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EDITORS

January - June ..	J. D. SCOBIE
July-December ..	P. J. WATKINS

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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No. 1

EDITORIAL

At the end of each year people have always wondered what the next year holds in store. This custom should be abandoned now that future events are more and more unpredictable, in fact more and more unlikely and, indeed, impossible. In 1958 the Nautilus sailed under the North Pole, and a rocket was sent 79,000 miles into space. What are the most likely happenings of this nature in 1959? A likely event could be the projection of a man into "space" and, even more probable, is the successful observation of the backside of the moon by TV cameras and other scientific instruments. The only sure thing in the coming year is that these exploits will cost as much money as they have done in the recent past.

Some people think this expense is worth while. That it is an absolute good to extend man's knowledge of nature. Others more cagily say that money spent on pure science has always brought tangible rewards. One can agree that the Americans could use their wealth to worse ends, and that the Russians nearly always do. What is so surprising to the British taxpayer is that he is contributing money to these excursions. It is time some new Hampden protested about this new space-"ship money." We are not told how much money is spent by our Government on space projects, but it is certain that many millions of pounds are being poured into the rocket range in Australia, that at the research departments at Farnborough, huge machines are constructed to prove that men can safely be sent into space, and that there is even a factory in the Midlands which manufactures space suits.

It is not really a question of how important it is for this country to keep abreast, or just behind, the Russians, Americans, or anyone else in these new fields. It is not important at all. We cannot afford to develop a space empire, so we should forget about it and concentrate on solving nearer and more realistic problems. The most pressing of these is not the control of thermonuclear power, it has nothing to do with rocketry, it is the problem of feeding a world population which is going to outgrow its food supplies quite soon. This hovey has been held before us for many years now, but it seems that it really is now something to fear. It is a problem that can be solved, not by sitting down and waiting for the Chinese to indulge in birth control, but by diverting money from the rocket researchers to the biological researchers. Although even we, for instance, can send a rocket into outer space, we are doing virtually nothing about organising the seas which surround us into a food producing area, although 50,000,000 of us live on an island which can only feed 25,000,000 from its own resources.

As members of a State-owned and State-supported service, we have a special interest that the State should invest its money wisely. Perhaps we should feel that the economies which, from time to time, are demanded of our hospitals—no free tea for Surgeons, for example—would be more justified were the money saved on tea spent on making sure that we'll always have a biscuit with it, and not on discharging rockets into a space where others better able to afford it already have theirs.

CALENDAR

January

- Sat. 3—Dr. A. W. Spence on duty
Mr. C. Naunton Morgan on duty
Mr. R. A. Bowen on duty
Rugger v Old Ruitlishians (H)
Soccer v St. George's Hospital (A)
Hockey v London Hospital (H)
- Wed. 7—Soccer v U.C.H. (A)
- Sat. 10—Dr. Graham Hayward on duty
Mr. A. W. Badenoch on duty
Mr. R. W. Ballantine on duty
Rugger v Taunton (A)
Hockey v Nat. Prov. Bank (A)
Ladies' Hockey v Atlanta (A)
- Tues. 13—Squash v O. Haileyburians (A)
- Wed. 14—Soccer v Chartered Accountants (H)
Ladies' Hockey v Queen Mary's College (A)
- Fri. 16—C.U. Lunch Hour Service
- Sat. 17—Dr. E. R. Cullinan on duty
Mr. J. P. Hosford on duty
Mr. C. Langton Hower on duty
Rugger v Cheltenham (A)
Soccer v Old Cholmleians (H)
Hockey v Blueharts (A)
Ladies' Hockey Tournament, 3rd Round
- Tues. 20—Squash v Metropolitan Police
- Wed. 21—Soccer v St. Thomas' Hospital (A)
Ladies' Hockey v University College (A)
- Thur. 22—Abernethian Society
"Alcoholism"
- Sat. 24—Medical and Surgical Units on duty
Mr. G. H. Ellis on duty
Rugger v Old Millhillians (A)
Hockey v Charing Cross Hospital (A)
- Wed. 28—Soccer v Guy's Hospital (H)
- Fri. 30—C.U. Meeting. Arnold Aldis
- Sat. 31—Dr. R. Bodley Scott on duty
Mr. A. H. Hunt on duty
Mr. F. T. Evans on duty
Rugger v Rugby (A)
Soccer v Trinity Hall (H)
Hockey v Westminster Hospital (H)
Ladies' Hockey v Guy's Hospital

February

- Tues. 3—Squash v Middlesex Hospital (H)

- Wed. 4—Ladies' Hockey v St. Mary's Hospital (H) (Cup)
- Thur. 5—Soccer. Oxford Tour v Trinity College; v Wadham College; v Oriol College
- Fri. 6—C.U. Lunch Hour Service
- Sat. 7—Dr. A. W. Spence on duty
Mr. C. Naunton Morgan on duty
Mr. R. A. Bowen on duty
Rugger v O.M.T. (H)
Hockey v Hampstead (A)
Ladies' Hockey v Reading University (A)

**Fifty Years Ago**

Permission for smoking in the wards was granted after Christmas dinner, at the discretion of the sisters and staff. This grant was greatly appreciated. (Smoking was also allowed to patients in the Hospital Square for the first time at about this date.)

Dinner and tobacco being over, less serious events, such as conjurors, ventriloquists, Punch and Judy Shows had their turn, but probably the most popular entertainment of all was that provided by "The Swabs," in whose disguised persons the initiated were able to recognise Messrs. Trevor Davies, Ferguson, Scannin and Waldo. The costume of an operating gown and cap, with a black mask, was simple and most effective, and the topical songs "caught on" wherever they went. These gentlemen were untiring for over three hours.



A vocal trio, composed of Messrs. Gillies,* Joyce and Clementi-Smith, also rendered splendid service, and met with a great reception wherever they went, both on Christmas Day and days following. Other gentlemen sacrificed themselves nobly for the common merriment. We caught a fleeting glimpse of a troop of coal heavers, an Italian organ-grinder, a policeman and a most realistic monkey. Father Christmas was also to the fore, as was Mr. Samuel Marks, of Pitcairn Ward, who very kindly returned to the scenes of his former triumphs with his excellent impersonations. The endeavours of all these gentlemen helped to make last Christmas quite a memorable one in the Hospital.

* Later Sir Harold Gillies.

ANNOUNCEMENTS

Engagements

COOLE LEHMANN. The engagement is announced between Dr. Colin Coole and Priscilla Lehmann.

HARRIS—EWART.—The engagement is announced between Derek Patrick Camps Harris and Sheila Dorothy Ewart.

TEEUWEN—COSGROVE.—The engagement is announced between Dr. John Joseph Teeuwen and Josephine Patricia Cosgrove.

Marriages

CHAMBERLAIN—ELLISON.—On November 8th, Dr. Douglas Anthony Chamberlain to Dr. Jennifer Ann Ellison

PRIOR—MANNION.—On August 2nd, Dr. John Joseph Prior to Bridget Mannion.

RICE—WHITING.—On November 22nd, at St. Bartholomew-the-Great, Dr. John Cracroft Rice to Julia Ruth Whiting.

Deaths

COLBY.—On October 2nd, Dr. Richard Colby, aged 47. Qualified 1940.

DAVIES.—On October 30th, Dr. David Ivor Jones Davies, aged 78. Qualified 1906.

GUPPY.—On November 13th, Dr. Francis Henry Guppy, M.C. Qualified 1914.

LESCHER. On November 12th, Dr. Frank Graham Lescher. Qualified 1913.

Births

BOSTON.—On November 11th, to Margareta, wife of Francis Boston, a daughter (Kerstin)

BURN.—On November 22nd, to Fiona, wife of Ian Burn, F.R.C.S., a sister (Lindsay Margaret) for Alastair and Hilary.

COURTENAY.—On November 22nd, to Alison, wife of Peter Courtenay, F.R.C.S., a son.

GOLLEDGE.—On October 25th, to Helen, wife of Dr. A. H. Golledge, a son (Mark Hedworth).

MUNRO-FAURE.—On October 28th, to Honor, wife of Dr. A. D. Munro-Faure, a son.

TANNEN.—On October 29th, to Anthea, wife of Dr. Paul Tannen, a daughter.

WILLIAMS.—On October 26th, to Kwen, wife of David Williams, a son (David Yong).

NOTICES

Appointments

Dr. M. B. McIlroy has been appointed an Associate Professor of Medicine in the University of California.

Change of Address

Miss P. M. Cholmeley,
27 Upper Richmond Road,
Putney,
S.W.15.

Dr. H. M. Collymore,
General Hospital,
Port of Spain,
Trinidad,
West Indies.
(From December 4th.)

**Journal Staff**

Mr. J. Millward has resigned from his post as Editor. We would like to pay tribute to the very hard work he has put into the *Journal*, particularly in getting six *Journals* out in under five months, so that our January edition is out at the beginning of the month, for the first time in many moons. We do not know of Mr. Millward's future plans, but wish him every success and a long and peaceful retirement. He has been succeeded, as Editor, by Mr. J. D. Scobie.

Students' Union

At a meeting of the Students' Council on Thursday, November 28th, 1958, the following were elected as officers and representatives.

Preclinical

1st year : Salisbury and M. Debrates.
2nd year : D. G. Owen and R. Poules.
3rd year : P. Ross and P. Watkinson.

Charterhouse Secretary

Alan Howes.

Women's Representative

Miss U. Jackson

Council

Senior Secretary, R. Hadley.
Junior Secretary, D. L. Julier.
Financial Secretary, D. Gray.
Women's Representative, D. Vollum.

Introductory

J. Irvine.

First Time Clerks and Dressers

M. Bishop.

MOP's and SOP's

A. J. Gordon.

Kids and Specials

J. C. Graggs.

Midwifery and Gynaecology

R. Willoughby.

Finalists

R. Bonner Morgan.

★

Gilbert and Sullivan Society

A packed house loudly applauded a rousing and exciting performance of "The Pirates of Penzance" on Friday, November 22nd, at Gresham College.

Some may associate a Gilbert and Sullivan work of this nature solely with stage productions and think, therefore, that they lose much by an omission of action and costumes. They have not heard the Bart's

Gilbert and Sullivan Society. Enlightened and inspired by their conductor, Brian Richards, the assembled company gave a vivid display of controlled and balanced purposeful singing. Added to this fact, Dr. Lehmann delighted all with his interpretation of "the Storyteller." Thus, at no time, was one in doubt as to the action taking place.

The most outstanding feature must be the choir. At a conservative estimate of a hundred strong, filling all the back stage and "wings" as well, they were able to dominate the scene entirely—and did. It is obvious that such a chorus needs the most skillful management, and it says much for the conductor that at no time did it appear that his command over them was in jeopardy. The material volume of such a large number of male voices tended, at times, to overshadow the treble line. Perhaps more ladies may be able to appear in a future production.

In the solo parts, Wendy Donaldson as Mabel, and George Hobday, "The Pirate King," sang beautifully, nearly every note a joy to the ear. Neil Davies, Frederick, after an overcautious start, improved manifestly to open out into the full gamut of a Welsh tenor's ardour. John Creightmore, taking the lead as the Major General was, for him, below par; but the part, one feels, is hardly most suited to his engaging banter. His rendering of the most teasing of tongue twisters, "I am the Perfect British Major General," was exemplary. Nancy Wells was more fortunate in possessing a part that gave full scope to her dead pan plaintive expression: nobody could doubt the sincerity of her remonstrances.

The outstanding memory for me, however, were the enchanting trills of Mabel, in conjunction with the rest of the company, in the last chorus. Twice was not enough! Congratulations to all for a wonderful effort and most of all, yet again, to Brian Richards. J.J.D.B.

★

Dramatic Society

This year's Dramatic Society's production,



Adrian Padfield, Patricia Hennings, David Gibson, Philippa Roberts, Joan Arnold

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"A Murder Has Been Arranged," by Emyln Williams, was performed at the Cripplegate Theatre on Monday and Tuesday, 23rd and 24th November. Rather than risk the misinterpretation of succeeding remarks, I wish to state that I spent a most enjoyable evening witnessing this production. A Review, consisting of vain platitudes, is unworthy of a good Society, and I hope that the people concerned will take such criticism as I have to offer in the manner intended—as a sincere attempt to be both constructive and helpful.

