miss Gillian M. Gould.

Marriage

ABRAHAM—TYSZKIEWICZ. On May 5th, Mr. Peter Abraham to Izabella Tyszkiewicz.

Deaths

LAMBERT.—On August 3rd, at Folkestone, Hugh Llewelyn Lambert, M.R.C.S., L.R.C.P. Qualified 1896.

SCOTT.—On August 6th, at Foxmeadow, Braintree, Essex, Sir Henry Harold Scott, K.C.M.G., M.D., F.R.C.P., aged 82. Qualified 1897.

THORNLEY.—On August 16th, Dr. Robert Lewis Thornley, M.D., of Pinewood Beverly, Yorks., aged 81. Qualified 1899.

CALENDAR

Fri.	Oct.	5	Abernethian Society: Inaugural Address, 'The Dangers of Atomic Radiation' given by Prof. B. W. Windeyer, F.R.C.S., F.R.S. Great Hall, 4.45 p.m.
Sat.	"	6	Medical and Surgical Professorial Units on duty. Rugger: v. Stroud (A). Soccer: v. Caledonians (H).
Sat.	"	13	Dr. G. Bourne and Mr. J. B. Hume on duty. Rugger: v. Woodford (A). Soccer: v. Old Quintinians (H).
Tues.	"	16	Abernethian Society: Symposium on Arterial Surgery. Physiology Lecture Theatre, 5.45 p.m.
Wed.	"	17	Rugger: v. C.U. LX. Club (H). Soccer: v. St. Mary's Hospital (H).
Sat.	"	20	Dr. A. W. Spence and Mr. C. Naunton Morgan on duty. Rugger: v. R.M.A. (H).
Wed.	"	24	Soccer: v. Swiss Mercantile College (H).
Sat.	"	27	Dr. R. Bodley Scott and Mr. R. S. Corbett on duty. Rugger: v. Old Blues (H). Soccer: v. The 49 Club (H).
Wed.	"	31	Soccer: v. R.M.A. (H).
Thurs.	Nov.	1	Abernethian Society: 'Dreams, Dreamers and Poets' by Dr. E. Miller, F.R.C.P., D.P.M., Recreation Room, College Hall, 5.45 p.m.
Sat.	"	3	Dr. E. R. Cullinan and Mr. J. P. Hosford on duty. Rugger: v. Penzance (A).
Mon.	"	5	Rugger: v. Devonport (A).
Wed.	"	7	Rugger: v. Paignton (A). Soccer: v. The London Hospital. (A).

LETTERS TO THE EDITOR

AFRICAN TOUR

Sir,—With reference to Sir Geoffrey Keynes' letter in the July *Journal*, I feel I should express my regret to Sir Geoffrey for the *lapsus calami* in my letter in the May *Journal* concerning his visit to Southern Rhodesia, in which I gave the impression that his much appreciated lecture had lasted for three hours. What I meant to convey was that the pleasant and profitable evening lasted about three hours consisting, in my case, of a talk with some of my colleagues in the lecture room before the lecture, and following the lecture and film there were questions; then came a moving vote of thanks by Dr. Hobday who was in reminiscent mood, and finally further chats with my friends.

Whilst most lectures can be recalled with difficulty and many not at all, some can be reproduced in detail after and I feel that this one by Sir Geoffrey will be remembered for a long time.

I still remember vividly a few lectures and demonstrations given at Bart's thirty years ago, notably one by Sir Percival Horton-Smith-Hartley on Prognosis in Pneumonia, Lord Horder on Food Poisoning and a dramatic demonstration by Sir Holburt Waring on the treatment of Dislocated Shoulder, as a result of a case treated outside Bart's and brought in for repair of damage to the axiliary artery; Sir Holburt ended with a strong exhortation to remove one's hob-nailed boots before attempting the heel in axilia method of reduction.

Yours faithfully,
C. SIMS DAVIES.

Mazoe Citrus Estate,
P.O. Mazoe,
Southern Rhodesia.

DIET AND DIABETES

Sir,—I wish to thank you for your issue of May this year which has been of great assistance to me in my efforts to treat a diabetic. Six days ago, shortly after leaving Yokohama, one of the crew reported sick with bad acne and multiple boils. He volunteered that he had not been feeling well for about a month, and in that time his life had been spent 'between the water-cooler and the heads,' and he had lost about a stone in weight. His urine reduced Benedict's solution to brick-red and beyond. The ferric chloride test for aceto-acetic acid was positive, but when the urine had been boiled first it was negative. In view of this a tentative diagnosis of diabetes mellitus was made. As the ship's movements meant that he would have at least a week on board before getting to hospital he was started on the so-called 150 gramme carbohydrate diet and soluble insulin twice a day. He also was given Terramycin 250 mgm every six hours for four days with compound vitamin tablets daily. The difficulties of dieting on board would have been much increased if Miss Furnivall's article had not been on my desk; as it is the diet fluctuates quite a lot, but that is unavoidable under the circumstances. My patient is feeling better than he has done for the past five weeks, his spots are clearing rapidly, and occasional specimens of his urine do not completely reduce Benedict's solution. Tomorrow he goes to hospital, the Royal Naval Hospital in Hong Kong, while the ship goes to sea again.

Yours faithfully,
R. J. KNIGHT,
Surgeon Lieutenant, R.N.

H.M.S. Newcastle,
C/o G.P.O.,
London.

ABERNETHIAN SOCIETY

Sir,—The Programme of the Abernethian Society for the Michaelmas term has now been published. The Committee would like to ask for the continued support of members of the Hospital.

This term we have tried to make some return to traditional practice, and have invited students and members of the Staff to contribute to meetings, by reading case histories, or papers on original research and medical history.

In so doing we hope to foster a stronger interest in the Society, and would welcome the greater participation of all members, which means not only regular attendance but joining in the discussions at meetings. Members who would like to read papers are asked to contact the committee.

Other meetings will be addressed by visiting speakers and will be concerned with recent advances in medicine or subjects on the fringes of medicine, not with non-medical matters or text-book subjects.

I am,
Yours faithfully,
C. F. ALLENBY,
Honorary Secretary.

Abernethian Room.

AID FOR THE BLIND AND DEAF

Sir—May I use the *Journal* to bring to the notice of your readers the plight of those persons in London who are both Blind and Deaf. It is difficult for us, who have both sight and hearing, to realize how isolated these people can be with no means of normal communication. Their only language is the Manual Alphabet, which is the same as that used by the sighted Deaf, except that it is spelt on the Blind person's hand, and he reads by feel instead of sight.

Many of them live in Old Peoples' Homes, where nobody troubles to learn to talk to them, and there are a number living entirely on their

own. They are immensely grateful for any opportunity of conversation, and they do not mind how slowly the spelling is done, in fact, some can only follow slowly.

The Alphabet only takes a few minutes to learn, and luckily there is no need to read finger-spelling, as nearly all those who are both Blind and Deaf have heard and can speak ; comparatively few are born deaf. Any offer to help these poor, unfortunate people would be of great value, even an hour or two a week, or fortnight, as it is the friendship through personal contact that means so much to them.

Would anyone who is interested please get in touch, either with me, or Miss Lucas, who is in charge of the Blind-Deaf Branch of the Royal Association in Aid of the Deaf and Dumb, 55, Norfolk Square, Paddington, W.2.

Yours faithfully,

ANNE LLOYD.

St. Bartholomew's Hospital.

MEDICAL STUDENTS' CHAPLAIN

Sir,—The Church of England Chaplaincy to the University of London formed in June of this year an Association of Medical Students. The Association draws for its membership on the twelve Medical Schools in London. Its centre for meetings is 6 Gower Street, W.C.1, and for worship, the University Church, St. George's, Bloomsbury Way. The activities of the Association will include corporate worship, opportunities for debate and discussion and social occasions. Meetings are held on Thursdays at 6.30 p.m. at which there will be facilities for a meal.

Those interested are asked to communicate with the Chaplain to Medical Students at 6 Gower Street, W.C.1, MUSeum 5572.

Yours sincerely,

R. C. R. MANDER,
Chaplain to Medical Students.

The Church of England Chaplaincy
to the University of London,
6 Gower Street,
London, W.C.1.

MISSION TO THE UNIVERSITY

Sir,—This term, from November the 4th to 11th, the Bart's Christian Union is taking part in the London Inter-Faculty Christian Union's Mission in the University. Apart from the central meetings in All Souls' Church, we have planned a number of meetings both in the hospital and at Charterhouse Square.

It has been said that 'the trouble with Christianity is not that it has been tried and found wanting, but found hard and not tried.' The Mission, under the title, 'TRUTH FOR OUR TIME,' will try to show the relevance of Christianity to our lives, and to encourage men and women to consider again (or perhaps for the first time) the claims of Jesus Christ upon them. We believe that if they will face the cost and honestly try it, Christianity will still not be found wanting.

I am, Sir,
Yours faithfully,

RICHARD COOK,
Secretary, Christian Union.

Abernethian Room.

CAMBRIDGE BART'S CLUB

Sir,—The Annual Sherry Party of this ancient Club will be held in the Library, by kind permission of the College Committee, on Friday, 26th October, from 6 to 8 p.m., and it is hoped that every graduate coming down from Cambridge will take this opportunity of meeting his fellow members. Notices have been sent to all those on the books, but we would be most grateful to hear from any Bart's Cambridge Graduate who has not heard from us.

Yours faithfully,

JOAN MAURICE-SMITH
H. JACKSON BURROWS
R. A. SHOOTER
Honorary Secretaries.

St. Bartholomew's Hospital.

POT-POURRI

Sir,—In his letter published in your May, 1956, issue, Dr. Crowther asserts that the first Pot-Pourri took place in January, 1936. I am confident that there took place at least two or three similar Pot-Pourri productions earlier than that date, having taken part in them myself before leaving the Hospital at the end of 1935. I ask for this correction in the interests of historical accuracy and in no way wish to detract from the favourable reference, in Dr. Crowther's letter, to Roger Gilbert and George Ellis who were indeed among the leading lights of the earlier productions to which I refer.

Yours faithfully,

S. J. HADFIELD.

Sheerwater Lodge,
West Byfleet,
Surrey.

* * *

CORRIGENDA

The following corrections should be made to the letter by Mr. H. E. Quick published July 1956:
For *Potomias* read *Pomatias*;
After 'should be' insert *Helix pomatia*;
For *Monachia* read *Monacha*.

AN EYE FOR AN EYE

by D. M. SHAW

Arrival

ON THE coast of Arabia, just south of the entrance to the Persian Gulf, is Fujairah, a small sheikhdom lying in a plain surrounded on three sides by barren mountains, and on the fourth by the sea. With the exception of a narrow fertile strip to seaward where date palms grow, there is uninterrupted desert stretching back to the mountains' edge, and little thrives there apart from scattered stunted trees and parched dusty shrubs.

We arrived early in our frigate on a morning towards the end of the hot season, bringing with us the Assistant Political Agent from Dubai to visit the Sheikh, who, when we had anchored, came out to receive a three gun salute and amuse himself for a while by firing off a few rounds from one of the Bofors Guns. He then offered us hospitality and it was arranged that the Captain and ten others should call on him at 12.30, but that since we planned sailing at four, the visit had to be a short one.

Landing was a problem in view of the difficult surf, and as there was no jetty we had to be rowed ashore for the last hundred yards, because the motor boat could approach no nearer. By the time the party had leapt ashore between waves and had then helped to push the whaler out again, everyone was soaked to the skin. However, we arrived on time at the Sheikh's village, rapidly drying off in the midday heat, and sat in a circle on chairs under a rush roofed shelter laid with Persian carpets. The chairs seemed at least partly a concession to Western customs because soon the Sheikh, his friend, and one of his officers, were absent-mindedly sitting crosslegged or squatting with their heels tucked under their thighs.

The Sheikh was a shortish, somewhat rotund, man with a black greying beard, and a face quick to wrinkle into a smile, which exposed his remaining brown stained teeth. His nose, unlike many of those of the aquiline aristocratic profiles we had seen before, was straight, and for this reason, or because of his good humour, he had little of the heavy patriarchal appearance of some of the more well known Arab leaders.

While glasses of water and then orange juice were being handed round, we had time to assess his bodyguard of about twelve men, dressed in all manner of ways and colours, and who sat on the ground on the opposite side of the circle to ourselves. The majority were typically Arab in origin, but some had the darker skins and broad noses seen in those of African slave ancestry. Each carried a well kept sporting or service rifle, varying widely in vintage, and ranging in calibre up to .45 in some cases, judging by the ugly looking cartridges in the gunbelts. A curved dagger in an ornamented sheath, usually of engraved or beaten silver, was thrust through many of the belts, and as we found later when one was unsheathed for our inspection, both edges were of razor sharpness. In addition to rifle and dagger, the chief officer had a compact automatic pistol at his side.

Coffee Break

Black coffee flavoured with Cardamom seeds followed the orange squash and was poured by a bearer from an ancient, picturesque and well worn metal coffee pot into one of four basin shaped cups which he carried. Etiquette allows up to three cups of coffee to be taken, after which, or before, if one has had sufficient, the cup is shaken as a sign of having finished, and it is then removed and given to someone else. When everyone had been served, including the motley band of sharpshooters, a brazier containing burning sadalwood was circulated for each to waft the fragrant fumes to himself, and scented water was poured on our right hands. Finally, trays approached laden with pawpaws, tangerines, pineapple, Arab sweetmeat, sago jelly, sweetened vermicelli

David Murray Shaw

Surgeon Lieutenant Shaw, at present serving in the R.N.V.R., qualified from Bart's in 1953. He was appointed House Physician on Dr. E. R. Cullinan's firm.

and biscuits, these being the preliminaries to the meal.

Shooting Match

Arab hospitality knows no hurry, and although the Sheikh had known when we were to arrive, preparations had probably not started until quite late on in the morning and nobody, least of all the Sheikh, seemed to want to hasten the main course, as one round of coffee followed another at irregular intervals, and the afternoon aged gracefully in conversation and in a feeling of timelessness. We expressed interest in their firearms and some of the bodyguard brought their weapons for us to examine, and they also showed us how they manufactured their ammunition from home-made gunpowder, lead, used cartridge cases, and a mixture of gunpowder and match-heads for the detonator. The Sheikh then challenged us to a shooting match and sent for his own personal automatic rifle, while the target, a small coffee bean impaled on a needle, was set up on a stake at about ten paces.

We were at no small disadvantage in this competition in the absence of a conventional target with which to calibrate the shots, and although the Captain and several others tried, the bean remained secure on its precarious perch.

The Sheikh took his turn and, after a number of his shots had missed, fired with the gun first jammed through the spokes of a chairback, then steadied against a post, then resting on another rifle, and he was obviously going to carry on until he jolly well had hit the bean. Bullet after bullet ricocheted and whined away into the desert, and we were becoming anxious about what could happen if he failed to hit the mark, when suddenly both needle and target disappeared, and the marksman turned, beaming from ear to ear, to receive the applause of the company.

Preparing the feast

A second competition was suggested and this time the target was a tin on a stake planted into the sand at the desert edge. Again, despite the successful shooting of two of the bodyguard, no bullseyes were scored by our party and it became clear that the rifle was not sighted in the usual way, and that they probably used the crutch of the rear sight rather than the shoulder.

When my turn came, assuming that the shots had gone high, with somewhat low cunning, I aimed six inches below the target and holed the tin at the second shot. The experts were far from pleased.

The meal

The afternoon was by this time far advanced and our intended sailing time had already passed when the Sheikh and most of his followers retired for prayers leaving his friend to talk to us. The Sheikh returned, and at long last, four hours after the hors d'oeuvres, a commotion in the middle distance heralded the appearance of our long overdue lunch, as a procession approached carrying dishes of sheep's head or rice, and bowls of boiled mutton. In the centre of the group, twelve worthies staggered under the weight of a mammoth circular tray, four to five feet in diameter, and piled high with rice, great hunks of lambs and young goat, the whole being supported on a circular carpet held at the edges.

The Sheikh rose, and following his example, we sat on the floor around the array of dishes and began, using the right hand only, because to eat with the left in Arab society is the height of bad manners. For the inexperienced this was no mean feat, and before the meal was far advanced bits of rice were adhering to the nose and chin of those who had not mastered the art of rolling it in the palm into an easily engulfed lump.

Meanwhile, the Sheikh or his friend would lean across the mountain of food, rummage around to find the choice piece and wrenching it free would then toss it across to anyone who seemed not to be eating enough.

Since my luck at musketry, the Sheikh's friend had discovered that I was the medico of the party, and from then on he had directed a string of comments, compliments and titbits in my direction, and had even suggested that I might settle in Fujairah and marry one of the local girls. However, I was horror-stricken when what was considered by our hosts to be *the* delicacy, namely, the sheep's eye, was extracted by this gentleman and landed fair and square on my pile of rice. Thirty seconds prior to this the Captain might have been observed craftily planting a similar 'horror' into the depths of the rice before him, thus losing it, but there seemed no similar escape for me, so mumbling something about Queen and Country, trying not to think too hard about what was happening, I took a deep breath and swallowed the eye whole. For one eternal moment it seemed that this grisly globe would jam in its descent, and that the jibe about one's eye being too big for one's stomach would come only too true. However, the moment and the eye passed by and down respectively, and the crisis was over. Fortunately or unfortunately, there was no photographic record of my facial expression during this incident, but apparently it was a sight to behold.

The meal came to an end and we sat back without having made any visible impression at all on this Falstaffian feast. Now was the time to show our appreciation, but try as we might, the coxswain, out of all the eleven of us, was the only one to produce a self-respecting belch.

Departure

We washed our hands and faces, again took coffee and waited for the return of our three gun salute.

On the hill above the village was an antiquated fort surrounded by large ancient cannons, probably dating from the Portuguese colonizers of past centuries. A man carrying a burning torch applied the flame to a trail of gunpowder leading along the barrel to the touch point of this archaic firepiece, and ran for his life. There was a flash, a cloud of smoke and a thunderous crack which echoed and re-echoed from the peaks behind.

The gunner emerged from hiding and repeated the performance with the second cannon, but he had miscalculated the charge, because there was a still greater flash and roar, and, as he rose from shelter, he was just in time to see the recoiling gun disappear backwards over the brow of the far side of the hill. The third shot, to our disappointment, was entirely without incident.

The Sheikh and his friend drove back with us across the desert and under the date palms to the shore where the whaler had been waiting for us.

We made our farewells, and, in rapidly fading light, returned to the ship and sailed south towards Muscat.

A CASE OF RECURRENT URETHRAL CALCULI

by C. A. C. Charlton

Introduction

During 1955, fifty-four cases of urinary calculi were admitted to this Hospital, eight of which were of a recurrent nature.

The following case was the only one of urethal calculi admitted to the hospital during the year.

Case History

A 68-year-old male, a clerk in the City, was admitted as a duty case complaining of retention of urine.

For the week previously the patient had had severe attacks of pain at the perineo-scrotal junction, seven or eight times throughout the day and night, accompanied by a desire to micturate, but passing little or no urine. The patient had discovered a swelling in this region, which enlarged when he experienced the above pains.

In 1951 he had had a prostatectomy performed at Princess Beatrice Hospital. Post-operatively he developed incontinence of urine, for which he wore a urinal strapped to his leg, and was provided with a penile clamp. Soon after the operation he developed a ventral hernia at the site of the incision.

In June, 1954, the patient underwent cysto-urethroscopy and a perineal operation for the removal of a stone in the urethra. Since then, he had had intermittent pain in the perineum with incontinence of urine.

He had rickets at the age of five years.

His general health was good, except for a slight productive cough, and some slight dyspnoea on exertion.

Examination

The patient looked ill ; his chest showed Harrison's sulcus and a 'Rickety rosary', and at the lung bases crepitations were heard.

In the cardio-vascular examination, an irregular pulse was noted, presumed to be due to extrasystoles. The heart sounds were normal and a soft systolic murmur was heard over the praecordium. The blood pressure was 160/100 mms. of Hg.

On examination of the abdomen a large ventral hernia was found at the site of the suprapubic scar, and an enlarged liver was felt with a smooth, firm edge. In the perineum another scar was seen and a mass was felt anteriorly, which was very tender. The scrotum was distended with oedema, and digital examination per rectum defined a smooth mass, the lateral margins of which were palpable.

Investigations and Treatment

Within a few hours of admission, an unsuccessful attempt was made to pass a bougie (size 9, English gauge) along the urethra. An external perineal urethrolithotomy was performed. Two large phosphatic calcuti were removed from the membranous urethra, measuring 1½ inch and ½ inch in diameter. A self retaining Foley's catheter was passed into the bladder, through the wound, this latter being closed by skin stitches only, of black mersilk thread. A firm bandage was applied, encircling the lower part of the abdomen, which had the effect of exerting a constant pressure on the bladder.

A sample of urine collected at the operation was heavily blood-stained and on culture, a growth of coliform bacilli resistant to penicillin, terramycin, streptomycin, erythromycin and sulphathiazole, but slightly sensitive to chloramphenicol was obtained. The patient was therefore started on a four day course of 1 gm. t.d.s. of chloramphenicol the following day.

Post-operatively his blood urea was 40 mgms. %, and his haemoglobin was above 100 %. An electrocardiogram showed signs of heart block with left ventricular hypertrophy. An intra-venous pyelogram showed three large, laminated and facetted calculi in the bladder and prostate bed. (Fig. 1.) Both kidneys functioned well, and there were no anatomical abnormalities of the kidneys or ureters detected.

In view of the above findings, ten days after the first operation, an external perineal cystolithotomy was performed through the old incision, and the calculi were crushed with large forceps and the debris removed by repeated irrigations with saline using a Bigelows evacuator. The presence of a large diverticulum in the prostatic urethra was found, which presumably formed as a result of the prostatectomy four years previously.

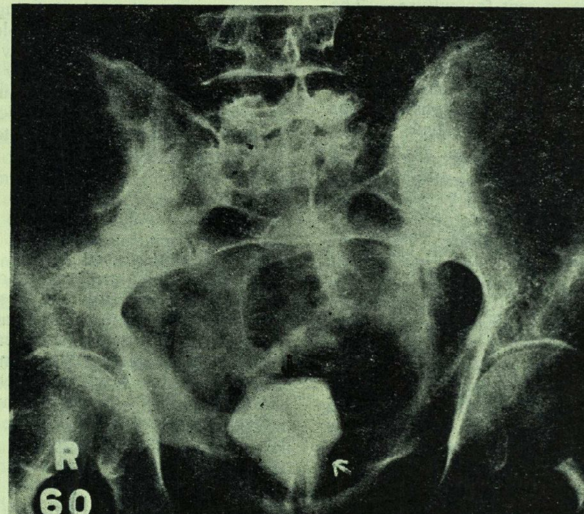


Fig. 1 : I.V.P. prior to second operation showing the three large calculi.

X-rays taken in the theatre indicated the presence of further stones, which were removed by the same method, until the X-rays showed no further calculi to be present. A Foleys catheter was inserted into the bladder through the perineum for open drainage.

The urine at this time was still akaline, and a growth of coliform bacilli resistant to penicillin, streptomycin, terramycin sulphathiazole and chloramphenicol was obtained.

The Foley's catheter was removed two days after the second operation, The wound healed rapidly, and the patient was able to pass his urine normally again, although still without control.

Three weeks following the second operation, the urethra was dilated by passing bougies, with difficulty, up to size 11/14, and an obstructive bar just proximal to the perineal scar was detected. Subsequently, a urethrogram showed small opacities along the anterior urethra and a stricture.

The patient was discharged two days later to be followed up for dilatations, and ammonium chloride was prescribed.

Re-Admission

Ten days later this patient was re-admitted as a duty case with a perineal urinary fistula.

The history was that two days following his discharge from Bart's, the perineal wound began to leak urine, while at the same time he was passing urine normally into his urinal. This got progressively worse. He had experienced no haematuria, dysuria or loin pain.

On examination he was discharging urine through the perineal scar the opening of the fistula measuring ¼ inch in diameter, and there was some surrounding inflammation. The scrotum was also very swollen.

Subsequent Investigations and Treatment

The following day a dilatation of the urethra was carried out. The presence of a stricture was confirmed, and after dilating the urethra a little, a few ounces of urine were collected. Eventually, a size 15 gum elastic catheter was passed, and some more urine obtained. In all, nine ounces were drawn off, and a specimen sent for culture. The report indicated an alkaline urine which on culturing yielded a growth of proteus resistant to penicillin, terramycin, and sulphathiazole, but sensitive to streptomycin. A four-day course of streptomycin 0.5 gms. b.d. was started. X-rays showed no calculi.

Ten days following admission a further dilatation was carried out, metal sounds up to 11/14 size were passed. A catheter was then passed and two ounces of urine were drawn off and sent for culture. The urine was still alkaline despite the fact that the patient had been put on ammonium chloride on being re-admitted. Centrifuged deposit showed particles of amorphous triple phosphates. It also gave a growth of proteus, this time resistant to penicillin, terramycin, streptomycin and sulphathiazole. A swab from the perineal fistula showed a mixed growth of proteus and diptheroids. The urine remained alkaline, although the dose of ammonium chloride was increased to 40 grains five times a day. The fistula recurred periodically.

Some intensive tests were done in the Bacteriology Department, and in view of the persistent alkalinity of the urine, it was decided to try and eliminate the proteus organism, which was a urea splitter, but not in this case a penicillinase producer. The treatment recommended and carried out was to give a daily dose of fifteen million units of penicillin (crystalline) for three weeks. This was administered in doses of three mega units five times a day.

Within three days of commencing this course, the urine was acid, the fistula had been healed, and the patient began using his urinal once again satisfactorily.

Three weeks after the last dilatation, a further dilatation was carried out, and after some difficulty in negotiating the urethra proximal to the site of the old fistula, Lister's bougies up to size 12/16 were passed easily into the bladder.

On terminating the course of soluble penicillin, a four-day course of oral penicillin 200,000 units t.d.s. was begun, after which the patient was discharged, this being six weeks after admission and as stated his perineal wound had healed, the urine was acid, and he was passing his urine normally into his urinal. On culturing his urine at this time, growths of two types of coliform bacilli were obtained, both being sensitive to streptomycin and siulphathiazole. The oral penicillin was stopped in view of the fact that he had a persistent urinary incontinence and chances of infection were quite high. He was prescribed ammonium chloride to take at home. He was followed up to ensure that the urethra was kept patent.

Discussion

The case described is that of recurrent urethral phosphatic calculi. Urethral calculi as defined by Swift Joly, are those which have become lodged in the urethra and cannot be removed except by surgical means. A stone which is passed naturally does not, of course, come under this heading. Such stones may be of two kinds. Firstly, the autochthonous calculi, which are formed in the urethra itself or in a pouch opening off it, and into this category falls the described case; and, secondly, migratory calculi which have escaped from the bladder, but have been retained in the urethra and these show a distinct nucleus.

Urethral calculi are not commonly met with, and during 1955, the described case is the only one admitted to this hospital. In a series of urinary calculi collected by Winsbury-White between the years 1936 and 1945, numbering 665 cases in all, urethral calculi accounted for 2-3% only of these per annum. The rarity of autochthonous calculi is illustrated by the figures of Swift Joly, who collected 34 cases of urethral calculi at St. Peter's Hospital between 1915 and 1925, and by Englisch who collected 405 cases of calculi, and both found that the proportion of autochthonous to migratory stones were in the ratio of one in ten.

As a rule urethral calculi are single. Of the 34 cases collected at St. Peter's Hospital, 31 had one stone, two had two stones, and the remaining case had nine stones. Civiale described a case in which 230 stones were found in the membranous urethra and in the pocket behind the prostate.

Approximately two-fifths of patients suffering from renal calculi have some other lesion present, these being:

1. Stones elsewhere in the urinary tract, occurring in 18% of cases.
2. Urethral stricture in 18%.
3. Stenosed external meatus in 3%.
4. Perineal fistula in 3%.
5. A further 6% have had stones removed from the bladder at some earlier date.

The stones may consist of calcium phosphate, either crystalline (which are comparatively rare) or amorphous (much commoner), and ammonio-magnesium phosphate (triple phosphate) or a mixture of these salts. The bulk of the urinary phosphates is due to the breakdown of the organic phosphates. In normal urine there is a small quantity of ammonium magnesium phosphate formed by the union of urinary ammonia with the phosphates, but it never occurs in sufficient quantity to form calculi. The triple phosphate of stones is formed as a result of the decomposition of urea by a urea splitting microbe, for example, a proteus bacillus and some staphylococci. In addition, however, there are many strains of staphylococci which do not decompose urea and are met with in an acid urine, yet appear to have the power of forming phosphate calculi.

The overwhelming majority of recurrent calculi requiring operation are phosphatic stones originating in infected urine and are caused entirely by this infection.

The necessary conditions for the formation of an autochthonous stone existed in the described case; a site at which the urine can stagnate, namely, the presence of a diverticulum in the prostatic urethra; and the infection, which is commonly present in urinary incontinence. An alkaline infection, as in this case, is very dangerous, since stones are very rapidly coated with phosphates and show a great tendency to recur. It follows from this that the way of preventing the recurrence of stones is by removing the infection. In the days prior to the antibiotics and sulphonamides, attempts to overcome urinary infections were made by administering alkalies to turn an acid urine alkaline and conversely, and in this case, large doses of ammonium chloride were given with courses of chloramphenicol and streptomycin, yet the urine persisted alkaline due to the presence of the urea splitter proteus. This organism was resistant in laboratory doses to every antibiotic, but, however, from past experience it was known that a three-week course of heavy doses of penicillin would kill this organism, since it was not a penicillinase producer. The efficacy of this treatment has already been described.

ACKNOWLEDGEMENTS

I should like to express my gratitude to Mr. J. P. Hosford, for permission to publish this case, and for his helpful criticism.

REFERENCES

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Winsbury-White, H.P. *B.J. of Urology*. Vol. 18, p. 13-20, March, 1946.

SO TO SPEAK

Chauvinism

From a dresser's note:

The patient was X-rayed at the Middlesex Hospital — but recovered.

Spice of Life

In a note to the Dental Department:

Please treat this patient for ginger vitis.

JOURNEY TO MALTA

by A. C. Watson

Many Undergraduates have at some time during their University Course tried their hand, or thumb, at hitch-hiking. Within the last year this controversial topic even pervaded the correspondence columns of *The Times* and has, on numerous occasions, been discussed over the air. With five years hitching and many thousands of miles to my credit covered both at home and abroad, I feel I am beginning to understand what might be called the 'Moral Code' of hitching. This Code, when followed, not only enables one to travel great distances, but brings one into contact with people from every sphere of life, and for my part has given me a multitude of friends in many countries. Only last term I received a telegram from a Frenchman who had given me a lift of some 200 km. last year—'Would I meet him at Waterloo Air Terminal?' This I did, and I'm pleased to say I was able to repay him for his kindness.

Last summer I successfully hitch-hiked to Malta, and back, the total cost of eight weeks' holiday and over 5,000 miles travelling being about £32. A journey such as this, however, cannot be valued in hard cash, but only in experience gained and friends made.

I started in early June from Kingsbridge in Devon with a light heart and a heavy rucksack. Malta, I reflected at the top of the first hill, was a very long way away—especially as my first lift took me only fourteen miles nearer. I had previously arranged to travel with a friend from London to Bordeaux in a van. Unfortunately, he had passed out while driving at a good speed just outside Oxford and, in completing a forward roll or neck spring, van and driver parted company, the van to a nearby garage for extensive repairs, the driver to the Radcliffe, where he was detained with a fractured talus and burns. I had then to press on by myself—via Newhaven, where my ticket for the car ferry across was already booked.

Here, various officials were extremely kind and the following morning I was introduced to 'Harry', who would be delighted to have company, especially as he had never been abroad before and couldn't speak a word of the lingo. With Harry I travelled a thousand miles—Newhaven to Estoril, near Lisbon, my longest land lift to date.

The drive proved quite spectacular at times and will be remembered for many years. At Biarritz we were summoned for a parking offence. Spanish visas usually take 24 hours to obtain, and the police had come along and marked the car while I was busy persuading a Spanish Customs Official in French that my Grandmother was dying in Lisbon, whether he believed me or not, I don't know, but he did give me a visa immediately. The parking offence summons we saw in tiny pieces in the Gendarmerie waste paper basket after a few moments' idle chatter on everything from the weather to the make of car. We left with handshakes all round and were soon speeding to see this 'grandmother'! In central Spain we bought more petrol and oil than we had ready cash for and subsequently had to barter in oranges and cigarettes, the relevant figures having previously been drawn in the sand by the road. Peace was maintained, however, and having shaken hands with the mechanic we left him choking over a 'Player.'

Within minutes we nearly ran down a horse and mount, passed a horse and cart on the inside, and were the first to arrive at the scene of a fatal accident. We crossed into Portugal at 11.55 one night and soon afterwards landed in a ploughed field, the car not going in quite the same direction as an unfenced bend. Here we spent an uncomfortable night, but were able to drive back onto the road the following morning and then on to Lisbon and Estoril. We did not part company at Estoril, an invitation being extended for me to stay with his Portuguese in-laws for several days.

Too soon I decided to move on towards Gibraltar, leaving Lisbon and passing towards Seville along dusty roads with cork trees and orange groves on either side. I spent two days in Seville sightseeing and learning to barter. Shortly after my arrival I was approached by a ragged looking individual holding a frying pan! Within seconds he had a sparkling diamond set in a gold ring held under my nose: "Giving it away," he said, and to prove his diamond was genuine, scratched a nearby window with it. Shortly the frying pan was passing to and fro, his price being chalked on the inside, followed by mine, which was half his minus one. He must have sensed I was an impecunious medic, for abruptly he made off. Perhaps as well, for round the next corner I was offered an identical ring for half the previous starting price! Seville Cathedral is a masterpiece, one unusual feature being the tower so large as to enable a ramp to be built inside which leads almost to the top. From the vantage point, Seville is seen spreading out on all sides, the area to the North being dominated by the inevitable bull ring. As bandits still operate in Southern Spain, I took a train to Cadiz and after a brief stay there (looking for singed beards?), I made my way to Algeciras where I met Peter de Polnay, the English novelist—and the Spanish police!

Disappearing into a café for refreshment, we asked a nearby bus porter to put our luggage, Polnay's cases and my commando-type rucksack, onto the La Linea bus when it arrived, and further to inform us of its arrival. Naturally we were somewhat annoyed when on emerging from the café we discovered our luggage was half way to La Linea, the porter had simply not told us the bus had come! There followed a scene, mainly abusive in nature, which resulted in the two of us being arrested and escorted through the town to the Police Station. This amusing procession was watched by half the population of Algeciras, the tiny policeman

trotting between 'the two prisoners,' while the porter, who was now really steamed up, walked before us, demanding that we should be well nigh hung for calling him, I must admit, some rather uncomplimentary names. We were duly charged and tried, and for a moment I had visions of a fortnight's stone breaking, but common sense prevailed and eventually we were released. Before we reached the Court, the policeman had tried hard to make us bribe the porter not to have us charged, but without success. Having ascertained that our luggage was safe, we boarded the ferry for La Linea and shortly afterwards I was to catch sight of The Rock, beautifully silhouetted against a clean evening sky. Before crossing into Gibraltar, however, I spent several days exploring the surrounding countryside, making a short expedition to Malaga in search of a boat to take me to Italy or Malta, fished with some poverty-stricken Spanish fishermen, and watched a bull fight. My final lift back from Malaga was with four Spanish soldiers in a horse and cart.

Eventually, I boarded a warship which, after a four and a half day voyage, moored in Sleima Creek, next to the Grand Harbour in Malta. Of this trip in a frigate and one made subsequently from Malta to the South of France in a destroyer I can say little for reasons outside my control.

Malta did prove to be an isle of sunshine, the temperature rising above 100° on several occasions. The swimming was excellent, especially off the coast where, equipped with goggles one can study the full beauty of the submarine territory. The history of Malta goes back many centuries and this small island, no larger than 15 miles by 9, proves a happy hunting ground for the archeologist and historian. The two main hospitals, King George V and St. Luke's, both command magnificent views. The former is mainly for British residents, the emphasis being on maternity cases, while the larger hospital of St. Luke's is the Maltese teaching hospital.

I found the Maltese very friendly, and every night I was there made a point of meeting as many as I could and sounding them on the current proposal for integration with the United Kingdom. Even then it was evident that the Medical section was worried about the possibility of a National Health Service within the island!