Certain ancillary factors, including the

correct choice of play, a good stage, good acoustics and a large, warm and responsive audience, assume greater importance in the amateur, as opposed to the professional performance. Amateurs are very sensitive to atmosphere. Of the factors mentioned above, the Society was well served. For reasons that I will expound later, I feel that this play was unfortunately overambitious. However, I applaud the transgression from the usual Victorian Drawing Room comedy, and may the Society's next choice of play be equally adventurous. The Cripplegate's stage is small, but adequate. From the audience's viewpoint, the seats are com-

fortable and the acoustics good. It was distressing to learn that the play received poor support on the Monday night, and the cast must have been disappointed by the paucity of people present at the culmination of many long and arduous hours of rehearsal. Those absent, including many pre-clinicals, would have enjoyed the evening at the Cripplegate, and it **would not** have been an evening spent dutifully if not perhaps pleasantly. A cast often responds to a larger audience with a better performance. Many actors are chilled to see across the footlights those cold, forbidding and mouthless empty seats.

Simon Dean and his associates are to be congratulated upon the successful design and execution of the scenery. The resulting set achieved an excellent compromise with the size of the stage, and the actors were allowed sufficient room for their manoeuvres.

Lighting facilities were used to the very best advantage. Make-up was excellent, particularly Sir Charles Jasper's greyed hair and Mrs. Wragg's wig and make-up. The Stage Manager (K. J. Sugden) and his Staff executed their duties quietly (except for one loud bump!) and efficiently, both in front of and behind the curtain. Prior to production these people must have laboured for many long hours. In fact, Mr. Sugden took so many duties upon his shoulders, that he will be sorely missed in future productions.

The cast was without a weak link, and the members moved well and displayed no "rooted feet" nor repeated gesture so prevalent amongst amateur performers. Lines were well learnt, and only one clearly audible prompt occurred on Tuesday night. Rather an audible prompt than the grinding to a complete halt in dialogue. My two main criticisms of the cast as a whole are (a) the occasional too abrupt entrance following upon a cue line, and (b) repetition of lines following a slight mistake.

From the rise of the first curtain, the cast was in command. By the end of the first act the audience was attuned to the play, its suspense and its comedy. The laughs and applause rang true and were not the hollow brittle laughs of a polite partisan audience. Following the first act, the audience were easy to please and ready to laugh. Thereafter, laughs came too easily, and the cast

began to loosen its tight grip on the dramatic tension. This trend culminated when plays of laughter greeted what should have been the dramatic discovery of Sir Charles Jasper's body. Thus an element of farce crept into the remainder of the play and, on occasion, it was obvious that the cast were taken aback by the laughter. This situation led me to believe that the choice of play was over-ambitious. Correct balance of two or more emotions, in this case of suspense and of comedy, is difficult to achieve, and presents difficulties even to the professional artist. Thus it was doubly unfortunate that the cast's outstanding success in the earlier part of the play should have rebounded upon them in the second half. Perhaps the author's share of the blame is the greatest.

Phillipa Roberts gave us a very polished and mature performance as Miss Groze, giving the play an excellent send off. Trevor Seaton, with his brief appearance, helped the play on its way, and it was a pity that our only view of him was from behind! I am sure that Miss Janice Swallow, as Mrs. Wragg, will forgive me if I say that she displayed all the attributes of a middle-aged charlady. Her performance was a very good characterisation. Equally successful at portraying people older than themselves were Adrian Padfield and Patricia Hennings, as Sir Charles Jasper and Mrs. Arthur. They both displayed commendable coolness and decorum giving no hint of their actual ages. Diana Tobitt (A Woman) making her appearance late in the play, made two dignified entrances. Her periods of "dumbness" with the eyes of the cast and audience focussed upon her, must have been more difficult to accomplish, and certainly needed more pluck, than her spoken lines. Michael Barton played a very convincing role as Maurice Mullins. This performance was of a high standard, and the casting Committee are to be congratulated for selecting Mr. Barton for this role.

Finally, but by no means least, to Jean Arnold (Beatrice Jasper) and David Gibson (Jimmy North). The former has made several previous appearances with the Society, whereas David Gibson, making his first appearance, is a very welcome addition to the Society, coming from Cambridge Dramatic circles. Both performed like seasoned actors though Jean Arnold appeared to suffer more than David Gibson from the unexpected laughs of the audience. Any Society would

be fortunate in possessing two actors of such ability and experience.

No praise is too high for the producer, Daphne Wood. The cast and backstage personnel were a credit to her. She achieved a production which never lacked momentum nor purpose. Her hours of anguish spent during each performance were unnecessary, and she should be well pleased with the final result.

If the cast and their many helpers enjoyed themselves as much as I did, then indeed, the performance must be labelled successful.

J.M.

★

Natural History Society

This has been an active year for the N.H.S., and all meetings, bar one, have been in the field.

On March 23rd, there was an expedition to Epping Forest, led by Mr. Bernard Ward of the Epping Field Club. He provided us with a very interesting tour, explaining the presence of the many pollarded trees, pointing out the hybrid Italian Black Poplars whose characteristic fan-like outline is frequently seen, and showing us a Maidenhair (or Grinko) tree in a private garden. We also visited the museum in the Queen Elizabeth's Hunting Lodge at Chingford, a fifteenth century timbered building with a commanding view over the forest.

May 18th saw us at Boxhill, a meeting led by Miss Janet Dacie, to study the chalkland flora . . . and blessed by lovely sunshine. In Juniper Valley a survey was made of the plant life and also of anthills. Two members of the party lost themselves in the woods on this occasion!

On Sunday, June 8th, Mr. Michael Constable took a party to Knockholt, Kent. There was some wonderful scenery and an interesting fungus, *Bulgaria inquinans*, black and of rubber-like consistency, was found in an old log . . . also found were some larvae of the six-spot burnet moth, feeding on birds-foot trefoil.

C

The next three trips were all to the Walthamstow Reservoirs . . . on July 27th; August 31st; and September 21st.

These are a real haven for bird-life . . . and one of the wooded islands in Reservoir 5 contains one of the largest heroneries in Essex . . . so plenty of Herons were always seen . . . either at the nests or fishing. Common Sandpipers are frequently seen in flight . . . three Kingfishers and a Cormorant were seen on one occasion, while here is also plenty of waterfowl, mostly tufted Duck and Mallard and a few Pochard. Swans, Coot and Great Crested Grebe are also plentiful. It is also a good hunting-ground for four-leaved clovers!

On one occasion bizarre streaks of smoke were frequently seen rising vertically from a tree-top . . . there were many inadequate explanations forthcoming before it was discovered that this was due to flies.

On Wednesday, November 12th, a visit was made to the London Natural History Society's Centenary Exhibition at the Royal Exchange. There were exhibits by the Archaeology, Botany, Ornithology, Geology, Entomology and Ecology sections, the Mammal group and the Epping Field Section. These included some wonderful photographs, interestingly arranged collections of insects . . . and graphic interpretations of field work done by the Society. There was also the Roman precursor of the "Bikini"—made of leather!

We made a further visit to Epping Forest on Sunday, November 16th, to see it in Autumn as opposed to Spring. The Beechwoods were still golden-brown underfoot . . . and somewhat muddy too! There were plenty of birds to vie our attention, and a considerable number of interesting Fungi (all of which we were not able to identify). We were fortunate to see a pair of Greater Spotted Woodpeckers . . . and to find some Rutchers' Broom, with some red berries on it; the holly, too, was well covered with berries.

★

RECENT LECTURES

Sir Archibald McIndoe delivered the Bradshaw Lecture at the Royal College of Surgeons on December 11th, 1958.

MOSCOW

by MALCOLM DONALDSON

As a member of the British Scientific Film Association of many years standing, I recently attended, as a delegate, the annual meeting of the International Scientific Film Association held, this year, in Moscow. The I.S.F.A. was started in 1948, has gradually grown and, this year, some 27 countries were represented and over 250 films were shown. There is little doubt that it will become more and more important, as the value of such films becomes better recognised. The film sessions were held in the "Central Cinema House" of the U.S.S.R. Association of Film Makers, which is admirably constructed for such a conference with several rooms for viewing films, some equipped with translation telephones. The main theatre can hold about 1,000 and here, each evening, popular science and art films were shown, the public being admitted, and the hall was crowded out. It should be stated at once that the members of the delegations were met with the utmost friendliness wherever they went, and shown every kindness. The work of the interpreters was worthy of all praise, they never spared themselves. Our hosts, the Ministry of Culture, were most generous, and provided the delegates free hotel accommodation and free transport to and from the "centre," and on the many sightseeing expeditions.

It was not possible to see every film, and space does not permit me to describe all that I did see, but I often wished that I had with me a really scientific medical man to explain and discuss the various films on physiology and pathology, but I was the only medical man in the British delegation. Some of these films would make excellent teaching material, e.g. the Japanese film showing the fight between leucocytes and tubercle bacilli, and the "dynamics of phagocytosis" by the U.S.A. The film on the action of anti-biotics on bacteria from St. Mary's Hospital was good. One of the Russian popular science films, "That the Doomed May Live," dealing with heart surgery, was terrible dramatic, and the

surgeon who strutted about like Mussolini was described as having the "heart of a lion and the hands of a woman." Another film made purely for Cancer Education was equally dramatic and, in addition, showed animal tumours, treatment, etc. All this may be suitable for the Russian temperament, but I am convinced that such films build up hospitals and treatment into "crises" in the lives of the people, and all this will increase fear. What is needed for the public in this country are films showing medicine as an ordinary everyday subject, encouraging people to talk naturally about disease. That is the way to get rid of fear.

At the end of the conference a number of diplomas were given, of which one was won by this country for the film "Between the Tides," a popular science film showing the various insects, shellfish, etc., seen on the sands when the tide goes out. This coloured film is as simple as it is beautiful, and it was heartily applauded by the public who are allowed to see the evening shows. "Glass," a Dutch film, showing the making and blowing of glass bottles, vases, etc., was synchronised with music in a most amazing way. This obtained a special prize of a large cut glass jug, presented by the Russians, as well as a special diploma. These latter awards were received with round upon round of applause from the public, showing how extremely popular members of the Dutch delegation were with everybody.

I feel convinced that in this country we are not making sufficient use of films, particularly in teaching medical students. I do not doubt that every research worker in Bart's uses the cinema as an aid in his work, but at the time of my retirement there was a tendency in some quarters to decry films as waste of time in teaching, but things may have changed greatly in the last ten years. It is obvious that a half-hour film may be complete waste of time, but short films, interspersed in a talk, can be very valuable, as more people have good

visual memories than auditory ones.

I wish that more Bart's people could be interested in films and would join the S.F.A. (subscription £2 2s. 0d., particulars from A. Hughes, S.F.A., 3 Belgrave Square, London, S.W.1), and this would enable them to attend meetings of the I.S.F.A., in addition to the benefits of S.F.A. The next meeting of I.S.F.A. will probably be in England, and 1960 in Prague. "Join the S.F.A. and see the world."

The Journey Out

Our journey to Moscow took us through Denmark and Finland, and it was interesting to contrast the scenery as seen from the train. In Denmark, every farm, with its white cottages and buildings, looked a picture of perfect farming, not a blade of grass out of place. In Finland, many swamps, forests of firs, birch and other trees, but much less farm land and little good farming was seen. Helsinki is, perhaps, a little disappointing, but a very fine parliament building and some scattered modern buildings, especially in the suburbs, like a rather dull cake with some nice plums in it. The frontier station in Russia was quite imposing, mostly marble, with statues of Lenin and Stalin, the latter not yet removed. After that, for mile upon mile, a flat country, mostly poorly cultivated, with clusters of wooden huts and roads which were merely muddy lanes, although, in some places, there were slightly better built villages, and an occasional town. A truly dreary scene.

Obviously it would be quite absurd, after only two weeks in one city, to come to any conclusions or to make any dogmatic statement about a country extending over one-fifth of the earth's surface and containing over 200 million people. On the other hand, unless one is completely senile and blind, it is impossible *not* to receive some impressions from what one sees and hears. Looking at this dreary country, one is tempted to sympathise a little with Lenin, whom everybody agrees was a cultured, well read and widely travelled man, when he felt that something drastic had to be done. Whether he adopted the best method, or whether the methods being carried out now are the best for the country, is quite beyond my knowledge or judgment.