My next lift, which I have already mentioned, took me to Théoule, a small coastal resort within 5 miles of Cannes. Here I disembarked and within 5 minutes had been picked up by a French doctor going to Cannes. We spent the remainder of the day together until at last it was time for me to think of striking towards Paris. As usual in the South of France, there were many 'Auto Stoppers' waiting by the side of the road. I soon ascertained that lifts were sparse—some hikers having been there for 36 hours. In many cases it was evident why they had been there so long! Following my usual routine, I walked on—it being a principle never to remain stationary while hitching; and further, never ask a stationary driver for a lift—it's only sporting to give a driver a fair chance to refuse. Soon I had passed everyone and was 'on the open road.' Shortly afterwards I walked past a stationary vehicle only to be called back and offered a lift to Aix en Provence.

Here I slept under a hedge in my waterproof sleeping bag and was soon on my way again next morning. Within 36 hours I was with friends in Fontainebleau, having had just three lifts from Cannes, a wonderful meal given me en route and a pair of sore feet! After several days in this 'international' town, on to Northern France to some more friends. Here my luck again held—a Fiat 600 virtually from door to door. By taking the road via Melun I assured myself the chance of the Belgian cars returning to Brussels. Better still, the very first Belgian car took me right to Recquignies—a tiny village between Maubeuge and Charleroi to within 100 yards of my friend's hosue. Three more days here, then on to Valenciennes, where I called to see a driver who had given me an excellent lift the previous year.

While I was sipping champagne and talking to his wife, he slipped out and on his return he gave me my rail ticket to Calais! I would like to emphasize here that finance had not entered the conversation! He told me subsequently that he had been taken from the Dunkirk beaches by the British and very warmly accepted into an English family. Furthermore, I had taken the trouble to write to him and thank him for his lift the previous year,—so much for the ticket.

After eight weeks I returned to England, having met and mixed with people from every walk of life.

SAINT BARTHOLOMEW AND HIS ASSOCIATIONS

PART IV: ST. BARTHOLOMEW'S HOSPITAL

by J. B. DAWSON

ANCIENT GREECE

THE GREATEST association of all from our point of view, is that of the 'Royal and Ancient Hospital of Saint Bartholomew,' and this indeed makes a fine tale. With a certain amount of imagination I like to begin the story in ancient Greece. It all began with Asklepios, the Greek god of medicine, who is depicted as a 'grand old man' with his staff of wisdom. This god was the talented issue of the god Apollo and the nymph Coronis, and two stories are told of his birth. The first states that he was taken from his mother's womb as she was being carried to her funeral pyre, and the second relates his abandonment by his mother and subsequent rescue and nurture by a goat. He survived this stormy origin and married twice. By his first wife he begat a daughter named Hygeia, who became the goddess of health, his second wife being Lampetia, who was daughter of the sun god. Having such an intimate connection with Caesarean section (under another name, of course) and as an example of early artificial feeding, it is not surprising that Asklepios was bent for medicine. His tutor, the Centaur Chiron, was so successful in the instruction of his pupil that the successes of this prodigy caused Pluto to complain to Zeus that the prolongation of life on earth, due to the ministrations of Asklepios, was keeping down the population of Hades. Zeus, in order to restore the balance, was prevailed upon to kill Asklepios with a thunderbolt.

Homer mentions him as a superlative physician who, with his sons, Machaon and Podalcrius, was present at Troy (*The Iliad*), and there is no doubt at all that the worship of the cult of health which was perpetuated in his name was widespread throughout Greece.

The cures were wrought in sanatoria known as Aesclepieia, erected to the god by attendant practising physicians in the name of Hygieia and Telesphorus, the boy genius of healing. The teaching was oral, and the central medical school was situated at Epidaurus, at which Hippocrates practised about the year 460 B.C. The therapeutic programme was to induce sleep in the sick, and while the patient rested, the god would pay a visitation and so cure the mere mortal. This appeared to be a most excellent form of therapy, and one which is foreign in our modern hospital of St. Bartholomew's, as any man or woman who has been 'warded' will bear out; up at 5 a.m.—rolled—bathed—tidied—fed—attacked by consultant, registrar, houseman, student in strict succession, and finally, after further tidying and feeding the relatives are granted their turn. Once all these people have gone, battle is rejoined with an 'out of bed,' a further bath, roll and tidy, and a final escape into therapeutic bliss at 9 p.m. An excellent foundation for a plea for the return of 'the good old days.'

This cult of health generally spread westwards in company with the rest of Greek medicine, finally reaching Italy. Here, in 293 B.C., a pestilence which appears to have been an attack of the plague, broke out in Rome. The Sibylline books were consulted and the advice given therein was to send to Epidaurus for the god Asklepios, who in Latin parlance became Aesculapius. An ambassador was sent and the god was brought to Italy in the form of a serpent to aid the populace in their desperate hour. When the ship had entered the Tiber and was passing the island at Rome, the serpent escaped and made a home for itself on the island and terminated the plague. This is all recounted by Livy and Ovid in his Metamorphoses and they state that in gratitude the citizens of Rome built a temple to the god and converted the end of the 'Isola' into a representation of the bow of a ship, upon which they put a sculpted facsimile of the serpent entwining the mast, an insignia which is now familiar to all in medicine as the Caduces. St. Augustus, in his *De Civitate Dei* scorns this story as a further example of paltry fable. However, this temple, with its

original great columns, later became the basilica dedicated to Bartholomew about 1,000 A.D., but over the next century it decayed, causing a further restoration in 1112

*The Vision of Rahere. **A panel in St. Bartholomew The Great.***

A.D.; it then became a world centre of pilgrimage.

Rahere's Vision

Now the scene switches to the London of this period and centres on Rahere (Rayer, Raherus), the Frankish name of our illustrious founder. It appears that he was a man of humble birth, but who was possessed of such quick wit and pleasantry that in spite of his origin he was 'jester' at court. This term 'jester' appears to be a misnomer in the modern sense of the word, and should be interpreted as a clever companion, who if it had not been for the unfortunate circumstances of his lowly birth, would be better termed 'favourite.' The court at that time was

renowned throughout Europe for its wit, brilliance, gaiety and learning, and continued so until 1118, when the 'White Ship' carrying the King's son Aethling sank in the channel with all souls lost, many of whom were prominent attendant members of the court. This tragedy transformed Henry the king into a sombre grief-stricken shadow of his former self, and the effect was reflected in the court, and even Rahere followed suit. In 1120 he became a canon in the Augustinian Order and requested permission to go on pilgrimage to Rome to atone for his former way of living. This was granted, and there is very little doubt that he visited the Old Jewish quarter of Rome which was the site of St. Paul's and St. Peter's martyrdom under Nero, and which quarter incidentally was the centre of the malarial section of Rome, and also close to the Basilica of St. Bartholomew. We would like to believe that he was nursed back to health once more by the monks of the Isola Tiberina, thus linking our already fabulous past with that of the Ancient codes of Hippocrates and Greek therapies. In addition Rahere was purported to have had a vision while in or travelling back from Rome in this wise:—

'. . . . And while he tarried there in that meanwhile he began to be vexed with grievous sickness and his dolours, little by little, taking their increase, he drew to the extremity of life, the which dreading within himself that he had not atoned for his sins to God, and therefore he supposed that God took vengeance of him for his sins amongst outlandish people and deemed the last hour of his death drew him night. This remembering inwardly he shed out as water his heart in the sight of God and all brake out in tears, then he avowed his health God him would grant, that he might return to his country, he would make a hospital in recreation of poor men, and to them so there gathered minister necessaries after his power. And not long after the benign and merciful lord that beheld the tears of Hezekiah the king, the importuned prayer of the woman of Canaan, rewarded with the benefit of his pity, thus likewise mercifully he beheld this weeping man and gave him his health, approved his vow, so of his sickness recovered he was, in short time wholly made, began homeward to come, his vow to fulfill that he had made.

En route Rahere has the vision after thuswise:—

'In a certain night he saw a vision full of dread and sweetness, when after the labours and sweating that he had by days his body with rest he would refresh. It seemed him to be born up on high of a certain beast having eight feet and two wings and set him in a high place, and when he from so great a height would inflect and bow down his eye to the lower party downward, he beheld a horrible pit whose horrible beholding impressed in him the beholder great dread and horror, for the deepness of the same pit was deeper than any man might attain to see. Therefore, he, secret knower of his defaults, deemed himself to slide into that cruel downcast, and therefore as him seemed inwardly he shuddered, and for dread crying appeared a certain man pretending in mien the majesty of a king of great beauty, and imperial authority, and his eye on him fastened, he said good words, words of consolation bringing good tidings as he should say in this in this wise "O man," he said, "What and how much service should you give to him that in so great a peril hath brought help to thee." Anon he answered to this saying, "Whatsoever might be of heart and of powers, diligently should I give in recompense to my deliverer." And then said he, "I am Bartholomew the Apostle of Jesus Christ that came to succour thee in thine anguish and to open to thee the secret mysteries of heaven, know me truly by the will and commandment of the Holy Trinity and the common favour of the celestial court and council to have chosen a place in the suburbs of London at Smithfield where in my name thou shalt found a church, and it shall be the house of God. There shall be the tabernacle of the lamb, the temple of the Holy Ghost. This spiritual house Almighty god shall inhabit and hallow it, and glorify it and his eyes shall be open and his ears intending on this house night and day that the asker in it shall receive, the seeker shall find and the ringer or knocker shall enter. Truly every soul converted penitent of his sin and in thy place praying, in heaven graciously shall be heard. The seeker with perfect heart for whatsoever tribulation without doubt he shall find help to them that with faithful desire knock at the door of the spowse assistant angels shall open the gates of heaven receiving and offering to God the prayers and vows of faithful people. Wherefore in hands be there comforted in God, having in him trust do thou neither of the cost of this building doubt thee nought. Only give thy diligence and my part shall be to provide necessaries, direct, build and end this work, and this place to me accept with evident tokens and signs protect and defend continually it. Under the shadow of my wings, and therefore of this work know me master, and thy self only the minister; Use diligently thy service and I shall show my lordship." In these words the Vision disappeared.'

This would appear to have been to Rahere as the Damascus road was to Saul, because on return he worked unceasingly to carry out his vow. He importuned the Archbishop and other members of the nobility to persuade the king to grant him land in Smithfield (Smoothfield, Smoedfield, Smethefielde), upon which he could build the 'farmery' (infirmary) to Saint Bartholomew, in gratitude for his successful return to health and England, and in accordance with his vow charter soldiers. At the same time that he built this 'hospital of the Holy Cross' he built the Priory of St. Bartholomew and became the first Prior of this foundation in the month of March, 1123, a position which he held until 1143.

STUDENTS UNION

COUNCIL MEETINGS

I

A meeting of the Students' Union Council was held July 25th. Business discussed included the following items:

1. Provision of lavatories in the gymnasium has still to be raised in the Executive Committee.

2. Provision of a radio for the Midwifery Clerks' sitting room was being considered.

3. **Sub-committee report on the Constitution.** The cost of printing a new booklet was not justified as the greater part of the Constitution had not changed, and all the changes in the Constitution could be found in the Students' Union Minutes Book. The sub-committee proposed that all the new amendments be extracted and duplicated, and a copy of these, together with the old booklet be available in the Library and in Mr. Morris' office. The sub-committee felt that no alterations need be made to the Constitution.

4. The position regarding clubs which suddenly folded up was reviewed. It was felt that the Students' Union should be familiar with the secretaries of the various clubs so that a check could be kept on the activity of clubs. Equipment of disbanded clubs should be disposed of by the Union or else should be under the care of the Union.

A resolution was passed:
'Retiring officers of clubs should inform the secretary of the Students' Union of their successors so that he may maintain an up to date record of officers.'

5. The boat club was given permission to have their white blazers trimmed with two black bands divided by a white band ¼" across the whole width being one inch. The hospital crest may be worn on the blazer pocket by all members, but only people with colours would be allowed a crest on the cap.

6. Honours Colours were awarded to the following members of the Sailing Club:
Mr. H. V. Blake.
Mr. M. E. B. Hayes.

7. It was proposed that a television should be bought for the Abernethian Room. This would prove very popular at the time of the main sports events such as Wimbledon tennis and Test matches, and would also give pleasure to those people who had to stay on at the hospital in the evening.

Arguments against this idea were: expense of buying a set was not justified; the peace of the Abernethian Room would be disturbed and viewing might necessitate the blacking out of the room.

It was suggested that to overcome the expense of buying a set, a set might be installed on an advertising basis.

On taking a vote the proposal to buy a set was defeated by 8 votes to 4.

The subject will be discussed at the Annual General Meeting of the Students' Union.

8. The possibility of having the Abernethian Room cleaned and repainted is being looked into. Once this had been done an application for curtains for the room would be made.

9. A letter of appreciation was sent to Mr. Garwood for maintaining the Abernethian Room in a decent state, and for the well banked fire during the winter months.

II

A meeting of the Students' Union Council was held August 22nd. The following items were discussed:

1. The Council was informed that it was geographically impossible to provide cloakroom accommodation attached to the existing gymnasium. The Dean and Warden considered that the facilities in the basement of College Hall should be available at Student Union functions.

Provisos were:

(a) no entry to College Hall would be allowed through the Domestic staff quarters;

(b) noise and disturbance to be kept to a minimum.

The right to use these facilities would be withdrawn if their use proved a nuisance to the residents.

2. Mr. Carus Wilson had been approached regarding the provision of new furniture for the Midwifery Clerks' sitting room. The Rahere association will be approached concerning a grant to enable a radio to be bought for the room.

3. A proposal to redecorate the Abernethian Room will come before the Executive Committee in the near future.

4. The cost of hiring a television set for the Abernethian Room will be gone into.

5. The Students' Union Annual Ball will be held at the Park Lane Hotel on Friday, May 17th, 1957.

6. Arrangements for the provision of guides to show a party of Glasgow medical students around the Hospital will be made nearer the date of the visit.

7. Permission was given to the Christian Union to use the Recreation Room in College Hall on October 2nd at 4 p.m.

R. G. W.

BART'S POSTAL SERVICE

The Post Ladies outside their sorting room

THE insignificant looking office opposite the porter's lodge at the Giltspur Gate is the centre of great activity. The responsibilities of the G.P.O. as far as the hospital is concerned end here, and the terminal stages in the delivery of mail to all parts of Bart's are in the care of the two ladies who operate from these headquarters.

Inside, one wall is taken up by a rack of pigeon holes, one for every ward, department, and office in Bart's, while the opposite wall bears a list of the staff in every department. Magazine cuttings add to the decorations of the room, and one corner is occupied by the apparatus necessary for brewing tea.

The two ladies who look after the mail are Mrs. Alice Austin and Mrs. Margaret Smith. Mrs. Austin, who comes from Finsbury, has been engaged on this work for six years, and Mrs. Smith, who lives near Gamages, only moved to the Postal Department last year, but is an old friend of the hospital, having previously spent eight years working in the Nurses' Home and four years as a ward orderly. As anyone requesting a favour of them will find, they succeed in combining efficiency with a cheerful and cooperative attitude.

The input to the office consists of three deliveries of letters and two of parcels per day from the post office, together with letters collected from the wards and departments for posting outside, and most of the internal correspondence between the different departments within Bart's. This wealth of material is then sorted out according to its destination. This is not facilitated by letters for patients simply bearing the address 'St. Bartholomew's Hospital,' which necessitate consulting the Clerks' Office for further

information, nor by correspondence for such outlying annexes as the College at Charterhouse Square, delivered to the Hospital by mistake.

Having arranged this miscellaneous collection in order, the post-ladies make a delivery round; this is done at least three times a day, and extends to fifty-four departments in all, from the Dunn Laboratories above, to the engineers in the basement, and includes all the patients, staff, students, and some of the nurses' post. On the way round they collect letters posted in the wards and departments, and are in fact kept busy from before 8 a.m. until 5.30 p.m. They find that in general women patients receive more mail than the men, and the children the least. Naturally, they come to be on friendly terms with some patients of long residence.

Thus there is an intricate postal system within Bart's, which provides an explanation for at least one of the many and assorted uniforms whose owners contribute to the hustle and bustle of this Royal and Ancient establishment.

M.I.D.C.

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

SPORTS NEWS

VIEWPOINT

The *Journal* was first published in 1893, and interesting or outstanding events at Bart's since that date have been set down in print for posterity. But events prior to 1893 tend to be lost in obscurity, and for this reason it is well worth recording the following feat achieved in 1887 for the interest of Bart's sportsmen in general, and the use of any future historian of the Cricket Club. The History of St. John's School, Leatherhead, tells of a cricket match between that School and Bart's in 1887, when one of their pupils, T. N. Perkins, scored 287 runs against the Hospital. This still stands as the School record. The Hospital Reports of that year make no mention of this feat, so perhaps it was decided that it was best forgotten. However, it makes one wonder what the standard of Bart's cricket was like in those days.

One suggestion arising from this event is that the Fixture Secretaries of the various Clubs might consider matches with some of the well-known Public Schools, and so acquaint themselves with good sportsmen who intend to make Medicine their career. Surely this would bring nothing but good to the Hospital, and if a precedent were needed, it was created many years ago.

Perhaps it is relevant to mention that the present holders of the United Hospitals' Rugby Cup run a team exclusively for the purpose of playing Public Schools.

GOLF

v. St. George's Hospital at South Herts. Wednesday, July 11. Won 5 matches to 1.

C. G. Stephenson—won 6 and 5.
J. Dobson—lost 6 and 4.
C. Carr—won at 18th.
D. Rhys-Phillips—won 2 and 1.
J. T. Silverstone—won 4 and 2.
J. Sugden—won 6 and 5.

v. King's College Hospital, at South Herts. Wednesday, July 18th. Won 4 matches to 2.

A. Galbraith—won 3 and 2.
C. G. Stephenson—won 1 up.
J. Dobson—lost 2 and 1.
C. Carr—won 2 up.
D. Rhys-Phillips—lost 3 and 1.
J. Sugden—won 4 and 3.

v. Middlesex Hospital, at Hendon. Wednesday, July, 25th. Drawn 3 matches each.

R. Deering—lost 6 and 4.
A. Galbraith—lost 2 and 1.
C. G. Stephenson—won 4 and 3.
J. Sugden—won 2 up.
C. Carr—lost 3 and 2.
D. Rhys-Phillips—won 2 up.

v. The London Hospital, at Marylands. Wednesday, August 15th. Won 4½/½.

R. B. Deering—won 2 and 1.
C. G. Stephenson—halved.
J. Dobson—won 2 up.
J. Sugden—won 3 and 1.
D. Rhys-Phillips—won 5 and 4.

v. St. Thomas's, at South Herts. Wednesday, August 22nd. Lost 3 matches to 2.

C. G. Stephenson—lost 3 and 2.
J. Sugden—won 3 and 2.
C. Carr—lost 5 and 3.
Dr. J. P. D. Thomas—lost 6 and 5.
D. Rhys-Phillips—won 4 and 3.

Congratulations to the Members of the Golf Club on this recent run of success, and in particular to Stephenson, who holed his tee shot at the 11th (170 yds.) in the match against the London Hospital.

RUGGER

With the opening of the 1956-57 season members can be seen running from College Hall to the Hospital in an attempt to ease the summer stiffness.

If the fixture list, standard of play and results continue to improve, the record of 13 wins in one season should be broken. For this to be achieved the first few matches must be won, and therefore training has been intensified.

Contrary to an *Evening Standard* report, John Tallack, Micky Davies, David Roche and 'Bim' Norbury are all training and hope to play for most of the season. There are 15 old colours in the Hospital plus many promising players in the junior sides.

The Club is looking forward to an enjoyable and successful season and hopes to receive active support from the members of the Hospital.

ROWING

The Boat Club has a full programme for the coming season including the Bart's-Thomas's Regatta and the United Hospitals Regatta in November, the Head of the River Race in March, and Reading, Marlowe and Henley Regattas in the summer. For good results in these events it is necessary to have the best possible crews. Therefore all Freshmen and other members of the Hospital who have rowed, or are interested in learning, should contact J. R. Strong (*Capt.*) or C. C. H. Dale (*Sec.*).

BOOK REVIEWS

THE CLINICAL APPROACH IN MEDICAL PRACTICE *by* C. E. Beaumont. Churchill. pp 462. £2 5s.

It may be argued whether it be right and proper that this book on the clinical approach should serve as a bedside book for the medical student. He may feel that such a time and place should be reserved for 'Fanny by Gaslight' or Pascals 'Pensées.' But whatever his taste, if he has access to a library or has not yet felt the meaning of inflation, he will find Dr. Beaumont's book eminently readable.

To learn Medicine around the bedside of a 'good case' under the guidance of a good teacher always proves a fascinating occupation, and the cases here presented in the form of question and answer have been chosen well. Thus is presented knowledge in form different from the standard text-books and interspersed with a background of medical history. Dr. Beaumont ensures that the student is always receiving a spur to make him examine patients both completely and carefully, while Bart's men should endeavour to follow the example of their compatriot who, on page 288, remembered to test the urine.

A further section of the book is devoted to accounts of the treatment of tuberculosis and of congestive heart failure. No fear need be entertained by humanitarians that here are merely recorded further 'good cases,' for care has been taken to describe what the patient felt about his disease and how it affected his life. This is an aspect which needs emphasis for it can receive too scant thought amid the welter of facts and investigations of modern medicine.

And for lovers of the 'Readers Digest' there are six pages of 'Idle Thoughts.'

A. Dormer.

HANDBOOK OF CHEST SURGERY FOR NURSES *by* J. Leigh Collis, M.D., B.Sc., F.R.C.S. and L. E. Mabbit, S.R.N. Baillière, Tindall & Cox Ltd. 15s.

The fourth edition of this book on thoracic surgery for nurses notices the changing scope of chest surgery by enlarging the section on surgery of the heart. Changes in operations and anaesthetics are so rapid in this field that the authors are cautious about committing themselves to details.

They should consider in the next edition if the section on 'donkeys' on page 39 is not out of date, and whether the account of oxygen administration on page 39 could not be improved. Oxygen need not be 'bubbled through water' if a mask is being used; and the mask illustrated is an old type. 4

Baillière, Tindall and Cox

The Students' Aids Series

AIDS TO EMBRYOLOGY

by J. S. Baxter, M.A., M.Sc., M.D., F.R.C.S.I., Professor of Anatomy, University College, Cardiff.
"A masterly condensation of a subject that the average student finds far from easy. . . information only otherwise obtainable in the much longer, more detailed books, which most students never find time to cover". Mddx. Hosp. Jnl. *5th edition.* Pp. 204 with 61 illustrations. Price 8s. 6d., postage 8d. extra.

AIDS TO MEDICINE

by J. H. Bruce, M.D., M.R.C.P., Physician to Banbridge District, and Armagh City Hospitals.
Presents the essentials of general medicine in concise and readable form, and is of the greatest help to the student, both in the early stages when he has most difficulty in sifting the essential from the unessential, and again when he has completed his study and wishes to reassemble his knowledge in an orderly manner. *6th edition.* 394 Pp. Price 10s. 8d., postage 8d. extra.

AIDS TO OBSTETRICS

by Leslie Williams, M.D., M.S. Lond., M. Chir. Cantab., F.R.C.S. Eng., F.R.C.O.G., Consulting Obstetric Surgeon to Queen Charlotte's Hospital and to the Jewish Maternity Hospital.
An admirably concise 'refresher' covering the essential facts of a pregnancy, labour and it's complications and operative obstetrics, with a chapter on psychiatric aspects. *3rd edition.* Pp. 278, with 12 illus. Price 12s. 6d. postage 8d.

A Standard Textbook

MacKENNA'S DISEASES OF THE SKIN

Revised by R. M. B. MacKenna, M.A., M.D., B.Chir., Cantab., F.R.C.P. Lond., Physician-in-charge., Dermatological Dept., St. Bartholomew's Hospital, London.
"Admirably written, illustrated and produced. . . can be warmly recommended as giving the student and practioner a very extensive, authoritative and yet withal philosophical account of the subject."
—*Brit. J. Derm.*
5th edition. Pp. 624 with 215 illustrations and 27 colour plates. Price 42s., postage 2s. extra.

7 & 8, HENRIETTA STREET, LONDON W.C.2

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 battening 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 w keep always on the menu, is known to biochemist by the insufferable name of . . .

If only we had space for the rest of this instructive medical essay, 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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litres per minute is not a rate that all surgeons would find sufficient; disposable masks are not mentioned; fire risk with tents should certainly be included. Figs. 33 and 34 are duplicated later as 90 and 91.

A Lillingston & Pearson pneumothorax box must long ago have ceased to be standard equipment in most thoracic units, and is the only apparatus mentioned here.

This is the standard textbook on thoracic nursing, and a more thorough revision would have increased its field of usefulness.

W. E. HECTOR.

HUTCHINSON'S CLINICAL METHODS, 13th ed., *by* Donald Hunter and R. R. Bamford Cassell 18s. 6d.

Sir Robert Hutchinson, who began his association with this book in 1897, has retired from active participation, but is honoured by the addition of his name to the title.

An unusual, but welcome departure, from the current practice of books growing larger and larger is the decrease of twenty pages from the previous edition. Although medical knowledge is rapidly increasing, that which is necessary to the undergraduate can often be described more succinctly.

The chapter on the cardio-vascular system has undergone extensive changes with the inclusion of many new examples of electro-cardiogams, and brief sections on cardiac catheterization and angio-cardiography.

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. LX **NOVEMBER 1956** **No. 11**

EDITORIAL

In 1953 there were 200,000 occupied beds in our overcrowded mental hospitals and mental deficiency institutions, as against 212,000 occupied beds in hospitals for all other diseases put together.

—The Lancet.

THE FILM 'Snake Pit' brought to public notice some of the more appalling examples of the inadequate accommodation and treatment which exist in mental hospitals. Improvements have been made, as reference to Miss Marion Greaves' article on 'Retrospect and Prospect in Psychiatry' will show. But these improvements have been brought about in the face of public apathy due partly to the disregard in which psychiatry has been held by certain members of the medical profession.

It may be true to say that many mentally ill patients resist every known form of treatment, and that nearly every form of treatment which is practised is purely empirical. However, the position is not hopeless, and the newly qualified doctor should not shun a branch of the profession just because it has had criticism levelled at it. Rather these criticisms should spur him on to make contributions which might refute the critics.

One of the greatest needs at present is an adequate number of physicians trained in the treatment of the mentally ill. The reasons for the relative scarcity of psychiatrists are many. One of the more important has been pointed out by Professor Woodger (whose most recent book is reviewed on another page). He considers that psychology has been brought into scientific disrepute because it has been judged solely by those trained in the physical sciences. Partial solution would be the teaching of normal psychology to medical students, a step which has been advised by various committees but which has never been taken in most hospitals. This might help to increase the numbers of those undertaking basic research into mental processes and make redundant the closing remarks of J. S. Price's article, in which he says that the Conditioned Reflex is a typical psychological phenomenon in that it is hailed, denied, feared and ignored, depending on the views of the commentator.

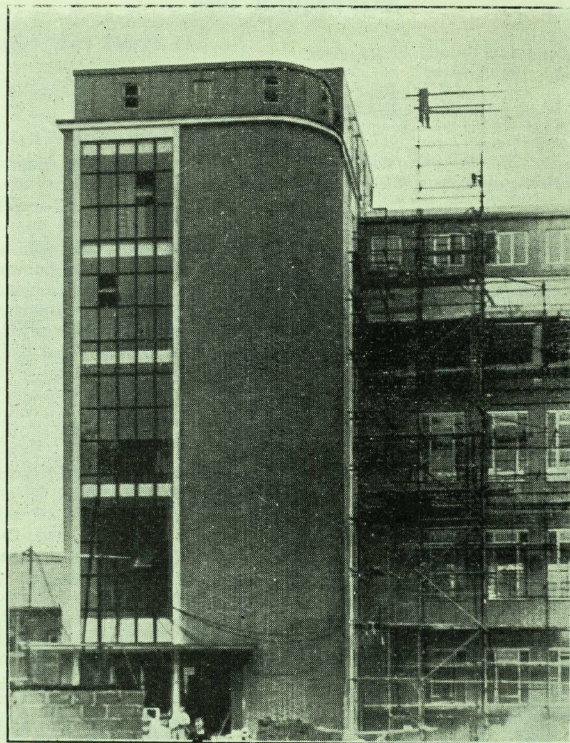
Closer liaison between those working in the basic sciences and clinical psychiatrists would give the research worker greater insight into the working of the brain by impressing upon him the derangements of normal functions which can take place. That such liaison does bear fruit is illustrated by the results of the Bart's research group which have been summarized by Dr. Rose.

Education of the public in the true causes of 'madness' would help in two ways. Firstly they would not feel so embarrassed when a member of their family, or even themselves, became a voluntary patient in a mental hospital. Secondly they would appreciate, after learning about the possible somatic manifestation of psychological disturbance, that so-called miracle cures were often brought about by successful psychotherapy. The account of Greatraks by Drs. Macalpine and Hunter show how such misconceptions may arise.

Mental Health is a topic which has recently figured prominently in the national Press. While the needs are ignored, conditions will deteriorate as the number of patients increases. It is not overstating the case to suggest that one out of every four specialists is required to treat these patients.

New Physiology Building

The new building at Charterhouse should be completed at the end of November, when Contract 'D', the final contract, is due to terminate. We understand that there is to be no unveiling ceremony, but that the new inhabitants will slip unostentatiously into their quarters and begin to work as soon as the last brick is in place. The next projected structure is to be on the site of the old physiology building, but plans are still being subjected to the usual financial 'if's and but's'.



The Entrance to the New Physiology Building.

Amateur Dramatic Society

'Drama at Bart's,' as the *Journal* said in 1953, 'is like a cactus which blossoms but once a year, occasionally gorgeously, and sheds its flowers as soon as they appear' No change has taken place in the policy of the Dramatic Society since it grew out of the 'New Years Entertainment for the Nurses' which used to be held regularly almost a hundred years ago. These earlier productions were provided by the generosity of the Treasurer and Almoners (*St. B.H.J.*, 1956, *60*, 153) and took place in the Great Hall. Although the bloom of a cactus is pleasant while it lasts, for the greater part of its life the cactus presents a very prickly exterior. The Dramatic Society might change its botanical emblem for something which flowers more frequently, if not quite so luxuriantly. Fortnightly play-readings and occasional productions of one-act plays would keep the Society active, provide amusing employment for some and entertainment for many, and also enable the producer of the yearly full-scale play to have a much better idea of the acting talent available in the hospital.

In the past one of the major difficulties in casting a play was that of finding ladies for the female parts—often these were played by males. More recently the enlightened Medical College policy has afforded the Society with a number of lady students from which to select actresses, and Matron has kindly permitted nurses to take part.

This year the Society is presenting Noël Coward's comedy 'Blithe Spirit.' It should provide a very amusing evening in the whimsical world of the supernatural. Two performances will be held at the Cripplegate Theatre on the evenings of Thursday and Friday, November 15 and 16, with a probable out-of-town first-night at Hill End on Wednesday, November 14. Tickets priced from 2s. 6d. to 7s. 6d. may be obtained from support of all those able to attend will help the Box Office Manager.

Rahere Choir

The choir are giving a concert in conjunction with the Boyd Neel Orchestra in All Souls' Church, Langham Place, on Tuesday, November 20th, at 7.30 p.m. in aid of the Missions to Seamen. The soloists are Alice Bohdjolian soprano, Mary Crapnell soprano, Hilda Bickley contralto, David Price tenor, Owen Grundy bass, Thurston Dart harpsichord, and Robin Sheldon organ; conductor Richard Sinton. The programme includes the Overture for Trumpet and Strings (Purcell), Brandenberg Concerto No. 3 (Bach), Violin Concerto (Vivaldi) and Cantata 150 (Bach).

College Hall

The future policy regarding rooms in College Hall involves a departure from the present system. All first-year clinical students will be encouraged to live in College Hall and very few will be expected to stay for more than this year.

It is considered that every student should have an opportunity of living in what amount to subsidised lodgings. From the College point of view it will be more economical not to have to give free lodging to all first-time clerks and dressers for a

month. Perhaps the greatest benefit of this change is that students newly arrived at the Hospital will have more chance of associating with their colleagues during their first few days here.

Unfortunately, some of those whose names are at present on the waiting list may be disappointed, as preference will be given to first-year clinical students.

Societies

The Abernethian Society continued in its enterprising programme with a Symposium on Arterial Surgery which was held on Tuesday, October 16. The participants were the Director and Assistant Director of St. Mary's Hospital Surgical Professorial Unit, Professor C. G. Rob and Mr. K. Owen, and the Director and Assistant Director of the Surgical Professorial Unit at Bart's, Sir James Paterson Ross and Mr. G. W. Taylor.

The Symposium was opened by Sir James. Mr. Owen then acted as commentator for a film illustrating the technique of arterial grafting using polyvinyl sponge grafts. Mr. Taylor gave an account of the use of orlon grafts in arterial surgery. Professor Rob then spoke on the indications for arterial grafting.

As Sir James said in his introductory remarks, it is one of the useful functions of a society such as the Abernethian Society to acquaint medical students with 'small print' subjects.

The Physiology Society opened its programme for the term with a talk by Dr. J. A. V. Bates of the Institute of Neurology on 'Stimulation of the Motor Cortex'. In discussing his work on human patients, Dr. Bates considered that the movements produced by direct electrical stimulation of the motor cortex could be regarded as derangements of posture, rather than reproductions of functionally significant movements.

British Institute of Radiology

We congratulate Mr. I. G. Williams, F.R.C.S., F.F.R., on his election as President of the British Institute of Radiology for the session 1956-57. The British Institute of Radiology, which incorporates the Röntgen Society, was founded in 1897, and is the oldest radiological society in the world. Amoung its previous Presidents have been two distinguished Bart's men, Dr. N. S. Finzi (1926-27) and the late Professor F. L. Hopwood (1932-33).

NOTICES

General Practice Clinical Assistantships

There will be two vacancies for these appointments beginning on the 1st January and the 1st April, 1957, for a period of one year at a salary of £745 per annum.

Applications should reach the Dean not later than the 24th November, 1956 and the 23rd February, 1957 respectively.

Rugby Club Ball

The Rugby Football Club Annual Ball is being revived this year. It will be held in College Hall on Wednesday, November 21, from 9 p.m. to 2 a.m. Cabaret, buffet and bar will be provided.

Double tickets, priced 17s. 6d., may be obtained from any member of the Club Committee.

Journal Staff

The posts of assistant editor and assistant manager of the *Journal* will fall vacant on December 1. Applications for these posts are invited and should be sent to the Editor not later than November 31.

Timetables

Extra copies of the timetable given with the July issue of the *Journal* can be obtained from the Manager, priced 3d.

ANNOUNCEMENTS

Births

HUNT.—On September 27, at the London Clinic to Tony (*née* Chandler) and Alan Hunt, F.R.C.S., a daughter (Alison Jane).

RICKHAM.—On September 2, at Liverpool Maternity Hospital to Elizabeth and P. P. Rickham, M.S., F.R.C.S., a daughter (Mary Anne).

SPAFFORD.—On September 11, to Jean and Dr. Tony Spafford of Manor Cottage, Whitchurch, nr. Reading, a son.

STURDY.—On September 12, at Marston Green Hospital, Birmingham, to Sheila (*née* Gillibrand) and Dr. David Sturdy, a daughter (Joan Elizabeth).

TAYLOR.—On April 3, at Salisbury, Southern Rhodesia, to Edna (*née* Parish) and Dr. P. A. Taylor, a daughter (Hilary Margaret)

Engagaments

BUNJE—PRYCE-JONES. The engagement is announced between Dr. Henry William Bunje and Dr. Elizabeth Pryce-Jones.

LOW—SCOTT. The engagement is announced between Dr. Francis M. Low and Miss Juliet F. Scott.

Marriage

HARLAND—BURKE. On October 6, at St. Mark's, Surbiton, David Henry Cave Harland of Lewes to Norah Burke of Surbiton.

Deaths

CROSSLEY-HOLLAND.—On August 27, at Overy Staithe, Burnham Market, Norfolk, Dr. F. W. Crossley-Holland, aged 78. Qualified 1929.

FITCH.—On September 2, at Ambleside, Arthur Alfred Fitch, M.R.C.S., L.R.C.P. Qualified 1917.

LANGHORNE.—On September 20, Mr. D. A. Langhorne, surgeon to the Royal West Sussex Hospital, Chichester, aged 51. Qualified 1927.

MACKAY.—On September 8, Ernest Charles Mackay, M.D., of West Dene, St. Leonards-on-Sea. Qualified 1901.

SYRED.—On September 19, 1956, Dr. Deryck R. Syred of Northampton. Aged 41. Qualified 1940.

TREWBY.—On October 2, at St. Bartholomew's Hospital, Joseph Frederick Trewby, M.R.C.S., L.R.C.P. Qualified 1906.

OBITUARIES

George Murray Levick

We regret to announce the death of Surgeon-Commander George Murray Levick, R.N., F.R.G.S., F.Z.S. He qualified at Bart's in 1902. He was a great adventurer, explorer and sportsman, having taken part in Scott's Antarctic expedition in 1910 as Medical Officer and Zoologist. He served in both world wars, founded the Royal Naval Rugby Union, and was the Leader of the Public Schools Exploring Society. His main sporting enthusiasm was for rowing and with another he made a gal-

lant attempt at the Oxford-London record. When he became a Royal Naval Surgeon he offered to teach an eight on his battleship and coached his scratch crew to victory.

Surgeon-Commander Levick had a distinguished career in the field of Physical Medicine. Among his appointments were Electrologist to St. Thomas's Hospital, Consultant for Physical Medicine to the Victoria Hospital for Children, Member of the London University Advisory Committee for Physical Education, Consultant for Physical treatment to the East Sussex County Council, and Medical Director of the Heritage Craft Schools for Crippled Children.

In 1942 he was awarded the Beck Grant by the Royal Geographical Society for his services to Exploration. He has written extensively on the Natural History of the Antarctic, as well as on the subject of Physical Medicine.

He is remembered by those who knew him as 'one of the best Bart's men who ever struggled with the Conjoint Examiners.' A man of wide interests who will be greatly missed.

* * *

Douglas Alfred Langhorne

We regret to announce the death of Douglas Alfred Langhorne, M.B.E., T.D., F.R.C.S.(Edin.). He was born in Hertfordshire on March 4, 1905. After qualifying from Bart's in 1927, he worked with Sir Harold Gillies for a short while.

In 1931 he married Yvonne Jessop, and they had three sons, John, Oliver and Nicholas.

He spent the greater part of his professional life in Chichester, where he was appointed Consultant Surgeon to the Chichester Group of Hospitals in 1948, and a member of the Advisory Committee (as representative of the Regional Consultants and Specialists Committee) of the S.W. Metropolitan Regional Hospital Board.

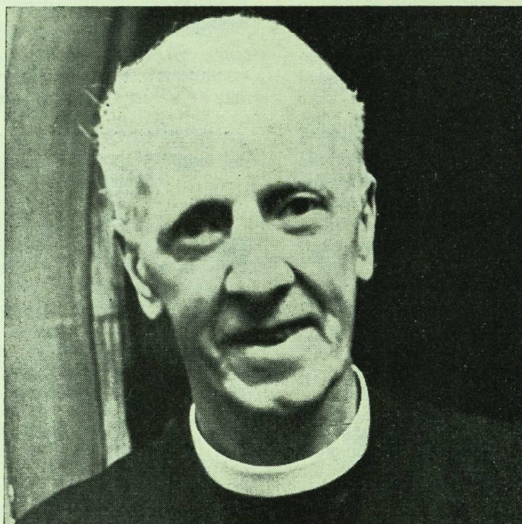
During the war he saw eighteen months' service in Iceland with the R.A.M.C., which was followed by three and a half years on the Burma front, during which his Unit was completely isolated at Imphal for six months. He retired with the rank of Colonel.

He was a man of great charm and his many interests included Natural History, Pre-History, Archaeology, Painting and Sailing.

CALENDAR

Sat.	Nov. 3	Dr. E. R. Cullinan and Mr. J. P. Hosford on duty. Rugger: v. Penzance (A). Hockey: v. Queens' College, Cambridge (A).
Mon.	" 5	Rugger: v. Devonport (A).
Wed.	" 7	Rugger: v. Paignton (A). Soccer: v. The London Hospital (A). Hockey: v. Kingston Grammar School (H).
Sat.	" 10	Medical and Surgical Professorial Units on duty. Rugger: v. Rugby (A). Soccer: v. The 49 Club (H). Hockey: v. Sevenoaks (A).
Mon.	" 12	Physiological Society: 'Application of Nucleophysics to Medicine' by Prof. J. Rotblat, Physiol. Lecture Theatre at 5.30 p.m.
Tues.	" 13	Abernethian Society: Research Papers by members of the Society, Recreation Room, College Hall, at 5.45 p.m.
Wed.	" 14	Soccer: v. Normandy Company R.M.A. (H).
Sat.	" 17	Dr. G. Bourne and Mr. J. B. Hume on duty. Rugger: v. Old Alleynians (H).
Thurs.	" 22	Abernethian Society: 'The Influence of Thirty Years of Natural Child Birth on Obstetrics' by Dr. Grantley Dick Read, M.A., M.D., Recreation Room, College Hall, at 5.45 p.m.
Sat.	" 24	Dr. A. W. Spence and Mr. C. Naunton Morgan on duty. Rugger: v. Treorchy (A). Soccer: v. Westminster Hospital (H). Hockey: v. Old Cranleighans (A).
Mon.	" 26	Physiological Society: 'The Place of Statistics in Medicine' by Dr. M. Weatherall, Physiol. Lecture Theatre, 5.30 p.m.
Wed.	" 28	Soccer: v. St. Thomas's Hospital (H).
Sat.	Dec. 1	Dr. R. Bodley Scott and Mr. R. S. Corbett on duty. Rugger: v. Esher (H). Hockey: v. University College Hospital (H).
Tues.	" 4	Abernethian Society: 'Recent Research at Bart's'—papers by Dr. A. E. Dormer, Dr. P. J. Lauther and Mr. G. J. Hadfield, Pharmacology Theatre, 5.45 p.m.
Wed.	" 5	Soccer: v. St. George's Hospital (H).

THE HOSPITALLER



Canon S. G. Bush.

CANON S. G. Bush the Vicar of St. Bartholomew's-the-Less and the Rev. R. B. Ney, the Assistant Hospitaller are both leaving the Hospital this year. Canon Bush retired at the end of September but is coming back as a Locum in November, when Mr. Ney leaves for Madrid.

Canon Bush came to Bart's in 1951, to his first post as a hospital chaplain, but with many years experience as a priest. He began his work with five years in a dockland parish, then was a Naval Chaplain in the first war. He later served for over twenty-five years in country parishes in Gloucestershire, where he was made an honorary Canon of Gloucester Cathedral.

Before coming to Bart's two years ago, Mr. Ney had been for six years on the Cathedral staff at Gibraltar and before that was a country priest.

What these two men have done for the Hospital and especially for its patients cannot be measured in terms of time spent and visits made. Every day at an hour when even the nursing staff are not yet on duty they have been at their posts in Church. On Sundays every patient who wishes it has been visited and the Holy Communion administered. On weekdays they have constantly been in the wards talking informally to patient after patient. Canon Bush alone has made 10,000 visits to patients this year. Although it is usual for most of us to appreciate these things only on the rare occasions that we feel a need for them and although nowadays our trust is more often in antibiotics than in God, we are still grateful that these faithful men have been among us.

On September the 26th there was a meeting in the Hall of the Nurses' Home when the Churchwardens of St. Bartholomew's-the-Less, on behalf of many friends, presented Canon and Mrs. Bush with an inscribed silver teapot, and Mr. Ney with two Service Books bound in red calf in recognition of their work in the Hospital.

We wish Canon and Mrs. Bush very great happiness in their retirement at Deal and Mr. Ney every success in his new appointment as Chaplain to the British Embassy in Madrid.

R. E. N.

THE DEPARTMENT OF PSYCOLOGICAL MEDICINE

by LOUIS ROSE

IN 1938 Eric Benjamin Strauss, M.A., D.M., M.R.C.P., became Physician for Psychological Medicine with charge of the Department in this hospital in the place of Dr. Porter Phillips, an alienist, who was Medical Superintendent of Bethlem Royal Hospital. It is perhaps a significant parallel that while the Bart's Department has developed towards its present composition, Bethlem has become an integral part of the Institute of Psychiatry, closely associated with the post-graduate teaching of the Maudsley.

The days of a half-a-dozen looks at florid schizophrenics, maniacal patients, epileptics and similar show-pieces as the undergraduate curriculum of psychological medicine were over. Dr. Strauss started a then (and perhaps still) unique Clinic in which patients were greeted and submitted to kindly examination in the presence of students who shared in the history taking, the psychopathological and diagnostic procedure, the explanation to the subject, and the choice of treatment — even to the point of composing the report which would be sent to the referring doctor.

Dr. Strauss (pronounced 'Strorse, of course' when he first arrived), coming from Guy's and the Tavistock Clinic *via* the Cassell Hospital, brought with him experience of the psychoneuroses and psychotherapy and an eclecticism founded upon clinical work, wide reading and the wisdom of a man of intellect and knowledge. Alexander Kennedy, his first Chief Assistant, now Professor of Psychiatry in Edinburgh University, recalls how, to emphasize the difference between athetosis and normal muscle movement, 'Dr. Strauss lifted up his shirt and gave a demonstration of the danse du ventre, to the delight of all.' The appointment of Chief Assistant invented by Dr. Strauss is now in use in all Departments; these are widely experienced workers capable of taking full clinical responsibility but not officially holding consultant status on the hospital Visiting Staff. Dr. Strauss began to form the 'therapeutic orchestra' comprising a large number of clinical assistants of differing psychiatric schools and 'soon patients were being interviewed in cellars, corridors, in storerooms, operating theatres —anywhere with a hope of some privacy.' A tea-break was used as a sort of clinical case-discussion at which problems could be aired and brains picked.

In 1939 Dr. Strauss became actively interested in Cerletti's electrotherapeutic work in Rome, and by 1940 had, with Angus MacPhail, designed the electroplexy apparatus now in use in very many Clinics, particularly abroad. The name 'electroplexy' was introduced by Dr. Strauss in place of the frightening 'electric shock treatment', electroshock or electrical convulsive treatment. (He has always disapproved of the term 'E.C.T.'). Mackwood, another former Assistant, writes of an afternoon in February, 1940—'we were driving down to the Clinic and on the way he (E.B.S.) said, "This afternoon I am going to give the first out-patient electroplexy treatment; it has never been done before but there is no reason why it should not be given as a routine out-patient treatment. But you can imagine how I would feel if any unforeseen disaster or complication should occur on the first occasion". When one thinks of the adverse criticism that would have been showered on him, and what the House Committee of our oldest, and not least conservative, general teaching hospital might have had to say had anything untoward occurred, one wonders if E.B.S. has been accorded due appreciation for an act of great moral courage in pioneering this line of treatment. It is impossible to estimate the hundreds of thousands of patients who have benefitted by this treatment being at hand in thousands of hospitals all over the world.'

Other psychiatrists in the early days of the Department were Snowden, Fordham and Maclay. We in the Department now live in a clinical climate very similar to that which must have obtained in those early days when John Mackwood was asked to come into the

Louis Rose

Dr. Rose qualified in 1931 at St. George's Hospital. He is a specialist in psychiatry being an Associate Chief Assistant in the Dept. of Psychological Medicine at Bart's. He is also Psychiatric Specialist to the Ministry of Pensions and National Insurance, and to the R.A.M.C. He has written on the problem of suicide.

teaching clinic 'to find E.B.S. demonstrating hysterical aphonia in a middle-aged woman. He said "I want you to take this patient away and come back with her in twenty minutes talking normally." This was good "magic" for both patient and students, and it was combined with clinical acumen. Fortunately the patient was talking on her return twenty-five minutes later.'

The war had disrupted the early work—Assistants had left at once or as the E.M.S. and other duties called, and work was carried on in Frien Hospital until it was possible to return. Coningsby had joined the Department, bringing his wide therapeutic experience and later flair for narco-analytical procedures; also came Douglas Macaulay, and Lovel Barnes. Soon followed Jonathan Gould, and over the years Marion Greaves of the Cassell and Maida Vale, Christopher Scott, Lowy, Stekel's most famous pupil, Castell, W. A. H. Stevenson, Lindsey Wilson and myself. With the loss of Castell, the departure to the United States of Lowy, and the retirement of Coningsby and Marion Greaves, a kindly and respected friend of us all, have come Peter Johnson and Michael Rosenthall. Thirty-three notional sessions are shared by the clinicians in this department. Rosenthall and Johnson are Jungian psychotherapists employing the prescribed 'dream analysis' approach; Lovel Barnes is a Freudian, Scott ('analysed two and a half times') relies on psychoanalytic training for a personal approach less dogmatic than that of the orthodox psychoanalytical (Freudian) school. Strauss, Gould and Rose are broadly-based eclectics employing a variety of techniques including a Stekelian type of psychotherapy, physical methods, narco-analysis, and hypnotherapy. Stevenson, a psychoanalytically orientated therapist, employs very largely a technique of hypnoanalysis. As would be expected, there are occasional modifications of technique and veerings of approach on the part of most of us, but, in general, our orientations are recognized. As in earlier days, we still ask one another's help in a difficult or 'stuck' case and continue to profit from the facility of the newcomer to spot something at one sitting which had escaped the therapist over a long period. (How rarely do *we* do it for the others in contrast to the number of times it is done for us!). Dr. Strauss is called into consultation in matters demanding overriding authority.

Between 4,000 and 5,000 patients have passed through the Department in the last ten years—and the pace gets hotter. The actual attendances during that period total over 50,000.

Social case-work was undertaken for the Department by one of the Almoners until 1944 when Miss P. M. Perrott was appointed Psychiatric Social Worker, to be joined by an assistant in 1948. During the next year a third P.S.W. divided her time between the Skin and Psychiatric Departments but later became a full-time worker in the latter. Dr. Strauss inaugurated the routine of a full social history on every new patient to be available at first interview and, to this end, patients and their relations are seen either in the Department or are visited in their homes by the P.S.W.s. In the course of treatment and management P.S.W.s may be called upon to deal with Housing Authorities, Probation Officers, Schools, Children's Officers, Employers, personnel managers, other social agencies, Convalescent Departments, P.S.W.s in other hospitals and clinics and education authorities. They are, of course, frequently brought in by the psychiatrist, during the course of treatment, for help or advice on matters of significance in the social situation. Miss P. M. Perrott, the senior P.S.W., with her two colleagues, Miss M. H. Bruce and Miss F. M. MacNamara, an efficient, knowledgeable and kindly trio, are the kind of team to make one wonder how anyone manages to work in this field without a P.S.W. A psychologist, Miss M. Holt, was appointed in June, 1947 for the assessment of intellectual and personality status, established with the use of test-batteries which can be of great value in diagnosis, prognosis and follow-up, both in individual problems and in the control of research series. She also undertakes remedial training of children and adults suffering from primary defects, for example, word blindness. Similarly, the secretarial staff has increased from one to three whole-time workers and it is perhaps worth mentioning that all the intimate case-notes of psychiatric patients are filed separately in the Department and not in the central registry. Also, the psychiatrists, with the knowledge and understanding of the patients' needs, maintain their own appointment sheets.

New patients are seen on Thursday afternoons — there are usually about ten — of which three are assessed in the teaching class by Dr. Strauss or a deputy, and the remainder shared between the Chief Assistants. Inter-departmental opinions are given by Dr. Strauss and his deputies and urgent problems in Surgery, and occasionally other Wards are dealt with on the Chief's behalf by the senior psychiatrists whenever necessary. All of Dr. Strauss's senior assistants have held appointments of full clinical responsibility elsewhere. Old patients attend on Thursday and Friday afternoons for psychotherapy and electrotherapy (now modified electroplexy with anaesthesia and muscle relaxant technique warranting the regular service of an anaesthetist, and his clerks). Electronarcosis with apparatus designed by Drs. Strauss and MacPhail has also been reported on by Drs. Strauss and Gould but has not been used for a couple of years, but there are plans to reintroduce the technique on a new trial series of patients.

In 1946 Gould initiated a monthly dinner followed by a clinical discussion at 45 Wimpole Street, an activity which has been adopted by other teaching hospitals. These meetings are attended by most members of the Department, including P.S.W.s, psychologist and the current 'pink.' Guests have always been welcome provided they are willing to talk and be criticized at the free-for-all in which no offence may be taken at legitimate comment. Here mention should be made of Dr. Ida Macalpine, a regular attendant, although not a practising member of the Clinic. In her capacity as psychotherapist in the Dermatology Department, however, she maintains friendly contact with us and is noted for her ability to quote apt passages from a vast range of psychiatric literature. These meetings have always been popular and much valuable work has been achieved at them, apart from the pleasure of dining and meeting informally and the heightened significance of the clinical group.

Auxiliary activities in the Department include child therapy, formerly at the hands of Lovel-Barnes, Castell and now Rosenthall. Castell also ran the Rahere Club—a weekly meeting, with activities organised by themselves, of selected patients in need of social rehabilitation. The Club disbanded on Castell's departure and efforts are still being made to find new quarters in which to re-establish it; until that time patients are, by kind agreement, referred to one of the Clubs run by the Institute of Social Psychiatry.

Teaching, apart from the Thursday clinic, has spread from the original ten voluntary clerks (they were always over-subscribed) to all students who now receive a three months' course of systematic lectures and demonstrations of the neuroses and psychoses at Bart's, Goodmayes and the North Middlesex. The neurosis unit in the latter hospital was opened in 1953 with Dr. Strauss in charge, and we originally hoped that this might provide the necessary in-patient Department without which no outpatient unit can function entirely satisfactorily. This promise cannot be fulfilled while therapists have no access to their inpatients and Bart's remains the only (I think) teaching hospital in the London area without permanent out-patient headquarters and without its own in-patient set-up. Although the Department has the use of four medical beds, patients in need of hospital investigation and management must be admitted elsewhere, often with loss of contact and much repetition of work. The Senior Registrar in the Department (Dr. Shoenberg) occupies a significant and helpful position in that her time is shared with the North Middlesex unit.

Room space has often been a problem, viewed with a sharp eye by Miss Deal, the out-patients' Sister and her staff, but we receive all the care and attention possible as would be normal in any Department of a hospital of this calibre. New work is being done, and over the years a stream of valuable papers continues to flow:—psychiatric factors in hypertension (Hambling); psychosomatics (Lowy); depersonalisation (Burkitt); physiological studies in psychiatric treatment, psychiatry of major crime, autohypnosis, etc. (Gould); endocrinological approach to psychosexual immaturity (Strauss, Stevenson and others); treatment of speech defects (Coningsby); panormal healing, suicide, short-acting muscle relaxants (Rose); a study of out-patients treated with chlorpromazine (Gould and Rose); work on the physiological and biochemical factors in psychiatry (Gould). I, at the invitation of Mr. Capps, have enjoyed over the past two years a grant from the Research Committee of the Council for work in the E.N.T. department on the psychiatric factors of chronic upper-respiratory disability. Dr. Strauss has been far from silent. He has written many papers, chapters in books, Recent Advances in Neurology (with Brain), has translated books from the

German and, in honour of his sixtieth birthday, was the first psychiatrist to receive an honorary D.Sc. from the University of Frankfurt. He also delivered the Croonian lectures in 1952 at the Royal College of Physicians.

A small psychoendocrine research group meets occasionally to discuss ways and means and to report on achievements and problems. This group includes Strauss, Stevenson, Gould, Greaves and Rose in association with Dr. J. C. Batt and his colleagues at St. Ebba's, Dr. Max Reiss of Barrow Gurney, the Director of Army Psychiatry (Robinson succeeded by Phillipson), and Dr. Tindall, medical advisor to Organon Laboratories. A contribution is being planned for submission at next year's International Congress of Psychiatry.

ACKNOWLEDGEMENTS

Coming in as a stranger to Bart's only nine years ago, it is very likely that I will have betrayed in this brief commentary many omissions and errors. Former Members of the Department have been kind enough to help—Dr. Greaves, Professor Kennedy, Dr. Maclay, Dr. Coningsby and Dr. Mackwood, whose recollections I have quoted.

BRIGHTLY BURNS THE LAMP

41st ANNUAL LONDON NURSING EXHIBITION AND CONFERENCE

Seymour Hall was packed. Svelte sophisticates, tall veterans and plump, efficient-looking midwives jostled against one another in their enthusiasm to get to the brightly coloured stands. Of those who had reached their goal, some were relishing free samples of milk drinks, diabetic chocolate, cheese or mashed infant food, others were earnestly enquiring about the claims of a new pharmaceutical product, and a third group were busily filling their commodious pockets with advertising literature and free samples of tablets, ointments, soaps and shampoos that were being thrust into their hands.

At the end of the hall, past the hospital hairdressing service (nurses a speciality), the temptations of a firm feeding the hungry with 'a complete food,' bookstalls and drug-house representatives, was the display arranged by the Nursing Mirror, the organisers of this exhibition. This display illustrated some of the many aspects of mental nursing, a particularly topical subject. Looking after visitors to the stand was Miss Mary Titchner, the technical editor of the Nursing Mirror. Miss Titchner is a Bart's trained nurse. She left in 1923 and later became Matron of St. John's Wood Nursing Home.

Upstairs, removed from the crush of the exhibition was the visitors' room presided over by Madge, a very jolly lady who dispensed drinks to all 'journalists.' Also gathered in this place of relaxation were many of the staff of the companies which have leased stands for the exhibition. From their conversation it appeared that the Nurses Exhibition is one of the finest medical exhibitions in the country, partly because entry is restricted to members of the medical and nursing professions. This allows the exhibitors to be sure of the interests and education of the public which they are addressing.

Included in the exhibition are the prize-winning entries of the Nurses' Handicraft Competition. Intricately embroidered tablecloths and exquisitely dressed dolls added a charming touch of femininity to the scene.

Apart from the exhibition there is an associated Professional Nurses and Midwives Conference with lectures and film shows. The standard of these was very high and of great interest to doctors as well as nurses, being given by leading authorities. Mr. D. Fraser was the only member of the staff of St. Bartholomew's Hospital to give a lecture, but Prof. Sir James Paterson Ross and Dr. E. B. Strauss were down on the programme to act as Chairman. Unfortunately a shadow was cast over this conference by the recent death of its president, Sir William Gilliat. But the enterprise shown by the organisers and the enthusiasm of the participants were a fitting tribute to this great man.

VALENTINE GREATRAKS

'and divers of the Strange Cures By him lately Performed' on patients from St. Bartholomew's Hospital in 1666

by Richard A. Hunter and Ida Macalpine

Since the days of Hippocrates there has been a general awareness that mental factors may play a part in causing or prolonging organic disease. But while knowledge of physiology and pathology was scanty, such awareness was of little use in the actual treatment of patients. Later, with the rise of pathology, it came to be thought that all physical symptoms had an organic cause. This in turn resulted in the widespread belief that psychiatric patients present with symptoms they refer to their minds, in contradistinction to patients suffering from organic illness who present with physical symptoms. Not until the eighteenth and nineteenth centuries was it realised — at least by orthodox medicine — that many patients who complain of physical symptoms are primarily sick in the mind. Nowadays such patients are variously labelled neurotic, hysterical or hypochondriacal. In the absence of modern knowledge of disease and laboratory and other methods of investigation, it was much more difficult to establish whether such conditions originated in disease of the body or were symptoms of a disordered mind. Therefore the tendency was to treat all patients as if they were suffering from organic disease until the last century, when distinguished physicians and surgeons such as Sir William Gull, Sir Samuel Wilks, Sir Benjamin Brodie and Sir James Paget, showed how mental illness may mimic symptoms of bodily disease. They also pointed out the danger of local treatment of such symptoms, which may aggravate the condition by fixing the patient's attention on the part affected. Thus 'A young lady keeps her bed for 2 or 3 years for an affection of the hip, and is seen by all the leading men in London. One day the Clergyman walks in, prays over her, and she gets up and walks. The case is reported in all the religious journals as a miracle, whereupon the doctors all join in declaring that the case was one of hysteria, and that there was nothing the matter with her. Then, I would ask, why was that girl subjected to local treatment and to the infliction of physic every day for years ? ' (1). It was due to the growing realization in the second half of the last century of the need to deal with such patients that psychiatrists — known until then as 'mad-doctors' from their exclusive attention to the frankly insane — were first appointed to general hospitals.

In former centuries this gap in medical knowledge was from time to time rudely brought to the notice of the profession by unqualified persons who took it upon themselves to cure wthout the aid of the *res medica*, the remedies of orthodox medicine and surgery. Their motives varied from the sincerely religious to the crudely mercenary, and their most rewarding field of activity was among those patients who, suffering from somatic symptoms in the absence of organic pathology, had remained unrelieved by the profession. Often a credulous and enthusiastic laity hailed their cures as miracles and regarded the healer as divinely inspired, while the embarrassed clergy called them imposters and heretics, and the alarmed medical profession remained incredulous and branded them quacks. Yet each of these healers had in the long run a stimulating effect, if only by showing how extensive is the reciprocal influence of mind and body. Their activities served to increase the interest of scientific medicine in this still largely unexplored field, now often referred to as 'psychosomatic'.

Valentine Greatraks The Stroker

One of the best known and perhaps one of the most honest if misguided of the many who have thought they had the gift of healing was Valentine Greatraks, who in the year 1666 caused 'the greatest faction and distraction

Richard Alfred Hunter

Dr. Hunter, M.B., M.R.C.P., D.P.M., qualified from Bart's in 1946 and was appointed House Surgeon to the Neurosurgical Unit. He subsequently became Senior House Officer at the Maudsley Hospital and then Assistant to the Directors of the York Clinic at Guy's Hospital.

Ida Macalpine

Dr. Macalpine, M.D., qualified at Erlangen, Germany in 1926. At present she is Associate Chief Assistant in Psychiatry to the Dermatology Department at Bart's.

between clergy and laymen that anyone has these 1,000 years' (2), as well as considerable stir in medical and scientific circles. At the height of his popularity he was commanded by King Charles II to the palace of Whitehall to demonstrate his powers before his Majesty's physicians on three patients chosen from St. Bartholomew's Hospital. He was severely attacked by a clergyman in a pamphlet entitled *Wonders no Miracles: or, Mr. Greatrak's Gift of Stroaking Examined* (3). This led him to reply in *A Brief Account of Mr. Valentine Greatrak's, and divers of the Strange Cures By him lately Performed. Written by himself in a Letter Addressed to the Honourable Robert Boyle Esq.* (4). The book contains the chief facts of his life as well as descriptions of some of the patients he treated in London.

His life.

Greatraks* was born at Affane, Co. Waterford, of an old English family, on 14 February 1629, his birthday suggesting his Christian name. He was educated in Ireland and in England where he spent 'some years in studying Humanity and Divinity . . . in the County of *Devon*.' In 1649 he joined Cromwell's army in Ireland with the rank of Lieutenant, and served until 1656. He then retired to '*Affane* the habitation of my Ancestors, where I have continued ever since, and got by my Industry a livelihood out of the bowels of the Earth, and daily employed many poor people to work, and improved that little Estate I had.' The respect in which he was held is shown by the fact that he was soon made 'Clerk of the Peace of the County of *Cork*, and Register for Transplantation, and Justice of the Peace,' in which offices he studied 'to acquit myself before God and Man in singleness and integrity of heart.'

Thus he led a peaceful existence until a year or two after the Restoration, when 'I had an Impulse, or a strange perswasion in my own mind (of which I am not able to give any rational account to another) which did very frequently suggest to me that there was bestowed on me the gift of curing the King's Evil: which, for the extraordinariness of it, I thought fit to conceal for some time.' Not able, however, to rid himself of this idea 'whether I were in private or publick, sleeping or waking . . . at length I communicated this to my Wife, and told her, That I did verily believe, that God had given me the blessing of curing the King's Evil' (4). She told him he was suffering from 'a strange imagination' and '*reveries*, and desired him to abandon them: in this perplexity, he heard *frequently* a voyce within him (audible to none else) encouraging to the tryals: and afterwards to correct his unbelief, the voice aforesaid added this Signe, that *his right Hand should be dead, and that the stroaking of his left Arme should recover it again*: the events whereof were fully verified to him three Nights together by a successive infirmity and Cure of his Arme. Hereupon he set himself to the *charitable improvement* of that talent which God had given him' (6).

His healing.

For the next three years he treated the King's Evil by laying on of hands and stroking the parts affected. He then had 'the same kind of Impulse within me, suggesting that there was bestowed upon me the gift of curing the Ague'; and on 2 April 1665 'God was pleased by the same or the like Impulse to discover unto me, That he had given me the gift of healing [all diseases]; which the morning following I told my Brother and Wife, but neither could be prevailed with to believe it, though for my own part I had a full assurance thereof within me' (4).

By the middle of 1665 'the fame of his performances spread all over *Ireland* and *England*, and multitudes went from *Bristoll* unto him' (6). The London *Newes* for July 13 and 27 reported from Dublin that 'For this month last past there has been great talk of Mr. Valentine Greatraks, and of strange cures he has done, only with touching or stroaking; whereof we have received divers letters from Cork, and of the multitudes that flock about him. He is by some that know him well, reported for a civil, frank and well-humoured man, conformable to the discipline of the Church . . . the multitudes that follow, and the press of people, are only for those to believe that see it' (7). Two or three ships 'well freighted with all diseases' had already brought patients to him from England, 'and most returned well home'.

His methods.

Although he continued 'a stranger to all Physique and Chirurgery' (6) an eye witness account from Dublin to the Royal Society of London 'concerning the cures done by Mr. Greatrix the stroke [sic]' (8) shows that he had adopted some surgical techniques: "Where he stroked for Pains, he used nothing but his dry Hand, if Ulcers or running Sores he would use Spittle on his Hand or Finger, and for the Evil if they came to him before it was broke, he stroked it, and ordered them to poultess it with boil'd Turneps, and so did every Day till it grew fit for lancing, he then lanc'd it and with his Fingers would squeeze out the Cores and Corruption, and then in a few Days it would be well with his only stroking it every Morning; thus he cured many who keep well to this Day [1699], but if it were broke before he saw them, he only squeezed out the Core and healed it by stroking; such as were troubled with Fits of the Mother*, he would presently take off the Fit, by only laying his Glove on their Head, but I never knew any that he cured of that Distemper, for their Fits would return, but I have heard he cured many of the falling Sickness*, if they stay'd with him, so that he might see them in 3 or 4 Fits, else he could not cure them.'

Greatraks stroking the head of a boy.

The case of Lady Anne Conway.

Greatraks was now so famous that he was invited to Ragley Hall, Warwickshire, to try his hand at curing Lady Anne Conway, one

*The name derives from the English name Greatorex. The spelling varies, the one adopted here being that of Greatraks' own signature (5).

*'Fits of the Mother': hysterical fits; 'falling Sickness': epileptic fits. It appears that the two are confused in the above account for one would have expected 'hysterical' fits to be 'cured' and epilepsy to remain unaffected by Greatraks' stroking.

of the most brilliant women in seventeenth century England and one of its most renowned patients. Then aged 34, she had for twenty-two years suffered from increasingly persistent and severe attacks of headache, which remained with her until her death in 1679. Even today the diagnosis of her illness remains a mystery: a recent opinion could only suggest that she suffered from 'a severe and chronic form of migraine' (9). Her kinsman Dr. William Harvey had treated her unsuccessfully between 1651 and 1653, the patient herself excusing his failure on the grounds that he was at the time 'very ill of the gowt almost continually, and that must needs indispose him to the minding of such things as relates not to his owne perticuler' (10). Dr. Thomas Willis, the eminent physician and neuroanatomist, under whose care she was when Greatraks was called in, left a detailed account of her illness. According to this, 'our most ingenious *Harvey* endeavoured as a last desperate measure to persuade Lady Ann to have 'an opening of the Skull, near the grieved place, with a *Trypaning* Iron . . . but neither she, nor any other would admit that administration' (11). Among many other famous physicians and scientists Sir Kenelm Digby had been asked for advice, and Robert Boyle sent her some of his favourite *Ens primum Veneris* made by his own hand "of strongly calcin'd, and well dulcify'd colcothar of *Dantzic* vitriol, and elevated with sal-armoniac into the form of a reddish sublimate' (12).

This was the patient Greatraks came to England to see in January 1666 for a fee of £155. It was the only recorded instance of his having demanded or accepted payment for his work, and he excused himself for doing so on the grounds of having to 'run the hazards of the enraged seas' and foregoing for some months 'the comfort of my family' (13). Not unexpectedly, his ministrations had no effect on Lady Anne's headache, although he stroked with success a great many of the sick of Warwickshire. 'Mr. Greatrax hath been here a fortnight tomorrow' wrote Lord Conway (14), 'and my wife is not the better for him: very few others have failed under his hands, of many hundreds that he hath touched in these parts'.

The galaxy of notables who had assembled at Ragley Hall to observe Greatraks at work included Bishop Rust, who wrote the following impression (15) of 'Mr. *G.* the famous *Irish Stroker* . . . some take him to be a *Conjurer*, and some an *Impostor*, but others again *adore* him as an *Apostle*. I confess I think the man is free from all *design*, of a very *agreeable* conversation, not addicted to any *Vice*, not to any *Sect*, or *Party*, but is, I believe, a *sincere Protestant*. I was three weeks together with him at my *Lord Conwayes*, and saw him, I think, lay his hands upon a thousand persons; and *really* there is some thing in it more than *ordinary*; but I am convinc'd it is not *miraculous*. I have seen *pains* strangely fly before his hand till he hath chased them out of the body, *dimness cleared*, and *deafness* cured by his *touch*; twenty persons at several times in *Fits* of the *Falling Sickness*, were in two or three minutes brought to themselves, so as to tell where their pain was, and then he hath pursued it till he hath driven it out at some extream part; *Running Sores* of the *Kings Evil* dryed up, and *Kernels* brought to a *Suppuration* by his hand, *grievous Sores* of many months date, in few dayes *healed*, *Obstructions*, and *Stoppings removed*, *Cancerous Knots* in the breast *dissolved*, etc. But yet I have many reasons to perswade me, that nothing of all this is *miraculous*; He pretends not to give *Testimony* to any *Doctrine*, the manner of his *operation* speaks it to be *natural*, the *cure* seldom succeeds without *reiterated touches*, his *Patients* often *relapse*, he *fails frequently*, he can do nothing where there is any *Decay* in nature, and *many Distempers* are not at all obedient to his *touch*. So that I confess, I refer all his vertue to his *particular temper* and *complexion*, and I take his *spirits* to be a kinde of *Elixir*, and *universal Ferment*, and that he cures (as Dr. M[ore] expresseth it) by a *sanative Contagion* (18)'.

In London

Disappointed at his failure with Lady Conway, Greatraks had 'resolved speedily to return home' when he received a command from Charles II 'to come to *White-Hall*, which I forthwith observed' (4). Among his first patients in London was one allotted to him for treatment by the King himself: Sir John Denham the poet. Unfortunately he went 'stark mad' soon after being stroked, 'occasioned (as is said by some) by the rough striking of Greatrakes upon his limbs; for they said that formerly having taken fluxing pills in Holland, and they not working, they

rubbed his shins with mercury . . . it loadged in his nerves till the harsh strokes caused it to sublimate' (16).

Another early patient, treated on 3 April 1666, was '*Robert Furnace* the noted Tinker of *Clerkenwel*,' who 'had a *Sciatica* in both hips.' His cure was soon 'talked of all over the Town.' He had been 'lame for 8 years, had been thrice in St. *Bartholomews* Hospital, for eleven weeks at one time, and nine or ten weeks a second time, and for a month the last time, without benefit, being in great pain in his hips and thighs, legs and feet.' He 'was stroked by Mr. *Greatrak's*, *April* 3, 1666, and found present ease in his hip upon the first touch of Mr. *Greatrak's* hand, wherewith the said *Furnace's* pain was driven downward from place to place without much grievance, until it came to his foot, but when the pain was only in his foot, it was then most intollerable in it, which being gently stroked, he was quite freed from all pain, and walked without his Crutches, which he could not have done for seven years before.' An eye witness reported that 'the Crutches on which he came to Mr. *Greatrak's* . . . he brought in his hand and presented to me, after he had been strok'd three or four times . . . the Honourable Mr. *Boyle* being sometime present when this poor man was under Mr. *Greatrak's* hands . . . that noble person descended to stroke the Tinker's knee, leg and foot with the inside of Mr. *Greatrak's* glove, and so proceeded to pursue his pains from place to place until they fled quite out at the ends of his Toes' (4). Indeed Robert Boyle subsequently told a friend 'that he had been a spectator of at least 60 performances of his' (17).