Arriving in Moscow we were met by an

interpreter and a large Intourist car, then taken to a skyscraper hotel of 30 storeys and 1,000 rooms, with a small refreshment room on each floor, as well as a larger one on the ground floor. There was no staircase to be seen, but rumour had it that somewhere there was one for the staff, there was no outside fire escape. It was not easy to order food, as very few speak anything but Russian, and they are not good at "Dumb Crambo." Nevertheless, an imitation of a squealing pig did produce some bacon, but scarcely a smile on the sad slavonic countenance of the waitress. Food is at least twice as expensive as in this country. It is interesting that tea (Chi) is served to men in a glass held in a metal container but, as a rule, ladies are served with a cup and saucer. Not quite "U" to drink out of a glass.

Moscow was founded in the tenth century, around a fortress where the Kremlin stands today. The present Kremlin walls were built in the fourteenth century. Before the revolution the town must have been a curious mixture of large houses and wooden huts, and many of the latter are still seen in the middle of the city, forming streets of slums with many broken window panes and small backyards. The Kremlin, with its twenty towers, requires no description, as it is well known to everybody, but the palace, built in 1838, is now a museum containing the clothing, armour, etc., belonging to the old Czars, and cases of priceless jewels. The old carriages (one presented by Elizabeth I) are on view, and many presents from sovereigns of other countries. The Cathedral, where the Czars were crowned, and two other churches are no longer in use, but kept as show places, with many beautiful ikons and magnificent robes of the priests. In one of the very large assembly halls, meetings of the Communist Party of the Soviet Union meet and other conferences are held. There is seating accommodation for about 3,000 people, with telephone translation sets for the various nations within the Union. The Red Square, containing the tombs of Lenin and Stalin, is slightly disappointing, as photographs suggest that it is larger than it really is.

The main streets in Moscow are very wide, and the outer circular road will take twelve lanes of traffic easily, with a "no man's

land" 15 feet wide down the centre, for the use of Ambulances, Police cars and doctors on emergency work. Cars can only turn at certain points so, if a car is on the wrong side of the road, it may be necessary to travel a quarter of a mile before it can get over to the other side. Pedestrians are only allowed to cross at pedestrian crossings, but motors do *NOT* slow down at these crossings, a case of the "quick and the dead." Most people get through two or three lines, then stand still whilst cars and lorries pass at anything up to 50 miles an hour (clocked on a bus I was riding), then run the gauntlet to reach no man's land. It is extraordinary how calm the people are. The safest way is to go to a crossroads with lights, but even here it is necessary to do a "four minute mile" to beat the lights. The streets are very clean, and large vases are situated every 50 to 100 yards for cigarette ends, etc. The pavements and gutters are swept by elderly, often bent, women, who can be seen, at one in the morning, busy with their birch brooms. We are told they come in from farms, and enjoy it! no accounting for taste. Most of the people are dressed very shabbily, possibly "it is the thing" to be shabby, for the same people are seen taking taxis and buying grapes at 5s. a pound. The halls and decorations in the Underground are all that the Russians claim, and, of course, there are no advertisements or posters, as the government own all production and shops. Foreigners can walk about the streets freely and take photographs, but it is not easy to find the way when all maps are printed in Russian, the letters being indecipherable and unpronounceable. Occasionally a policeman can speak a little German. The shops are small, as a rule the ground floor of a block of flats, except for one Selfridge-like store near the Red Square. Each type of shop has the same goods.

Many excursions were planned for the delegates, and we were taken to the new University opened in 1953. The building and its approach are very impressive, if a little too ornamental for some tastes. It is of the same design as other skyscrapers in the city, and the top of the steeple-like spire lit with a red star at night, is 720 feet from the ground. It has 32 floors, and there are approximately 18,000 students taking a five-year course, 5,754 being resident, and 6,000 night classes taking a six-year course, total

24,000. The interior is also impressive, with its large assembly hall holding over 2,000 people and a student's club. Each of the 6,000 residents has a single room; but shares with one other a shower bath, etc. There is a large student's hall and stage for theatricals seating 800. Medical Students are not part of the University, but have their own Medical Institute, which we visited and listened to many long speeches of welcome, which had to be translated into French and English, but we learnt nothing about the medical profession. We were, however, rewarded by a very nice sit down tea. One's impression, borne out, perhaps, by a recent article in the *Lancet*, is that the medical profession is not very greatly admired, not connected with the University and not very well paid in comparison with other professions and politicians.

Another expedition was to the permanent Agriculture and Industrial Exhibition, situated on the outskirts of the town and covering 500 acres. On this are 15 pavilions representing the 15 republics, and a great many others for special exhibits, about 300 buildings in all. Some of the pavilions are pleasant to see, but the fountain of "Friendship of Peoples," with its fifteen very large size gilt female statues (real gold gilt, the guide said) is simply appalling. The pavilion of each republic displays the chief products of the country but, in another pavilion, were replicas of the first two Sputniks. The one for the dog was a marvel of ingenuity, showing the feeding devices and gadgets for recording physiological phenomena. We were told the dog died a painless death when the oxygen gave out; I wonder, but agree it was justified. Another exhibit showed a working model of a "reactor" at the bottom of a six metre tank of distilled water as a protection against rays with a nominal capacity of 100 kilowatts. The whole exhibition is very well laid out, and should prove of great value to the younger generation. The very loud wireless was a nuisance and, at times, made conversation very difficult.

We were also taken to a large film studio used chiefly for making documentary films, and saw some "shooting" for a film showing the delegates travelling to Moscow in 1918. After seeing all the "gadgets," especially the sound studio, which boasts it can produce any noise that ever occurred, one wonders

if any of the scenes seen in a cinema show are ever taken outside a studio.

Another very interesting expedition was to Lenin's country house about 30 miles outside Moscow, and where he died. This is not a large house (Lenin, like Peter the Great, seems to have led a simple life), "taken over" from a former Governor of Moscow who "went abroad." It is probably true that he did escape. The house is kept exactly as Lenin left it, and is held in great veneration, felt slippers being donned before entering. This is probably a wise precaution considering the state of the roads around. Among Lenin's letters is one to the Postmaster General complaining about the telephone service. Another is to an English friend in perfect English. The guides always enjoy the surprise of the foreign visitors when shown the "car used by Lenin." It is a Rolls Royce, taken over from the former owner of the house.

We had plenty of opportunity to discuss Russian life with the interpreters and other English-speaking Russians. As a rule, a question will always elicit an answer, and probably a truthful one, but no Russian volunteers anything extra in order to carry on the talk. No Russian entertains a foreigner to his home, but that is only natural under the conditions in which they live.

Religion is not encouraged, and a great many churches no longer function. We entered one where two priests were busy, the congregation consisting chiefly of elderly women and men, but a few children were present. All denominations have their places of worship, and we saw a large crowd going in and out of a Jewish synagogue. A man who was born and educated for the first ten years of his life in England, a confirmed Communist, but very balanced in his ideas, said that **Communists have complete faith in the future and disregard the present discomforts and difficulties in life.** Perhaps this is why they always put off until tomorrow that which they could so easily do today. One senses a feeling everywhere of a dislike to accept any responsibility. Serfdom was abolished in 1861, but one is tempted to wonder if the Serf-like mentality which had existed for so many thousands of generations disappeared at the same time, and this makes

it much easier to carry out the communist regime. One does not feel that it is against the will of the people. Can education and knowledge of what goes on elsewhere change this? It is true that reading letters from ambassadors of 100 years ago suggests that they were exactly the same people then, but education of the masses is something quite new. We discussed wages, which seem somewhat low, e.g. a typist gets about £5 a week, whereas a labourer may get twice that amount. There is a graded income tax, except for the poorest, and old age pensions depending on previous earnings, but it is impossible to compare wages without knowing about the cost of living. We discussed Nationalised Industries, and he agreed it was impossible if the people had the right to strike, but he said in Russia there is no need to have strikes, because every factory has its annually elected committee, who put up to the management any suggestions, as to pay, etc., and this is passed on to the ministry, who agree if it is reasonable, otherwise they refuse it. This shows a pathetic faith in ministries, not always shared in connection with our own Treasury.

There are many small differences between the customs of East and West to be noted. On one occasion I said jokingly to a lady who had lived in Moscow two years, "If you had been Lenin, what would have been the first thing you did after the revolution?" and she replied "Publish a telephone directory, there are none in the Soviet Union." Nobody could give me an explanation of this omission. There are no cash registers to be seen, but every counter has a calculating machine, consisting of a square wooden frame with wooden balls sliding on wires, exactly like the toys given to babies, except that the latter are painted. As bills with carbon copies are seldom given, it must be very difficult to keep a check on cash transactions.

Bicycles are a rarity, as also perambulators. Dogs are rarely seen in Moscow.

When one sees how poor the people look, one wonders from where all the money comes to build "skyscrapers" and huge blocks of flats, etc., but when one realises that the profits from *all* industry and production goes straight to the Government, who own everything, it is simple. Heaven

forbid that it should ever happen in this country, I prefer to go on giving half my income to the Chancellor of the Exchequer. First impressions leave one bewildered that a people who seem so successful in big things like engineering and science, can be so utterly impractical and unmethodical in small things which, at times, is very irritating. As an example, I asked the secretariat of the conference if it could be arranged for me to see a Cancer Hospital. The reply was "certainly it will be arranged, come and see me tomorrow." Tomorrow the same answer, on the third day I was told that "the request must go to the 'Committee of International Affairs,' and what did I want to talk about?" I said "Cancer." On the fifth day I got an appointment with a professor at a Cancer Institute, who spoke excellent English, but was, or appeared to be, stone deaf. The same day I visited the "Central Institute of Health Education," and learned quite a lot about their ideas on Cancer Education, etc. Everybody in the Medical and Nursing profession is supposed to help in such education, but they lay much stress on yearly or half-yearly examination of all people over the age of 35. I also learnt that a person is allotted a doctor for the district in which he or she lives. I said what happens if you don't like the doctor, but they said "Why shouldn't you like him?" It seems that if the patient does not like the doctor, the only thing is to move house.

I was also annoyed over the issue of a return ticket for which I had paid in London and held a voucher, it required eight visits to the bureau before I received them three hours before the train started, and then had to pay a taxi fare to have them fetched from the station. My blood pressure is still high.

Return Journey

Having obtained the tickets, Leningrad (St. Petersburg to me) was reached after a very comfortable railway journey in a wide carriage for two, except that it was impossible to turn off completely the wireless, which continued to murmur all night. It was almost with relief and easing of tension to find ourselves in that very beautiful city of Leningrad. Peter the Great had nothing to learn from the present generation of town planners. Nice broad streets, not so wide as Moscow, and wonderful large squares. It is a European city, with good shops, and

even the contents seemed different and better to those in Moscow. The people in the streets did not look quite so shabby. We went to a large mid-Victorian type of hotel, where we occupied a suite of rooms, a drawing room with a piano ("Not to be played after 10 p.m."), gilt arm chairs, large beautiful vases (Dresden) which should be museum pieces, except slightly damaged. A study with large desk and leather arm-chairs and sofa. Bedroom with enormous wardrobes and gilt corners, bedside lamps nearly three feet high made from gilt carved figures with no switches, and the wall plugs did not fit very well, bath, etc. A curious small point may be noticed about basins. Russians like to wash in running water, so the stoppers have holes in them, but on some trains a choice is given, two stoppers on one chain, one perforated, the other solid. All the rooms had ceilings 16-17 feet high, truly palatial.

We went sightseeing with a very intelligent interpreter and guide, and saw the Winter palace and Hermitage, where we glanced at the magnificent collection of Rembrandts and other great masters. Then on to St. Peter and St. Paul, to see the wonderful cathedral with the tombs of the Czars. Later we went out to Peterhof with its extensive park and 150 fountains. One of these is built like a shady summerhouse, but no sooner is the weary and unsuspecting person seated than down comes a deluge from the gutter, keeping the person a prisoner. This stops at uncertain intervals, allowing them to escape again. The palace itself, high up and overlooking the Baltic, was built after the death of Peter the Great, who had a small house on the sea shore. The Palace was wantonly destroyed by the Germans when they retired, but is now nearly rebuilt as the original, except the chapel will be a local Post Office!