Three patients from St. Bartholomew's Hospital

'The *Virtuosi* [Fellows of the Royal Society] have been daily with me since I writ to your honor last' wrote Greatraks on 24 April 1666 to Lord Conway (19), 'and have given me large and full testimonials, and God has been pleased to do wonderful things in their sight, so that they are my hearty and good friends, and have stopt the mouths of the Court, where the sober party are now most of them believers and my champions. The Kings doctors this day (for the confirmation of their Majesties belief) sent three out of the hospital to me, who came on crutches, and blessed be God, they all went home well, to the admiration of all people, as well as the doctors'.

The three patients chosen for this demonstration were selected from those in St. Bartholomew's Hospital by Dr. (later Sir) John Micklethwaite, who had been appointed by Parliament in 1644 'to be chosen physician . . . in room "of Dr. Harvey, who hath withdrawn himself from his charge and is retired to the party in arms against the Parliament"' (20). However, the Governors did not appoint him 'physician in reversion' or assistant physician until 1648, and full physician 1653 after the death of Dr. John Clarke, Harvey's immediate successor.

The first patient was one Joseph Warden 'a stout Seaman belonging to the *Royal Charles*, who was sent on Crutches . . . to Mr. *Greatrak's* then in Chancery-lane.' He was 45 years old and 'labouring with violent pains in his hip, ham, and ancle, contracted with carrying out and wading in water.' He had been in St. Bartholomew's Hospital 'for some time without success . . . and complained not so much of his pains, though those he affirmed to be very grievous . . . as that he (who had been in all former engagements against the *Dutch*) should now be disabled (if I may use his own words) to have the other warm Bout with them.' Greatrak's stroked him with 'alacrity and heartiness . . . thrice over from his hip downwards, until all his pains were driven out at his toes ends, and the man walkt lustily to and fro in the Garden, professing his apprehensions of being able to do so for 10 miles, and carried those Crutches one while in his hand, another while triumphingly upon his shoulders, which had been his supporters thither'.

The next patient was William Levell 'a Cook at the *Cock* in *Leaden-hall-street*, aged 24 years.' He had been a patient in St. Bartholomew's Hospital for ten months, 'troubled with a grievous pain in his hip, especially when he walk'd, and a very great pain in his knee, when he sate down'. He 'had his pains likewise driven downwards from his hip out of his toes; so that he confessed himself to be in perfect ease'.

The third patient Francis Steele, aged 63 years, had only been in St. Bartholomew's Hospital for three weeks, but 'had been disabled for 6 months to put on his cloaths, or to put his hand to his head, and sore pained and weakned in his knees, so that he could not walk, nor rise up when he sate down,

without help'. After being stroked by Greatraks he 'had the perfect use of his arms restored, and could and did rise and walk without pain, help, or difficulty'.

of his cures. By the end of May 1666 he was home on his estate, which but for occasional visits to Dublin he did not leave again. He continued to stroke those who came to him

A
BRIEF ACCOUNT
OF
Mr Valentine Greatrak's,
AND DIVERS OF THE
Strange Cures
By him lately Performed.
Written by himſelf in a
LETTER
Addreſſed to the Honourable
Robert Boyle Eſq.
Whereunto are annexed the Teſtimonials of ſeveral Eminent and Worthy Perſons of the chief Matters of Fact therein Related.
LONDON,
Printed for *J. Starkey*, at the *Mitre* in *Fleet-ſtreet*, between the Middle *Temple-Gate* and *Temple-Bar*. 1666.

Retirement

With such successes to his credit — and they were never gainsaid — Greatraks was glad to be allowed to return to Ireland and his family. The King's physicians were convinced, and men of the calibre of Robert Boyle had lent their names to the authenticity

being ever ready 'cheerfully . . . to cast all his worldly pleasures and delights behind his back, to run himself into the midst of all Diseases, to make his house an Hospital, and foresake his own interst and advantages' (4).

In 1680 a visitor to him in Dublin reported that the door of the house in which he

lodged 'was so crowded, we could hardly git in . . . we were led to his roome, where not many at a time were lett in . . . Certainly there must be in him something exterordinary, for there was none that he stroked for pains, but said they were cured. He says, and they comfermed it, that pain flies before his hand and allways went out at their fingers or toes . . . He is a Gentleman of some £1000 a year . . . Nothing but the thought of doing good could make him indure what he does, for he gits nothing by it but trouble' (21). He died at Affane on 28 November 1683.

Greatraks The Man And His Significance

There is no doubt that Greatraks' motives in believing that he could cure the sick were neither personal gain nor the desire for notoriety. Indeed he paid a considerable price for his good works by exposing himself to slander and ridicule, as well as sacrificing much of his time and comfort. What then spurred him on? To answer this question would mean a detailed study of the man for which there is unfortunately insufficient material. We do however know that when about 18 or 19 years old he returned to Ireland from exile in England and found his native country in such a 'most miserable and deplorable state' that he retired 'to the Castle of *Caperquin*, where I spent a years time in contemplation, and saw so much of the madness and wickedness of the world, that my life became a burthen to me, and my Soul was as weary of this habitation of clay, as ever the Gally-slave was of the Oar, which brought my life even to the threshold of death; so that my Legs had hardly strength to carry my enfeebled body about: All company seemed irksome and distasteful to me . . . which caused me seldom during that time to come from my Cell' (4). Psychiatrically speaking, such a state of mind in a young man must be considered evidence of serious disturbance, especially the fact of his spending one year in self-imposed, almost solitary confinement.

Even after conscription into Cromwell's Army which ended his retirement from the world, his sensitive nature came to the fore. During his six years' military service 'I will boldly say I never suffered Quarter to be broken nor violence offered to any that were in Protection; nor did I suffer any one under my Command to oppress or injure any that were in Quarter, without bringing them to

condigne punishment: nor did I permit any Women or Children to be killed though out of Protection, where I had a power to restrain the fury of the Souldier.' He was an upright and honest man: 'I never took Bribe or reward from any man, though I have had many and great ones offered me (when I was Register for Transplantation:) nor did I ever connive at or suffer a Malefactor to go unpunished, if the person were guilty of any notorious crime (where I had a Power:) nor did I ever take the Fee belonging to my Office [Clerk of the Peace], if I found the Person were injured or in want . . . for I bless God he has taken away a persecuting Spirit from me.'

The inspiration of his life's work which has given him a place in history, came to him suddenly as 'an Impulse' of which he was 'not able to give any rational account.' It was so extraordinary that he 'thought fit to conceal it for some time' until it overpowered him and he could think of nothing else. As not infrequently happens, the obsession rapidly became 'a voyce within him'—that is an hallucination, being 'audible to none else.' He continued to struggle against the compelling force of his hallucinations until 'the voice aforesaid added this Signe, that his right Hand should be dead, and that the stroaking of his left Arme should recover it again' on three successive nights. This finally convinced him that he had been chosen to cure the King's Evil, a delusion which soon spread to include all diseases. That this belief may justifiably be called a delusion is supported by the fact that his wife and brother tried unsuccessfully to dissuade him, and convince him that he was only suffering from 'a strange imagination'. His belief that he could cure the King's Evil may have been connected with his disapproval of the Restoration of Charles II the preceding year. The personal power of healing by touch was considered a divine gift invested in Kings and touching for the King's Evil in England reached its peak of popularity in Greatraks' time, having been suspended during the Protectorate (22). The King's Evil included a variety of conditions characterized by swellings and rashes, especially around the face and neck, and is sometimes identified with tuberculous glands in the neck and elsewhere.

The practice of stroking has a very ancient history. According to Robert Boyle not even the great William Harvey was averse to giv-

ing it a serious trial: 'And I cannot but commend the curiosity of Dr. *Harvey*, who, as rigid a Naturalist as he is, scrupled not often to try the Experiment mentioned by *Helmont*, of curing some Tumors or Excrescencies, by holding on them for a pretty while (that the cold may thoroughly penetrate) the Hand of a man dead of a lingring disease; which Experiment, the Doctor was not long since, pleased to tell me, he had sometimes try'd fruitlesly, but often with good successe' (23).

To assess Greatraks from the psychiatric point of view, and consider his mission to heal as a delusion, is not to disparage him or his work. He was by no means alone in being mentally disturbed and yet leaving his imprint on the world. On the contrary, Greatraks was the direct precursor of Mesmer (1734-1815) who was even more seriously mentally disturbed and whose animal magnetism or mesmerism made an even greater impact on the scientific world. The work of Mesmer was in turn the inspiration of Braid (1795-1860) to whom is due the term hypnotism for the mesmeric state. From there Charcot (1825-1893) carried the hypnotic torch forward so that it still burns at the present time.

However, it would be misleading to consider Greatraks' stroking as a type or forerunner of psychotherapy. What Greatraks did was to realize intuitively that various somatic aches, pains, dysfunctions or pareses occur in the absence of organic disease. Even so, he was not aware that he healed his patients through the mind. On the contrary, he remained within the confines of current theories of humoral pathology, believing he drove out the evil and mischievous humours by stroking them to the ends of the fingers or toes, whence they could leave the body. Orthodox medicine was at that time driving them out by vomiting, purging, blistering, bleeding, as well as by issues and setons. Psychotherapy on the other hand is not an attempt to drive faulty notions out of a patient's mind like a faulty humour out of the body, albeit by words. Rather is it an attempt to understand with the patient through sympathetic case-taking how he has come to feel and think as he does; and to trace out with him his fears and fantasies about his body.

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RETROSPECT AND PROSPECT IN PSYCHIATRY

by MARION GREAVES

RETROSPECT

WHEN Dr. Jonathan Gould asked me to give this talk it made me feel very much the oldest inhabitant, as indeed I believe I am, and it also made me realise that I am something of a prehistoric survival, being one of the few remaining psychiatrists who came in by way of general practice. Nowadays there is a well blazed trail of Membership, Maudsley and D.P.M. and that, I think, is one of the reasons why the eclectic psychotherapist is becoming a rare bird. Two paths are open to the budding psychiatrist: 1. The physical approach; 2. Freudian Analysis.

Two things struck me very forcibly while I contemplated this address: Firstly, that it was roughly only twice my own life span since Tuke (at the Retreat at York), inaugurated the humane treatment of psychotics; secondly, that I have had the privilege of living my psychiatric life through the most exciting and progressive changes psychiatry has ever known. The very name 'psychiatrist' has come into use within that time — they used to be called alienists, and two, and only two methods of treatment were available. Either relegation to an Asylum—or sedation, largely by means of bromide. I have the impression that even Medinal, the only barbiturate in general use, was rarely and sparsely given.

The name 'mental hospital' again is of recent use. They used to be either 'County Asylums' or 'Private Asylums'—i.e., places of refuge—but in no sense curative.

As a Medical Student, the only psychiatric training which I had was 12 lectures and 12 visits to the local Asylum. Shaw Bolton was the Professor—and I'm afraid we all regarded the thing as a rather poor joke, or alternatively, as a sheer waste of time, being quite certain no question on it would be asked in the Final. We went to just enough to get signed up. I don't think we ever saw anything but deteriorated dementia praecox cases in corners with their faces to the wall; chronic melancholias—(I am talking the language of the times)—sitting bowed in their chairs, florid paranoics or very manic manias. We regarded the padded room and a form of strait waistcoat with fascinated horror. When I think of what Bart's students get taught today I am green with retrospective jealousy.

After I qualified and was 'In the House' there was no psychiatric department in the hospital, which was a large and surgically famous teaching hospital of 800 beds.

But all the same, my first awareness that the psyche could influence physical well being came from my surgical chief, that very great man Lord Moynihan. Dr. Strauss often reminds me of him in his insistence on treating the patient as a person with an illness, not as a case of such and such. He also taught, what to me was a novel conception, that a mental attitude could and did influence a physical process.

The North of England

After this circumstances sent me into general practice in the North of England, and it was during those ten years from 1923 onwards, that I made my first real contact with psychiatry. Knowledge of the work of the Tavistock Clinic percolated even to the wilds of Yorkshire. I came up whenever I could to lectures, etc.—but it seemed the only way to learn how to tackle patients was to be tackled oneself, so I had some pretty informal analysis from J. R. Rees and later from Jane Suttie. Eventually, with fear and trembling I began to deal with patients myself, with varying success in view of the fact that one's only weapon was some form of analysis. My first patient was a young pro-

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An address given to the Department of Psychological Medicine.

fessional man with an anxiety neurosis who had broken down from alleged overwork. He had been ill for two years, and after seeing a very famous Alienist in Town, for these two years he had had no treatment other than Medinal Gr.V. at night, and bromide in large quantities during the day. Rather to my surprise, he got well under treatment and this gave me confidence.

Well, after these ten years, (during the last five of which I treated more and more psychiatric patients) it became possible to break away from general practice, and I thought it would be a good idea to learn something about psychoses. There was an incident during my time in practice which well illustrates the prevailing climate of opinion, when a very charming and senior colleague made a special and somewhat portentous call on me. He said that he had heard, with great regret that I was mixing myself up with that 'nasty Freudian business' and did I realise what a bad name I should get !

The Lawn, Lincoln

In order to learn about psychoses I went to The Lawn, Lincoln, as Medical Officer. The Lawn was a very old Registered Mental Hospital: there were, I think 12 or 13 of these, most of which unfortunately have been taken over. They were endowed, run by a Board of Governors for private patients, non profit making, and fees were about £3 3s. 0d. for private rooms. There were about 60 patients at The Lawn and the staff consisted of Superintendent and one M.O. with an excellent Nursing staff, most of whom had been there for years. The M.O. had to be a good deal of a dogsbody, doing the dispensing, spending a lot of time with the patients, teaching them country dancing, playing Whist with them, taking them for picnics and to Church, and so on. As you can imagine it was a bit trying at times—but I've never regretted that close contact with them. The Lawn was a very much accepted institution in the town, and no one minded if Queen Elizabeth the First, in full rig, sailed into Matins in the Cathedral.

I don't think we ever expected anyone to get well there. The Manic-depressives certainly went out for their remissions, but we knew we should soon see them back again; so we were a fairly static community. Treatment consisted of sedation, meticulous attention to physical health, and rest. (I did learn there the value of rest in depressions). But one thing there was, and that was occupational therapy. Dr. Elizabeth Casson had been Superintendent there for a time, and introduced it. We had no therapist, but the Nursing staff carried it out, supervised by the Superintendent, and I was, and am persuaded of its value, and very sorry to see that it is no longer used to the same extent. I'm sure it reduced the need for sedation, and improved the patients' happiness and morale.

By the way, there had never at any time been a padded room at the Lawn—it was the first hospital to follow The Retreat in a humane attitude to patients. There were plenty of nurses, and a lot of specialling was done.

The Cassell Hospital

I got my D.P.M. when I was at The Lawn, and from there went to the Cassell Hospital, at Penshurst. Unfortunately two great men had just left before I went—T. A. Ross and Eric Strauss.

There were 65 patients, men and women, and 5 Medical staff. Every patient had a daily interview. Treatment was by psychotherapy, and a loose type of environmental discipline. Occupation in or out of doors was more or less compulsory for anyone well enough to do it. The Cassell was presented and endowed by Sir Ernest Cassell, who also gave Midhurst Sanatorium. It was a lovely place with huge grounds, including a 9 hole golf course, and had a ballroom and every other amenity. Fees again ranged from £3 3s. 0d. in a small ward to £8 8s. 0d. or £10 10s. 0d. for a private room. Patients were referred by their G.P., or preferably by Consultants; there were several on the Governing body. The Medical Director controlled admissions. They came in and we did our best with them. If they were too psychotic they were specialled until they could be admitted elsewhere.

Drug treatment had been improved by this time, and many more sedatives were available. While I was there Benzedrine was introduced, and we did a lot of tests on its action on the circulation, etc., with no ill-

effects other than one old gentleman nearly dying of heart-block.

T. A. Ross claimed spectacular results at the Cassell. Anderson has thrown doubt on the validity of these, stating that many of these so-called cured psychoneuroses returned, having really been recurrent depressives who were having remission not due to treatment. We certainly did not fuss so much about diagnosis in those days, as it did not make much difference ; having no E.C.T. to offer, it was psychotheropay or nothing. However faulty the diagnosis may have been, T. A. Ross's book "The Common Neuroses and their Treatment" was and is a valuable antidote to Freudianism and a firm commonsense basis for psychotherapy.

The patients had a very free life, and therefore disasters of one sort or another were not unknown. I'm afraid there were suicides. I believe Ross maintained that a hospital of this type was not doing its job if it did not have suicides, as it would be shirking necessary risks. Other tiresome happenings were of course affairs between patients, with at least one unfortunate elopement in my time, which has since ended in disaster. Of course, the main factor as regard depressions was the absence of E.C.T. and the failure to assess depressions adequately.

In 1937 I went to work under Forel at Les Rives de Prangins on Lake Geneva for a short time. It was a marvellous place. Insulin was being used a great deal there, and I saw fits induced by Cardiazol which I must say was a horrid sight. The points which impressed me very much were the large proportion of nursing staff to patients, and the fact, again, that medical and nursing staff very much shared the life of the patients. The patients had the continual stimulus of ever changing contacts with different people, and the value of this was obvious. The insulin patients especially always had members of the staff with them to stimulate them to activity and keep them in contact in the intervals between comas.

When I got back to the Cassell they were using evipan abreaction, on resistant obsessional neuroses with good results. Rogerson afterwards used gas and air from a Minnitt apparatus, a method I liked better and still use sometimes, though I do find abreaction under anaesthesia is a method I need to use less and less ; on the whole I don't think it really fulfils its purpose of shortening treatment.

I should think the greatest advance in the history of psychiatry is the use of E.C.T. I needn't enlarge on this — everyone knows the part that Dr. Strauss played in its introduction to this country ; but perhaps what everyone does not realise is the improvement in the diagnosis of depression which it has brought about and indeed necessitated. I wonder if we are at the end of this ? E.C.T. does not always do in cases where one would expect it to ; sometimes in cases where one takes a long shot it works like a charm, and one would very much like to know why. I think too, in many clinics physical methods are relied on too exclusively, and the social help and change of attitude which psychotherapy might bring about when the depression is cured, are not used ; with consequent relapse.

The War came — the Cassell, after suffering its share in the Battle of Britain, went to the Midlands, a step from which I don't think it has ever recovered in certain ways. I had a year at Springfield after this, at the same time making a tentative start in London practice, and being appointed psychotherapist at Maida Vale. There I was asked to deal with the children, about the treatment of whom I knew nothing. I therefore took a job at Gt. Ormond St. as clinical assistant under Mildred Creak, but unfortunately the Army took her away shortly after ; so I learnt the hard way by running the Clinic, and at Maida Vale became very interested in psychogenic factors in epileptic children, of whom I saw a large number. Since the war I have had the honour of working at Bart's.

Prospect

Leucotomy is the newest weapon of the psychiatrist. I have little experience of this and find it difficult to make up my mind as to the ethical question involved. The main advance at present seems to be in the metabolic field. For example we have Dr. Jonathan Gould's work on vitamins, and the investigation on diandrone which is going on at present and in which Dr. Strauss' Department is collaborating, as well as the introduction of the many and varied drugs, largactil, reserpine, benactyzine, and so on, with all the fields of observation they open up. This

would seem the most fruitful field for advance at present.

As regards psychotherapy, unfortunately the field is held at present by a sterile Freudianism. The eclectic psychotherapist is becoming an extinct animal. I feel myself that advance may lie in a deeper understanding of the nature and value of the personal relationship between psychotherapist and patient. I am very sure that the transference situation is not the whole story; it is much more complex. I know very well the dangers of it, but I know also unless one can get the delicate balance of it right — little or nothing happens, and that if one can achieve this balance something may happen in the most unpromising cases. I think we have to be much less frightened of it.

On looking back, one of the most striking things is the hope and enthusiasm with which every innovation in treatment is greeted; but with the exceptions of E.C.T. and some forms of psychotherapy, interest has faded and they have been relegated to a minor role. I sometimes wonder whether as a class we psychiatrists lack the critical and discriminating mind. I suppose, while we are entirely in the dark about the pathology of the conditions with which we are dealing, and indeed of the very nature of the psyche and of the body-mind relationship, it is bound to be so, and it is a case of any port in a storm. To quote some examples: analysis has failed to give the answer to all problems, as in the first wave of enthusiasm after the first world war it was expected to do; the sphere of usefulness of insulin in schizophrenia I believe is limited, and whether this is due to the fact that the word schizophrenia covers a multitude of pathologies it must be for more experienced people to decide. The interesting point about electroplexy is although it was first used as a substitute for insulin to produce the convulsion in schizophrenia, its main sphere of usefulness is now in quite another disease. This form of treatment is unique in that it becomes ever more firmly established, but I believe there are still questions to be answered as to the selection of cases and of prognosis.

Hypnosis seems to come in waves of popularity and which then recede, never quite having 'delivered the goods.'

About many things we are still completely in the dark. There are the manic-depressive psychoses, where we can do nothing but cut short the depressive phase, and Paranoia which is even more mysterious and baffling. In alcoholism except for Dr. Jonathan Gould's vitamin cocktail, which seems to work miracles in the acute phase, treatment is unsatisfactory. Apomorphine and antabuse sometimes give temporary relief, but are on the whole disappointing. Alcoholics Anonymous, who have such a following in the States, I find interesting, because in spite of the mixture of Oxford Groupiness and amateur psychotherapy there is again the factor of a personal relationship.

Now we have this wave of enthusiasm for leucotomy, and for the chlorpromazine drugs and their like, which hold the field at present. Time will show their permanent value.

I think in a retrospect I should say something about facilities, which in the so-called Welfare State have been so disappointing. Outpatient treatment, except in private, is difficult to obtain. I need not tell a Bart's audience about pressure of work and waiting lists. Inpatient treatment is equally difficult. Voluntary patients have to go on waiting lists of unpredictable length, and it is a long undertaking to get the D.A.O. to take in anyone who is not actually raving. For the private patient, things are even worse. The endowed hospitals where they could have had treatment for very moderate fees have nearly all been taken over, and are crowded out. Mentally defective children may have to wait up to 3 years for placement; and so the story goes on. In spite of improved methods of treatment, facilities lag ever farther behind.

But there is one element for good which I think outweighs everything else — the abolition of the old hopeless attitude towards mental illness as just 'one of those things' about which nothing could be done. There is a vitality, and a hope, and an eagerness to seek for cause and cure; a feeling that as Edward VII said of T.B. 'If it is preventable, why not prevented?'

Surely something must come from all this interest and enthusiasm; and one by one all the problems must yield their solutions, so that the psychiatrists of the future may know not only how to cure mental illness, but how to prevent it; how in fact to do what the present day workman fears so much, to work themselves out of a job.

SPIROCHAETAL CONVERSATION

(With apologies to Messrs. Gallagher and Shean)

Oh Mr. Wassermann, oh Mr. Wassermann
It seems that things have changed since days of yore
When the Tudors were in power
You had your finest hour
But now you come in Stages I-IV.

Oh Mr. Kahn, now Mr. Kahn
We prefer to work more stealthily today
But when Hitler got a dose
He began to feel morose
Injurious? Mr. Wassermann
You mean mercurious, Mr. K.

* * *

Oh Mr. Wassermann, now Mr. Wassermann
There's something else that's preying on my mind
When I think of all your gaffs—
Look at those resistent staphs
Why is it that they've left you right behind?

Well, Mr. Kahn, now Mr. Kahn
With these coccal forms we just don't care to play
We've got plenty in reserve
All we do is just uncurve
Antigenic? Mr. Wassermann
Schizophrenic Mr. K.

* * *

Oh Mr. Wassermann, now Mr. Wassermann
I've been hearing rather strange reports of you
Folks have said without a doubt
That you'll soon be stamped right out
Will you tell me Mr. Wass'mann is this true?

Oh Mr. Kahn, dear Mr. Kahn
I'm afraid that with the facts you're not au fait
Now the Kremlin has a strain
Causing softening of the brain
Pretty slyish Mr. Wassermann
G.P.I.—ish! Mr. K.

* * *

Oh Mr. Wassermann, dear Mr. Wassermann
These statistics never make much sense to me
As we weigh the cons and pros
And we try to diagnose
Are you ever found without a history?

Well Mr. Kahn, now Mr. Kahn
You'd be surprised how far we go astray
We've been carried from Khartoum
To the Ritz's powder room
Dr. Nicol! Mr. Wassermann
Slap and tickle Mr. K.

* * *

Now Mr. Wassermann, oh Mr. Wassermann
I've a problem here on which we can't agree
Was it with Columbus' crew
That you made your first debut
Did the Arabs bring you up the old Red Sea?

Oh, Mr. Kahn, dear Mr. Kahn
I can give you all the answers right away
They discovered me at Bart's
So I'm not from foreign parts
That's abysmal Mr. Wassermann
That's aneurysmal! Mr. K.

J. D. Parker

PSYCHOSOMATIC SKIN DISEASES

by Sherwood Mather

This short article is devoted to considering changes in the skin as the expression of psychiatric disturbance. For this purpose the skin is particularly suitable, in that it is the limiting membrane of the organism, and represents the barrier between the inner and outer worlds. That normal emotions are manifest in the skin is obvious from a consideration of blanching, flushing, sweating and the pilomotor response with their emotional connotations. It is also well proven that psychiatric manipulation can produce other changes. Numerous workers have reported the production of weals, blisters, echymoses and herpetiform erruptions by the use of post-hypnotic suggestion. In fact, the skin, with a frequency surpassed by only the gastro-intestinal tract, is the most usual medium for the expression of psychic disturbance, and it is the realisation of this fact which has led to the appointment of the Psychiatrist to the Skin department.

Hysteria

Before coming on to consider the types of lesion which may fall into this category, it may be useful to discuss the types of psychiatric disturbance with which we shall have to deal. The term *hysteria* is one that is brought into many discussions of differential diagnosis, and it would be useful to consider what is meant by the term. I should like to suggest the following definition—'Hysteria is a disturbed mental state which may be developed in any person as a response to unwelcome environmental conditions. It is manifest by the production of symptoms of an extremely diverse nature, the object of which is the avoidance by the patient of these unwelcome conditions. It is differentiated from malingering by the fact that, by a process of dissociation, the patient is not consciously aware of the end towards which his symptoms are directed.' If this definition is allowed, then the psychogenic production of symptoms of any kind, provided that the psyche, regarded analogically, is not damaged, and that neither obsessive nor anxiety states are present, will by definition be hysterical. This is so in the majority of cases.

However, it must be an all too frequent occurrence that patients are referred to the Department of Psychological Medicine because no organic basis for their symptoms has been found. This absence of visible pathology is not enough, for the diagnosis of hysteria is not a diagnosis of exclusion. Hysteria is as well recognised an entity as a tumour of the brain, and like a tumour of the brain, has its own signs and symptoms. The conversion hysteric is emotionally unstable, ambivalent and immature, and has a vivid fantasy life and imagination, while the anxiety hysteric has a nameless dread, is irritable and moody, and has nightmares and phobias. Characteristically in both, the patient is unconcerned about his symptoms, an unconcern which has its roots in the self deceptive dissociation, and which may go as far as the 'belle indifference' of Janet. Of course, a very important point in the history is the recurrence or exacerbation of the symptoms each time the patient is brought into contact with those conditions which he particularly wishes to avoid.

Eczema

Passing to a consideration of the part played by psychiatric disturbance in the production of skin lesions, it might be rewarding to consider the aetiology of eczema. In the teaching in the Skin department, the plurality of aetiology of this condition is being constantly remarked upon. In one patient the aetiology is almost entirely exogenous, while in another endogenous factors are mainly to blame, but in almost all cases both sets of factors are implicated to some degree. This being so, it is hardly surprising that the majority of patients suffering from eczema should fall into the same psychological category. Nor is this true for eczema only. Dr. McKenna has demonstrated correlations which exist between certain skin diseases and the common psychological types.

On the subject of the symptoms themselves, pruritus, either localised or generalised, is perhaps the most frequent complaint. Consider only the number of remarks in everyday language which refer to it. Remarks such as 'I am itching to do so and so,' or 'He gets under my skin.' Such statements take on an added significance when it is realised that they are all of the type which may be made under conditions of stress and mental tension, in other words, in precisely those conditions from which hysteria may arise. Other symptoms commonly met with are anaesthesias and parasthesias of various kinds.

It is a characteristic of such symptoms that they represent what the patient feels ought to be the symptoms of his disease, and the lower the intellectual level and education of the patient the more bizzare do they become. With the progress of education the grosser manifestations of hysteria are rarely met with today, such things as amnesias and fuges, fits and paralyses, are the hysterical symptoms of a patient of simple mentality. On the sensory side, an anaesthesia of the stocking and glove type, which does not correspond to the known dermatomes is clearly hysterical, but the better instructed the patient, the more difficult does it become to discover the aetiology of his symptoms. The diagnosis of hysteria is difficult in a nurse or a doctor, and extremely so in a neurologist.

I shall now turn to the production of psychosomatic lesions proper, limiting the term to the exhibition of symptoms without visible pathology, or symptoms, the severity of which cannot be accounted for by the minimal changes which can be discovered. From time to time, almost all skin diseases have had a psychogenic factor postulated in their aetiology, and in view of the varied skin lesions which can be produced by means of post-hypnotic suggestion, this is perhaps not surprising. Some of the diseases so mentioned in the literature are urticaria in its various forms, pemphigus, herpes simplex, herpes zoster, some types of oedema, eczema, erythemata, psoriasis, lichen planus, alopecia and warts, to mention but a few.

Dermatitis Artefacta

Special mention should be made of dermatitis artifacta. Obviously the deliberate production of skin lesions cannot be said to be taking place below the level of consciousness, and in respect dermatitis artifacta is a symptom of hysteria which verges on malingering. Nevertheless, the behaviour is properly termed hysterical, since the underlying mental processes are directed at the gaining of attention, and not the attainment of a predetermined material objective. A consideration of the following case will make this distinction clear. Miss E. O. aet. 26, a rather inadequate personality, was admitted to a surgical ward with a chronic paraonychia of one year's duration. By interfering with her finger she prevented its healing, and became prone to scratch and infect the accessible parts of her body with it. She admitted that 'she had never been out with a man in her life,' and under pentothal displayed considerable emotion, and stated that 'her life was empty,' and was 'passing uselessly away.' Her finger by this time was so fibrotic that it had to be amputated, but she seems to be making a good response to psychiatric treatment. In this case the object was obviously the attraction of attention to herself, and not any material gain resulting from the amputation of her finger.

The importance in the history of recurrent attacks of symptoms has been mentioned, and sometimes this connection of cause and effect is recognised by the patient, although he rarely realises its true significance. More usually however, the relationship is only discovered on direct questioning by the psychiatrist. Nevertheless it often happens that the dissociation has proceeded to such a degree that the connection has been pushed into the subconscious beyond the level of recall, and in these cases examination under hypnosis or under pentothal is useful. These methods break down the inhibiting bounds between the conscious and subconscious levels, and the connection can be brought out and displayed by the examiner.

Prognosis and Treatment

Finally, a few words with regard to prognosis and treatment. The immediate prognosis in any acute episode of hysteria is good, but the ultimate prognosis depends upon the severity of the underlying lesion. It is likely to be influenced by the emotional stability of the patient, on the degree to which integration is possible, and the importance to him of the conflict which is responsible for his symptoms. Generally speaking, the younger the patient, the better is the

ultimate prognosis, and it is also a favourable sign when the hysterical manifestations show a fluctuation in their severity.

Treatment falls under three headings—general, specific and symptomatic. The axiom of general treatment may be summed up by saying that once a condition has been established as hysterical, the less attention paid to the actual form the symptoms take the better. Prolonged spells in hospital, with numerous complicated tests and frequent dressings are to be discouraged, and the thought fostered in the patient's mind that his disease is understood and can be cured. This general treatment can be applied to all patients. Of specific and symptomatic treatments, the former is the method of choice, being directed at the underlying mental disease, and the latter employed when the results of specific treatment is insufficient. Essentially, the object of specific treatment is to give the patient insight into his condition, and to explain to him the nature and origin of his inner conflict. The importance of that conflict should be minimised, and the actual reasons for it removed, although this last is not always possible. He must be persuaded, if necessary with the use of hypnosis, that once his conflict is brought up to, and faced at the conscious level, his symptoms will disappear.

ACKNOWLEDGEMENTS

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STUDENTS UNION

COUNCIL MEETING

A meeting of the Student's Union Council was held on September 26th. The following points were discussed :—

1. Redecoration of the Abernethian Room :—A letter has been sent to the Executive Council thanking them for the decorations in the Abernethian room. The ultimate aim is to change the style of the Abernethian room, to have it made into two small rooms with a communicating door and a door leading into the corridor by the Out-patient department. It is also hoped that new furniture will be provided. No decision regarding these changes will be taken until the Hospital Committee has decided whether to incorporate the A.R. into their plan to extend the Out-patient department.

It is hoped that a heater will be supplied for the part of the A.R. furthest from the fire.

The Council decided to replace the existing iron lockers in the Abernethian Committee room by two wooden chests of drawers for the use of club secretaries.

Next the existing cloakrooms in the Hospital were discussed. The Council was agreed that the cloakroom accommodation should be modernised, the lighting improved, the plumbing improved and generally cleaned.

An estimate for complete modernisation and provision of lockers for students in the cloakroom had been received by Mr. Morris. £4,000 would be needed and the work would take about four months to complete.

2. British Medical Students' Association :—the B.M.S.A. conference this year will be held in Belfast and three members will be sent. The members are Mr. B. Hill, Mr. G. Burles and Mr. R. Hadley the pre-clinical representative.

Mr. Burles has for the past year been engaged on work concerning the 1st M.B. Curriculum and is due to report to the Conference in November.

3. A party of Glasgow medical students will visit the Hospital on the morning of December 18th.

4. College Advisers :—Professor Rotblat suggested that the members of the Council should think about this matter as the idea was basically a good one, but in practise it had not appeared to work at all well.

5. Pathology specimens :—it was reported that some of the Pathology specimens from the teaching collection in the musesum had been moved to the Nurses Quarters for teaching. This was inconvenient for Final year students doing their revision. The Secretary was asked to write to the Dean asking if this practice could be avoided.

6. The Council agreed that the Tommy de Rosa band should be booked again to play at the View Day Ball at the Park Lane Hotel.

THE CONDITIONED REFLEX

by J. S. Price

THE Conditioned Reflex lies in a sort of No-Man's Land between physiology and psychology. Apologetic references to it may be found in the backs of Textbooks of Physiology. In psychological books it is usually swallowed up in the great field of Learning, because it comes in the category of 'alteration of behaviour by experience.' Pavlov, who was the first to describe the phenomenon, was already a famous physiologist (in fact, a Nobel prize-winner for his work on the digestive glands) when he entered the field. He insisted that the conditioned reflex was essentially physiological ; which was a happy start, because physiologists are respectable people, whereas psychologists are known to be strange creatures who embarrass their friends by pulling habits out of rats.

The Ancients, with the blessing of Aristotle, thought that learning took place in the heart. In the Rennaissance the more romantic philosophers rejected the Schoolmen and exonerated the heart from such a dull and arduous task. But it is less than a century since learning was first studied experimentally. In 1875 Ebbinghaus began to learn by heart his collection of 2,000 3-lettered nonsense syllables, and from the results of his experiments drew his famous curve of forgetting. Some years later Pavlov made his memorable observation during some experiments on gastric secretion ; he noticed that towards the end of an experiment secretion tended to occur before the animals were fed. He surmised that some higher nervous activity must have been intervening, and decided to use the phenomenon to study the action of the cerebral cortex. And so he started an exhaustive series of experiments on the conditioned reflex. The salivatory reaction was conditioned to bells, buzzers, metronomes and whirligigs, and the saliva was led from the parotid duct by a fistula into glass measuring rods.

While this investigation was in progress the study was taken up in other parts of Russia. Bechterev extended it to man, but in the Thirties human reflexology was declared un-Marxian, and Bechterev was removed from the field. In America the conditioned reflex was seized upon as the ultimate unit of behaviour by Watson and his Behaviourist School ; since then a vast amount of work has been done on animal learning in that country.

What is it ?

The intelligent reader need feel no shame if he is uncertain of the exact meaning of the words 'conditioned reflex' ; vagueness on the subject is fashionable in pychological circles ; and in fact one American school denies its very existence. The classical Pavlovian situation will serve to illustrate the phenomenon. A dog is placed in a harness in a sound and smell-proof chamber ; a low buzzing sound begins, and in a few seconds meat powder or acid is placed in the dog's mouth ; at the same time the buzzing stops. This procedure is repeated at varying intervals and the dog's salivation is measured. At first the dog salivates only on the administration of the food or acid (the unconditioned stimulus or US), but after a few trials saliva appears during the buzzing sound (the conditioned stimulus or CS). The dog's behaviour has been altered by experience — he has been 'conditioned.'

The amount of acid produced during the buzzing (the conditioned response or CR) increases gradually to a maximum in about 30 paired presentations, or 'trials.' Then if the US is discontinued, the CR gradually declines — a phenomenon known as extinction.

A conditioned reflex, then, can be said to have been established when the following condition is fulfilled :— two successive stimuli are presented to the subject on two or more occasions, and one or more of the innate responses to the second stimulus occurs during the interval between the two stimuli on, but not before, the second or a later trial.

The Victims

The conditioned stimulus used is of little significance and is usually a whim of the

experimenter. The question of interest is, what responses can be made to precede in time the stimuli which normally evoke them? In fact large numbers of voluntary and involuntary movements as well as glandular secretions have been conditioned. The animals used range from *Paramecium* and *Infusoria* to Man. The alarm response of the worm and the human knee-jerk have been conditioned ; so have the eye-blink response of dogs to a puff of wind and the increased silk production of the silk worm to a rise in temperature. Shagass has conditioned the reduction of the human alpha rhythm in response to light, and Shurrager the flexion of the hind limb of the spinal cat to an electric shock. Claims have been made for the zig-zag mating dance of the stickleback and the vitamin absorption of the rat. Even the chick in the egg and the foetus in utero have failed to evade the conditioning procedure. Hudgins has conditioned his own pupillary contraction, using his voice as the CS ; so that his iris diaphragm obeys his spoken commands of 'contract!' and 'dilate!'. Yogis have probably been conditioning themselves for centuries.

Facts

When an experimenter overcomes his initial glee at being able to condition obscure responses in bizarre forms of life, he usually settles down to study the conditioned reflex and its associated phenomena in more detail. Quantitative studies of conditioning and extinction have been made ; these show that 'degree of conditioning' tends to be a logarithmic function of the number of trials. 'Degree of conditioning' is of course not directly measurable (it has the logical status of a hypothetical construct, to use Bergmann's terminology) ; but the size, frequency and latency of the response and its resistance to extinction serve as indices, and they usually give similar results.

When a conditioned reflex has been extinguished it is easier to establish a second time, and if no further trials are given it tends to undergo spontaneous recovery. Conditioning occurs almost as rapidly if the US is omitted in one or even two trials in every three. If during extinction a third stimulus precedes the CS, it too begins to elicit a CR (second order conditioning) ; then if the original CS is conditioned to another response, the second order reflex remains the same. (This result is used in arguments as to whether the CS is 'linked' with the US or the unconditioned response). Generalisation is a phenomenon which has received much attention :— if a stimulus similar to but not identical with the CS is presented, the CR tends to occur but to be reduced in size.

Pavlov made an extensive study of the phenomenon of 'inhibition.' Conditioned reflexes are very susceptible to stray stimuli, and a reduction of CR in this way Pavlov termed external inhibition. If an extinguished CS is presented with an unextinguished CS to the same response, the CR is reduced, and this is called internal inhibition. A similar inhibition is produced by a stimulus which has been associated with a CS during its extinction. (Note the similarity between this 'conditioned inhibitor' and a second order CS). Internal inhibition was also ascribed by Pavlov to the period immediately following the CS when the CS-US interval was more than about twenty seconds. He found that there was normally no salivation for the first ten seconds or so, but that during this period a distracting stimulus would produce a response. There is at least a superficial similarity between this phenomenon of disinhibition' and the external inhibition previously described.

Complications

Before discussing the theoretical side of conditioning, it would be as well to point out, if not to resolve, a confusion which exists between conditioning and what is often termed instrumental learning. Instrumental learning has been very widely studied on the other side of the Atlantic, and consists of teaching cats to get out of cages or rats to run mazes in search of food. In fact in America maze-running has become to the white rat what hair-cutting is to the Italians and laundry to the Chinese. In more precise terms, the subject is presented with a stimulus, then induced to make some sort of response, and then given a reward. After a certain number of trials the response tends to follow the stimulus spontaneously. It is a pleasant form of learning to study, and its phenomena have given rise to many ingenious theories. Unfortunately these theories have been applied to the conditioned reflex, and conditioning data have been used as evidence for the theoretical formulations.

There are two essential differences between

conditioning and instrumental learning. First, in instrumental learning a new unit of behaviour must be introduced (e.g., the dog sits up and begs) ; in conditioning this is not necessary, for an existing response is merely made to occur earlier than it would have done otherwise. Secondly, in instrumental learning a reward must be given, whereas in conditioning this too is unnecessary. Theorists who desire to explain the two sets of phenomena by the same laws deny these differences. They say that in conditioning a new behaviour unit is in fact introduced, although often it cannot be observed. (There is of course no way of contradicting such an argument.) They also maintain that the results of the conditioned response are rewarding. This postulate is difficult to disprove, because as a general rule conditioned reflexes must give some biological advantage ; otherwise the capacity to form them would probably not have evolved in the first place. It requires little dialectic for the sophist to turn biological advantage into reward.

However the all-embracing theorist may be attacked on other grounds. One important point is that in instrumental learning the reward is supplied by the experimenter, and is therefore an independent variable. In conditioning, the reward, if any, is a direct result of the CR, and is therefore a dependent variable. This is a vital difference when it comes to quantitative description.

Perhaps the most cogent argument for keeping 'reward' out of conditioning language is a logical one. The reader with behaviourist tendencies will have noticed, perhaps with horror, the word 'unpleasantness' creeping into the discussion, and indeed even the word reward may be making him jittery. Subjective expressions are very dangerous in animal psychology, and in this case have resulted in scientific trauma. The concept of reward is a response-determined construct ; i.e., it can only properly be defined in terms of the animal's responses. Rather than saying, 'by giving my dog a reward of food I can make him learn to beg,' we should say, 'when I apply certain stimuli to my dog after he has performed a given act, he tends to perform the act again in those circumstances ; such stimuli I shall call " rewards ".' While it seems pedantic to question that food is rewarding to a dog, it is presumptuous of us to assume *a priori* that we are rewarding a cat when we stroke it. And many of the rewards invoked by learning theorists are more dubious than stroking. Moreover it is one thing to decide that a certain stimulus is rewarding, but quite another to measure the amount of reward it gives. Maze experiments overcome this difficulty by giving known quantities of food to rats of standard weight starved for a known period ; but it looms up again when learning theory is applied to social psychology, where the rewards are more nebulous. One solution would be to standardise the reward in a prior experiment in the way that complement is standardised in the Wassermann test. But this would be extremely difficult in conditioning where the hypothetical reward is a dependent variable. In the case of acid and salivation it might be possible to measure the reduction in resultant oral pH due to the conditioned salivation ; but at the silk-worm or even the alpha rhythm the most ingenious measurer would boggle.

Fortunately the data of conditioning can be handled without the concept of reward, and the theorist, like nature, can excusably abhor complication.

Theories

Attempts to speculate about the mechanism of learning are, as J. Z. Young pointed out in his recent lecture to the Bart's Physiological Society, as fascinating as they are unrewarding. Nevertheless, the literature of learning theory is vast. It will suffice to give examples of the three main types of theory which have been put forward : namely, the lower level theory, the mechanical model and the mathematical model. Pavlovian theory will not be discussed, as it attempts to explain data on the interaction of established conditioned reflexes rather than the conditioning process itself.

The lower level type of explanation was adopted by Konorsky, whose postulates are framed in terms of neurones and alterations at synapses. He supposes that fibre connections exist between all sensory centres, but lack transmitting synapses. Excitatory synapses are formed from a centre of subsiding excitation to one on rising excitation, while inhibitory connections are formed in the reverse direction. This and his other postulates can handle most of the facts of conditioning, extinction and generalisation, but fail to account for such phenomena as second order conditioning. Moreover the theory is not quantitative. But a less unsatisfactory neural theory has yet to be advanced.

The mechanical models range from cog-wheels and hydraulics to complicated electronic circuits. Perhaps the best known is Grey Walter's electronic tortoise, which has shown its ability to learn to a television audience. One hope of the model-builder is that, if he builds a machine which duplicates the learning behaviour of animals, the 'works' of his model will be similar to the 'works' of the brain, in pattern if not in substance.

A remarkably comprehensive quantitative mathematical theory has been devised by Hull, unfortunately including conditioning under the heading of instrumental learning. Here the stimulus variables such as CS-US interval and number of trials are related to the response variables by a mathematical equation. Since the overall equation relating so many variables is necessarily extremely complex, it has been simplified by the use of intervening variables. The sum is, as it were, computed in stages. The purpose of such a theory is primarily descriptive. Unlike the neural type of theory, it can make no predictions beyond the response to be obtained from the various values of the stimulus variables. But there is always a chance that the intervening variables, if wisely chosen, will turn out to have some physical basis.

Similarly the mechanical model, if treated as a 'black box', is a descriptive theory, and it has the advantage that it works out its own equations. Also it is usually a fascinating toy.

The reflexology of Everyday Life

What relevance, one may well ask, has conditioning to medicine and to daily living? Any lack of Anglo-Saxon sensitivity on this topic is amply compensated by the Russians. They thrust conditioning to the forefront of political and industrial life; Bechterev, in spite of his long and brilliant manifesto on the Marxian basis of human reflexology, was declared ideologically dangerous; chairs of psychology tumble with the heads of the Politburo. Even the insipid and drawn-out controversy between Shurrager and Culler (who claim to have conditioned the spinal cat) and Kellog (who says that Shurrager and Culler's results are an artifact) has been imbued by a Russian journal with an aura of melodrama and cloak-and-dagger intrigue. Following Razran's translation, the Russian authors take sharp issue with the 'reactionary mechanistic-idealistic doctrines' of Shurrager and Culler, and praise Kellog and others for their 'proper unmasking' of Shurrager and Culler as followers of the 'pseudo-scientific mystical metaphysical Lashleyan views'. *(sic!)*. Kellog's actual statement was, 'Results like those of Shurrager and Culler follow as a logical sequence from the original experiments of Lashley'.

No doubt British professors are thankful for the indifference of the general public to the battles and revolutions of learning theory: but it is probably true to say that we are all undergoing some form of conditioning or extinction every hour of the day. Many feelings of general anxiety may be due to unconscious conditioned defensive reactions; and the conditioned flow of gastric juice at meal times may, I am told, precipitate a gastric ulcer in the irregular diner. Mechanisms related to those underlying the conditioned reflex are probably concerned in the organisation of sensory information, and in controlling the 'surprise' response. The work of Fry suggests a similar mechanism in rapid speech comprehension.

The application of conditioning procedures and theory to psychiatry lapsed after Pavlov, but some uses have been reported recently. Hilgard and Marquis have relieved hysterical paralysis by conditioning. Hamilton has demonstrated some interesting effects of ECT on the conditioned emotional responses of rats. Eysenck has used Pavlov's concepts of cortical inhibition to explain the differences between introverts and extroverts; and the theory may suggest appropriate treatment for the cortically inhibited psychopath and the cortically uninhibited obsessional.

Summary

In its sixty-odd years of life the conditioned reflex has been used as a tool, a technique, a theory, a measuring instrument and a hobby. It was claimed by the behaviourists to be the basic unit from which all complex behaviour is built; its very existence has been denied by their successors. It has encountered philosophical difficulties in its terminology; it has been engulfed and disfigured by compendious learning theories. Few species have escaped its application, and few parts of the body have eluded its probing hand. It has been used unwittingly by disciplinarian schoolmasters and therapeutically by sophisticated psychiatrists. Pavlov discovered it and the Russians fear it; the Americans deny it; the British ignore it. Few understand it and no one has explained it. It is a typical psychological phenomenon.

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BRITISH MEDICAL STUDENTS ASSOCIATION

PRE-CLINICAL SUMMER SCHOOL

SEPTEMBER, 1956

In September the B.M.S.A. London Region held its first pre-clinical 'Summer School.' The programme extended over four days, each being spent at a different London Hospital, and began at The London with an address by the Dean and ended at St. Bartholomew's with a social held during the evening in the recreation room in College Hall. This was the first venture of the B.M.S.A. into the field of Pre-Clinical Summer schools and out of 73 participants we are pleased to announce that thirteen came from this Medical College.

First Day

The first day at Whitechapel introduced us to the London's method of clinical demonstrations for pre-clinical students when Professor Clifford Wilson and J. L. D'Silva spoke on 'Physiology in Clinical Medicine' giving special emphasis to jaundice. After lunch Dr. Camps showed slides of material from famous cases including that of Emmett Dunn, and the day ended with an amusing introduction by Prof. Harrison to Percy, the Anatomy Department's pet seal.

Second Day

Student Hostesses appeared on the second day at the Royal Free Hospital. Here the group learned something about Monarchical genetics from a talk illustrated with photographs and family trees tracing the Hapsburg lip. Dr. Walsh then gave an account of his department's research work on the causes of addiction to such drugs as Morphine, Pethedine and Cocaine, and the connection between such addiction and the citric acid cycle. The visit to Hunter Street was concluded by Prof. Bowdens lecture and demonstration on Applied Anatomy which included some work on embryos by Dr. Blunt.

Third Day

At King's College historical aspects of both Pharmacology and Anatomy were discussed by Dr. Brownlee and Prof. Nicol respectively, and in the afternoon the school divided, one party being the guests of Messrs. May and Baker Ltd., who showed them over the Dagenham pharmaceutical works where they watched the manufacture of drugs. The other party went to visit the anatomical museum of the Royal College of Surgeons. These will be the subject of future visits by the Bart's members as next March approaches.

Fourth Day

On the last morning the School were the guests of St. Bartholomew's Medical College. Following an address of welcome by Prof. K. J. Franklin, Dr. Francis examined the field of Radioactive Isotopes demonstrating the uses of the many forms of Geiger counter. With the aid of rabbits he illustrated some of the clinical uses of isotopes. Lunch was taken after the showing of several departmental films. The previous afternoon's visits were reversed.

Through kind permission of the Dean and The Warden of College Hall proceedings closed with a social in the Recreation Room.

The Summer School was a great success. Its members have had the opportunity of meeting pre-clinicals from other hospitals, and have been able to attend lectures given by members of the teaching staffs of these hospitals. It is to be hoped that in future many more pre-clinical members of this hospital will take advantage of the opportunities afforded by our membership of the British Medical Students Association.

Robert M. Hadley,
B.M.S.A. Pre-Clinical Representative.

THE VAN DEN BERGH REACTION—A REORIENTATION

by HERMANN LEHMANN

It was just about 40 years ago that Van den Bergh recorded that the bile pigment from the gall bladder differed from that present in the plasma of healthy people and that the plasma bilirubin of patients with obstructive jaundice behaved like that of bile taken from the gall bladder. The gall bladder pigment or 'bili-bilirubin' reacted with Ehrlich's sulphanilic acid reagent to give a deep purple colour. The 'haemo-bilirubin' of normal plasma which had not passed through the gall bladder failed to react with Ehrlich's reagent, yet if alcohol was added to the normal plasma (or for that matter to jaundiced plasma when the jaundice was haemolytic rather than obstructive) sulphanilic acid reacted with the previously inert bilirubin to give the same colour as was given directly with bili-bilirubin. Van den Bergh himself favoured a theory according to which a chemical change of haemo-bilirubin took place in the liver and he thought that the two bilirubins were different compounds. Others thought that gall bladder bile contained a catalyst which facilitated the colour reaction in the absence of alcohol. The most favoured explanation was that haemo-bilirubin differed from bili-bilirubin by being linked to protein. It was thought that the indirect-reacting bilirubin was still adherent to breakdown products of haemoglobin and that it was cleansed and deterged when it reached the liver. The protein-linked haemo-bilirubin was thought to be unable to pass the glomerular membrane or to react with Ehrlich's sulphanilic reagent, hence in haemolytic jaundice bilirubin did not appear in the urine and the Van den Bergh reaction in the plasma was negative.

However, it has become increasingly clear that both types of pigment are in the blood linked to protein. It has been suggested that they are linked to different proteins, the direct-reacting type being bound to albumin and the indirect-reacting pigment to globin. Nevertheless no one has really been able to prove that bilirubin was associated with any other protein than albumin on electrophoresis. It was also shown that the direct-reacting pigment gives a positive colour reaction whether albumin is present or not. Indeed in the acid conditions of the Van den Bergh reaction any association between bilirubin and protein could not possibly persist.

It was, therefore, of great importance that Cole and Lathe working at the Queen Charlotte's Maternity Hospital, London, observed in 1953 that there existed indeed two different bilirubins. This was shown by partition chromatography, and in the absence of any nitrogenous substances. It was possible to demonstrate that one of the two bilirubins was more soluble in water and was identical with that which gave the direct Van den Bergh reaction. The second, which was more soluble in organic solvents, gave the indirect Van den Bergh reaction. This explained for the first time why the addition of alcohol enabled the indirect-reacting pigment to combine with Ehrlich's sulphanilic acid reagent. It was merely a matter of adding alcohol to bring into solution a compound sparingly soluble in water.

It has now been shown by Billing and Lathe that the indirect-reacting bilirubin is the pure compound. Being rather insoluble in water it tends to dissolve preferably in nervous tissues hence it can give rise to Kern Icterus. It is not dissolved in the glomerular filtrate and thus does not appear in the urine. In plasma the addition of alcohol is necessary to dissolve it before it can give the positive Van den Bergh reaction. In the liver bilirubin is conjugated with glucuronic acid. Glucuronic acid is frequently used by the liver for conjugation and detoxication; for instance para-amino-salicylic acid (PAS) is conjugated with glucuronic acid and excreted as such in the urine. On conjugation bilirubin becomes water-soluble, it will no longer preferentially combine with nervous tissue, it will pass through the kidney and it will give a Van den Bergh reaction without addition of alcohol. Recently Schmid reported from America that there are at least two glucuronic acid conjugates, the greater part of the direct-reacting pigment is present as the diglucuronide and a small proportion exists as the monoglucuronide. In future we shall have to change our conceptions of haemo- and bili-bilirubin and think in terms of free and conjugated bilirubin.

Hermann Lehmann

Dr. Lehmann, M.D., Ph.D., qualified from Heidelberg and Basle. He is at present Senior Lecturer in Chemical Pathology at Bart's. [see St. B.H.J. *50* 237 (1956)].

A SIMPLIFIED SCHEME OF LABORATORY FINDINGS IN JAUNDICE

	SERUM BILIRUBIN			URINE		STOOLS
	Type	Van den Bergh Reaction		Bilirubin	Urobilinogen	Urobilinogen
		direct	indirect			
Normal	free	negative	<0.8 mg. %	absent	2 mg./24 hrs. i.e. "absent"	150 mg./24 hrs. in adults
Obstructive jaundice	conjugated	positive ++	raised ++	present ++	"absent"	lowered or absent*
Haemolytic jaundice	free	negative	raised	absent	raised ++	raised
Acute hepatitis Obstructive phase	conjugated	positive	raised	present	present	normal or lowered

* A very little urobilinogen may sometimes be found even in complete obstruction — contamination of faeces with jaundiced intestinal tract.

EXAMINATION RESULTS

UNIVERSITY OF LONDON

B.Sc. Special Examination Physiology August 1956

First Class Honours
Tooby, D. J.

Second Class Honours (Upper Division)
Townsend, J.

Special Second Examination for Medical Degrees July 1956

Bardard, B. M.
Berry, W. H. C.
Childe, M. W.
Durrant, K. R.
Fox, G. C.
Harris, D. M.
Hudson, M. J. K.
Jones, L. C. T.
McGrath, M. B. J.
Bataineh, A. S.
Burbidge, B.
Cox, T. A. R.
Eddy, J. D.
Gould, W. A.
Hijazi, H. K.
John, R. W.
Juniper, C. P.
Marshall, R. D.
Milburn, F. A.
Peebles, D. J.
Plant, J. D. C.
Roden, A. T.
Tchamouroff, S. E.
Willoughby, R. A. G.
O'Hanlon, N. M. P.
Pemberton, M. J.
Roberts, C. P.
Swallow, J.
Thomson, R. G. N.
Winch, R. D.

Special First Examination for Medical Degrees June 1956

Bootes, J. A. H.
Fell, R. H.
Knight, C. R.
Shaw, A. B.
Christian, P. B.
Jones, N. O.
Pagan, W. H.
Telfer, A. C.

The following obtained exemptions:—

Bondarenko, A.
Diamond, J. G.
Gill, B. V.
McNeill, C. A.
Therkildsen, L. K. H.
Watson, J. U.
Collier, L. J.
France, R.
Howes, A. C.
Sutcliffe, A. J.
Visick, J. H.
Welch, D. M.

ABERNETHIAN SOCIETY

On October 5th Professor B. W. Windeyer, F.R.C.S., F.F.R., Professor of Therapeutic Radiology in the University of London and Dean of the Middlesex Hospital Medical School, addressed the inaugural meeting of the 161st session of the Abernethean Society. His subject was, 'The biological effect of ionising radiation.'

The Great Hall made a delightful setting for the meeting. A huge log fire was blazing in the hearth, and concealed lighting mel-lowed the portraits and lists of benefactors on the walls. One would like to think that the implications of the subject were affecting the Great Ones who looked down from their frames: Queen Victoria with downcast eyes, Henry VIIIth gazing challengingly to the front, Sir John Abernethy blushing in the glow of a pink spotlight.

After describing the various types of ionising radiation which exist, Professor Windeyer spoke of their uses in medicine, agriculture, industry, warfare, and scientific research. A little radiation, for instance, is useful in weaving to quieten charged nylon threads which would otherwise wreak havoc in the loom by attracting and repelling each other.

An overdose of radiation, such as occurs occasionally in radiotherapy, may lead in a few hours to vomiting, prostration and death. The second wave of symptoms follows in a few days; there is erythema, blistering and moist desquamation of the skin of the part irradiated; the general effects include leukaemia and aplastic anaemia. Sterilisation, sometimes temporary, may occur in women, and irradiation during the first months of pregnancy tends to produce a microcephalic foetus. The speaker dwelt briefly on the long term genetic effects; the increased incidence of an abnormality due to a rise in mutation rate depends on the type of gene concerned; for instance, achondroplasic dwarfism, which is associated with a dominant gene, would increase more rapidly than haemophilia, which is associated with a recessive sex-linked gene, and haemophilia in turn would increase more rapidly than phenylketonuria, whose determining gene is neither dominant nor sex-linked. There was a perceptible shudder in the room when the Professor introduced the concept of 'the genetically dead'.

The average background radiation is O.1 röntgen per year. It has been increased by 25% in this country by various civilised practices, the main contributor being diagnostic radiography. The speaker mentioned the high local radioactivity of Cornwall, Aberdeen and Tibet, and pointed out that atomic energy establishments made approximately the same contribution as pedoscopes.

Professor Windeyer concluded his address by predicting that civilisation will come to depend more and more on ionising radiation. This, he said, is a challenge to Science; we must protect our population from the harmful effects by advances both in prophylaxis and in treatment.

Professor Rotblat opened the short Question Time which followed by pointing out that each person is somewhat radioactive and mentioning the danger inherent in the married state due to the mutual irradation of husband and wife. He asked whether British experts accepted the American finding that the expectation of life of radiologists was five years less than the average. Professor Windeyer replied in the negative, on the grounds that the American figures were taken entirely from American journals. He pointed out the difficulty of sacking radiologists when they have received a certain dose, and said that although he would not reveal his own dose, he felt that he might have been sacked some time ago. Total personal radiation looks like becoming another of those hush-hush things like a lady's age.

Mr. Boston then reminded the company that last November a certain type of Redshank, indigenous to Russia, was shot down in full spring plumage. On autopsy it was found to have radioactive gonads. The speaker parried the question deftly by remarking that the observation tallied well with the fact that radiologists are usually very handsome men.

Mr. I. G. Williams, in thanking Professor Windeyer for his lecture, said that the Professor was noted for the three Rs, rowing, rugger and radiotherapy. Mr. N. C. Roles, giving thanks on behalf of the Society, mentioned the hazards of sunbathing on the roof of the radiotherapy department. We came away from this most interesting lecture somewhat relieved about the state of the world, but full of sympathy for that unfortunate creature, the married radiologist of Aberdeen.

SPORTS NEWS

VIEWPOINT

During this month the Olympic Games are being held in Australia; all over the world sportsmen will be focussing their attention on the events that will occur inside the specially prepared Melbourne Stadium. Each day of the Games will bring forth new champions in almost every sporting sphere, and their names will become household words. For there to be one winner, there must also be many who do not win; Olympic losers are noted for being 'gallant losers', in keeping with the high traditions and spirit of the Games—the pleasure is not in winning, but in taking part.

It is therefore a matter of great pride to recall that many Bart's men have taken part, and given of their best, in helping to keep alive the spirit of the Games.

As long ago as 1908, three Bart's men represented Great Britain. T. H. Just, later to become an E.N.T. surgeon, ran in the 800 metres event and reached the final, while R. B. Etherington-Smith and J. S. Burn took part in the rowing events.

There was then a gap of 12 years before the Hospital was again represented. J. C. Ainsworth-Davies, now a genito-urinary surgeon, ran in the 400 metres, reaching the final and gaining 5th place. A comment in *The Times* says that on a very heavy track in the final, Ainsworth-Davies finished very strongly and might well have been third if the race had been five yards longer. He was also a member of the British team which won the 1600 metres relay race.

Then in 1924, Mr. H. B. Stallard, Ophthalmic Surgeon to the Hospital, was Britain's first string in both the 800 and 1500 metres at the 8th Olympiad in Paris. He reached the final in both events, being placed 4th in the 800 metres and 3rd in the 1500 metres. The captain of the British team had this to say at the time: 'Yet perhaps in some ways Stallard put up the finest performance of them all. In five days he ran five races — three rounds of the 800 metres, two of the 1500 . . . ; in his fifth (race) he beat the Olympic record, and came, after a marvellous last-lap sprint, within eight yards of Nurmi, the Finnish super-man. Few people knew that his last two races had been run on a foot that caused him acute agony every time he put it to the ground.'

Also in 1924, a hurdler by the name of Laksmanan represented India, and he later entered Bart's as a student.

Aquatic sport came to the fore in the 1936 Games at Berlin, when R. J. C. Sutton captained the British Water-polo team.

Then to 1948, the first post-war Olympiad, when that great runner A. S. Wint gained the 400 metres gold medal, and came second in the 800 metres. Yet again in 1952 he was second in the 800 metres, and was a member of the record-breaking Jamaican 4 x 400 metres relay team.

Now that the XVIth. Olympiad is upon us, it is timely to reflect that Bart's has contributed in no small measure to this the greatest of all amateur sporting occasions.

RUGGER

1st XV v. Reading Wednesday, 26th September. Away. Won 17-5.

We opened the season against old opponents who appeared under a new name, for during the close season Berkshire Wanderers had become Reading R.F.C. We faced this opening campaign with some trepidation since, owing to a diversity of reasons, only six of last year's Cup team were available. To add to our difficulties we arrived at the ground in varying stages of changing, for delays *en route* had caused us to start changing in the coach. As to the game, we started very slowly and half-time found us trailing 3-5, a try by newcomer McMaster, after a combined movement by backs and forwards, was followed by a goal by Reading. In the second half things went rather better, and inspired by some brilliant play by Phillips, who had appeared the previous week for Middlesex, tries were added by Davies, Dobson, Halls and Phillips himself, the last being converted by Davies.

It had been an encouraging start to the season, but while the forwards had been good in the tight scrums, where Palmer and Roche were pushing well, the line-out work was very scrappy, and only the captain Mackenzie showed up consistently in the loose, whilst our very promising backs had never really got going as a line.

Team: B. W. R. Badley; R. M. Phillips; G. J. Halls; M. J. A. Davies; B. McMaster; R. Bonner-Morgan; B. Richards; J. Dobson; C. J. Carr; B. O. Thomas; D. W. Roche; J. W. B. Palmer; S. Costley; T. W. Gibson; J. C. Mackenzie.

1st XV v. Trojans Saturday, 29th September. Won 25—3

This was another convincing win, but before exulting too much it must be mentioned that it was Trojan's fifth defeat in five matches. We were off to a flying start when in the first minute Halls completed a combined movement with an unconverted try, and the same player soon added two

fine penalty goals, both from near the touch-line. Before half-time our lead had increased to 17-0, through a try by full-back Badley, who went right through the opposition following a heel from the loose, and another by skipper Mackenzie. The first try was converted by Davies. In the second-half our scoring was limited to two tries by Phillips, one converted by Davies, while the Trojans got a consolation try in the corner in the last minute.

Our outstanding player was again Phillips, whose change back to the right wing seems to have done him immeasurable good. Badley at full-back did not get much to do, but it was good to see him bring off two fine tackles. The forwards in the line-out, where Roche was quite outstanding, showed some improvement, but the scrumming in the first-half, when our heavier opponents were still fresh, was not too good, even though it did improve in the second half when we established a monopoly of the tight scrums.

Forty-two points after only two matches, even though the opposition was not very strong, reflects great credit on the team's fitness and to the keenness of the pre-season training which the new captain has organised so well.

Team: B. W. D. Badley; R. M. Phillips: G. J. Halls; M. J. Davies; T. S. Matthews; R. Bonner Morgan; A. P. Ross; J. C. Dobson; C. J. Carr; B. O. Thomas; D. W. Roche; J. W. B. Palmer; J. C. Mackenzie; T. W. Gibson; H. Thomas.

1st XV v. Stroud. At Stroud, October 6. Lost 0—11.

Despite Stroud's impressive record this season our own earlier performances led us to approach this match with some optimism. This proved ill-founded, for we had forgotten that while we were having two easy wins Stroud had been playing five hard matches, and this difference in match practice was probably the key to the game. Stroud's bustling pack disrupted our backs and were quicker on the loose ball than our forwards. In the lines-out Roche and Palmer gave us the advantage, but Stroud had the edge in the tight scrums, while in the loose one noticed particularly the hard play of D. Richards who was making his debut for the hospital. Of the backs Badley had a fine game, whilst McMaster on the left wing showed promise, despite the lack of thrust from the centres.

Half-time found us trailing 0—3, an opening by the Stroud centres having allowed their right wing to cross, and soon after the interval the same player scored again after an almost exactly similar movement. After this we gave as good as we got but could not break down the Stroud defence. Their final score was a tragedy for us, resulting from an interception of an attacking movement of ours which ended with an easily converted try for Stroud.

The result was rather disappointing, but if the pack have learnt to cover and bustle more and if the centres can acquire some extra thrust we still have the makings of a useful side.

Team: B. W. D. Badley; R. M. Phillips, G. J. Halls, M. J. Davies, D. B. McMaster; R. R. Davies, B. Richards; B. O. Thomas, C. J. Carr, D. A. Richards, D. W. Roche, J. W. B. Palmer, J. C. Mackenzie (*Capt.*), T. W. Gibson, H. Thomas.

1st XV v. Woodford. October 13. Drawn 9—9.

A very disappointing result this, for Woodford had lost their previous four games. They evidently decided on a spoiling policy, and we had no answer to their tactics. We were handicapped by the early loss of Neely with a shoulder injury, but Howard Thomas, who took his place in the centre, did not slow the line down at all. The forwards, despite being lighter, had the edge in the tight scrums, but were outplayed in the lines-out and in the loose, where Jones, making his debut, was one of the few players to shine. The backs failed to get going as a line, even though Phillips had the measure of his man and rounded him time and again to put in some beautiful, but unlucky cross-kicks.

We got an early score when Phillips threw the ball right across to the opposite wing for McMaster to score easily, and just before half-time scrum-half Richards managed to touch down just before he was knocked into the corner-flag. In the second-half we went very slowly till Woodford scored a try which stung us into a quick heel leading to a try by Halls after a good break by Rees Davies. After this we played poorly, and Woodford equalised through two well taken penalty goals.

Team: S. G. I. Hamilton; R. M. Phillips, G. J. Halls, J. C. Neely, B. McMaster; R. R. Davies, B. Richards; B. O. Thomas, C. J. Carr, D. A. Richards, D. W. Roche, T. W. Gibson, H. Thomas, R. Jones, J. C. Mackenzie (*Capt.*).

1st XV v. Cambridge LX Club at Chislehurst on 17th October. Lost 8—24.

This game really showed up our weaknesses, but a rally in the last quarter did at least look as if we were learning our lesson as we went along. Cambridge had a dropped goal and a penalty before the game was well under way, then for about a quarter-of-an-hour play was pretty even. However, before half-time, B. A. F. Smith, the Leicestershire centre, had taken advantage of Bart's errors to score two tries, one converted, so that at the interval we were 0—14 down, despite having almost monopolised the tight scrums. Before long we were 0—24 down, Smith scoring again and making a try for his winger, both tries being converted from a long way out. From this stage on we gradually came back into the game and in the last ten minutes our superior fitness had us well on top. Mackenzie crossed under the posts after McMaster had swung the ball inside, and this try was converted by M. J. Davies, who a few minutes later dropped a beautiful goal from well outside the 25 yard line.

The forwards had slightly the better of the tight, and slightly the worse of the line-out where we were usually only successful if the ball was knocked-back, but the covering and the heeling from the loose were still poor. The backs looked better in attack in the second half than in any of the previous matches, whilst the fielding of Hamilton at full-back was faultless.

Team: S. G. I. Hamilton; R. M. Phillips; G. J. Halls; M. J. A. Davies; A. B. M. McMaster; R. R. Davis; B. Richards; J. C. Dobson; C. J. Carr; D. A. Richards; J. W. B. Palmer; W. P. Boladz; H. Thomas; R. Jones; J. C. Mackenzie (*Capt.*).

1st XV v. R.M.A. At Chislehurst, October 20th. Lost 3—6.

Another disappointment this, for with Sandhurst weaker than for some time we had hoped to register our first win over them for several years. The team, however did not rise to the occasion, and there seemed to be a strange lack of determination, throughout the side. The heeling from the loose was again bad, and the tackling was weak at times.

The scores were all penalty goals. Sandhurst scored first, then M. J. Davies equalised for Bart's before the Sandhurst winner was kicked shortly after half-time. After this we were on the attack a lot but the Sandhurst covering was too good—an example to our forwards. One was left reflecting on the large number of penalties awarded, and on a spectator's comment that Bart's hadn't produced a consistent kicker in his 21 years' experience.

Team: S. G. I. Hamilton; R. M. Phillips, G. J. Halls, M. J. Davies, A. B. McMaster; R. R. Davies, B. Richards; J. C. Dobson, C. J. Carr, T. W. Gibson; D. W. Roche, J. W. B. Palmer; R. Jones, J. C. Mackenzie, H. Thomas.

" A " XV v. Trojans. Lost 6—11.

" A " XV v. City of London School. Won 28—3.

SOCCER

1st XI v. Caledonian Football Club. October 6. Won 5—4. *Scorers*: Andan (2), Iregbulam, Johnson, Gould.

The Bart's Soccer season again opened in conditions ideally suited for good football. The Bart's team had almost a new look about it having five new faces in its ranks. The game started at a cracking pace, this being the first game played by both Clubs. Honours were remarkably even in the first half, both sides having had many chances and many near misses. The fact that Bart's led at half-time by one goal to nil was due to Gould who towards the interval had seized on a through ball and promptly crashed a low ground shot past the opposing goalkeeper.