The many gilt statues are not my own taste, but the Russians of that period seemed to admire them.

In the evening to see the Ballet "Don Quixote." There is always rivalry between Moscow and Leningrad as to which possesses the best ballet, but in Moscow it was shut down, so no comparison was possible, but nothing could have been more perfect than the performance we saw with a magnificent

orchestra, the only people to wear white ties and evening tails. "And so to bed mightily satisfied" as Mr. Pepys might have said, but my wife was with me at the ballet.

Next day more sightseeing, the cathedral of St. Isaacs now kept solely as a show place, the gilded dome next highest of any except St. Peter's, Rome, is my only memory of Russia when I last visited it aged five.

In the evening embarked on the *Baltika*, a U.S.S.R. ship. The story is that this ship was built in Holland, paid for by the Finnish people as part of war reparations, called the Molotoff, but the name since changed for obvious reasons to *Baltika*. That should be safe for a bit. She was very comfortable, 8,000 tons, designed to carry only 416 passengers and very little cargo, actually carried less than 90 this voyage, so there was

plenty of room. The cabins are two bunks and very spacious. An oil burning turbo-electric gave rise to practically no vibration, and the sea was perfect. We called at Helsinki, Stockholm and Copenhagen. Soon after the last call, course was altered, and we went through the Kiel Canal to be certain of getting in on the earlier tide. Unfortunately it was dark when we passed through the Canal. It is difficult to see how such a ship can pay its way.

We arrived punctually at our journey's end to resume, once more, our pleasant humdrum life in Oxford, and I to take up once more my fight for Cancer Education.

What do you think of the Russians? What are the Russians like? After two weeks, I agree with Churchill, "they are a mystery within an Enigma."



DEVELOPMENT OF DEPARTMENT OF ANAESTHETICS

by J. L. THORNTON

The history of anaesthesia has attracted numerous writers, and there is a wealth of literature devoted to the subject. This does not imply that the subject is exhausted, nor does it mean that the essential facts in the development of anaesthesia have been settled beyond doubt. We have noted several general histories of the subject, biographies of certain of the pioneers, and items outlining the growth of certain branches of anaesthesia. Such writings take us on journeys across the Atlantic and to various parts of the Continent, picking up the threads of the story, but it is of great interest to investigate the development of anaesthesia in one hospital, to mark time, as it were, and note how the various developments and improvements were introduced into practice in an institution that has always endeavoured to initiate progress.

Samuel John Tracy (1813-1901) in a letter dated July 28th, 1850 (Tracy, 1850), suggests that the staff were carefully watching

the progress of anaesthetic agents, and that at the first introduction of sulphuric ether into the country as an anaesthetic, he had used it in several thousand cases during the extraction of teeth. Upon the introduction of chloroform this displaced chloric ether, which had been employed for a short period, and Tracy mentions that anaesthetics had then been administered 7,000 times at Bart's without a single fatal result. We know that (Sir) William Lawrence (1783-1867) operated on patients under the influence of chloric ether, and he has described an operation on the eye of a patient under the influence of sulphuric ether (Lawrence, 1847).

In 1847, Tracy issued a pamphlet describing his apparatus for the administration of ether which consisted of a form of hookah pipe (Tracy, 1847). This was manufactured by Messrs. Daniel Ferguson, instrument maker to the Hospital, and, in the pamphlet, Tracy relates the story of the discovery of ether as an anaesthetic. He mentions that

it was immediately used in Bart's, Frederick C. Skey (1798-1872) asking him to extract teeth from patients under its influence.

Sir James Young Simpson's discovery of the anaesthetic properties of chloroform was reported by him in a paper read to the Medico-Chirurgical Society at Edinburgh, on November 10th, 1847. Holmes Coote (1817-1872) relates that on November 20th of that year several operations were performed at Bart's upon patients under the influence of chloroform (Coote, 1847). The supply of chloroform was prepared by Mr. Taylor, of Vere Street, and it was administered by Tracy. The first specialist anaesthetist, John Snow (1813-1858) (See Thornton, 1950) insisted that chloroform should be administered by specialists, instead of this duty being delegated to dressers. Snow (1852) stated that Tracy had administered chloroform at Bart's for many years without accidents, but that since Tracy had given up these duties two accidents had occurred. Actually, Tracy had been appointed Dentist to the Hospital, but it is a pity that he was not encouraged to continue as a specialist anaesthetist, for his early contributions to the subject showed great promise for the future. The brief details of his career have been outlined elsewhere (Thornton, 1952).

On April 27th, 1852, a meeting of the House Committee was held at St. Bartholomew's Hospital, at which the question of appointing a resident anaesthetist was discussed. A letter was read from William Lawrence expressing his opinion and that of the other Medical Officers, that it would be more satisfactory if a resident medical officer could be appointed to administer chloroform. Patrick Black was appointed at a salary of £50 per annum, but this was three years after Tracy had ceased to administer chloroform to patients. Meanwhile, this function had been performed mainly by dressers. Patrick Black (1813-1879) held several appointments at St. Bartholomew's Hospital, and was elected Physician in 1860. He wrote a pamphlet entitled *Chloroform: how shall we ensure safety in its administration*, 1855, in which he investigated the dangers involved in the administration of chloroform. This would appear to be Black's sole contribution to the subject and, in October, 1856, he resigned the office of Administrator of Chloroform at Bart's

(Thornton, 1955 a-b).

At the meeting of the House Committee at which Black's resignation was accepted, Robert Martin (1827-1891) was appointed to the same position, which he held for almost three years. His letter of resignation was dated July 7th, 1859, and on July 12th, Rayner Winterbotham Batten was appointed to succeed him. This indicates the comparatively short periods served by several of these early anaesthetists, and it is also a fact that few of them contributed anything noteworthy to the development of the subject. It is significant that the fact that they served as anaesthetists is omitted from obituary notices and other biographical material relating to most of these individuals. A list of the Heads of the Department is appended to this article, and is more complete than others previously published.

Although many of the early anaesthetists did not achieve fame as such, certain of them became eminent physicians and surgeons. William Marrant Baker (1839-1896) is remembered for his long connection with Kirke's *Handbook of Physiology*, which he edited from 1867 to 1892, and as Surgeon to the Hospital from 1882 to 1892. Incidentally, he married Annie Mills, sister of Joseph Mills, who later succeeded to the position of Anaesthetist (Baker, 1896). John Langton (1839-1910) became Surgeon to the Hospital in 1881 and retired in 1904. He acquired a great reputation as a teacher of anatomy and surgery (Langton, 1910-11). Langton was succeeded in the office of Administrator of Chloroform by Howard Marsh (1839-1915). The latter was Surgeon to Bart's from 1891 to 1903, when he resigned to become Professor of Surgery at Cambridge (Marsh, 1914-16).

After the resignation of Howard Marsh, the House Committee meeting on September 14th, 1869 recommended that a clause be added to the Charge of the Administrator of Chloroform to the effect that in the event of his necessary absence from the Hospital, his duties should be delegated to one of the House Surgeons, provided another House Surgeon was present. It is significant that few applicants were available when this office became vacant: in fact, it is usual to find that the only applicant was appointed. In 1874 it was decided that certain alterations

were desirable in connection with the post of Administrator of Chloroform, and on December 8th, the House Committee listened to a report on the subject from the Medical Council. This recommended that the salary attached to the office be increased to £100 per annum, and that the holder be required to reside in the Hospital in rooms in the College provided rent free. Also that an Assistant Administrator of Chloroform should be appointed, at a salary of £25 a year, who should also be resident rent free. Joseph Mills (died 1895) was appointed Administrator of Chloroform in 1875, and it was during his tenure of office that the Department of Anaesthetics began to receive due recognition. In fact, when his resignation was accepted by the General Court on March 23rd, 1893, it was as Principal Administrator of Anaesthetics. Previously, however, after holding office for seven years, Mills requested the House Committee, meeting on January 12th, 1882, to make certain alterations in the terms of office. He asked to reside away from the Hospital, and for a second Resident Assistant Administrator to be appointed. It was considered desirable that students should receive theoretical and practical instruction in the use of anaesthetics, and that Joseph Mills should give this instruction. Furthermore, the Senior House Surgeon, House Physician, Ophthalmic House Surgeon and Midwifery Assistants, and all who might be called upon to administer anaesthetics must first produce a certificate from the Principal Administrator of Chloroform to the effect that they were competent to administer anaesthetics.

Mills introduced a method for prolonging anaesthesia during operations in the mouth, using intrapharyngeal intubation. He introduced the tube of a Junker's inhaler through the nose, but without packing the throat. He began to use this modification of Junker's apparatus in March, 1878 (Mills, 1878, 1883).

Joseph Mills was the first member of the Staff to devote himself entirely to anaesthesia. He was a skilful anaesthetist, and his teaching was appreciated as resulting from extensive hospital and private practical experience. As Sir D'Arcy Power (Gill, 1933) has stated in an obituary notice of Richard Gill, Mills' successor, Mills "raised the administration of chloroform to a fine art and left a tradi-

tion which placed the anaesthetic department foremost amongst those in the hospital" (See Mills, 1894-5).

Richard Gill (1856-1933) was a native of Liverpool, and qualified at Bart's in 1880, and the following year became F.R.C.S., without having presented himself for the Membership. He was Assistant to Mills from the year 1881, and succeeded him in 1893. Gill held office until 1916, by which time the office was called Administrator of Anaesthetics in the Hospital and Demonstrator of Anaesthetics in the Medical School. Upon his retirement, Gill was made a Governor of the Hospital, but was not given the honorary title of Consulting Anaesthetist. He was interested in economics, and wrote books and articles on free trade, in addition to contributing to the literature of anaesthesia. Gill was the author of a two-volume book entitled *The CHC1₃ problem*, 1906, and the following articles in periodicals: Rises of temperature after operation (*St. Bart's Hosp. Rep.*, 18, 1882, pp. 403-8); Notes on chloroform anaesthesia (*Ibid.* 30, 1894, pp. 17-25); The mechanical factor in anaesthesia (*Ibid.* 31, 1895, pp. 155-168); On variations of the pupil during anaesthesia in the normal subject (*St. Bart's Hosp. J.*, 3, 1895-6, pp. 56-8); On stomachic phenomena during chloroform anaesthesia (*St. Bart's Hosp. Rep.*, 34, 1898, pp. 107-125); Chloroform action (*Proc. roy. Soc. Med.*, 1908-9, ii, Sect. Anaesth., pp. 1-14); and Anaesthesia in post-pharyngeal abscess (*Ibid.*, 1910-11, iv, Sect. Anaesth., pp. 34-7) (Gill, 1933).

It is of interest to record that the successor to Tracy as Dental Surgeon to the Hospital, Alfred Coleman (1828-1902), was also keenly interested in anaesthetics. Appointed to that post in 1867, Coleman, in association with Clover, investigated methods of prolonging anaesthesia in dental operations. He was particularly interested in the subject of nitrous oxide anaesthesia, to which subject he contributed several papers (Coleman, 1901-2).

Edgar William Willett (1856-1928) served as Second Administrator of Anaesthetics to Bart's Hospital from 1895-1906, and in 1905 was President of the Society of Anaesthetists. Edgar Willett was a cousin of Alfred Willett, surgeon to the Hospital, and has been described as "careful rather than brilliant."

(Willett, 1927-8). He wrote an article "On ether rash," which he stated he encountered in 4.2 per cent in hospital practice, 6.6 per cent in private practice, stating also that ether rash was much more common in women than in men (Willett, 1896).

William Foster Cross (1873-1934) was another Second Administrator of Anaesthetics (1906), and has been described as the third and probably finest of the trio Mills, Gill and Cross (Cross, 1934). He was born in the Hospital in 1873, a son of William Henry Cross, Clerk to the Governors. After qualifying in 1896, Cross became Junior Resident Anaesthetist two years later, Senior Resident in 1900, and Senior Anaesthetist in 1916, on Gill's retirement. Cross retired in 1924, and was elected a Governor and Consulting Anaesthetist, dying on July 14th, 1934. He had a large private practice, and was one of the best-known anaesthetists in London, but was rather conservative in method, making little use of the newer anaesthetic machines.

Born in Barbados in 1875, Henry Edmund Gaskin Boyle became Junior Resident Anaesthetist at Bart's in 1902, and successively Senior Resident (1903), Assistant Anaesthetist (1905), Anaesthetist (1913) and Consulting Anaesthetist in 1939, when he resigned from the Staff owing to ill health. He died on October 15th, 1941 (Hadfield, 1950). Boyle introduced the scientific administration of anaesthetics, as distinct from the drop-bottle-and-lint of Mills, and the gas-and-ether induction used by Gill. Boyle promoted gas-oxygen-ether anaesthesia and, about 1916, the Gwathmey apparatus for this was imported from the United States. These machines tended to develop mechanical defects, and Boyle decided to evolve one of his own. The first was rather primitive, and included a small spirit lamp hanging on one of the bars to prevent the freezing-up of the valve. Many modifications were subsequently introduced, and Boyle's apparatus is still widely used. After a visit to America, Boyle brought back the Davis gag, which, with slight modifications, has been used in this country as the Davis-Boyle gag.

Boyle was the author of *Practical anaesthesia*, 1907, which went into a second edition in 1911, and a third, re-written with the assistance of C. Langton Hewer, in 1923.

His articles in journals include: "Anaesthesia by the gas-oxygen-ethanesal and the gas-oxygen-chloroform-ethanesal combinations" (*Brit. med. J.*, 1923, II, pp. 806-8); "Recent work in anaesthesia for gynaecology and obstetrics," written with C. Langton Hewer (*J. Obst. Gynaec. Brit. Emp.*, 31, 1924, pp. 264-6); "An improved anaesthetic apparatus" (*Lancet*, 1926, I, p. 1044), in which a hot-water cup is provided for the ether bottle, replacing the lamp; "Gas-oxygen in midwifery" (*Brit. med. J.*, 1929, II, pp. 1051-2), in which Boyle suggests the substitution of gas and oxygen as an analgesic in midwifery, replacing chloroform; and "Nitrous oxide; history and development" (*Brit. med. J.*, 1934, I, pp. 153-5).

Rubens Wade (1880-1940) held anaesthetic appointments at several hospitals, and was Senior Anaesthetist at Bart's at the time of his death in 1940 (Wade, 1939-40). During the first World War he was anaesthetist to the Military Hospital at Sidcup, and was particularly interested in anaesthesia in relation to plastic surgery. Wade wrote the section on Anaesthesia (pp. 23-28) in Sir Harold Gillies' *Plastic surgery of the face*, 1920, and an article entitled "Methods of general anaesthesia in facial surgery" (Wade, 1918).

This short article has mainly been concerned with Heads of the Department of Anaesthetics, and cannot, for example, take into account the work accomplished by present members of the staff of that Department. Other distinguished men have served in the capacity of resident anaesthetist, assistant anaesthetist, chief assistant, etc., and mention must be made of Charles Frederick Hadfield, Administrator of Anaesthetics from 1916 to 1935, in which year he was elected Consulting Anaesthetist, and Brian Rait-Smith (1904-1949), who died while serving on the senior staff.

Bart's has always been to the fore in introducing new agents and improving existing facilities, as evidenced by the early history of the Department, and by the incorporation of the pipe line system and suction for five theatres and anaesthetic rooms in the George V Block. Trichlorethylene was also introduced into this country by being first used at Bart's in 1940, and the results of these administrations were described in the early war years (Hewer, 1941, 1942).

ADMINISTRATOR OF CHLOROFORM

The precise dates given are those of the meetings of the House Committee or General Court at which the appointments and resignations were recommended or accepted.

	Appointed	Resigned
Patrick Black	April 27th, 1852	October 14th, 1856
Robert Martin	October 14th, 1856	July 12th, 1859
Rayner Winterbotham Batten ..	July 12th, 1859	June 11th, 1861
Francis Lloyd	July 9th, 1861	April 11th, 1865
William Marrant Baker	July 11th, 1865	November 14th, 1865
John Langton	November 14th, 1865	July 14th, 1868
Frederick Howard Marsh	July 14th, 1868	July 20th, 1869
John Astley Bloxam	September 14th, 1869	September 12th, 1871
A. E. Cumberbatch	September 12th, 1871	February 10th, 1874
I. H. Stowers	March 10th, 1874	July 14th, 1874
Joseph Mills	1875	March 23rd, 1893

CHIEF ADMINISTRATOR OF ANAESTHETICS

(From 1893 the Senior Anaesthetist was given this title)

Richard Gill	1893	1916
William Foster Cross	1916	1924
Henry Edmund Gaskin Boyle ..	1924	1939
Rubens Wade	1939	1940
Christopher Langton Hewer ..	1940	

I desire to express my sincere thanks to Dr. C. Langton Hewer for assistance in preparing this article.

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A PATIENT'S VIEW

by ERIC WATKINS

*O woman, in our hours of ease
Uncertain, coy and hard to please . . .
When pain and anguish wring the brow
A ministering angel thou.*

Great Scott, how hackneyed your lines have become; and how ironically they were used by Bernard Shaw when he made the outlaw in his *Wild West* play shout them bitterly at a mob of women howling for his blood. But, though belied by exceptional instances, made absurd by changes in the fashions of versification, and worn to tatters

by over-quotation, the poet's words nevertheless, express a universal truth.

When Sir Hartley Shawcross recently quoted the second couplet at Tunbridge Wells Hospital, I hope his audience of nurses did not squirm. Nurses, of course, profess to be tired of being called ministering angels.

Some resent it, insisting that their feet are planted firmly on the ground, as indeed they must be if they are to cope with their down-to-earth routine. Others laugh it off, like the young nurse in Waring Ward (the pretty one, it was—but aren't they all?) who responded to my tentative compliment by asking, "Can't you see my wings sprouting?"

For all that, Sir Hartley wasn't far wrong when he singled out nurses as the angels who redeem all the shortcomings of the Welfare State.

As a short-term patient in Waring not long ago, I found my rather nightmarish notions about hospitals being sharply revised. From the moment of entry I found myself breathing an atmosphere of infinite kindness, in which each patient seemed to be treated as a human being with a soul of his own.

It wasn't only the nurses, of course, who created this atmosphere. The surgeons, the ward sister, in fact everyone, including the newspaper man and the cleaners, helped to make me feel that sweetness and light dwelt within the walls of Bart's, and that the nightmare was outside, in that world of haggling politicians and cold war imbecilities which burst in when I put on my headphones at news time.

As a political journalist, deeply involved in that outside world of cynical equivocations, I found a period in Bart's doubly healing. I came out, not only with my double hernia repaired, but with my faith in humanity restored.

I didn't use my headphones much, and I must confess to the kindly lady with the book trolley, that I read only a page or two from the volumes which she pressed upon me. It was enough to lie and watch the nurses at work—all of them so friendly, so gay and lively, so free from pious solemnity, that they will accuse me of talking pompous nonsense if I say too much about the spirit

of dedicated service which obviously inspired their unflagging energy throughout the day.

Throughout the night, too. My habitual insomnia didn't worry me so long as it didn't worry the nurses. (I often pretended to be asleep—and, anyway, my abominable snoring, when I did dose off, must have disturbed them a good deal more than my wakefulness.) Lying awake gave me an unforgettable impression of the nurses' unending service at all hours to people much worse off than myself. I got to know all their silhouettes behind the drawn curtains of the bad cases.

And when at last I fell asleep, I didn't mind the early rousing for a wash and breakfast. To co-operate in an obviously necessary routine seemed the least one could do. For the spirit of the nurses was infectious. No doubt they had caught it from the centuries-old Christian tradition of Bart's, and we in turn caught it too. As soon as we were up we felt impelled to help our fellow-patients with small services, like handing round cups of tea, newspapers—or just friendly chat.

Perhaps it was just as well that I didn't want to read—and here I come to the one jarring note. This was when a nurse twice asked me—so politely—whether I really wanted my light on. The first time I didn't need it, and I switched off. The second time I couldn't refrain from remarking that if I made any serious attempt to read by that dim bulb, I would soon be transferring to an eye hospital.

This incident brought sadly home to me that the world of sweetness and light was controlled and kept in check by that other world of darkness and suspicion, a world where foolish men sit working out a monstrous sum, pruning welfare costs to pay for weapons of mass murder—weapons whose evil futility would be manifest if the spirit of Bart's prevailed among men.

QUOTE OF THE MONTH

Patient in Outpatients: "Is it catching Doctor?"
 Doctor: "No, Ma'am."
 Patient: Oh, good! Then I can't have caught it."

LETTERS TO THE EDITOR

Dear Sir,

I thought the enclosed letter from Sir Philip Manson Bahr to Dr. Bourne (and forwarded to me by Dr. Bourne for your consideration) might be of interest to your readers.

Yours faithfully,

FRANCIS M. BOLTON.

(Hon. Sec., Art Exhibition Committee)

Abernethian Room,
St. Bartholomew's Hospital.

Dear Bourne,

I would like to thank you for your great kindness and courtesy to me at the Bart's Art Show and, needless to say, I was very honoured to be asked to the ceremony. It was really a delightful occasion, and I think that you and your brigade of young men and young ladies are to be congratulated on having put up a really good show. It is one of the best I have ever seen, and is a great credit to the organisers and participants. I think you, too, are doing a good deal by keeping the spirit alive. It does everyone good. I shall describe my experiences to my Committee at the Meeting of the Medical Art Society tonight.

I hope you will take notice that there is to be a combined exhibition of all doctors and associates interested in Medical Art, at the B.M.A. Meeting in Edinburgh next July (1959). There is to be a competition and a prize. (Prince Philip was to have presided, but now, I understand, he cannot do so.)

The organiser is Professor D. E. C. McKie, F.R.C.S., Secretary of the Royal College of Surgeons, Edinburgh.

With my kind regards and my many thanks for your hospitality.

Yours sincerely,

PHILIP MANSON BAHR.

149 Harley Street,
London, W.1.

Sir,

I read with interest Dr. J. C. Crawhall's article on the pre-clinical course at Bart's, and should like to make some comments, both as a past 2nd MB and B.Sc. student at Charterhouse.

Firstly, I would agree wholeheartedly with his general analysis, especially with the need to emphasise the importance and relevance of the pre-clinical subjects to clinical medicine. I would venture to suggest that this careful explanation is particularly important in Dr. Crawhall's own department of Biochemistry, for it is understandable that some are dubious of the value of learning, for example, the complex steps of the Krebs cycle, or the odd properties of obscure enzymes, of which no one knows the formulae of and frequently the function. Guidance is necessary.

Secondly, I would agree in deploring the fact that postgraduates who return to the College do so only to teach rather than do research, and to aid their own re-learning of basic subjects which they only studied anyway, to 2nd M.B. standards. *Whose fault is this?* There are, as far as I am aware, no short-term research posts available in any department in Charterhouse, and no scheme whatever to encourage research either at the undergraduate or post-graduate level. In the U.S.A., numerous such schemes exist in all medical schools, indeed, student research is an important part of the medical curriculum. Our demonstrators in the physiology or anatomy departments never undertake their own original research, although they do, to some extent, assist in the research work of the lecturers. I would suggest that there should be a postgraduate research post available at least in the department of physiology, now that students are regularly taking an honours degree in that subject, for research in either clinical or pure physiology. This would be desirable if only to obtain some junior staff with more than just a basic working knowledge of the subject.

Lastly, I would disagree most strongly with Dr. Crawhall that the "lack of fundamental interest in the subject . . . even includes most of the B.Sc. students." Surely it is obvious that nobody would postpone his entry to the hospital by eighteen months—thus, for most people, doubling the length of the pre-clinical course—unless he had a great and fundamental keenness and interest in physiology. Further, it would not be possible for a disinterested student to complete this arduous course.

Yours faithfully,

G. M. BESSER.

Abernethian Room,
St. Bartholomew's Hospital.

Dear Sir,

It was with amazement and irritation that I read my successor's first Viewpoint, and I would beg leave to reply to it, both because I disagree with the sentiments expressed and because I claim to be as well, if not better, informed about the matter discussed.