The second half started with a spate of goals from the Hospital forwards. With the half not more than five minutes old Iregbulam with a well placed shot put Bart's two goals up. Soon afterwards Andan out on the right wing flighted across a perfect centre which deceived the opposition goalkeeper and finished in the back of the net. Credit for the fourth goal must again go to Andan who scored with a shot into the top corner of the net. Our opponents, who had not seen much of the ball up to now in this half, fought back and scored. Their triumph, however, was short-lived because almost immediately Johnson scored Bart's fifth goal with a hard shot through the goalkeeper's legs. At this stage the game underwent a startling change, Bart's losing their midfield mastery and the Caledonians gaining the initiative. The Caledonians quickly added to their goal tally by scoring three very good goals. The game then developed into a battle between the Bart's defenders and the opposition forwards. The final whistle went with no further score and Bart's had won their first game of the season.

Credit must go to the defence for their staunch play throughout the game—their tackling, distribution, and positional play will improve enormously with match practice and they will then provide an even firmer foundation for the revival of Bart's soccer.

The forwards will have to realise that one pass is often better than three. They should endeavour to open out the game more and when they do this more goals will be forthcoming.

Team: J. Mercer; R. Kennedy, D. Prosser; Dr. J. A. Parrish, A. Whitworth (*Capt.*), D. Smith; A. Andan, F. Iregbulam, T. Johnson, R. Pilkington, A. M. Gould.

HOSPITAL LEAGUE

v. St. Mary's Hospital. Home. Drawn 3—3.
Scorers: Iregbulam (2,) Johnson.

Bart's opened their Hospital League fixtures game against St. Mary's Hospital on a dull day and on an ideal pitch. A variety of reasons caused changes in a winning Bart's team. During the first half of a very evenly contested game, Bart's managed to score two goals. The first was scored by Iregbulam who siezed on a fumble by the opposition goalkeeper and scored with a well placed shot. The second was scored by Johnson, our centre forward, who on being given a through ball down the middle of the field, raced on to it and scored with a left-footed drive. During the first half, Gould was prominent on the left wing, but was inclined to hold on to the ball too long and so the forward line was slowed down as a whole. However, Gould was very unlucky not to score after a dribble beating several men, but ending with a shot over the bar.

Within a few minutes of the restart, St. Mary's scored and this seemed to take some of the fight out of the home team. In a matter of five more minutes, Bart's were trailing 3—2, after holding a 2 goal lead and fighting hard to prevent a further St. Mary's score. At this point in the game, St. Mary's were in full command both in midfield and in front of the Bart's goal. Only standing back by defenders Kennedy, Whitworth and Juniper, and also good 'keeping by Mercer, prevented a further Mary's score. Our equaliser was scored by Iregbulam who on receiving the ball with his back to goal, swivelled round on a sixpence and scored with a low drive into the bottom corner of the net —a splendid goal for the equaliser. The score remained 3—3 until the end of a clean, well fought game.

The surrender of a two goal lead reflects both on attack and defence: the attack for failing to repeat their first half cohesion and scoring ability by a seeming lack of effort and a feeling of despair during the second half; the defence for their inability to cover as well as they did during the first half. The defence was strengthened also by the return of Juniper at centre half after having sustained an injury at the beginning of last season. Perhaps after a few more games, he will regain his confidence, both in his tackling and ball distribution.

Team: J. Mercer; R. Kennedy, A. Whitworth; M. Pemberton, C. Juniper, R. Pilkington; A. Andan, I. Iregbulam, T. Johnson, W. Berry, A. M. Gould.

1st XI v. Old Parkonians. Lost 2—1.

In perfect conditions at Chiselhurst, Bart's suffered their first defeat of the season against the Old Parkonians. The result, however, cannot be said to be a true reflection of the play for Bart's played much better than previously this season and had the ball run more kindly for them they might well have won.

The game began at a fast pace with both sides playing good football in midfield but failing to score until a bad defensive mistake let the Old Parkonians score the only goal of the first half.

After half-time Bart's gained the ascendancy and about 20 minutes from time Gould fastened on to a through pass to put Bart's level. With Prosser, Bart's outstanding player, often starting attacks from full-back the Hospital continued to press, but brilliant goal-keeping, with some fine help from the posts prevented Bart's from adding to their score. It was against the run of play that the Old Parkonians scored the winning goal, following a good cross from their right wing, just before the final whistle.

Team: J. Mercer; R. Kennedy, D. Prosser; Dr. J. A. Parrish, C. Juniper, A. Whitworth (Capt.); A. Andan, P. Watkinson, L. Iregbulam, R. Pilkington, A. Gould.

HOCKEY CLUB

The following were elected officers for the season 1956-57:

Captain — J. B. Nichols
Hon. Sec. — N. C. Roles
Hon. Fixture Sec. — D. S. Wright
Hon. Treasurer — C. S. Goodwin

PROSPECTS

With most of last year's team still available, the prospects for this season are bright, especially so, since P. Drinkwater is now playing for us whenever not required by Southgate. The practice games early on produced one or two good new players from amongst the Preclinicals. We are again unlucky to be without C S. Goodwin for the start of the season, but we hope that he will very soon be well enough to play again.

1st XV v. City of London College. October 13. Lost 3—4.

This was a disappointing start to the season. Bart's started well and were soon a goal up following a good forward movement. C. L. C. now retaliated with another goal and from then on, play swung from end to end, C. L. C. scoring twice more and Bart's once.

Soon after half-time Bart's equalised and with play mostly in the C. L. C. half it looked as though we might win. Then, however, one of the C. L. C. forwards, using his foot to full advantage, scored while an amazed Bart's defence stood looking on. After this goal Bart's fought back in vain and failed to equalise although there were close chances.

Despite the indifferent state of the ground, the forwards managed to have some good passing movements and they were well supported by their halves and backs.

Team: R. P. Doherty; R. G. L. Smith, N. J. C. Grant; M. B. Bishop, J. B. Nichols, D. S. Wright; J. R. Nicholson, A. S. Tabor, A. S. Anderson, N. C. Roles (3), A. P. Marks.

1st XI v. Imperial College. October 17th. Drawn 3—3.

This was an enjoyable game and a very satisfactory result considering that Bart's were playing an "A" side and were without one of their players for the first fifteen minutes. Imperial College opened the scoring early on with a hard shot which gave Stark little chance. Bart's soon retaliated and, following a good forward movement, Roles equalised. From then on play swung from end to end and not long before halftime Church scored a very nice goal. In the second half Imperial College had many very dangerous movements and it was only due to some stout defence, in which Nichols figured prominently that only one goal was scored during this time. Towards the end Bart's scored again when Roles followed up a shot by Church, but soon after Imperial College managed to equalise.

A good game with everyone going really hard and playing together well.

Team: J. E. Stark, J. A. Garrod, R. G. L. Smith, D. S. Wright, J. B. Nichols, D. Goodwin, P. J. Kingsley, A. P. Marks, R. B. Church (1), N. C. Roles (2), C. J. M. O'Keeffe.

1st XI v. R.N.C., Greenwich. October 20th. Drawn 1—1.

The general verdict of this match was that Bart's were "incredibly lucky." With what looked a good side on paper, we were continually beaten to the ball. R.N.C. did most of their attacking with two fast, hard-hitting wings and it was only due to some good defence by Doherty in goal, Nichols and Ross at back, and Tait at centre half and the extraordinary inability of the R.N.C. forwards to get the ball between the goalposts, that we survived. Their one goal followed a good forward movement which resulted in Doherty being drawn out of goal. Our goal came when Roles followed up a shot by Anderson from a long corner.

This was not an inspiring game from the point of view of the Bart's forwards, partly due to lack of co-ordination and partly to extremely good marking by the R.N.C. defence.

Team: R. P. Doherty, H. B. Ross, J. B. Nichols, R. G. L. Smith, J. A. Tait, B. Preiss, H. V. Blake, A. S. Anderson, R. B. Church, N. C. Roles (1), J. R. Nicholson.

GOLF

v. St. George's Hospital, at Dulwich. Lost 3 matches to 2.

J. Sugden—Lost 3 and 2; Won 10 and 8.
J. S. Price—Lost 3 and 2.
D. Rhys-Phillips—Won 2 and 1.
J. T. Silverstone—Lost 7 and 5.

AUTUMN MEETING

This year the golf club held its Autumn meeting on October 3 at Moor Park. It was a fine sunny day and the conditions were good although there was little run on the ball. Unfortunately Mike Scorer, the holder for the past two years of the Girling Ball Cup, was unable to defend his trophy due to a shoulder injury. This year, Charles Stephenson, mastering the high course with some accurate iron play, was the winner and David Rhys Phillips the runner-up.

REVIEW OF THE SEASON

This year fewer matches were played as it was felt that last year's fixture list was too full for the small number of regular players in the club, but of the fourteen matches, seven were won, six lost and one drawn.

In addition the Summer meeting at Sunningdale was well attended, and once again Tandridge Golf Club provided an excellent day's play and generous hospitality.

The Staff match, fully reported in the July *Journal*, was another enjoyable day's golf. The regular inter-hospital matches provided some keen games and it is hoped that again next year new members will be able to represent the hospital in these matches.

WOMEN'S TENNIS

SEASON 1956

In spite of the bad weather this summer the club played six matches and reached the 2nd round of both the University cup and the United Hospitals Cup. We were unlucky this season in having several injuries to regular members of the team. It was also unfortunately impossible to arrange a tour at Oxford.

However, we had several most enjoyable matches, perhaps the best being one against Middlesex Hospital in the first round of the Hospitals Cup which we won 5 matches to 4.

Our thanks are due to Professor Rotblat, the President of the club, for all the helpful interest he has shown in the club during the season and also for the tea he so generously provided at the Annual General Meeting.

Other officers of the club season 1956:—
Captain: A. M. Macdonald.
Vice-Captain: J. Chambers.
Secretary: J. Hartley.
Treasurer: J. Tufft.
Committee Member: J. Swallow.

Matches

v. London Hospital — Won — 5 matches to 4
v. Middlesex Hospital — Won — 5 matches to 4
v. University College — Lost — (unfinished 6-2)
v. London Hospital — Lost — 4 matches to 5
v. Bedford College — Lost — 3 matches to 6
v. Charing Cross Hospital — Won — 7 matches to 2.

The following played in the team during the season:—

J. Arnold, B. Barnard, G. Barraclough, L. Bratton, J. Chambers, M. Goodchilde, J. Hartley, A. M. Macdonald, J. Swallow, I. Tomkins, J. Tufft.

NURSES' SWIMMING

INTER-HOSPITALS GALA

The Annual Gala of the Inter Hospital Nurses' Swimming Club was held at the Marshall Street Baths on Thursday, October 11th at 7.30 p.m. It was pleasant to return to this Bath again, which was looking particularly attractive after redecoration.

Having entered for all the events, we had managed to survive three of the heats and were represented as follows:—

Plunging — Nurse Swannell
Diving — Nurse Hargreaves
Style contest — Nurse Robinson

Eleven Hospitals participated in the Gala and competition was very keen, the swimmers being encouraged vocally by their various supporters, particularly in the team races. The time taken by the winning teams made us realise how necessary it is to practice to reach such a high standard. This is a problem we are likely to find difficulty in solving until we have a swimming Bath of our own.

The prizes were presented by Lord Astor of Hever. The Lady Samuelson Challenge Cup for Plunging was won for us by Nurse Swannell for the third year in succession with a Plunge of 64 feet.

We hope that next year we may perhaps return with more trophies. Talent spotting is very difficult, and we wish, in this connection, that it were possible to persuade nurses not to 'hide their light under a bushel.'

REVIEWS

THEATRE

Doctor In The House VICTORIA PALACE

The wisdom of staging a version of 'Doctor in the House' might be questioned, as the events in the book and the film would not seem to be representable within the confinement of a theatre. Ted Willis, who adapted the book by Richard Gordon, has overcome this difficulty by making the whole action take place in the lodgings of Grymsdyke, Sparrow and Evans, who, in this version, are room-mates from the start of their student career. Vera (billed as a 'lady in waiting') is the fourth occupant of this somewhat untidy, but wholesomely healthy establishment

Having this permanent set requires the coming to the digs of several important persons, including Sir Lancelot Spratt, who has become Simon Sparrow's uncle in the process of adaptation, and matron, too realistic for the comfort of many.

The funniest part of the play is a skit of a Christmas Ward Show. Whether or not Bart's is particularly represented is debatable, but the allusion to the butchers in Smithfield seems to strike near home.

Alan White, as Tony Grimsdyke, gives the best all round performance in an evening of mediocre acting. At the end the feeling remains that we have seen it all before, and don't terribly want to see it again! T. R.

BALLET

Those of us who have had the good fortune to see the Bolshoi Ballet Company, must have been

slightly surprised but more than satisfied with the performance. The differences of style of the two countries may be compared to the differences between two dialects of a common language.

I saw the second night of what must be considered their *piece de resistance*, 'Romeo and Juliet'. For me it typifies Russian ballet today. The whole production differed greatly from an English one and I think it can teach us a great deal. The decor is very startling and both scenery and costumes are superb. The former exceeds anything our companies can envisage; it appears solid and realistic and does not sway visibly as someone leans against it. I was particularly impressed by the meticulous painting of the backcloths. Although all the settings are good, three deserve special mention: the Ball might have been taking place in one of our stately homes; the graveyard would have provided Grey with a background for his Elegy, for effective simplicity however; Friar Lawrence's cell would have been difficult to surpass.

The choreography is a little strange, it produces dancing which is robust and boisterous, although I would not say less refined than ours. The grouping is excellent and they never leave the stage free of movement. The standard of the corps de ballet is high and where we would have regimented movements they have true crowd scenes.

The principal dancers, (I saw Struchkova and Gofman) were slow to warm up but I thought them good by any standards. Their dancing, however, differs from that of our leading dancers in several respects. The whole tempo is quicker so that the recovery as we know it is hidden by the next movement. Their mime, as that of the whole company, is outstandingly natural and many pleasing but meaningless gestures of our ballet are missing. I was naturally disappointed to miss Ulanova, but at the expense of being told that it is only 'sour grapes' I shall take comfort in the opinion of Cyril Beaumont who says that Struchkova is the better dancer.

In conclusion, I feel that the standard of the Russian dancing is equally as good as ours but their conception of Ballet as an art is very different. While appreciating the spectacle presented by the Russians, I prefer the English interpretation.

J. S.

BOOKS

PHYSICS PSYCHOLOGY and MEDICINE *by* J. H. Woodger. Cambridge University Press. pp. 146. 8s. 6d.

Within a relatively small number of pages the author has succeeded in crystalizing ideas pertinent in the education of every doctor. He mentions at first two of the great needs in the medical world: one is the need for more psychiatrists in a country where over two fifths of the hospital beds are filled by those requiring psychiatric treatment; the other is the need for a more rational approach to the formulation of theories—in fact he calls his book a methodological essay.

One of the main reasons he gives for the preference shown by medical students for the more somatic branches of medicine is the pre-eminence of the physical sciences. It is the author's contention that all biology is *not* either biophysics and biochemistry, but unfortunately 'no new hypotheses are to be sought in biology other than those ready-made by physics and chemistry.' He then proceeds to elaborate on the construction of hypo-

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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EDITORIAL

Per Ardua ad Astra

THE International Geophysical Year has just begun, and everywhere people are talking of nebulae and light-years, of eclipses and galaxies. Soon a man-made satellite will be encircling the earth. Not very long afterwards a group of adventurous explorers will be speeding to the moon. With all this activity about to occur in outer space it is heartening to learn that Medicine is playing its part. Space Medicine, a term that stirs the heart of the most reclusive practitioner, is now officially recognised as a subject deserving the attention of doctors.

A recent edition of an American medical dictionary gives the following definition of Space Medicine: 'A division of aviation medicine concerned with the physiologic and pathologic effects of flying at extremely high altitudes and at supersonic speeds.' We feel that our American colleagues, with their earnestness and deliberation, have failed to realise the full implications in this excitng field. England now has a chance of capturing the lead by employing bold imagination and resourcefulness. With what pride will English medical men hold their heads when visitors from Mars and Venus, and perhaps even from solar systems in the Milky Way, come to Earth to be treated at the United Kingdom Space Rehabilitation Centre.

In order to make this proposal a reality work must begin immediately. No branch of medicine will remain unaffected by the impact of space travel and General Practitioners as well as Consultants must prepare themselves to meet the problems which will arise.

While hurtling on his interplanetary rounds the G.P. can make a presumptive diagnosis before he reaches his patients by use of television and radar. A history can be taken and an assessment of the patient's appearance made by using a two-way television circuit; a novel use of radar will be its employment to obtain a silhouette of any lump or area of consolidation. With these time-saving devices the practitioner will be able to see and treat many more patients scattered throughout the Universe than he can deal with in a London suburb at the present time. It is to be expected that the Ministry of Health will take cognisance of this and markedly increase the number of patients allowed to any one doctor.

Neurologists will retreat from their academic pastime of 'finding the lesion' and be called upon to help in the design of space ships which will alleviate the cerebral trauma associated with rapid acceleration. Cosmic radiation will tend to increase the number of neoplasms requiring operation and the surgeon must familiarise himself with the use of instruments which are not subject to the force of gravity. These are but two examples of the revolution in medical thought which will take place. A pretty problem in differential diagnosis will crop up in Cardiological practice. One authority has stated that a right-handed man who successfully goes completely around the Universe will arrive back where he started left-handed and his vital organs will be similarly reversed, thus producing a new cause of dextracardia. It will be necessary to find a method of reversing the change which takes place at the speed of light, when we cease to be matter and become energy.

We realise that the demand for tuition in this subject will be overwhelming, and suggest that the inner pages of the more popular daily newspapers be consulted for further information.

Welcome

On another page we have printed a list of new clinical and pre-clinical students. We hope that this list will be helpful to other students, and to old Bart's men who might recognise the name of a friend's son.

We take this opportunity of welcoming all those in their first term, and hope that they enjoy their time at Bart's.

East Anglian Rahere Society

The Society held a very enjoyable dinner this year at the George Hotel, Colchester on October 28, 1956.

Dr. J. R. McBride of East Bergholt was in the chair, and Mr. John Beattie was the guest of honour. He gave an interesting and amusing account of the Hospital activities during the past year.

There was a good attendance of members, particularly from the Norfolk area.

It is hoped that more Bart's men in East Anglia will be able to attend next year when it is proposed to hold the dinner in the Norwich area. It would be appreciated if anyone in the area who has not received an invitation this year would write to one of the joint secretaries :

A. P. Bentall Esq., F.R.C.S.,
69, Newmarket Road, Norwich.
Dr. Wilfred Knight,
10, Fonnereau Road, Ipswich.

Canadian Honours

Mr. J. P. Todd has recently spent some time at the University of Toronto under the auspices of the Wellcome Trust. While there he was awarded the degree of Master of Surgery and the Lister Prize in Surgery of the University.

Barrister at Law

We congratulate Dr. M. E. Glanvill of Chard, Somerset on passing his Bar Finals. Dr. Glanvill's feat is especially praiseworthy as he is engaged as a full-time general practitioner.

On Tour

During the past month no less than three hospital teams have been touring around the Provinces. Details of their respective successes and failures appear in more appropriate columns of this Journal. The ladies' hockey side spent a long weekend in Oxford, and report that they left many vivid memories at the Mitre. On their return Oxford men were depressed to learn that they spent Saturday evening in, of all places, Cambridge. But it was later revealed that they were taken there by their hosts of University College, and that the visit had little to do with the relative entertainment prospects of the two universities, or indeed, with the men's hockey side, who happened to be playing in Cambridge the same weekend.

The Rugger side are thought to have spent an enjoyable week on their Cornish tour, although a regrettably strict press censorship has been imposed on all social aspects of the excursion.

Round the Fountain

We are pleased to report yet a further stage in the attainment of Equality for Women. A custom which originated with the Boat Club and was later observed by the Rugger Club has been adopted by the Ladies' Hockey Club ; at a recent photographic session their captain of last year was thrown into the fountain by the rest of the team. This year's captain watched the spectacle with ambivalent feelings.

CANDID CAMERA

NOTICES

Round The Fountain

Copies of this collection of humorous verse and articles which have appeared in the *Journal* can be obtained from the Manager, priced 5s. At this price it is one of the cheapest, and most worthwhile Christmas presents for medical relatives and friends.

Pot-pourri

This year the Pot-pourri will be held as usual at the Cripplegate Theatre. The performances will take place at the following times : Thursday, December 27 at 8.00 p.m.; Friday, December 28 at 8.00 p.m. and Saturday, December 29 at 5.00 p.m. The party will be held at College Hall following the last performance.

ANNOUNCEMENTS

Births

Fairbank.—On October 31st, to Pamela, wife of Dr. W. H. D. Fairbank of New Westminster, B.C., Canada, a son.

Gourlay.—On October 1st, at St. Bartholomew's Hospital, to Margaret (*née* Hoyle) and Dr. Nigel Gourlay, a son.

Lambley.—On October 28th, at Northampton, to Joan, wife of Derek G. Lambley, F.R.C.S., of Penshurst, Church Brampton, Northampton, a brother for Richard, Julian and Angela, Derek William Gordon.

Meyrick.—On Ocober 1st, at St. Margaret's Hospital, Epping, to Dorothy, wife of Dr. John Meyrick, a son.

Thompson.—On October 24th, at Huanpur Mission Hospital, India, to Helen, wife of Dr. Bryan Thompson, a daughter.

Wright.—On October 15th, to Lillian, wife of Dr. W. J. Wright, a son, Robert, brother for Susan.

Engagement

Ellison—Bates.—The engagement is announced between Mr. A. J. H. Ellison and Miss M. H. Bates.

Deaths

Baker.—On October 31st, at the King Edward VII Hospital for Officers, Dr. Henry Searle Baker. Qualified 1914.

Drury.—On October 12th, at Corfe Castle, Dorset, Godfrey Dru Drury, F.S.A., aged 76. Qualified 1904.

Griffith.—On October 14th, John Richard Griffith, F.R.C.S., of Bee Houses, Bolney, Sussex, aged 68. Qualified 1915.

Pollard.—On October 17th, at Eastbourne, Harold James Alexander Pollard, M.R.C.S., L.R.C.P. Qualified 1920.

Shaw.—On October 26th, at 7, Midhurst Avenue, Fortis Green, Dr. Ernest H. Shaw, aged 89. Qualified 1905.

Trevan.—On October 13th, at Addiscombe, Surrey, John William Trevan, F.R.C.P., F.R.S., aged 69. Qualified 1911.

Wells.—On October 9th, Dr. A. Q. Wells, of the Sir William Dunn School of Pathology, Oxford, aged 60. Qualified 1923.

CALENDAR

Sat.	Dec.	8	Dr. E. R. Cullinan and Mr. J. P. Hosford on duty. Rugger : v. Saracens (A). Soccer : v. Guy's Hospital (H). Hockey : v. Lloyds Bank (H).
Wed.	,,	12	Soccer : v. Middlesex Hospital (H).
Sat.	,,	15	Medical and Surgical Professorial Units on duty. Rugger : v. Old Paulines (H). Hockey : v. Westminster Bank (A).
Tues.	,,	18	Abernethian Society : Research Papers by members of the Society. Recreation Room, College Hall, 8 p.m.
Sat.	,,	22	Dr. G. Bourne and Mr. J. B. Hume on duty. Rugger : v. Old Cranleighans (A).
Sat.	,,	29	Dr. A. W. Spence and Mr. C. Naunton Morgan on duty.
1957			
Sat.	Jan.	5	Dr. R. Bodley Scott and Mr. R. S. Corbett on duty. Rugger : v. Old Rutlishians (H). Soccer : v. Old Cholmeleians (H). Hockey : v. The London Hospital (H).

OBITUARIES

Arthur Quinton Wells

An exceptionally full and successful life ended on October 9 last when Dr. A. Q. Wells died while on holiday at Inverness. He achieved world-wide fame as the discoverer of the vole bacillus and as an authority on tuberculosis; he became a medical statesman holding high public office, yet outside and despite these commitments he led an exceedingly varied life, following several leisure pursuits, in one of which, alpine gardening, he was an acknowledged expert.

Arthur Quinton Wells was born on June 22, 1896, the fifth son of Mr. Arthur P. Wells, an ophthalmic surgeon practising in London. Two of A.Q.'s brothers also qualified here. He was at University College School, London, and St. John's College, Oxford, before coming to St. Bartholomew's. During the latter part of the First World War he served as a Surgeon Sub-Lieut., R.N.V.R. Returning to the hospital, he obtained the Oxford B.M., B.Ch. in 1923.

He practised for two years after qualification at Eyam in Derbyshire. After his marriage in 1925, he travelled round the world, and went then to live in Cambridge where he worked for several years in the department of pathology. In 1930 he returned to Bart's as the first holder of the newly created appointment of Assistant Bacteriologist and Lecturer in Bacteriology. Besides setting a high standard for the work of this post, he embarked on several research projects, for some of which he employed a qualified assistant (now himself a distinguished pathologist) at his own expense. These were studies of the growth requirements of tubercle bacilli and of methods for their direct cultivation from pathological material, of the mode of action of the ketogenic diet in urinary infections, and of experimental appendicitis. In the work involved in the last of these projects he displayed a high degree of surgical skill.

In 1936 he left Bart's for Oxford to take up the study of an epidemic disease of wild voles, under an appointment made by the Medical Research Council. It was believed at the time that information might so be obtained on the factors governing the development and cessation of epidemics. As it proved, the main interest was in the nature of the disease itself, which was then unknown. I well remember being shown by Wells a section of the skin and subcutaneous tissues of a vole which was crammed with masses of acid-fast bacilli, much like the lesions of rat leprosy. When he cultivated these bacilli, they proved to be a hitherto unknown type of tubercle bacillus, now known as the murine type or vole bacillus. The chief interest of this organism is that although practically non-pathogenic for guinea-pigs, cattle and man, it elicits resistance to infection with the human or bovine types of bacillus when employed as a living vaccine. The vole bacillus is thus a rival to B.C.G. and at least in some ways superior to it. The long processes of animal experiment and of eventual cautious clinical trial of this method of immunisation were Wells' chief preoccupation from this time onwards, but at the same time his interest in tuberculosis generally broadened and he studied other aspects of the disease. He remained on the external staff of the Medical Research Council, served on several of its committees, and visited South Africa and the United States in connection with work on tuberculosis.

Of another direction in which his career developed we at Bart's knew little except by hearsay. Wells had outstanding qualities fitting him to be a leading administrator, experience in managing affairs, sound judgment, and in particular an imposing presence. He was very tall and distinguished in appearance and master of any situation. It is hence scarcely surprising that he was soon in demand as a councillor in Oxford affairs, and among the positions he held were the Chairmanship of the Public Health Committee of the County Council, the Chairmanship of the Oxford Regional Board, and in 1953 that of High Sheriff of Oxfordshire. These honours might have made an ordinary man a little pompous. They appeared to have not the smallest effect on Wells: whenever one met him he was the same, always apparently quietly amused with most things in life and not taking them unduly seriously.

He lived in beautiful homes, where his foremost leisure pursuit was gardening: while

he was at Bart's one of his holidays was taken in April in Greece mainly for the purpose of collecting plants. Another time of the year when he was sometimes away was the autumn, since another of his favourite pursuits was deer-stalking. He was also a fine shot and a difficult man to beat at golf.

His wife was Miss Rhona Margaret Mason, who survives him with five children, one of whom now represents the present generation of the family at this hospital.

L.P.G.

Joseph Frederick Trewby

Supreme professional ability, athletic prowess, a unique sense of humour and great personal courage during the last sad months of his life — those are the qualities which surrounded the memory of Dr. J. F. Trewby who died in St. Bartholomew's Hospital on October 2nd, 1956.

In a recent letter to me his partner, Dr. F. Jarvis Gordon wrote:

'I had the good fortune to know Dr. Trewby for over fifty years, and to work with him for thirty of them.

'During his early days as an anaesthetist he invented the now world-famous Trewby nosepiece for the administering of nitrous oxide gas.

'Dr. Trewby's death will leave a much-regretted gap in the ranks of the profession.'

I myself first met Trewby in his early student days at Bart's and my memories of that time are chiefly athletic ones — he was a man of superb physique. He was selected by Thames Rowing Club for the crew that won the Thames Cup at Henley in 1905 and he captained the United Hospitals rugger team against the Springboks.

Perhaps, however, my most pleasurable memories concern his great kindness to anyone needing help and his great sense of humour. One never-to-be-forgotten evening comes to mind.

At a somewhat hilarious Thames Rowing Club gathering he and I attended when the company was listening with increasing impatience to a speech given by one of their guests, the speechmaker suddenly — conveniently — slipped and fell. His head was split open in the fall. An awkward pause hit the party.

Trewby rose gallantly, resourcefully to the occasion. With a couple of hairs quickly purloined from the tail of a cabby's horse outside and a darning needle, he stitched up the man's head!

From those early days until his death he and I remained firm friends and I hope I speak for all those who were fortunate enough to know him when I say he will be sadly missed.

E. Campbell Goodall.

Ernest Henry Shaw

At the age of 89, Dr. Ernest H. Shaw died at his home in Fortis Green. The late Dr. Shaw began his association with this hospital in 1878, when he assisted his father who was cloakroom attendant. In an article about these early years (*St. B.H.J.*, 1949, *60*, pp. 75-78) he recalled his memories of Sir James Paget, Dr. Norman Moore, Dr. W. G. Grace, Sir Anthony Bowlby and Sir D'Arcy Power.

In 1884 he started on the study of Pathology as an assistant in the Museum. Dr. A. A. Kanthack, the first Pathologist of the Hospital, played a great part in enabling Dr. Shaw to undertake a medical career. When Kanthack died during his appointment at Cambridge, where Dr. Shaw had followed as his assistant, there was a legacy which Dr. Shaw used to study medicine. This was a courageous step for a man of 32 with a wife and two children to support. But he was appointed part-time museum attendant and qualified in 1905 at the age of 38. He was awarded the Lawrence Gold Medal in Medicine, Surgery and Midwifery.

After being a house surgeon at Bart's and pathologist, Casualty Officer and Registrar at the Metropolitan Hospital, Dr. Shaw was appointed pathologist to the Royal Northern Hospital where he remained until his retirement in 1932.

He remained active until only a few years ago; he performed honorary service as a pathologist to three hospitals, and in 1952 he received an honorary F.R.C.S.

He was a keen golfer becoming president of the Highgate Golf Club in 1934.

He leaves a widow, and a son and daughter.

LETTERS TO THE EDITOR

POT-POURRI

Sir,—Dr. Hadfield (*St. B.H.J.*, 1956, *60*, 330) is, of course, quite right; the Pot-pourri of 1936 was not the first of its kind. But as an annual event the Pot-pourri undoubtedly originated in that year and I should have made it clear in my previous letter (Ibid, p. 153) that it was in that sense that I referred to the 1936 production as "the first."

I am not qualified to speak of the years before 1935, and to the best of my recollection there was no Pot-pourri in that year, but I believe it is true to say that the earlier shows were put on largely for the benefit of the performers themselves, whose own activities on Christmas and Boxing Days had prevented them from enjoying the efforts of their rivals, and were dependent entirely for their existence on someone being found willing to undertake the thankless task of organization. This was certainly the case in 1936, and it was not until the size and enthusiasm of the audience on that occasion had shown that there was sufficient popular demand for such a show to warrant its being given official backing that the future of the Pot-pourri was assured by the booking a few days later, of the Cripplegate Theatre for the following year.

Yours faithfully,

DONALD CROWTHER.

27, Landsdowne Road,
London, W.11.

ALL FOR BART'S.

PROGRAMME

Rahere's Revue (1930)

"PRIME CUTS"

or What, Again?

MONDAY, 10th FEBRUARY, 1930, at 8.30 p.m.

(By kind permission of the GOVERNORS and ALMONERS).

Tableau { A—Henry I. handing to Rahere Bart's First Royal Charter.
B—The Beacon.

1.	Song	"Oom-pah"	*The Labour Party.*
2.	Sketch	"The Resident Staff, 9.30 a.m." (perhaps)	...
3.	Song	"Nobody Loves a Fat Girl"	*Pink Polyps.*
4.	Sketch	"Roaring Jim of Burning Gulch"	*Mary's Little Lambs.*
5.	Burlesque	"Medical Outs"—Monday	*Focal Septette.*
6.	Sketch	"The Ghost Trade"	*The Labour Party.*
7.	Song	"The Chicken and the Egg" (Not too bad)	*Pink Polyps.*

INTERVAL.

8.	Song	"De Cane Brake"	*The Labour Party.*
9.	Monologue	Selected (he only knows one)	*R.S.Q.*
10.	Sketch	"The Flask and the Ace" (With apologies to the A.D.C.)	*Pink Polyps.*
11.	...	"The Song of the Prune" (Fruity)	*The Labour Party.*
12.	Dance (Adults only)	...	*R.S.Q.*
13.	Sketch	"The Elopement"	*Pink Polyps.*
14.	Finale	"The Village Blacksmith"	*The Company.*

A SILVER COLLECTION WILL BE MADE IN THE INTERVAL IN AID OF THE APPEAL FUNDS.

HUGHES BAND. PIANOS by BOYD'S. GRAMOPHONES by COLUMBIA, LTD.
LIGHTING by VENRECO, LTD.

The programme of the first production
Referred to in the letter by Dr. McBride.

Sir,—I read with interest Dr. Hadfield's letter in the October *Journal.*

I think I can claim to have started these shows in 1930.

I enclose—I am afraid—a rather tired programme of the first show, and also a letter and receipt from the Appeal Department thanking me for £19 which was collected that night.

Yours faithfully,

J. R. B. MCBRIDE.

Rowan House,
East Bergholt,
Nr. Colchester, Essex.

Sir,—Dr. S. J. Hadfield is quite right in believing that the first Pot-pourri of Christmas Ward-shows took place before 1936. There was a performance of this kind in the Great Hall on January 14th, 1933, the Saturday evening following the production of 'The Crooked Billet' by the Amateur Dramatic Society. Dr. Hadfield himself took part in the play and, amongst other things, danced Scottish reels in his Ward-show. The success of the Pot-pourri in January, 1933 led to its repetition the following year and I still have the programme of what was called 'The Rahere Revue', held in the Great Hall on January 20th, 1934. From then onward, the Christmas Pot-Pourri became an annual tradition, as described in Dr. Crowther's letter.

Yours faithfully,

ERIC C. O. JEWESBURY.

51, Harley Street,
W.1.

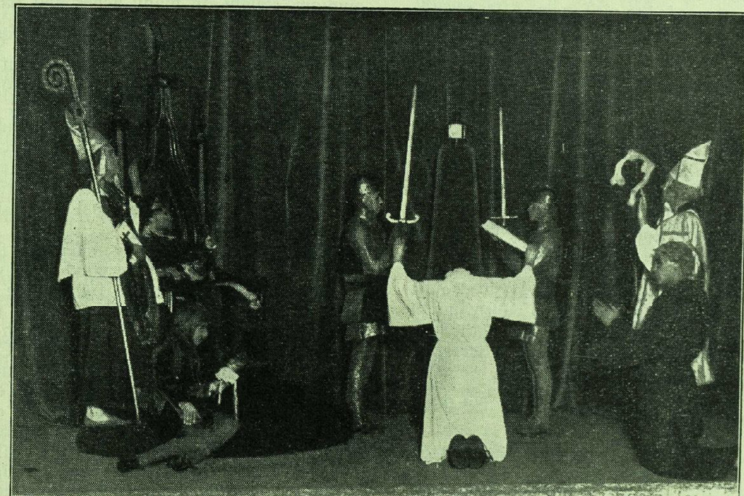
Sir,—In view of recent correspondence regarding the venue of the annual Pot-pourri I would like to record the actual date of its first performance at the Cripplegate Theatre. Working in a Department where an accurate estimate of time is essential, I have checked with the records, and with those actively associated with the production, and find that the Pot-pourri of Christmas 1937 was first performed at the Cripplegate Theatre for one night only on January 7, 1938. Keith Vartan was largely responsible for its removal to the Cripplegate, for the previous year it had been held in the Great Hall at Charterhouse Square, and before that in the Hospital Great Hall.

Originating as a one-night performance, Pot-pourri now runs for three, and this year it will take place on Thursday, Friday and Saturday, December 27—29, in the Cripplegate Theatre.

Yours,

B. CAMBRIDGE.

Williamson Laboratory.



A Scene from the first production.
Dr. McBride hiding his light under a beacon.