On two points only have we common ground. Firstly, a regret that more trophies do not reach the Library and, secondly, that so many students are inactive in the athletic sense. There, however, we part, for the former should not, for many reasons, lead to a censure of the various clubs, and the latter involves a consideration of the moral duty of students to support the Hospital, and neither he nor I are in a position to pass judgment.

For myself, I am sometimes disappointed, but never shocked, that we do not achieve more! On the contrary, I am often surprised that we achieve so much. Our teams are usually built of keen players, but ones who have previously attained no great reputation nor shown great potential at their sports. Yet they usually perform honourably, if not outstandingly. How should they be expected to win

a constant stream of trophies? When this happens it usually means that, purely by chance, more talent than usual is available in that field.

The writer now proposes to restrict sport to a limited number of large clubs. Having regretted a measure of apathy, he now wishes to limit opportunity. In doing so he forgets two things. Firstly, that he is proposing a gross limitation of the freedom of the individual and, secondly, that the small clubs, of which he speaks so disdainfully, often achieve more in both a relative, and an absolute analysis, than the larger ones. For example, the rifle club's present run of success.

Lastly he makes an acid remark about those who do not find it worth while turning out for the hospital. I would state, with confidence, that his implications have no foundation. The only case in any way similar to the state of affairs he is suggesting, involves a player, who, being of almost international standard at one game, naturally plays for good teams outside the Hospital when he can. He does, however, appear for Bart's in any competitive match, and plays regularly for the Hospital at many other sports.

I remain, etc.,

K. J. SUGDEN.

Abernethian Room,
St. Bartholomew's Hospital.

Dear Sir,

Medical students may pass through a complete medical course and qualify without ever meeting a General Practitioner, or at any rate without any knowledge of how he works.

From time to time, Consultants refer to G.P.'s while they are teaching, and often this is in a manner which does not recommend general practice to their students. It is, however, a hard fact that the majority of medical students do eventually reach general practice rather than any of the many other branches of the profession. It is, therefore, very desirable that they should become acquainted with general work as soon as this is possible.

The College of General Practitioners has interested itself very much in the welfare of medical students and, with the help of the Dean of the Medical School, it is trying to make contact with students, and to introduce them to practice. A well known G.P., Dr. Abercrombie, has been appointed to Bart's to help in the liaison between students and G.P.'s, and to advise students about practice if an when such information is required. Dr. Abercrombie attends Bart's once a week for this purpose.

In addition to this theoretical advice, the College of General Practitioners has a rota of practitioners who are willing to accept students and show them their work at first hand for short periods. During their last year students may apply, with permission of the Dean, to be attached to one of these G.P.'s for one or two weeks. In doing this, preference may be suggested for a particular type of practice.

Some students may prefer an industrial practice, others may want to see good class town practice, or country practice. There are G.P.'s willing to show any of these types in the area covered by the Northern Home Counties Faculty, which takes in Middlesex, Bedford, Hertford and Essex.

This scheme has been in action for several years in some hospitals in London, Edinburgh and other cities. I have worked this scheme for several years in connection with Charing Cross Hospital, with resulting satisfaction to all concerned. My partner and I have generally collaborated, and taken one student between us, thereby giving him the advantage of an old and young practitioner's method. We have generally had a student who has passed the Pathology of the Final, and he has spent the inside of three weeks with us. We have been able to show him routine surgeries and visits, with occasional midwifery. As we are both attached to Harrow Hospital, he has been able to see some of the cases in their homes, and then admitted to Hospital.

We have also been able to show them Eye Clinics under the Supplementary Eye Service, and Dental Clinics where my partner gives gases. The Chest Clinic has also been open to the student, through the courtesy of Dr. Grenville-Mathers, the Principal Medical Officer.

The student is lodged locally during his stay. It has not generally been practical to put him in the house of either partner, but friends of mine have given him lodging, and it has proved quite a satisfactory arrangement. One student had the unusual experience of being in the house at night when his host developed a very acute appendix. He could then see the case from its very start till it was admitted to hospital during the following day.

It has been customary for the G.P. to write a report on the student to the Dean after he leaves, and for the students to report confidentially to the Dean on the G.P. Some G.P.'s have resented this reporting, but it seems to me quite rational, as it is not possible for the Dean to see for himself how work is conducted in General Practice. The result of these reports, and the general appreciation (or lack of it) by the student is reflected in the recommendation by the Dean and former students to choose any particular practice.

There are far more G.P.'s available than students to accept, so the latter has a good choice. Most G.P.'s find that the students enjoy their "G.P. firm" very much.

Have you applied yet? If not, by all means try to find time for it.

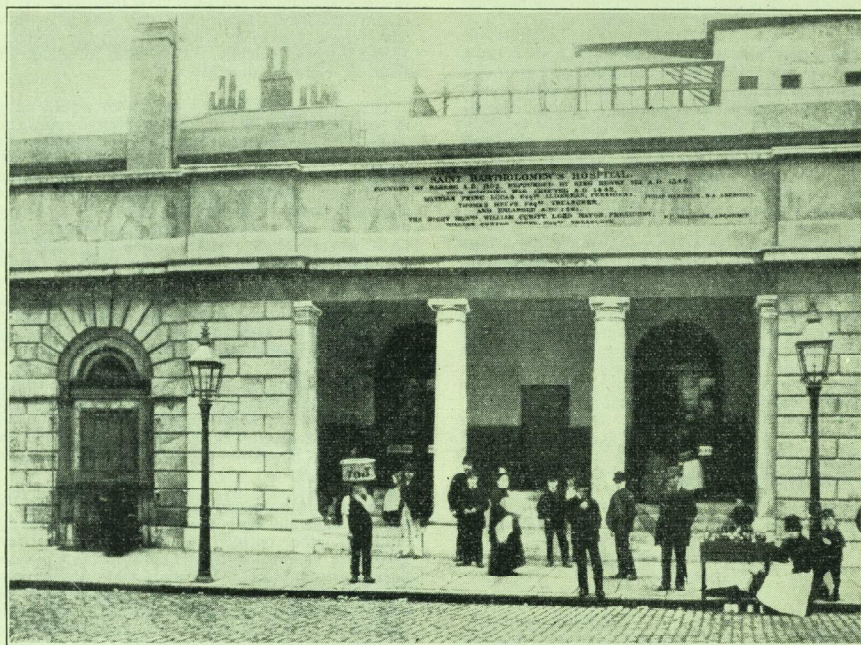
HAROLD E. THORN.

Netherbury,
Burtons Lane,
Chalfont St. Giles.

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

Dear Sir,

Geoffrey Bourne's reminiscences in the October Journal have brought back many happy memories.



A Photograph showing the entrance to the old Out-patient Department, taken about the turn of the century. This part of the Hospital now constitutes the Physio-Therapy Department and is no longer an entrance.

I was a medical clerk to Dropsy Drysdale and, later, one of his house physicians prior to the First World War. I never completed my full term as, together with other housemen, I joined up at the outbreak of war and went to France with the original expeditionary force.

After the war I joined an uncle in practice in the West Wight, where I have lived a most enjoyable life ever since.

On starting practice I had to apply for various local appointments, one being M.O. to the Board of Guardians, which carried with it a number of other emoluments. I had to produce three testi-

monials, and wrote to Dropsy for one. I still have it. "Dr. Mansfield was my house physician from 1913 to 1914, and he had my full confidence. I am sure he is capable of treating your paupers, but why he should want to I can't imagine." Needless to say, the testimonial was not used.

I only sent him one private patient; a lady with some cardiac abnormality. She was charmed with her visit, still more so, I expect, as no fee was charged. A few days later I got a long letter from him telling me about the various changes taking place at the hospital; at the end was a P.S., "Surely after all the time you spent with me you can deal with Mrs. -----."

SPORTS NEWS

VIEWPOINT

If you read the report of the Boat Club in the following pages, you will see that Bart's did not win any of the eight events at this year's United Hospitals' Winter Regatta.

It would be easy to say that this indicated a lack of enthusiasm and enterprise on the part of the members. That is not the case. The difficulty lies in the inability of people to find time to row more than twice a week and, to achieve a major success, it is essential to double, at least, that number of outings. It requires Herculean, indeed, almost superhuman, effort on the part of individuals and that it has occasionally been possible in the past has been due to the desire of a few people to devote an overwhelming proportion of their time to rowing. One cannot, and would not, expect to find people willing to do this regularly. Thus, alas, it has been impossible to represent the hospital in this important Regatta in anything like its full capacity. That pleasure, one hopes, remains for a not too distant date in the future.

RUGBY FOOTBALL

Cornish Tour

1st XV v Penzance and Newlyn. Away. Saturday, November 1st. Lost 0-11.

Once again Penzance proved to be a very difficult team to beat, although their score of a try, a goal and a penalty goal was, perhaps, a little flattering. Their success was due to the experience and skill of their heavy forwards, and the guile and speed of their County half backs, Paul and Mitchell. Bart's, however, overcoming the effects of a long coach journey from London, played very well with the forwards getting a good share of the ball from scrums and lineouts, and the backs running and tackling well.

One day, as a medical clerk, I happened to be in the ward when he was taking an M.R.C.P. class. He asked them a certain question, which no one could answer; the same question he had asked us clerks earlier in the day, so we knew the answer. He called me over—"Mansfield, come and tell Mr. Barris where normally you would find this abnormal blood cell." The answer was "in the foetal circulation." This caused much merriment, as John Barris was the assistant physician accoucheur, and was known throughout the hospital as "the foetus," which his appearance rather suggested.

One question Dropsy always asked the medical clerks, "The correct dose of Digitalis?" the answer he required was "Enough."

We used to attend lectures by Sir Robert Armstrong Jones at Claybury. At the end of the course he used to have a mixture of patients and staff all dressed very much alike sitting about the large hall. We were allowed five minutes conversation with each, and then had to write down our diagnosis. You can guess what merriment this caused. I remember at the end of one lecture he asked for any questions. Someone asked him if always living with and dealing with lunatics, as they were called in those days, did not affect his own sanity? "Gentlemen, I must leave you to judge that," was his reply, "but two former superintendents have been patients here!"

"Jennings of Jesus" was a friend and contemporary of mine at Cambridge; an eccentric almost to the point of madness, but full of charm. He never went to bed, but just dozed when he felt like it, wherever he was. I shall never forget seeing him one hot summer's day in the "long vacation" term, fast asleep in the dissecting room with his head resting in a practically dissected abdomen!

Unfortunately, some while ago, I had to consult an eminent Bart's physician, who has since passed away. He was an H.P. at the same time as myself, a fact he had evidently forgotten. After waiting I was shown into a room by a pompous butler. He was shortly followed by a still more pompous consultant. I stood it for a little while, and then said "-----, do you remember the night we were turned out of the Holborn Empire?" Complete collapse of the stout party.

I shall always be eternally grateful for Dropsy's teaching, it has been of help to me nearly every day of my professional life.

Like others greater than myself, I could go on and on and on. I wonder if present-day medicals get as much fun out of life as we did; I hope so. Great days, I wish I could have them all over again (bar exams!).

Yours sincerely,

H. Y. MANSFIELD.

Brookbank,
Freshwater,
I.O.W.

★ ★ ★

The first Penzance score came early on in the first half, when a high kick from the scrum half bounced awkwardly between full back Britz and Rees Davies, and the Penzance left wing running up very quickly, scored near the corner flag.

After this, Bart's defending valiantly, stopped many of the Pirates' sorties. The next try was most unfortunate: the Hospital gained possession from a lineout on their 25, but the pass from scrum half to outside half went astray, and a Penzance wing-forward intercepted with the line at his mercy. The try was converted.

Undaunted, Bart's took play up into the Penzance 25 and, after making several raids on the Pirates' line, a scrum was awarded, and from the heel Davies crossed over the line. The try was disallowed as the referee was unsighted!

Bart's kicked off after the interval with a strong wind behind them, and tried again and again to pierce the Penzance defence. Mitchell, the Penzance scrum half, gave a long, accurate service to his fly half, who was then able to initiate many dangerous movements, although often he tended to run across the field thus crowding out his centres, making them vulnerable to the covering Bart's forwards. A penalty kick was then awarded against the Hospital for obstruction, which the full back had no difficulty in kicking, and the game ended with Bart's pressing strongly in the Penzance half.

Team: M. Britz, R. M. Phillips, J. C. Neely, J. Stevens, G. J. Halls, R. R. Davies, C. A. C. Charlton, B. O. Thomas, J. W. Hamilton, B. Lofts, R. Jones, W. P. Boladz, R. P. Davies, D. A. Richards, G. Randle.

1st XV v Devonport Services. Away. Monday, November 3rd. Won 14-6.

Making five changes from the team that lost to Penzance, Bart's did well to beat a strong Services' side so convincingly.

Kicking off against a glaring sun they quickly established themselves in their opponent's half, and with Gurry hooking well and Boladz monopolising the line-out, the Hospital backs were given a plentiful supply of the ball.

Thus, for the opening minutes, the Services were thrown completely on the defensive, but having successfully repelled this initial assault, they gradually began to come more into the game. Both sets of backs threw the ball about adventurously under conditions not altogether suited for a fast open game, and understandably there were mistakes on both sides. In Davies, Richards and Moynagh, however, the Hospital had a lively and aggressive back row which, throughout the match, proved to be a constant menace to the Services' thirds, who were never given a chance to settle down.

The first score came after a quarter of an hour, when the Devonport right wing was caught in possession, Halls snapping up the loose ball and running strongly to score a fine try to give the Hospital a well-deserved lead. This seemed to

sting the Services into action, and following a melee just outside the Hospital's 25, they were awarded a penalty, which was easily converted. Stevens regained the lead almost immediately, after one of the Services' centres had been caught off-side in front of his own posts and, just before half time, Bob Davies scored following up a high kick ahead, to which Stevens added the goal points.

For a short period just after half time, Bart's seemed to lose the initiative, being pinned back in their own twenty-five, and it wasn't long before their lead was reduced, the Services' scrum half crossing for an unconverted try following a scrum five yards from the line. This seemed to shake the Hospital out of their temporary inertia, and they were soon back in their opponent's half. R. R. Davies and Owens both went close after a couple of good runs, and Stevens was only just short with a long range penalty. They suffered a setback, however, when Boladz, who had been outstanding throughout in a very fine pack, had to go off with a rib injury. With Bart's now reduced to seven forwards, Davies was content to nurse the touchline in an attempt to close the game up. The final score came when Stevens picked the ball up in his own 25 after a Services' movement had broken down, and having made most of the running, found Owens up for the touchdown.

On the whole, a very satisfactory performance, which has at least done something to eradicate the memories of our two previous visits to the Rectory.

Team: M. Britz, I. R. Smith, J. Owens, J. Stevens, G. J. Halls, R. R. Davies, B. Richards, L. R. Thomas, B. H. Gurry, B. Lofts, J. W. Hamilton, W. P. Boladz, R. P. Davies, D. A. Richards, G. Randle.

1st XV v Bridgwater. Away. Thursday, November 6th. Lost 0-12.

This was Bart's third game of the tour, and they had to face the prospects of meeting a strong Bridgwater side with a team weakened by injuries and players having to return to the hospital.

In spite of this, the first half went very well, and there was not much to choose between the two sides. Bridgwater scored as the result of a very good movement by the outside half and centre, both of whom play for Somerset.

During the second half Bart's played fast open football, but were unable to cross the Bridgwater line because of very good defence by the home side and to the lack of penetration by the Bart's backs.

The second try was scored by a large Bridgwater second row forward, who picked the ball up after a penalty and just managed to reach the Hospital line with three Bart's forwards clinging to him.

In this game we were defeated by a strong side which included a typical heavy West Country pack and fast, clever running backs, but although faced

with defeat, Bart's continued to play open attractive rugby, which was appreciated by the home crowd.

The evening was spent enjoying the annual Bridgwater Carnival, which was a fitting and pleasant end to a most enjoyable tour.

Team: A. P. Ross, R. M. Phillips, M. Britz, J. Stevens, G. J. Halls, R. R. Davies, C. A. C. Charlton, B. O. Thomas, B. H. Gurry, J. L. C. Dobson, J. W. Hamilton (Capt.), R. Jones, R. P. Davies, P. D. Moynagh, G. H. Randle.

1st XV v O. Cranleighans. Saturday, November 8th. Lost 0-6.

Bart's, returning to London the previous day after the strenuous Cornish tour, played well against the O.C.'s, and lost primarily because they were up against a much heavier pack on a soft muddy ground.

There were a few team changes. Dai Owen made his First XV debut at full back with Britz moving into the centre, and Mackenzie made a welcome reappearance at open side wing forward. Hamilton had received a knee injury in the Bridgwater game, and so Rees Davies led the side.

During the first half both teams were evenly matched, although the Bart's backs were much more enterprising, and one very good run by Britz nearly resulted in a score.

Rees Davies made two good breaks, and his defensive kicking was again very reliable in spite of close marking by J. C. Clements.

Mackenzie kept the Old Cranleighian's fly half Holmes in very tight rein, with the result that their backs never looked very dangerous.

The O.C.'s try came in the first half when, using their weight to advantage, they were successful with a pushover try after Bart's had heeled the ball from a scrum five yards out. The attempt at conversion failed.

The play in the second half was of a similar pattern, with the lighter Bart's pack fighting with great zest for possession and the backs trying desperately to pierce the Old Cranleighians' defence.

The score was brought to its final position by a penalty awarded for a hooking infringement.

Owen, at full back, was safe and cool under pressure and Britz had a good game in the centre.

Of the forwards, Gurry hooked well and Jones and Boladz did sterling work in the lineouts; Lofts and B. O. Thomas were outstanding in the loose.

Team: D. Owen, R. M. Phillips, M. Britz, J. Stevens, G. J. Halls, R. R. Davies (Capt.), B. Richards, B. O. Thomas, B. H. Gurry, B. Lofts, R. Jones, W. P. Boladz, R. P. Davies, D. A. Richards, J. C. Mackenzie.

1st XV v Old Paulines. Saturday, November 15th. Won 14-3.

Bart's were worthy winners of their game versus the Old Paulines at Chislehurst, scoring three tries and a goal to a penalty goal. The measure of the Bart's success was due to the superiority of their backs, who were helped in this by the fast hooking of Hamilton in the tight scrums and the excellent lineout work of L. R. Thomas and Boladz.

Bart's kicked off and were soon in an attacking position. L. R. Thomas broke splendidly from a lineout and ran fifteen yards before cross-kicking for G. J. Halls to score. The second try was the result of a very good try by Halls. He received the ball from the outside centre, handed off his opposite number, and ran very strongly for the line, giving the full back another devastating hand off in the process. John Stevens was successful with a difficult conversion. Just before half time, Laurie Thomas again broke from a lineout and galloped up the touchline pursued by a black dog, which he would have outstripped with ease, except that the referee had blown up for a previous infringement.

After the interval, Rees Davies executed a dummy scissors with his centre, John Stevens, and split the Old Paulines' defence wide open. A despairing tackle near the line sent the ball going loose for D. A. Richards, who was backing up, to score half way out.

R. M. Phillips scored the last try with a very good run down the right wing, beating the opposition by his speed and deceptive change of pace.

The Old Paulines' score came from a penalty in the last five minutes of the game.

Team: D. Owen, R. M. Phillips, M. Britz, J. Stevens, G. J. Halls, R. R. Davies, B. Richards, B. O. Thomas, J. W. Hamilton (Capt.), B. Lofts, L. R. Thomas, W. P. Boladz, R. P. Davies, D. A. Richards, G. H. Randle.

1st XV v Cambridge City. Away. Thursday, November 20th. Won 14-6.

This was a friendly match, arranged by E. F. D. Gawne, the former Bart's captain of Rugby, and both teams joined in the spirit of the game, resulting in fast open rugby which was thoroughly enjoyed by all.

The Bart's team contained nine pre-clinical players, which augurs a healthy outlook for the future of the Club.

Newcomer Burbridge, on the left wing, scored a very good try, and John Stevens kicked two very difficult penalties.

Team: D. Owen, N. J. Burbridge, J. Stevens, M. Britz, I. R. Smith, A. R. Davies, A. P. Ross, B. O. Thomas, J. W. Hamilton, W. A. M. Davies, R. Jones, W. P. Boladz, R. P. Davies, P. D. Moynagh, G. H. Randle.

1st XV v Old Alleynians. Saturday, November 23rd.
Won 13-3.

Bart's put up a most impressive performance in beating the Old Alleynians by two goals and a penalty to one penalty.

The Hospital kicked off and, for the first five minutes, the heavier Old Alleynians' forwards seemed as if they were going to dominate the play. However, Bart's soon retaliated with vigour, and were soon on the offensive. A quick heel gave Rees Davies at fly half the chance he needed and, after making half a break, gave a well judged kick ahead for left centre Britz to snap up the bouncing ball and score. Stevens converted.

The Hospital were then awarded a penalty, given for offside in the lineout, which Stevens had no difficulty in kicking.

Throughout the game Bart's produced speed and fitness everywhere. Their scrummaging was good, and Hamilton hooked the ball against the loose head on several occasions. In the lineouts, too, Harris and Jones jumped well.

After the interval, the Old Alleynians endeavoured to keep the ball among the forwards as their halves could not get under way. This did not alter the open trend of the game and, on three occasions, the ball went right across the Bart's line for Halls to use his speed and strength to run round his opposite wing.

Then came a wonderful individualist try by R. R. Davies. After receiving the ball from a loose melee, thirty yards out from the line, he ran past the wing forward and fly half, kicked ahead and was up to beat the defence for the touch down, Stevens again converting.

The game ended in the gathering gloom, with the Old Alleynians scoring three points from a penalty awarded for a hooking infringement.

Team: D. Owen, R. M. Phillips, J. Stevens, M. Britz, G. J. Halls, R. R. Davies, B. Richards, B. O. Thomas, J. W. Hamilton, B. Lofts, R. Jones, M. Harries, R. P. Davies, R. Jones, G. Randle.

ROWING

Senior IV's

"A" lost to London by 4 lengths.

The "A" IV was unfortunate in being involved in two boat accidents, and these reduced an already insufficient number of outings to very few indeed. It was hardly to be expected that they would overcome a fast London IV, who were, in fact, the eventual winners. **Crew:** Bow, B. R. Middleton; 2, P. W. A. Mansell; 3, T. W. Meade; Str., N. E. Dudley.

"B" lost to St. Mary's by 2½ lengths.

An anxiety for revenge for last year's defeat by at least two members of this year's boat was not to be attained. Unforeseen circumstances had resulted in a rearrangement of the original crew shortly before the Regatta. The crew raced well and hard on the day. **Crew:** Bow, D. E. L. King; 2, A. J. Knight; 3, J. J. D. Berkett; Str., G. M. Besser.

Senior Sculls

In a repeat of last year's final, A. I. Wilson sculled exceedingly well against M. H. Bartlett (St. Mary's). Wilson led by two lengths half-way over the course, but could not hold on to a hard won lead. Bartlett, a very powerful sculler, went away to win comfortably.

Pairs

Lost to St. Mary's, easily.

This could well have been a much closer race had not that perennial bugbear of Bart's rowing, faulty steering, reappeared. Bart's went up on their more illustrious opponents at the start, but misguidedly decided to discontinue the engagement, setting off in another direction: alas! not the right one. **Crew:** Bow, J. J. D. Berkett; Str., P. W. A. Mansell.

Junior Eights

First Round. Beat London (disqualification).
Second Round. Lost to Westminster by 3 lengths.

A last-minute injury brought in that valiant old war horse, J. R. H. Fisher, at stroke. His experience stood them in good stead against an erratically steered London crew. Bart's were much improved in their second row, but the opposition was considerably stronger on this occasion. However, they worked hard and gave Westminster a good race.

Junior Fours

Lost to St. Thomas' "A" by 8 lengths.

It was, perhaps, in this event that we were most hopeful. The boat had gone very well in practice, and there was every justification to consider a likely victory. St. Thomas' "A" proved themselves unexpectedly fast, bigger and stronger. They gave our crew no chance. St. Thomas' were never seriously troubled in any of the race. **Crew:** Bow, J. Thornhill; 2, I. Wan Ping; 3, M. Waterworth; Str., W. S. Shand; Cox, J. V. Watson.