MESSEGUTTER

by J. A. H. BOOTES and E. M. C. ERNST

THE TAXI turned and sped back to the city, leaving us on the jetty at the foot of a long and very steep gangway, one grey morning early in August. It had taken many months of waiting and a great deal of patience before we were able to stand at the dock ready to go aboard. When we first decided to go to sea during our Summer vacation we felt quite confident of accomplishing our objective. No time was lost in setting about it, although the Christmas festivities still rang in our ears. Quite naturally, we felt, the best lines would want the best people, so our first port of call was the Cunard company, whom we rather expected to welcome us with open arms. However, five minutes after entering their offices we stood outside in the street again — slightly disillusioned and our ardour dampened. Still, we consoled ourselves with the fact that there were many more shipping offices in Leadenhall Street which represented companies equally as good as the Cunard ; and we proceeded to visit them. After several very wearying days, during which we had visited almost every shipping company that has an office in London, we were no nearer to going to sea during our long vacation than we had been when we set out on our quest.

Our disappointment was not relieved until nearly Easter when we learnt that there might be a chance of a job with a Norwegian company. This was our last hope which we kept alive by fairly frequent visits to the shipping offices. It was not until the last day of our Summer term that we were told that we could be employed ; and our luck held, for a tanker had applied for two messboys that very day.

The following days were a whirlwind of activity as we searched for the clothes we should need and had the injections necessary for travellers in the tropics. Then, we came abruptly to our senses as we stood alone with our luggage at the foot of the gangway of our tanker.

Firstly, we surveyed the ship from bows to stern and back again in what we felt was a true nautical manner ; but when we had climbed aboard and stood very self-consciously on the after-tank deck our nautical confidence deserted us, for we were in a quandary whether we should make our way aft or amidships. Luckily a member of the crew appeared ; he was a Canadian with whom we became great friends later on the trip. He took us firstly to the Captain and thence to the Steward, before hurrying off to tell the rest of the crew of the two new messboys with their peculiar accents.

Our ship was M.T. *Britta* of 19,000 tons gross and 578 feet in length and carried oil between the Persian Gulf and Northern Europe. Only three years old her accommodation was good — most of the crew having cabins to themselves whilst we shared one. Although she was a Norwegian ship several members of the crew were British and most of the Norwegians spoke some form of English. We soon settled in and adapted ourselves to their way of life, so that it was not very long before they accepted us as one of themselves. It was not long too before they knew us to be medical students, and we found our opinions sought on many aches and pains, while dressing cuts and delivering pills became part of the everyday routine. Our reputation became so great in these matters that when one member of the crew developed toothache on the return trip, everyone felt that it was our duty to remove the offending molar, and suggested that we approached Chippy about borrowing his pliers ! The poor victim seemed to make a sudden and miraculous recovery on learning of what was in store for him.

The crew could never fully understand their new messboys, who were on good terms with most of the officers, often frequenting the sanctity of the bridge. To the Steward they were a nightmare—demanding gin with the crew's issue of lime juice ; while the Chief Engineer himself took them on a conducted tour of the engine room. We were even allowed to take the wheel for an hour each on different occasions, one of which ended by the ringing of sixteen bells—a signal so strange that it brought the senior officers rushing from their cabins to enquire after the trouble. In spite of this they were very patient with us, and we would like to say how much we appreciated their kindness.

The food aboard was quite palatable although we drew a line at eating blood pudding. Our greatest surprise in the fare was at the many ways in which fish could be disguised. Not satisfied with boiled, fried or baked fish, it appeared as fish-balls, fish-cakes and even fish-pudding. There was also an abundant supply of fresh fruit aboard, and the menu was not entirely lacking in dishes more familiar to us—despite one member of the catering staff on two occasions, attempting to deprive everyone of the pleasure of eating them. In the first instance he succeeded in feeding the meat cut up for the next day's curry to the dog, and in the second, he threw what he thought to be slops over the side but which in fact was the Irish stew for that day ! Luckily, one of the many forms of *fiske* came to the rescue.

Appetites were always good as was well illustrated on one occasion by a member of the crew eating all the chicken laid out for four, while his mess companions were tidying themselves before coming to their meals. They entered the mess to find the meat dish empty, and the gourmand sitting with a pile of perfectly cleaned bones on the table beside his plate, waiting for a second helping !

The tanker's ample facilities for carrying water were always appreciated, especially in the hot weather when there was a great demand for iced water to drink, and hot water with which to shower. The abundance of water however, did not deprive us of witnessing the Norwegian appreciation of alcohol — in any form as we learnt. In the course of the trip one member of the crew drank a bottle of whisky one night and for several hours afterwards he wandered around the ship under the impression that he was Rocky Marciano. Instead of being sober the next day when he had no spirits left, he remained completely drunk while a pleasant but sickly smell pervaded everywhere he went. The reason for this situation remained a mystery until, during the preparation of the midday meal, the vanilla essence was required to flavour a mixture. A pint bottle of essence had been drunk dry — its small content of alcohol had been the attraction. Yet, even when deprived of any more, our drunken friend drank all the after-shave lotion he could find — with of course, similar effects.

With a crisis in the Middle East, the Suez area held an added interest for us, and the presence of some Russian shipping gave us thought of what attitude the Arabs would adopt towards us. Any fears were groundless for no one had any interest in who controlled the Canal so long as there was no interference with their trade. When a ship waits to enter the Suez Canal, it is immediately thronged by Arabs in their bum-boats, who if possible will climb aboard to sell their wares and to take anything that they can. It has been known for them to stand on deck in conversation with someone, and at the same time unscrew the nut from a fitting on deck with their toes, then walk off with the nut unnoticed, still clutched in their toes.

To everyone aboard they are a source of fun, for although the great majority of them are illiterate they speak any language necessary, even to putting on a Scottish brogue for any " Jocks " aboard. All their wares are sold by barter, and when buying, so much shouting and swearing takes place that one feels that blows are imminent. However, this never happens and eventually a suitable price is agreed, and the purchase made. At night in the Canal the boatmen aboard will dance ; the dancer's hips swaying to the rhythm of the clap of his companions' hands.

On the return trip one of our Taffies demonstrated a little jiving to these boatmen, but unfortunately his enthusiasm took him too far and at the height of his display he pranced right into the middle of the wares of one of the boatmen, who had laid them out on the deck, breaking a pair of sunglasses. Above the ensuing laughter the Arab could be heard screaming in his piping voice, ' ten shillings, ten shillings, very good sunglasses, you pay ten shillings '. Taffy looked in horror at this gesticulating bundle, and whether the Arab felt frightened, or had a sudden surge of generosity we never knew, but he cut his price by half. Even this was exorbitant and the situation was finally settled with the presentation of twenty cigarettes which cost Taffy one shilling. He did have the consolation of knowing that he had prevented someone from ruining his eyesight by using the sunglasses, which were even too dark to see the sun.

Strikes, we found, were a malady as common to the Persian Gulf as England. When we arrived at our loading point at Ummsaid, the Arabs were on strike, but luckily for us they returned to work after only four hours delay. Misfortune then stepped in, for when the oil pipes, which run along the sea bed to the tankers moored off-shore, were being

hauled aboard, the hawsers snapped and the pipes plunged back into the sea, leaving no indication of their position. There was a delay of eight hours, which was not appreciated in the temperature of over 120° in the shade. Our patience was eventually rewarded by the appearance of a diver, who proved to be a novelty not only for us but several of the crew as well.

Memories of the trip flood back with every thought: the excitement at our first glimpses of sharks and giant rays, while hardly a day passed once we were in the warm waters, when there were no dolphins or porpoises playing around the ship. The intense heat of the Persian Gulf and the Red Sea were an unpleasant experience, and we soon were able to differentiate between the dry heat of the latter, and the damp heat of the former. In contrast to this there was the monsoon weather in the Arabian Sea when the rolling of the ship made the carrying of bowls of soup a hazardous occupation.

The endless wastes of sand were distasteful to us; on our return journey we encountered a mild sandstorm in the Red Sea. The different coastlines seen, for our course was very near the coast, were a great source of interest and beauty, especially that of Southern Spain, where, on the mountain slopes in cosy niches, tiny fishing villages nestled sparkling like jewels in the bright sunlight.

Then, suddenly we were off the Bar Light picking up the pilot to take us down the Mersey to Liverpool; it was all over. For us it was the end of a wonderful experience in which we had covered over 13,000 miles; for the ship and the majority of her crew it was the end of just another trip.

Thirty-six hours after docking she sailed again, bound once more for the Persian Gulf; and how we wished we were aboard.

STUDENTS UNION

COUNCIL MEETING

A meeting of the Students' Union Council was held on October 31st.

The following items were discussed:—

1. *Abernethian Room and Hospital Cloakroom*—no definite decisions have been taken regarding the future of these places.

2. *The Midwifery Clerks' Sitting Room* will be re-furnished in the near future. The following new articles will replace some of those now existing: hair-cord carpet; upholstered arm-chair; small smart table instead of the large one; table lamp.

The Rahere Association is being approached about a television set, and some pictures from Mr. Gower's private collection will be hung in the room.

3. *College Advisers.* It was proposed that Charterhouse Students should have a Charterhouse Staff Adviser and the Students in the Hospital should have a Hospital Staff Adviser. Advisers should be seen once a term either collectively or individually.

Apart from this the student should be able to see his adviser by appointment should any pressing problem arise.

4. *Election of Officers.*
The following Officers were elected—
President—Dr. E. R. Cullinan.
Treasurers—Mr. J. B. Hume, Dr. H. W. Balme, Dr. D. A. McDonald.
Vice-presidents—B. W. D. Badley, J. Creightmore, A. Edwards.
Senior Secretary—R. G. White.
Junior Secretary—J. Owens.
Financial Secretary—J. T. Silverstone.

The retiring officers of the Union were thanked for their work and the time spent on Union matters during the past year.

5. *Provision of a Piano for the Gymnasium.* A representative from the Rugger Club asked the Union to provide a piano for the Gym. The cost of hiring a piano was considerable, and as the Gym was decorated with the idea of holding dances in it, it should contain a piano. If suitable storage space can be found for the piano the Union will consider buying a piano and hiring it out to the Clubs.

6. *Boat Club Ball and Raffle.* Permission was given for the Boat Club to have their Ball on December 11th and to hold a Christmas Raffle.

7. *Dramatic Society.* It is intended that several one act play performances be held in the Recreation Room, College Hall, during the spring. The idea was greeted with enthusiasm.

8. *Honour Colours.* M. Y. Scorer and A. Galbraith, members of the Golf Club, have been awarded Honour Colours.

9. Permission was given to the Fourteenth Decennial Club to hold its Inaugural Meeting on December 7th in the Abernethian Room.

10. Permission was given to the Christian Union to use the Music Room in College Hall on every Tuesday 1.00-1.30 p.m. throughout the Michaelmas and Lent terms.

DREAMS, DREAMERS, AND POETS

by EMANUEL MILLER

THE SUBJECT of this communication takes us to the very heart of the mental life and brings home to us that the spectrum of mental activity extends from the infra-red of the basic drives — which have all content and little pattern — to the ultra-violet of creative activities, which informs not only the scientific pictures of the world, but the creative activities as seen in the work of the poetic images.

No less a rigid thinker than Thomas Hobbes in his *Leviathan* speaks of the train of thought or mental discourse as being of two sorts. He says, 'The first is Unguided, without Design, and inconstant, wherein there is no possible thought to govern and direct those that follow to itself as the end and scope of some desire, or other passion; in which case the thoughts are said to wander and seem impertinent one to another, as in a dream. Such are commonly the thoughts of men that are not only without company, but also without care of anything; though even then their thoughts are as busy as at other times, but without harmony; as the sound which a lute out of tune would yield to any man; or in tune, to one who could not play. And yet, in this wild ranging of the mind, a man may oftimes perceive the way of it and the dependence of one thought upon another'. 'The second train of thought is more constant, as being regulated by some desire and design'.

This excerpt from Hobbes not only shows him to be a forerunner of modern psychopathology but one who has, like many others, not flinched from admission that there are realms of mental activity which, while lacking the regulations of conscious, rational control, are of profound influence, particularly in the field of the creative activities. In taking up the subject of dreams and dreamers, I will attempt to shew that there are factors common to the co-ordinated end products of mind in scientific and poetic activity, and those aberrations or seeming aberrations, which lie at the root of mental disorder.

This thesis, therefore, pre-supposes a common ground in the mental life from which emerge, through the operation of laws of feeling and of cognition, the major activities, which give to Man his particular contribution to his understanding of himself and the world to which he must make his diurnal adjustments.

All great writers have, from time to time, been surprised at the quality of their own works. Even Voltaire, on seeing one of his tragedies performed, exclaimed 'Was it really I wrote that!'. It is as if inspiration comes from without, as if some celestial patroness comes uninvited and:—

> 'Dictates to him slumbering or inspires,
> Easy unpremeditated verse'.

This 'coming from without' is soon revealed as having its origin from within, and whether the poet sees in the fevered moment of inspiration a projected vision, it has all the qualities of the dream-life, which is subsequently controlled by cognitive factors and the dictates of aesthetic principles.

There is admittedly an imperceptible transmission from the banal day-dreams of the common man, which are on the threshold of consciousness, and the 'dream-work' as Freud calls it, which we employ during actual sleep. But even after our day-dreams, when we escape from immersion in reverie, we only remember in consciousness a selective portion of their content and little of their root impulses or compulsions; the poet only knows what he can remember to suit the purpose of his poetic form. Charles Lamb stated that the true poet 'dreams being awake, dreams which wave between

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Dr. Emanuel Miller

Dr. Miller, M.A., F.R.C.P., D.P.M., is a graduate of Cambridge and The London Hospital. He has been Director of the Child Guidance Clinic of the West End Hospital for Nervous Diseases, and a Lecturer to Medical Postgraduates at the University of Cambridge.

At present he is Physician in Child Psychiatry at St. George's Hospital, and Lecturer at the Institute of Psychiatry. He is a Lt.-Colonel in the R.A.M.C.

He has written widely on Psychiatric subjects.

An address given to the Abernethian Society.

the half-shut eye'. Coleridge spoke of the 'streamy consciousness' from which the creative activity selected the significant. And Edgar Allan Poe too, says 'I peer over the edge of the conscious world and into the house and Utgard of the sub-conscious'. In Biblical antiquity, we note the words of Job, 'In a dream, in a vision of the night, He openeth the ears of men and sealeth their instruction'. The philosopher Kant says in his Anthropology 'Dreams lay bare to us our hidden dispositions'; and again from Lamb, 'We try to spell in them the alphabet of the invisible word'.

These forerunners of modern psychology of the unconscious show us that Freud was not so much the *dis*coverer of the unconscious, but the *un*coverer of its laws of operation.

In order to give emphasis to the personal quality of the dream-life as against its general qualities and laws of operation, I have distinguished, in my title, dreams from dreamers. As both Freud and Jung have demonstrated to us, the dream life has certain fundamental mechanisms, and elaborates the basic mental processes in ways which can be identified. Manifest content arises from latent content by the dream work, and the latent content has yet a deeper stratum, having as its structure a symbolism which Freud has accepted as possessing a general quality, and which Jung expresses more emphatically as primordial or Archetypal. As there are basal processes in cellular physiology which are phylogenetic, so in the mental life, the primal interests which have become imbedded in the culture are expressed in imagery which has, as it were, become a coagulum in culture forms which are archetypal.

This conception of a primordium, from which the personal life arises from individual experience, can be expressed in terms of the relation of the genotype to the phenotype. It is true that we cannot express mental phylogenesis in the same way as we can physical phylogenesis in terms of genetic laws. Mental inheritance can indeed only be subsumed in terms of physical processes, but heuristically we can assume an 'as if' because of the universal distribution of symbols which are trans-cultural: although Elliot Smith was satisfied by the explanation of these widely distributed symbols or archetypes in terms of cultural contact — the spread from certain well-defined culture centres as expressed in his debatable books, *Elephants & Ethnologists* and *The Flight & the Dragon*. It is sometimes a matter of surprise that Schizophrenic symbolism, though proliferating in private or artistic thinking, has a trans-cultural sameness.

Let us return for a moment to the accepted mechanism of dreams. The fundamental drives working in and through the personal life, are, because of moral compulsions, subject at first to a censorship, which we call conscience. To escape censorship, yet to provide the biological needs of sleep to sleeper in his diurnal-nocturnal rhythms, the latent content of illicit wishing and desiring is transmuted by displacement, dramatisation, and secondary elaboration. The dream work is a method of using these processes of disguise or subterfuge, so that the terminal expression seems to be innocuous, fatuous, fantastic, or betrays over all the quality of myth or fairy tale. In the nightmare, the violence of the pent-up affect, warring against restraint, breaks through with only unaccountable horror or is dressed up in high tragedy which resembles the tragic themes of classical drama, or the thinly disguised enigmas of surrealist art. In the analysis of a dream, the technique of free association discloses the undertones which these mechanisms disguise. The ease with which we sometimes relate a dream because we joyfully, indeed, cannot make head or tale of it, is a testimony to our gift of obscuration — to deceive the conscious self that it is above the battle of its own complexes. And this means above its desires and passions, for without the driving force of the one, the warmth of the other and the control of the forces of censorship, the dream would have neither content nor form. In every dream, the pattern and the words and objects which go to its composition are saturated with feeling. How often does a teller of dreams say, 'If only I could remember that word', then it comes, but it may still be wrapt in obscurity until the affect that prompted it is released and relived. Feeling has been described as 'the mother-mood of dreams'. The motor forces which might be illicitly and dangerously expressed become condensed upon an object, a situation, or a mere word, like electric charges which congregate tenaciously on surfaces until they escape at one point. The analogy suits the high potential of the dream dynamics. An unresolved wish-inhibited situation

will repeat itself in divers ways, but there occurs in many people the repeated dream through childhood to age, and this because the affect remains unventilated and requires a constancy of expression — a ruling passion and a guiding imagery — indeed dreams have style, as writing, poetry, and painting have style. It marks the man, the dreamer, and the creator.

This quality of style is something which long acquaintance with a patient reveals to us. There is not only a style of life which Adler recognised, but a style of dreaming — style in neurotic reaction formation. It is true we run true to type, and have basic similarities and even in the cleavages and disintegration of Hysteria and Schizophrenia we note, if we are careful and interested enough, a quality of imagery, however fragmentary, which reflects and reveals affects of importance. And here I must pause to point out the essential difference between the different kinds of mental unity; the syntony of the average person (whoever he may be); the dystonia of the hysteric, still betraying a kind of reactive effort at unity, for some measure of survival; the essential disunity of Schizophrenia. These degrees of integration are seen in dreams, in daily living, and above all, in creative activity.

Many thinkers have boggled at the idea of an unconscious mental life as providing the seeds of paradox in our conception of the organism of Man. Yet if we rightly hold on to the idea of the oneness of the psychophysical system, its essential need for equilibrium, the problem becomes a semantic one. Unconscious is not substantive but adjectival. To be unconscious — i.e. rendered outside awareness yet still operative, will assign a structure and a function to a part of experience. Yet another moiety organically speaking, more powerful than the 'unbewusste', is the organic dynamic substrate concerned with the instinctual necessities, the tissue life of gland and neurone, the biochemical world which is the instrument of the deepest of needs which resonate throughout the body, and whose tunes, as it were, murmur in the corridors of the nervous system and ultimately ring aloud in consciousness, and in the acts of living.

When we speak thus of creativeness, we should — as scientists — claim that it is an essential activity in organic life; from the maintenance and repairing of tissues, to the level of creative adjustment to every new situation, and to every novel nuance of thought in science and poetry. Is it, therefore, extravagant to suggest that at all levels of integration, creative activity is involved? And even in the evolution and dissolution processes which Hughlings Jackson defined, the neurosis and psychosis betray efforts at re-creation at lower levels of the mental life.

When Shelley stated 'poets are the true legislators of the world', he did not suggest that they should sit in the law-making chambers of the world, but that they possessed an insight into the laws of the mind, expressed in terms of a keen perception of the passions in depth, and in attitudes imaginatively conveyed in emotionally charged words. They realised through prolonged contemplation, the deeper qualities of the mind, not in the dream interpretations of the analyst, but by distilling in concrete universal terms, the strivings of the subconscious: archaic in form — symbolic — in the sense that Goethe stated that what is truly deep and significant is always symbolic. An important proviso must here be made, which is that symbolism in the depth of dreams, in the tissue of psychotic thinking, and in the sublimed essence of poetry, is not merely a way in which emotions, forbidden or otherwise, are wrapt up — but is a form of knowledge — a cognitive aspect of deep experience. It is a way of knowing without the apparent operation of laws of reasoning. I am prepared to say it has a logic of its own, the kind of perverse yet sometimes revealing logic of some highly endowed schizophrenics.

While its data arises in cognition emotionally charged, it is not knowing winnowed and controlled by the laws of contradiction — it plays easily with fallacies, and possesses all the contradiction which waking logic detects and corrects; its syllogisms always have an undistributed middle term, it trades upon *propter hoc*, on the fallacy of accident. In this regard, the passage from dream to waking, from psychosis to normality, is an all too easy slope.

This sense of continuity between levels in the organic-mental heirarchy can only be understood in the light of some psychopathology, not, however, used as a final 'open sesame', but as an instrument, a complex of operational concepts which must be modified with advancing knowledge. Yet even

possessed of such an instrument of analysis, we must humbly admit that we do not yet know of the laws of transition from primal, archaic forms of thought, personal and general. We know something of the relation between dream work and the structure of neurosis. This is but a method of modifying in terms of instinct-conscience conflicts, the stress which the mind must overcome and master at any price, a mastery which is regressive, with pseudo-adaptive mechanisms of conversion, displacement, denial, immobility. Whilst these processes are, in a sense, adaptive as in Hysteria and the repetitive compulsions, they are not life-furthering, not illuminating to the path of life. The translation of inner turmoil into the artistic activities, or in creative scientific insights, is synthetic in the highest sense. In such a synthesis (and what a paradox!) something new is created, but at the same time, its recognition by the observer discloses that in the new, the basically significant and primaeval is revealed and enjoyed.

I think we ought to say that dreams possess some of the raw material of madness, and that madness has broken down the barbed-wire entanglements of censorship, and has invaded the waking life. If that be so, then there were poets who were truly mad for periods, such as Cowper and Swift, but that with others, it was translated into a creative activity through a fine, atomising jet in the individual poems, and the controlled perceptual acuity — or a constant ecstastic life-style, as in Blake only impeded or sublimed by the technical mastery in writing and painting. As you will recently have heard, Lord Russell himself almost swooned when a colleague recited 'Tiger, Tiger, burning bright'. Indeed, it is the awful symmetry of the poetic art which bridges madness and inspiration — the 'vis medica poeticae'.

The vicissitudes of the creative artist, and indeed of creative impulse in general, its undertones and its variability through changing mood and ripening effects of experience, is well illustrated in the life of Ruskin. At first interested in geology, which was enriched by literary skill, he wrote brilliantly of the Alps, but the sight of the splendours of Italy struck a spark which ignited the 'Seven Lamps of Architecture'. What significant undercurrents occasioned this change would only be understood in the light of his mental development in childhood, and the tragic tangle of his later love life and final descent into the darkness of insanity.

In studying the poems of great writers, or the imaginative, daemonic prose of Bunyan for example, we are witnessing the anguished efforts at times, to give order and controlled form to dynamic undertones which, if left unscreened and undistilled, would overwhelm and destroy. Shelley illustrates this in his life, in his verse, and some drawings recently published. The latter shew the Kakadaemon which he tried to master; the conversion of terrestial love into the love of mankind, which informs his political writings. Schizophrenic poetry and drawings give us insights which may help us to build up transitional aesthetic principles, as well as throwing light on the psycho-physical processes involved. But the time has not yet arrived.

SO TO SPEAK

Hill End

Conversation piece:

SURGEON: Where are the X-ray plates?

RADIOGRAPHER: In the tub, Mr. Tank.

A Nasty Mess

From a clinical note:

The patient was anticoagulated.

ALMOST A CENTENARIAN

by TREVOR H. HOWELL

I HAVE had several centenarians as patients. In future, I look forward to having many more, since their numbers seem to be rapidly increasing. According to the Registrar General, 91 people over the age of 100 died during 1942: but the corresponding figure for 1953 was 195, of whom 48 were men. At present there are several hospitals for the aged which can show off their celebrated oldest inhabitant to important visitors, and mention with pride the arrival of that telegram from the Queen which means so much.

My first centenarian was a Chelsea pensioner—incidentally the oldest air raid casualty of the war. I had hoped to perform a post mortem examination upon him in due course, but the bomb which blew him up made this impossible. It was somewhat disappointing, since I wished to follow the example of that famous Bart's physician, William Harvey, whose anatomical examination of Thomas Parr is so well known. Since then, although I have managed to get autopsies upon no less than forty nonagenarians, it has never been possible to obtain permission for a post mortem on any of my patients who were over 100.

On one occasion, I thought that the ambition would be realised at last. There was transferred to my wards an old lady of 98, whose general condition was reasonably good. She had been bed-ridden for several years and was incontinent of urine. Nevertheless, her mind was clear and she seemed quite intelligent. She gave me an interesting account of her evacuation from London to Oswestry during the early part of the war. Apart from a harsh apical systolic murmur, there were no obviously abnormal physical signs.

We watched our patient with great interest. She had a healthy appetite and was always ready for her meals. Her 99th birthday passed without incident. We looked forward to celebrating the next one, as month succeeded month. Then, three weeks before the momentous date, the old lady developed a left hemiplegia. Three days later there was a patch of gangrene on her sacrum. Within the week coarse moist sounds could be heard in the lungs and our patient died—a fortnight before her hundredth birthday!

Since there were no surviving relatives, there was no difficulty over consent for the autopsy. The body looked wasted, the brown pubic hair, contrasting with scanty white locks on the scalp. As the chest was opened, pleural adhesions were found on the right side. The lungs showed atrophic emphysema and had oedema with broncho-pneumonia at both bases. There was an old scar at the right apex. The large intestine showed many diverticula, but the stomach and small gut were normal. The pancreas was thin, weighing only 2 ounces, when dissected. The spleen weighed 2¼ ounces, being small and shrunken. The liver was also wasted (1 lb. 12 oz.) and had a gall bladder containing several pigment stones. The right kidney was sclerotic and contained a large cyst. It weighed 4½ oz. The left was similar, but smaller (3½ oz.). The uterus was less atrophied than might have been expected. It contained a little pus. Both ovaries were very small. The heart weighed 10½ oz. showing a left ventricle which was hypertrophied. The mitral valve was wrinkled and thickened, taking only the tips of two fingers. The aortic valve cusps were thick with calcification, yet the coronary arteries showed only slight atheroma. On the other hand, the aorta was heavily calcified and its bifurcation was almost blocked by antemortem clot, which also filled the iliac arteries. The sternum contained marrow which seemed pale and gelatinous. We found the skull thick and dense, hard to open. The brain within had red softening in the right occipital lobe and around the right lenticular nucleus. There was patchy atheroma in the Circle of Willis.

As I filled up the death certificate, I wondered what had been the cause of the

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Dr. Trevor Henry Howell

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He is Physician to the Geriatric Research Unit at St. John's Hospital, Battersea, and is an Honorary Medical Tutor at the Postgraduate Medical School.

He is the author of many papers and books on Geriatrics.

final breakdown. The atheroma and calcification in those vessels must have been present for a long time. The broncho-pneumonia was clearly terminal. The patient had not died from the general atrophy of her various organs. Although she had mitral stenosis anatomically, there had been no sign of congestive cardiac failure. Something had happened to precipitate a thrombosis in those arteries. What it was, I will never know. But why could it not have waited for another fortnight?

SHORT BACK AND SIDES

I AM NOT comfortable in the barber's chair. It's so difficult to find the right place, the middle class establishment. Either one is patronised in a glittering *salon aux hommes* and has to sign a cheque for a light trim, or one waits amongst greasy piles of last year's Picture Post for a standard bob's worth of sergeant-major's delight.

All my friends seem to have a secure arrangement with some discreet saloon where they are turned out immaculate at astonishingly regular intervals. They don't have difficulty with the jargon either. Confronted with a list of fascinating possibilities from vibro-massage to manicure they get themselves shaved, lying at ease supine under a cumulus of soap, shampooed or singed according to the mood. I study it like the menu at a foreign restaurant and take refuge in one familiar item 'haircut'. Anyway, the idea of having my head publicly washed is revolting

The familiar process begins.

'How do you like it sir ?'

'Short back and sides'.

He stares at my two months' growth incredulously. I know what he's thinking — 'if you like it short, why the hell . . . .'. I know he thinks this because when he's taken off the first heavy crop with a small electric mower he ostentatiously removes the sheet and shakes it, or even goes off for the broom and has a sweep round. Then he starts talking. Rarely is one left in silence to study the faded pattern in the decayed linoleum, the corrosion that creeps along old chromium fittings, the grey pipes snaking away from Shanks's Leadless Glaze basins. ('Mr. Tupman, Mr. Shanks wants to see you in his office. You've been letting the lead into the glaze again'). My ruminations are shattered by a breezy voice telling me it's a nice day, and what will old Nasser get up to next, and how about Watford's chances on Saturday. All this time I can see in the mirror beyond the lurid bottles of brilliantine some easy fellow talking confidentially to his engrossed operator, watching me and listening to my fool answers. After ten minutes of this I'm desperate and growl my man into offended silence.

Now comes the moment when he fiddles with scissors taken from behind a cracked glass door labelled 'Sterilizer' and I know he's got down to studying my scalp. He pauses in mid-snip to gaze at it, then strolls off to whisper to a colleague in the corner. 'Cor, what dandruff Bert' or 'come and see what I've found' — I can never catch the words. At last he comes back for the catechism. The smooth man behind the brilliantine is watching me.

'Would you like the sideboards taken up?'

'Yes, just a little.' Faint assertion of choice.

'Any dressing on ?'

'No, I use my own.' Scoring a point here.

'Can I raise the parting ?'

'Please do.' Losing it again.

'Razor on the neck ?'

'Certainly.' All square.

The mirror is flourished to display my rear view and I give that inane nod of approval with which one acknowledges the first taste of a bottle of wine. I've always longed to thump the table and shout 'this isn't the Lafite '45 ! ' and the same feeling wells up now. To be able to say simply 'that won't do — a little more off the left side'. Or even 'hopeless. Do it again'.

The last straw is the towel thrust into the hand as one rises. What *does* one do with the towel ? Wipe round the ears, under the collar, mop the brow ? I make some passes with it and take my brushing down completely demoralised. Finally the magnanimous gesture of the fool, the large tip I can't afford, and I stumble away determined not to go back for another two months.

SCIAPUS.

EXAMINATION RESULTS

UNIVERSITY OF OXFORD

Final B.M. Examinotion
Long Vacation, 1956

Forensic Medicine and Public Health

Addison, M. M. Creightmore, J. Q. Wright, G. R. K.

Clinical and Special Pathology

Addison, M. M. Wright, G. R. K.

UNIVERSITY OF LONDON

Third (M.B., B.S.) Examination
October, 1956

Honours

Butler, A. C. (Distinguished in Pathology and in Applied Pharmacology and Therapeutics).

Pass

Balhetchet, M. S.
Blake, H. V.
Cochrane, I. H.
Deering R. B.
Doherty, R. P.
Edwards, V. G.
Freestone, D. S.
Hayes, M. E. B.
Jewell, W. H. M.
McGladdery, J. A.
McKinna, J. A.
Macvie, S. I.
Misiewicz, J. J.
Ormerod, T. P.
Plumb, M. E.
Roberts, I.
Rosborough, D.
Smith, G. C.
Taylor, G. P.
Thom, B. T.
Womersley, B. J.

Supplementary Pass List

Part I

Burles, P. G.
Cochrane, T. D.
Coltart, N. E. C.
Costley, S. R.
Garnham, J. C.
Graham-Evans, J. N.
Grasset-Molloy, G. J. M.
Laurent, J. M.
Lemon, J. H.
Lloyd, A. V. C.
Marston, M. S.
Nicholson, J. R.
Nixon, T. C. P.
Parsons, D. F.
Peacey, J. M.
Plumptre, A. M. M.
Snart, A. G.
Taggart, P. I.
Thomas, A. A.
Thomas, S.
Ware, J. M.
Watts, N. M.
Wilson, J. A.

Part II

Bickham, E. E. M. Harrold, B. P. Nicholson, J. R.

Part III

Pool, K. S. J. Pringle, L. Read, J. M. Williams, J. C. L.

Part IV

Bickham, E. E. M. Harrold, B. P. Lammiman, D. A. Pool, K. S. J. Read, J. M. Taggart, P. I.

General Second Examination
September, 1956

Davies, G. Muzio, D. M. Robinson, J. S. Thomas, B.

Examination for the Academic Post-graduate Diploma in Clinical Pathology
1956

Wallace, J. G.

Examination for the Academic Post-graduate Diploma in Public Health
September, 1956

Rigby, E. P.

Scholarship Awards

Sir William Dunn Scholarship

Besser, G. M.

University Studentship in Physiology

Tooby, D. J.

CONJOINT BOARD

Final Examination
October 1956

Pathology

Wright, G. R. K. Burles, P. G. Cochrane, T. D. Garnham, J. C. Graham-Evans, J. N.

Medicine

Dawson, J. B. Butler, A. C. Thomas, D. W. P. Parker, J. D. J. Rosborough, D. Lloyd, A. G.

Surgery

Dawson, J. B. Butler, A. C. Thomas, D. W. P. Morgan, D. R.

Midwifery

Dawson, J. B. Butler, A. C. Thomas, D. W. P. Parker, J. D. J. Rosborough, D.

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

Dawson, J. B. Butler, A. C. Thomas, D. W. P. Rosborough, D. Lloyd, A. G.

First Examination
September, 1956

Anatomy

Andan, A. Simons, A. G. E. Russell, A. J.

Physiology

Andan, A.

Pharmacology

Stuart, I. M. Lewis, J. H.

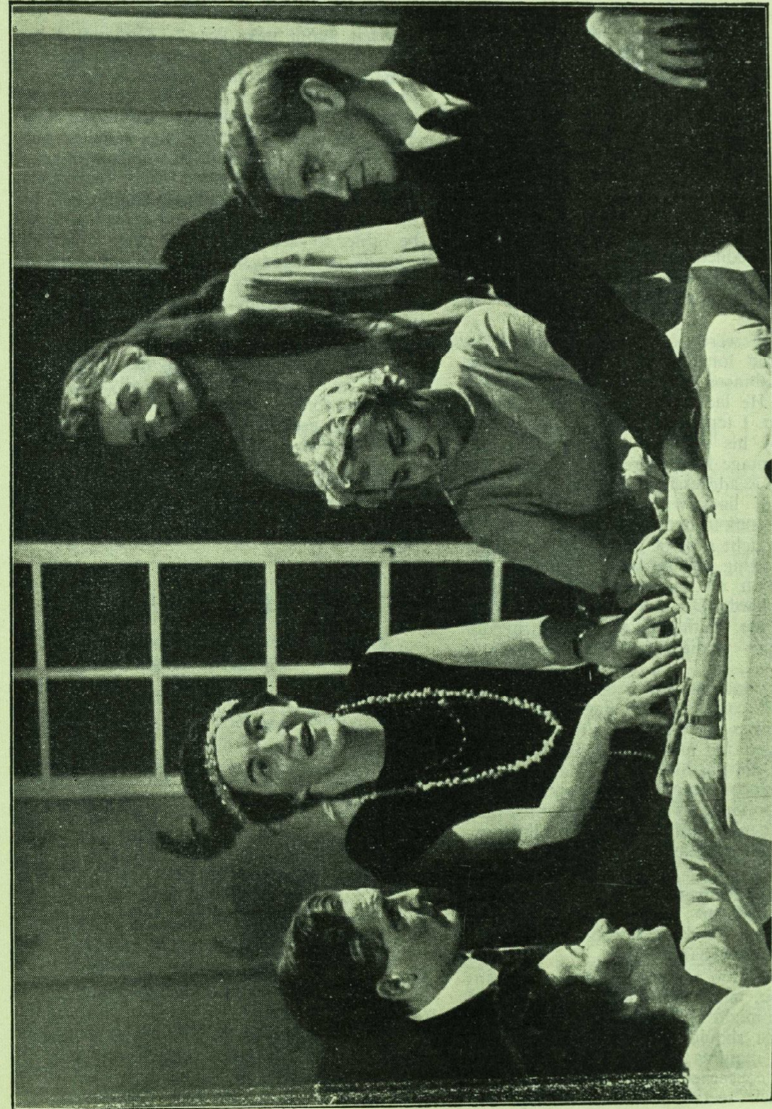
AMATEUR DRAMATIC SOCIETY

THE CRITIC of the Annual Production of the Amateur Dramatic Society is handicapped. By the time his views are published the sets have long been dismantled and the last vestiges of grease paint removed from the actors' faces. He cannot advise his readers to see, or to refrain from seeing, the play, for any such advice would be redundant. All that he can do is to record his impressions for posterity, and to make certain suggestions regarding future productions.

Unfortunately his suggestions are frequently ignored. Last year the reviewer pointed out that a stylized comedy requires impeccable acting beyond the scope of most amateurs; he also indicated that it might be rash to choose a play which had been successfully filmed, as a large proportion of the audience would have seen the film and make comparisons in which the amateurs must come off worse. Following these helpful remarks we have been given another sophisticated comedy which has also been made into a delightful film; BLITHE SPIRIT, by Noël Coward. I must, however, with the generosity attributed to critics, say that this time the comedy succeeded in keeping us amused for the whole evening. To intimate that some of the laughs might have been unintended would be uncharitable.

The production was dominated by the ladies. Nancy Watts (*Madam Arcati*) acted with gusto; her performance was excellent, but there were times when her breathless-

Madame Arcati (NANCY WATTS) *calls the spirits.*



From left to right: Mrs. Bradman (MARJORIE WOOD); *Charles Condamine* (TREVOR ROBINSON); *Madam Arcati* (NANCY WATTS); *Ruth Condamine* (VERONICA REES); *Elvira* (MURIEL PARKER); *Dr. Bradman* (HUGH RICHARDS).

ness left me panting. She was a cross between Margaret Rutherford and a hockey mistress at St. Trinian's. The producer was fortunate in having two experienced actresses to play the part of Charles Condamine's wives. Muriel Parker (*Elvira*) gave the best performance of the evening. Her willowy movements and genteel bitchiness were just right; whenever she was on the stage she became the focal point. Veronica Rees (*Ruth*) was also good, but some of her actions were stiff, and her voice hard—I felt in awe of her rather than in sympathy for her unhappy situation. Janice Swallow (*Edith*) gave her part of the maid enough simple mindedness to make her exasperating to any employer, and Marjorie Wood (*Mrs. Bradman*) was appropriately effusive as the doctor's wife.

The men were not quite so happy. In one of the longest roles in the Theatre Trevor Robinson (*Charles Condamine*) tried gamely. He lacked variety of gesture and expression, I tended to become slightly distracted by his repeated shrug. He could with advantage look more frequently at the person he is addressing, and realise that the delivery of lines with one's back to the audience tends to drown the words. He did strike the right note of dismayed frustration when his living wife refused to believe in the reincarnation of her ethereal predecessor. Hugh Richards (*Dr. Bradman*) never looked quite at ease on the stage, although he did possess the virtue of being consistently audible.

The production by Victor Major was good, and some of the staging excellent, especially the placing of Elvira. The pace never lagged and most of the humour came across. I did not like Elvira's dance, it was not spontaneous enough, and continued for a shade too long. It was a pity that the play was under-rehearsed, there can be little excuse for the amount of prompting that was required.

The Stage Manager, John Martin, is to be congratulated on his sound effects, and especially on the disintegration of the room just before the final curtain.

It is only too easy to find fault with any production, and the sense of superiority which we might feel at some of the 'gaffes' of the cast should be tempered with gratitude. It requires a great deal of time by everyone concerned before an audience can sit in their seats and watch a play. We frequently hear that students are apathetic, and they never do anything for themselves. The Dramatic Society at least, are free from this charge.

What about next year? Undaunted by the disregard shown to my predecessor's remarks, I shall offer some suggestions. Firstly, I think that a better time for the annual production would be early in the New Year, when the Pot-pourri has satisfied our appetite for broad comedy, and when examinations seem to be less imminent. Secondly, let me urge greater imagination in the choice of play. It would be valuable to be able to see something new, whether comedy or tragedy. While the members of the Dramatic Society are not grave students of the Theatre, they are nevertheless trying to capture its spirit. An unfamiliar play might allow the producer greater freedom in his interpretation and staging. Lighting could be used more originally. Lastly, make the forthcoming series of one-act plays a training ground for the less experienced. Many people enjoy acting, and more would do so if they knew something of the technique. I await next year's production with hope, but I may have to view it with resignation.

J.T.S.

AWARDS

Combined Hospitals University Entrance Scholarship, 1956

Scholarship awarded to: R. L. W. Cleave.
Exhibition awarded to: A. C. Branfoot.

Shuter Scholarship, 1956

Awarded to: G. F. Abercrombie.

Prize in Histological Drawing 1956

Awarded to: D. E. L. King.

Hayward Prize 1956

Awarded equally to: J. S. T. Tallack,
C. N. Hudson,
J. J. Misiewicz.

Junior Scholarships in Chemistry, Physics and Biology 1956

1st Scholarship: A. B. Shaw.
2nd Scholarship: C. R. Knight.

HOSPITAL APPOINTMENTS

The under-mentioned appointments to the medical staff take effect from the dates mentioned:—

Dental Department
Registrars .... W. A. Berwick, J. A. P. Darvell, November 1st, 1956.

House Surgeon .... M. W. Cooksey, October 29th, 1956. Succeeds Darvell).

Anaesthetic Department
Senior House Officer .... A. B. Lodge.

Casualty Physician .... J. S. Jenkins (in place of I.P.M. MacDougall, temporarily until permanent appointment made).

Department of Neurological Surgery
Senior Registrar .... J. Seymour (for 1 year from October 1st, 1956, during J. Andrew's absence).

Dr. Bourne's Firm
Junior Registrar .... T. H. Hughes-Davies, November 11th, 1956.

Dr. Bodley Scott's Firm
Junior Registrar .... M. J. Clarke-Williams, October 1st, 1956.

RECENT PAPERS BY BART'S MEN

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*——, (and others). Sir John Bland-Sutton. A bibliography of his writings. *Middx. Hosp. J.*, 56, 1956, pp. 3-15.

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Christie, R. V. *See*, McIlroy, M. B., (and others).

Crawhall, J. C. *See*, Spenser, I. D., and others.

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——, (and H. Phillip Greenberg). Sir William Gull and psychiatry. *Guy's Hosp. Rept.*, 105, 1956, pp. 361-375.

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*LAWTHER, P. J. Breathing dirty air. *Med. World*, 85, 1956, pp. 221-224.

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

STUDENT ENTRY

October, 1956

PRE-CLINICAL ENTRY

Amponsah, F. I., *Achimota Secondary School, Gold Coast.*
Angell James, J. E., *Cheltenham Ladies College.*
Barnes, G. E. R., *Maidenhead County Boys' Grammar School.*
Barrington, D. E., *King's School, Rochester.*
Barton, M. T., *Exeter College, Oxford.*
Beckett, P. R., *Magdalen College School, Oxford.*
Bergel, R. C., *Leighton Park School, Reading.*
Bhagat, B. B., *Louis Mountbatten School, Rhodesia.*
Bishop, M. B. J., *Simon Langton School for Boys, Canterbury.*
Boladz, W. P., *The Grammar School, Ystradgynlais.*
Britz, M., *Aberdare Boys' Grammar School.*
Brooks, B. G. B., *Manchester Central Grammar School.*
Brown, J. K., *Hymer's College, Hull.*
Bunnemeyer, M. G. J., *McGill University.*
Carnochan, I., *Ilford County High School.*
Collingwood, R., *The King's School, Canterbury.*
Crawhall, J. C., *Merchant Taylors' School.*
Davies, N. M., *Bridgend County Grammar School.*
Dixon, H. B., *Duke University, U.S.A.*
Drake, R. M., *Queen Elizabeth's Grammar School, Barnet.*
Edmondson, R. S., *Bradford Grammar School.*
Gallop, A. M., *Westminster School.*
Gandy, R. H., *Birkbeck College.*
Green, G., *City of London School for Girls.*
Gugenheim, P. S., *Queen Elizabeth's Grammar School, Barnet.*
Hall, J. M., *Parkstone Girls' Grammar School.*
Harvey, J. A., *Shrewsbury School.*
Herbert, D. C., *Newport High School for Boys.*
Hood, C. A., *Derby School.*
Hore, B. D., *Lower School of John Lyon, Harrow.*
Howells, D. B. M., *Reigate Grammar School.*
Iregbulem, L. M., *St. Patrick's College, Calabar.*
Irvine, R. J. M., *Ampleforth College, York.*
Jackson, G. B., *King's School, Rochester.*
Jackson, U. I., *Eothen, Caterham.*
Jones, J. R. L., *County Grammar School, Cardigan.*
Jones, V. M., *Sth. Paul's Girls' School.*
Khedheri, S., *Bradford Grammar School.*
Kielty, P. A. M., *Ursuline Convent, Wimbledon.*
Kingsbury, A. W., *Chichester High School for Boys.*
Kingsley, P. J., *Charterhouse, Godalming.*
Knight, E., *Brockenhurst County High School.*
Lewis, J. M., *Cheadle Hulme School.*
Lines, A. J., *St. John's College, Cambridge.*
McCarthy, W. E., *School of Science, Oxmford.*
McPhail, L. M., *Luckley School, Wokingham.*
Manchester, K., *King Edward VII Grammar School, Melton.*
Metcalfe, B. J., *Owen's Grammar School.*
Metten, A. D., *Douai School.*
Miller, A. J., *Worthing Boys' High School.*
Miller, R. G., *Canford School, Wimborne.*
Millington, M., *Clay Cross Tupton Hall Grammar School.*
Moynagh, P. D., *Marlborough College.*
Orr, M. M., *Alleynes Grammar School.*
Patrick, P. L., *Bishop Anstey High School, Port of Spain.*
Perris, B. W., *Isleworth Grammar School.*
Prosser, D. I., *Ealing Grammar School for Boys.*
Randle, G. H., *Hitchin Boys' Grammar School.*
Rassim, A., *Malvern College.*
Russell, A. L., *East Barnet Grammar School.*
Shand, D. G., *Ealing Grammar School for Boys.*
Sharp, G. T., *Leighton Park School, Reading.*
Shaw, B. N., *Sutton High School.*
Sinclair, A. M., *Howell's School, Llandaff.*
Smyth, N. W., *Haileybury.*
Stanley, R. B., *Felsted School.*
Stevens, J. E., *Luton Grammar School.*
Stevens, P. W., *Hilton College, Natal.*
Stewardson, M. P., *Buckhurst Hill County High School.*
Stone, B. E., *St. Paul's School.*
Terry, A., *Roedean School, Brighton.*
Thomson, W. H. F., *Watford Grammar School.*
Tomlinson, R. J., *Mount St. Mary's College Spinkhill.*
Weeks, S. K., *Newport County Secondary Grammar School.*
Wilson, A. I., *Bradford Grammar School.*
Wilson, R. G., *City of London School.*

CLINICAL ENTRY

Abercrombie, G. F., *Caius College, Cambridge.*
Alabi, G. S., *University College, Ibadan.*
Bowles, K. R., *Downing College, Cambridge.*
Branfoot, A. C., *Wadham College, Oxford.*
Cantrell, E. G., *Queens' College, ambridge.*
Church, R. B., *Emmanuel College, Cambridge.*
Davies, R. N., *St. John's College, Cambridge.*
Dick, D. H., *Trinity College, Cambridge.*
Drinkwater, P., *Magdalene College, Cambridge.*
Duff, T. B., *St. John's College, Cambridge.*
Ellis, R. P., *Pembroke College, Oxford.*
Evans, G. H., *St. Catharine's College, Cambridge.*
Francis, H. B., *St. John's College, Cambridge.*
Fuge, C. A., *St. John's College, Oxford.*
Gabriel, R. W., *Downing College, Cambridge.*
Godwin, D., *Clare College, Cambridge.*
Greaves, C. W. K. H., *Jesus College, Oxford.*
Hamilton, S. G. I., *Clare College, Combridge.*
Hindson, T. C., *St. John's College, Cambridge.*
Hobday, G. R., *Trinity College, Cambridge.*
Hobday, J. D. ,*Trinity College, Cambridge.*
Hurding, R. F., *Selwyn College, Cambridge.*
Jephcott, C. J. A., *Queens' College, Cambridge.*
Lee, B. K., *Corpus Christi College, Cambridge.*
Lyon, D. C., *Oriel College, Oxford.*
Mather, J. S., *Trinity College, Cambridge.*
Maurice-Smith, N. J., *Queens' College, Cambridge.*
Mercer, J. D., *St. John's College, Cambridge.*
Parkes, J. D., *Queens' College, Cambridge.*
Perkins, B. A. W., *Sidney Sussex College, Cambridge.*
Richards, D. A., *Clare College, Cambridge.*
Strang, F. A., *Jesus College, Cambridge.*
Williamson, C. J. F. L., *Emmanuel College, Cambridge.*

SPORTS NEWS

VIEWPOINT

AT THE present time Indoor Sport at Bart's is going through a lean period. For instance, the Boxing Club is now defunct, after experiencing some success a few years back in Inter-Hospital and University Competitions. While acknowledging that rifle shooting and fencing have a more limited appeal than most sports, these clubs are woefully weak in active participants, and could well do with an infusion of new blood.

A somewhat different problem faces the Squash Club, for, to quote the Secretary, 'scores of people say they play squash, but there is hardly anyone available when there is a match.' This remark highlights the problem sufficiently to obviate any additional comment. In the case of the Chess and Table Tennis Clubs the situation is not quite the same. There is not just simply a lack of members, but a lack of clinical members to organise and encourage the pre-clinicals.

Naturally all clubs have their various difficulties, but the object here is to point out those that are especially affecting Indoor Sports at the moment. We would urge all students who are interested in these activities, to intimate to the respective Secretaries their desire to use their talents regularly for the benefit of the Hospital teams.

RUGGER

1st XV v. Old Blues, Home, Saturday, 27th October Drawn 8—8.

As the Old Blues had defeated the Cambridge LX Club on the previous Saturday we approached this match with some trepidation. Fortunately however the team produced something like the form that we had been waiting for, and consequently we were in many ways unlucky not to win. The forwards in the first 20 minutes heeled every loose ball, and if they slackened somewhat after we had obtained the lead the possibilities had at least been shown. Much of the credit for this must go to the back-row, where Mackenzie was in his element at wing-forward and Laurie Thomas made a triumphant return to lock-forward after a year's absence due to injury. Given this service the backs looked more dangerous than hitherto, but they still were not taking their passes whilst moving at top-speed.

After 20 minutes play, during which we hardly left our opponents half, another quick heel and a quick-passing movement left McMaster with a chance which he took with commendable determination. There was no more score before half-time, and in the second half the Old Blues came more into the game, and equalised through a drop-goal by one of their centres. Three minutes from time they obtained the lead, rather against the run of the play, when they wheeled from a scrum near the line and then converted the resultant try. This fired our forwards back to life, and in the last minute M. J. Davies dived over for a try. There was a deathly hush as his own conversion attempt started going outside the post, then swerved in with the wind and just dropped over the bar to give us a draw.

Team: S. G. I. Hamilton; R. M. Phillips, G. J. Halls, M. J. A. Davies, A. M. B. McMaster; R. R. Davies, B. Richards; J. C. Dobson, C. J. Carr, D. A. Richards; J. W. B. Palmer, D. W. Roche; H. Thomas, L. R. Thomas, J. C. Mackenzie (*Capt.*).

WEST COUNTRY TOUR

The tour opened with a 6—6 draw against Penzance. This was the team's best performance of the season, and almost all the local papers judged us unlucky not to win. Bonner Morgan at outside half got his line moving very well with the result that M. J. Davies and Halls in the centre always looked dangerous and repeatedly pierced the Penzance defence. The forwards did well to hold a strong Penzance back, Roche being outstanding in the lines out, and Mackenzie and H. Thomas in the loose. We trailed 3—6 at half-time, M. J. Davies's penalty goal having been replied to by a penalty goal and a drop goal for Penzance. We looked much the more dangerous side, and Carr actually crossed the line only to be recalled for a previous offence, before McMaster made a determined run to score in the corner after both wing forwards had joined in a three-quarter movement.

On Monday we were completely outplayed by Devonport Services, who won 35—8. The only consolation was that the margin of the score was largely due to our refusal to close the game up, a decision for which the crowd was most grateful. We trailed 3—11 at half-time, our score coming from a try by Mackenzie after a superb 40 yard run. In the second half we went well at first, but after losing Rees Davies with an ankle injury the score mounted rapidly against us. We got a consolation try when Halls broke right through and drew the defence before sending Phillips in for a try which was converted by M. J. Davies.

The third match of the tour, against Paignton, produced a win at last, although the winning margin was not as large as it should have been. Our backs were vastly superior to theirs, and Phillips and McMaster each scored tries from the half-way line, the former by bursting through the centre of the field, the latter with a most determined run along the touch-line. In the lines-out Roche was again outstanding, whilst Dobson was often prominent in the loose.

We led at half-time by 19—3, M. J. Davies having kicked two penalty goals and converted Phillips' try, while Halls had scored a try himself and had also converted McMaster's try from the touch-line. In the second half H. Thomas, playing out of position in the centre, sent Phillips in for another try, but then Paignton succeeded in closing the game up and scoring some points themselves, so that our only further score was a 40 yard penalty by M. J. Davies.

Tour Party:—J. C. Mackenzie (*Capt.*); B. W. D. Badley; R. Bonner Morgan; M. J. Davies; R. R. Davies; G. J. Halls; A. B. McMaster; R. M. Phillips; B. Richards; A. P. Ross; W. P. Boladz; C. J. Carr; G. Davies; R. P. Davies; J. C. Dobson; T. W. Gibson; D. A. Richards; D. W. Roche; H. Thomas; L. R.

1st XV v. Rugby — Away, November 10th — Lost 5—19.

This was a very stiff fixture for the Saturday after the tour. Rugby fielded the same side which had beaten Nottingham 31—0 the previous week, whilst we lacked our regular second row forwards and stand-off half, and had at least three players appearing against doctor's orders. When Rugby scored under the posts in the first minute it looked as if our worst fears might prove well founded, but fortunately we rallied well. We were out-weighted and out-hooked in the tight scrums, whilst in the lines-out Laurie Thomas and Boladz did very well to win about a third share against much larger opponents. In the loose the outstanding forward was undoubtedly Laurie Thomas, but in the second half all played their part. The backs did not get much chance of attacking, but Plant, deputising in the centre, had a good game and all defended well, although there was still a weakness in tackling throughout the side.

By half-time Rugby, with the slope, the wind and the rain in their favour, had a 13—0 lead. In the second half things were much more even, and although Rugby added two more tries it was only justice when M. J. Davies went over after a heel from the tight, and then converted his own try.

Teams:—B. W. D. Badley; R. M. Phillips; G. J. Halls; J. Plant; A. B. McMaster; M. J. A. Davies; A. P. Ross; D. A. Richards; C. J. Carr; J. C. Dobson; L. R. Thomas; W. P. Boladz; H. Thomas; J. C. Mackenzie (*Capt.*); R. P. Davies.

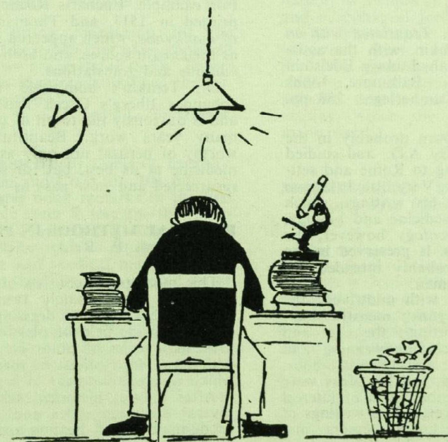
1st XV v. Old Alleynians at Chislehurst, November 17th. Lost 3—11.

Territorially Bart's had 75% of this match but could not clinch their attacks. We played two men short for the first five minutes, during which time the Alleynians kicked an easy penalty goal, awarded for offside from a tight scrimmage. Once we were at full strength we attacked continuously, and Halls crossed for a try when Phillips flicked the ball inside after a long run. Soon after Carr and McMaster dribbled the ball over and the latter appeared to get a touch-down, but the referee awarded a drop-out. The forwards remained on top till half-time, but despite good runs by Plant and Phillips we could not score.

In the second half we again started on top, but gradually lost our grip. Eventually the Alleynians took the lead when a huge penalty kick went through off the post. We continued to throw the ball around almost desperately from any part of the field but could not get a score. In fact the final score came from the Alleynians, when their winger dived over after a neat cross-kick to him. This try was converted from the touch-line.

One can only suppose he's reading . . .

ROUND THE FOUNTAIN



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As usual Howard Thomas was always prominent in the loose and Roche and Boladz jumped well in the lines-out. In the backs Halls performed well in the strange position of outside-half, but we will be glad when one of our injured outside-halves recovers and allows him to return to his proper position in the centre.

Team:—B. W. D. Badley; R. M. Phillips, J. Plant, M. J. Davies, A. B. McMaster; G. J. Halls, A. P. Ross; J. C. Dobson, C. J. Carr, D. A. Richards; D. W. Roche, W. P. Boladz; H. Thomas, L. R. Thomas, J. C. Mackenzie (*Capt.*).

HOCKEY

CAMBRIDGE TOUR

November 1st — 3rd

v. King's College Lost 4-3

Bart's started off extremely briskly and it was not long before we were one goal up when Anderson, combining well with his two insides, scored. For the rest of the first half, play went from end to end with neither side being able to penetrate each other's defence, but with Bart's getting the better of the game.

After half time, King's equalised, but two more goals by Bart's, one very good shot by Drinkwater from the left and one in the top of the net by Anderson, soon gave Bart's what looked like a safe lead. Soon, however, King's scored again and within the last five minutes, two goals were scored against us—both times their forwards broke away and a muddled defence made vital mistakes costing us the match.

A very disappointing end to what looked like a successful start to the tour.

Team:—J. E. Stark; D. Godwin; D. S. Wright; R. G. L. Smith; J. B. Nichols; N. C. Roles; C. J. M. O'Keeffe; P. Drinkwater; A. S. Anderson; A. S. Tabor; R. B. Church.

v. Jesus College. Lost 1-0

Not even the heaviest Cambridge drizzle could prevent this game from being enjoyable and we were very grateful to our opponents for allowing us to use their ground under such wet conditions.

We were unlucky to lose the match since we had many very narrow chances — one shot from Drinkwater hitting one of the uprights. It was a fast match and was especially marked by some good hard hitting by both sides — a treat to see under such heavy conditions.

Team:—J. E. Stark; J. B. Nichols; D. Godwin; B. Reiss; N. C. Roles; D. S. Wright; R. G. L. Smith; P. Drinkwater; A. S. Anderson; A. S. Tabor; R. B. Church.

Owing to the bad state of the ground, the match against Queen's College had to be cancelled.

It was not a successful tour as regards scores, but I think everyone will agree that it gave us enjoyable hockey against pleasant opponents.

REVIEWS

BOOKS

SORANUS' GYNECOLOGY. *Translated with an introduction by* Owsei Temkin, with the assistance of Nicholas J. Eastman, Ludwig Edelstein and Alan F. Guttmacher. Baltimore, Johns Hopkins Press; London, Cumberlege. 258 pp. 40s.

Soranus of Ephesus was born probably in the second half of the first century A.D., and studied at Alexandria before returning to Rome and settling down to practice medicine. Very little is known about his life and most of his writings, which covered the entire field of medicine and biology, have been lost. His *Gynaecology* however, the most important of his works, is preserved in the original Greek, and was probably intended for physicians, midwives and laymen.

Sections of the book deal with midwives; the nature of female genital organs; menstruation; conception; pregnancy; abortion; the care and feeding of the newborn, including weaning and teething; diseases of women; and difficult labour. Soranus deplored superstition, and his ideas were greatly in advance of his period; it is of interest to note that he mentions rickets. The writings of Soranus greatly influenced his successors and several later texts were based on his *Gynaecology*. For example, Eucharis Röslin's *Rosengarten*, first printed in 1513, and Thomas Raynalde's *Byrthe of mankynde*, which appeared in 1545, had Soranus as their main source, and both went into numerous editions and translations.

Dr. Temkin's admirable translation is from Johannes Ilberg's Greek text published in 1927, and is obviously the result of great scholarship and many years work. Beautifully produced, it is worthy of perusal not only as a picture of Greek medicine at its best, but for ideas that have been resurrected and now pass as 'modern'.

J. L. THORNTON.

PHYSICAL METHODS IN PLASTIC SURGERY *by* Joseph P. Reidy. Actinic Press. pp. 69. 12s. 6d.

This monograph consists of only seventy pages, of which approximately twenty are devoted to photographs and line drawings. In an effort to cover the wide field of plastic surgery, the author presents a series of notes on the basic techniques with short descriptions of many of the conditions which receive treatment in a plastic unit.

After a brief historical survey (which contains several errors in dates and names), there is an account of wound healing and this is followed by a chapter on the various types of skin grafts and

flaps. Injuries and affections of the limbs receive more detailed consideration than other conditions, as physical methods play such an important role in the treatment of these cases.

The importance of team work in plastic surgery is repeatedly emphasised, and the need for complete functional and psychological rehabilitation of the patient is stressed in the concluding chapter.

This book will be of much value to physiotherapists and occupational therapists seeking a rapid introduction to plastic surgery, but it is not sufficiently detailed to have a wide appeal to medical students.

P. H. JAYES.

THE ROYAL NORTHERN HOSPITAL 1856-1956. The story of a hundred years work in North London *by* Eric C. O. Jewesbury. London, H. K. Lewis, 1956, pp. xi, 157, illus. 17s. 6d.

A centenary is a fitting occasion upon which to publish a history of a hospital, and this one recounts the story of one with which many Bart's men have been, and still are associated. Founded by Sherard Freeman Statham (1826-1858), who have been forced at the age of thirty to relinquish his post as Assistant Surgeon to University College as the result of complaints by John Erichsen, it was first called the Great Northern Hospital. Financial difficulties were constantly encountered and successfully overcome, and Dr. Jewesbury unfolds a fascinating panorama that illustrates the growth of the Hospital from inevitable teething troubles to full maturity.

Some years ago Dr. Jewesbury wrote an outstanding Wix Prize Essay on Charles Barrett Lockwood, a Bart's surgeon, who also served on the staff of the Royal Northern. Possibly this inspired him to investigate its history in fuller detail, and to discover that among other Bart's men connected with that Hospital were Robert Bridges (later the Poet Laureate), F. C. Skey, Sir William Savory, Sir Thomas Smith, Harrison Cripps, and Lord Horder.

This book is a fitting companion for the numerous histories of hospitals that have appeared in recent years, and we are grateful to Dr. Jewesbury for presenting in such readable form the history of the Royal Northern.

JOHN L. THORNTON.

THEY DID NOT PASS BY *by* Denis G. Murphy. Longmans, Green and Co. Ltd. 10s. 6d.

As the author of this book remarks in the first few lines, many people seem to imagine that nursing was originated by Florence Nightingale. It is a regrettable fact that among this number may be counted many nurses and medical men, and it is to these in particular that this book should be of interest.

Since the author is a Catholic priest it is not surprising to find a bias towards the Catholic part in the origins of nursing—however, as most of these origins are in fact prior to the Reformation, few can quarrel with this. The author's stated aim is to show how Christian principles lay at the root of the formation of all types of nursing, almost all of them having originated long before a Socialist Health Service was even dreamt of, and this he does in a most revealing manner. The book should prove stimulating to all who profess to have any interest in the origins and principle of the Nursing profession.

C. J. C.

BOOKS FOR NURSES

BERKELEY'S PICTORIAL MIDWIFERY *by* D. M. Stern, M.A., M.B., Ch.B. (Cantab.), F.R.C.S., F.R.C.O.G. Baillière, Tindall & Cox Ltd. 15s.

Of subjects susceptible to demonstration by diagram, anatomy and the mechanism of labour are among the most suitable, so that an atlas of Midwifery such as this can teach the student a great deal. The diagrams are easy to understand and are reinforced by captions which contain plenty of information. Not all the pictures are of equal importance to the midwife, but since she has to recognise the indications for medical help and to act as assistant during complicated deliveries, diagrams of the more unusual obstetrical methods are perhaps not out of place.

W. E. HECTOR.

CHILDREN IN HOSPITAL *by* Margaret M. Leach. Faber & Faber. 9s. 6d.

Nurses in general hospitals all meet sick children at some time, and all are anxious for guidance in caring for them. They want to know if children are merely miniature adults, or if they need special techniques in nursing and management.

Miss Leach has a good understanding of this need, and has written a sensible and clear little book. Children's diseases are briefly but practically described, and there is a good chapter on special procedures, in which it would have been helpful to include an account of stomach washouts and oesophageal feeding.

The first chapter on the approach to children is rather short and matter of fact, and the problems connected with the hospitalization of children are minimised. It is easy to see, for instance, that the author is not in favour of daily visiting, which she thinks is 'impracticable in many wards.'

W. E. HECTOR.

MATHEMATICS FOR NURSES *by* Dorothy Button, B.A. (Cantab.). Faber & Faber Ltd. 8s. 6d.

The author is quite correct when she says that the standard of elementary arithmetic in nursing students is deplorable, and if a pre-nursing course included exercises in mathematics on the lines of this book the student should certainly on entering hospital be capable of the very simple calculations required of her.

The examples and problems are all relevant to her subsequent career, and would no doubt be an incentive to tackle a subject which most girls do not approach with great enthusiasm.

The criticism that very few of these calculations are indeed needed in hospital is countered by the

author's statement in the preface that she is thinking of a nurse in an isolated country practice. There must, however, be few areas to which insulin syringes have not penetrated to obviate the need of the calculations on insulin on page 50, and to use insulin in strengths of 10 or 100 units per cc. is not realistic. Filling an insulin syringe is the commonest task involving arithmetic that a medical nurse does today, and might well have been treated at length. A medicine for a child would be prescribed by dose, and not calculated from the adult dose in a sum of which the answer was 5/12 gr.

Hospitals should be grateful to those like Miss Button in the general educational field who take an interest in our problems and try to help solve them.

W. E. HECTOR.

NEW EDITIONS

THE PRINCIPLES AND PRACTICE OF MEDICINE 3rd ed. edited *by* Sir Stanley Davidson. E. & S. Livingstone. pp. 1076. 35s.

Although only a few years old this book has undergone a third edition, thus proving its great popularity. This favour among students is due mainly to the book's combination of accuracy and clarity and the absence of columns of small print. The price has been increased but remains reasonable.

The additions include a section on the uses of oral penicillin, especially penicillin V, and the dangers associated with antibiotic therapy are stressed.

The chapter on the nervous system has been re-written and enlarged. The importance of visual symptoms in neurology is emphasised by the addition of a section on the pupils, and another on nystagmus. The problem of localising a lesion on the basis of occomotor changes is a difficult one because there is doubt as to where the neuronal pathways run. As this subect is hardly considered in most pre-clinical texts a brief mention in this section would prove useful.

A minor criticism: the X-ray illustrations would be improved by replacing photographs for the present diagrams.

THE MANUAL OF PRACTICAL OBSTETRICS (Third Edition) *by* O'Donel Browne and J. G. Gallagher. John Wright & Sons. pp. 274. 37s. 6d.

This book is written for the student and general practitioner and it has been extensively revised and brought up to date in this edition.

Its pages reflect the Dublin school of thought and some of the ideas propounded are matters of debate in this country.

From this point of view the book is of more interest to the post-graduate student who is better able to appreciate its controversial points, as for example, the treatment of pre-eclamptic toxaemia and eclampsia.

The introductory chapters on pelvic anatomy, pregnancy and foetal development are not well illustrated. The instruction on preparations for a confinement in a private house, however, is both useful and comprehensive particularly for practitioners in domiciliary midwifery. A Clover's crutch could be included with advantage in the suggested equipment.

The chapters on abnormal labour are well presented and there are some helpful diagrams of forceps delivery. There is surprisingly no mention of Lovsett's manoeuvre in the management of breech delivery and one differs from the author in believing that a bimanual compression does need description. The treatment of asphyxia neonatorum is archaic save for the establishment of a clear airway and the administration of oxygen. The women of Dublin must be of tough metal to submit to evacuation of an incomplete abortion without anaesthesia.

The ethics of Roman Catholicism are largely responsible for the views on termination of pregnancy. They also underlie the more useful procedure of symphysiotomy re-introduced for the treatment of Contracted Pelvis which is of considerable interest.

The author has a direct and forceful approach to his subject which in general is well presented.

The book is of particular value to those of the Roman Catholic religion. This apart, one is left with the impression that its contents are not unlike the curate's egg.

J. D. ANDREW.

PRINCIPLES OF HUMAN PHYSIOLOGY 12th ed. *by* Sir Charles Lovatt Evans. J. & A. Churchill. pp. 1233. 65s.

This is a welcome new edition of a classical textbook of Human Physiology. The book has been brought up to date as far as possible and there are frequent references to recent work which would be of help to the more advanced student.

The historical notes at the beginning of each chapter remain; a valuable introduction to the subject. This book can be recommended to the pre-clinical student as a physiology text which he will find of use throughout his medical course.

A TEXT-BOOK OF GENERAL PHYSIOLOGY 5th ed. *by* Philip H. Mitchell. McGraw-Hill. pp. 885. 79s.

American medical students have to take College courses in Biology and this is a book which is designed to meet their needs. Therefore it contains much that is of great interest but of remote connection to medical science. Nevertheless the chapters on vitamins, hormones and membrane transport do summarize the latest views on these subjects and might prove useful to the B.Sc. candidate. The more advanced student will find a comprehensive list of references at the end of each chapter.

THE DENTAL ASSISTANT'S HANDBOOK 2nd edition *by* C. I. West. Heinemann. 10s. 6d.

While this book is written for dental assistants, it contains much that is useful to the medical student being introduced to dentistry. The illustrations of dental instruments are very helpful, and the chapter on dental radiography explains some of the complexities of the interpretation of X-rays of the teeth. The brief review of dentition and dental morphology contains most of the information required by the medical student. In spite of the text reading somewhat like a woman's magazine, the illustrations make the book of value.

AIDS TO EMBRYOLOGY 5th ed. *by* J. S. Baxter. Baillière, Tindall & Cox. pp. 196. 8s. 6d.

Embryology is a subject which requires illustrations and models for its full understanding. Any small book such as this should only be used for revising, although it contains most of the information required for the second medical examination.

MEDICAL BACTERIOLOGY 6th ed. *by* Sir Lionel Whitby and Martin Hynes. J. & A. Churchill. pp. 540. 30s.

The main changes which have taken place in this popular book are in the chapter on antibiotics and in the chapter on fungal diseases.

A general section on the production of antibiotics and their mode of action introduces the discussion of the individual drugs. With an increasing knowledge of the biochemical metabolism of micro-organisms certain hypotheses can now be be forward as to the site of action of antibiotics. Some of the relevant experiments are discussed, and give the student a greater understanding of this type of therapy.

The section on Sensitivity and Resistance is especially welcome as the problem of acquired resistance by bacteria to the antibiotics is causing difficulty in hospital wards. A useful addition is a glossary of Antibiotics and Chemotherapeutic Substances—this replaces more detailed consideration of a few of the commoner drugs.

In the revised chapter on Diseases Produced by Fungi most of the space is given up to Ringworm. This should help the General Practitioner as the majority of fungal diseases which he sees are in the skin or scalp.

BOOKS RECEIVED

Inclusion in this column does not preclude review at a later date.

CHRISTIAN ESSAYS IN PSYCHIATRY *edited by* Philip Mairet. S.C.M. Press. 15*s*.

REFRESHER COURSE FOR GENERAL PRACTITIONERS, 3rd Collection. British Medical Association. 25*s*.

PROGRESS IN CLINICAL MEDICINE, 3rd ed. *edited by* Raymond Daley and Henry Miller. J. & A. Churchill. Pp. 414. 40*s*.

SHAW'S TEXTBOOK OF GYNAECOLOGY, 7th ed. *by* John Howkins. J. & A. Churchill. Pp. 704. 32*s*. 6*d*.

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