Rugger Fours

First Round. Beat St. Mary's and Guys.
Final. Lost to St. Thomas' by 3 lengths.

After last year's triumph and a fairly well organised SM boat in the Bumping Races, the Rugby Club were able to enter two fours for this event. The "B" four was mainly social in its purpose, but the "A" crew went well indeed, with determination, force and perhaps some instinctive knowledge of the English style of rowing they overcame St. Mary's and Guys' by a wide margin. In the final, they were overcome by a heavier crew in both senses of the word, for besides having a member of the winning crew in that event they had also a cox of the opposite. Perhaps a return fixture could be arranged—on the Rugger field. **Crew:** Bow, A. R. Geach; 2, J. D. Morrison; 3, B. O. Thomas; Str., G. J. Diamond; Cox, J. V. Watson.

The Boat Club Dance was held the evening of the Regatta at the White Hart. Professor L. P. Garrod presided, and the guest of honour was T. B. Langton, Esq. (J.C.B.C. and C.U.B.C.). Among those present were O. S. Tubbs, Dr. S. P. Quillian and Dr. C. N. Hudson. Whatever doubts one may have had concerning earlier events of the day, they were rapidly dispelled with suitably gay abandon.

ASSOCIATION FOOTBALL

St. Bart's 1st XI v Middlesex Hospital. Won 5-0.

Bart's started strongly in this, the first league game of the season, and soon scored through Gould. Middlesex fought back, but were met by some strong defence work—especially the hard tackling of Amponsah at left back. The play then became very scrappy, but with Bart's still holding the initiative. Gould completed a hat trick with two well-taken goals before the interval.

The standard of play improved slightly in the second half, and Bart's gradually began to dominate the game. Gould scored two more goals—the first of which was an excellent shot taken on the turn—to bring his personal tally and Bart's score to five. Special mention must also be made of the stoic defending of Amponsah, and the success of Downer in his new position on the right wing.

Team: J. Mercer; G. Haig, F. Amponsah; R. Kennedy, C. Juniper, D. Prosser; I. Downer, P. Watkinson, A. Gould, N. Phillips, J. Kuur.

RIFLE CLUB

Match v Atomic Weapons Research Establishment, Aldermaston. November 5th.

Standing and Kneeling, N.S.R.A. Division 10.

Scores:—	
G. R. Hobday	119
J. D. Hobday	93
A. M. Ward	131
	343
Opponents	282
Match won by	61 points

Match v London Hospital. November 14th.

Shoulder to Shoulder match.

Scores:—	
A. M. Ward	98
M. Barton	96
A. M. Holloway	91
A. J. B. Missen	96
R. P. Ellis	90
P. Riddle	96
J. D. Hobday (Capt.)	95
	662
Opponents	646
Match won by	16 points

BOOK REVIEWS

CLINICAL CHEMISTRY IN PRACTICAL MEDICINE by C. P. Stewart and D. M. Dunlop. Fifth Edition. Published by E. & S. Livingstone Ltd. Price 27/6d.

It is now more than a quarter of a century since this well known book was first published and, during this time, it has been a helpful teacher to many who have sought wisdom from its pages.

Although text books are claimed to pass through regular revisions, many become outdated in the course of time, and current needs are only then fulfilled by the publication of an entirely new work. It is a pleasure to note that the authors are much alive to this danger, and they have made some effort to give their text a thorough overhaul. New developments in diagnostic technique are mentioned, such as the i.v. glucose tolerance test and the xylose tolerance test for malabsorption. Short sections have also been added on 5 hydroxytryptamine, the amino acidurias and porphyria.

With the continued growth of medical science, the authors have found some difficulty in keeping the book down to its original size. The chapter on gastric function has been reduced, and instructions for the management of such investigations as the urea clearance test and the BMR have been relegated to small print.

The important two chapters on salt and water metabolism and acid-base balance have been rewritten and enlarged. This extra space seems to have been grudgingly given, because it is quite clear that the authors attempt to say too much within the compass of too few pages. The loss of some diagrammatic representation that was present in the previous edition, is a sacrifice of clarity. Only nine lines are devoted to an explanation of milliequivalents, but the importance of these units is not made clear.

The remaining chapters go systematically through medical biochemistry and give as good an account of the subject as can be found in any book of comparable size. Only one serious mistake was noted which should not be allowed to pass without comment, namely the statement that a serum amylase of 300 Somogyi units or more is clearly indicative of acute pancreatitis. There are few tests in medicine which clearly indicate anything with absolute certainty and there are many cases recorded in the literature to show that the serum amylase is not one of these.

It is possible in most books to find some trifling errors or questionable statements, and a few of these can be found in the present work, but it would be unfair to seize upon these for purposes of criticism when there is so much that is well written and praiseworthy.

The text is written primarily for the senior student of medicine, and he will not be misguided if he chooses to improve his knowledge from the pages of this book.

THE STORY OF BLOOD by Kenneth Walker.
Published by Herbert Jenkins, London. 213 pp.
Price 21/-.

Mr. Kenneth Walker follows up his successful *Story of Medicine* with an historical study devoted to the blood. Commencing with the origin of life itself and the evolution of blood-carrying creatures, he proceeds to unfold the fascinating story of the circulation, and the development of our knowledge of the subject from ancient times. We encounter pre-Harveian theories of the circulation, Harvey's actual demonstration of the process, and proceed to modern times in a panorama of factual information. Intended mainly for laymen, the book contains a useful glossary.

The Story of Blood presents an interesting subject in a manner that will be readily appreciated, with personal anecdotes and a wealth of historical detail. Unfortunately this is impossible to trace without re-reading the entire book, and the index is grossly inadequate and inaccurate, despite the fact that ample space is provided for this essential feature.

J.L.T.

MEDICAL MNEMONICS by John Precope.
Published by Heinemann. 311 pp. Price 21/-.

This "aid to memory" is described as a medical student's pocket manual, providing in alphabetical order and tabulated form the conditions found in practice. It gives the name of the condition, its derivation, diagnostic signs, aetiology and pathological

indications. Used as a quick reference book, or for revision purposes, it can serve a useful purpose. The book was printed in Nicosia!

GRAY'S ANATOMY, Descriptive and Applied, edited by T. B. Johnston, D. V. Davies and F. Davies. Thirty-second Edition. Published by Longmans, Green & Co., 1958. 1,604 pp. Price 126/-.

Gray's Anatomy is a book that needs no introduction to members of the medical profession, and indeed its name is known to many lay people. This edition, the thirty-second, marks the hundredth anniversary of the first edition. A hundred years in print constitutes a remarkable record, and one which is a proud tribute to the book, Henry Gray, the later editors and the publishers.

The faith in this book, which has been shared by many generations of students and post-graduates, has been justified in this edition. Attempts have been made to revise many sections and to provide numerous new blocks. Certain sections have been "substantially rewritten." The sections on Histology Embryology, Joints, Muscles, Vascular anatomy and various parts of Neurology have received the more rigorous overhaul. Some new and relevant clinical and experimental data has been incorporated into various sections of the book.

Altogether, the resulting 32nd edition is more than worthy of its predecessors, and will form a trustworthy "bible" for many more students.

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HEY GROVES' A SYNOPSIS OF SURGERY, edited by Sir Cecil P. G. Wakeley. Fifteenth Edition. Published by John Wright. 650 pp. Price 37/6d.

The fact that this is a fifteenth edition speaks for the book's popularity. Hey Groves, a former Bart's man, produced the first edition in 1908.

In the preface to this new edition, Sir Cecil Wakeley states that a thorough revision of the text was necessitated to account for the many advances that have taken place since the last edition of 1954. This task of revision has been adequately achieved.

Type display is especially pleasing to the reader, particularly when time permits but a brief glance at the text. Intelligent use of bold type, capitals and paragraphing make this an excellent book for summarisation and revision.

Students may find that this book makes an excellent addition to their book shelves, but they must not be lured into using it as a Manual of Surgery instead of the "synopsis" of the subject—which was the author's intention.

PSYCHIATRY IN THE MODERN WORLD by Dr. E. B. Strauss. Published by Michael Joseph. 71 pp. Price 8/6d.

This book is the collected articles which were published earlier in the year by the *Sunday Times* has been dedicated to the Medical Students of this Hospital who, for the past twenty years, have learned "the other half of medicine" from the author.

Dr. Strauss makes no pretence at writing a potted textbook, and there is no effort to discuss any of the more complex minutiae of psychiatry. What is attempted, however, is to explain in simple and well-understood terms the basic concepts and the terms of reference for the subject, so that no confusion can occur when any chance encounter with the topic happens, and the social embarrassment of discussing the matter using a series of misnomers is obviated.

Whether those doctors who are concerned with diseases of the *soma* would be content to be allocated the remaining half of medicine is perhaps debatable, for some would consider that many of the so called psychosomatic diseases are in fact organic diseases with a consequent psychiatric disturbance, and not *vice versa*.

Although the main subject matter of this little book is essentially that of Dr. Strauss' lectures, there is much to be gained by reading it through. Apart from the technical value of the book, one can observe how, what is to most a formidable subject, is presented with an unflinching elegant style and an inimitable lucidness of thought. Although "some psychiatrists are not always the clearest of thinkers," this cannot be said of the author of this book.

M.L.P.

CALL THE DOCTOR ; A Social History of Medical Men by E. S. Turner. Published by Michael Joseph. 320 pp., illustrated. 21/-.

Written by a layman, and recommended by the Book Society, this book traces the development of the general practitioner from the time of Chaucer up to the present day. It is not intended as a connected history of medicine, but tends to spotlight the bizarre and the spectacular. We meet the physician attending royalty, the country practitioner, medical students, resurrectionists, etc., and can trace the growth of the various branches of medicine from the fourteenth century to the beginnings of State medicine.

This is not a book for the specialist: it is not well documented, and the illustrations are mostly from secondary sources, but it presents, in a readable manner, some fascinating facts regarding the growth of the medical profession. It would be unwise to accept all the author's statements without question, but Mr. Turner has obviously made an extensive study of his subject. The chapters are short, and there is no need to read the book through in one sitting. But one will be tempted to do so, and then to dip into it at regular intervals.

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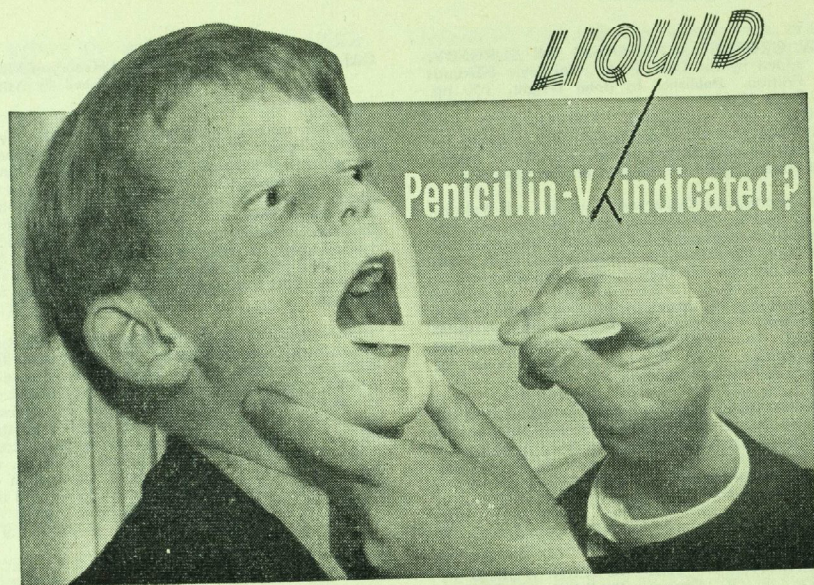
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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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EDITORIAL

London in February is a cold, miserable place. But it is still the city of the bright lights, and there are still as many seductive influences as at any other time of the year. The cinema especially is a warm haven where one can sit and dream escapist visions of the summer sun, aided by all the resources of Hollywood.

Last month saw the first burgeoning of a film society in Barts, so now we can escape from our own doorstep on our own doorstep.

The vigour of the student body is in many ways reflected by the number and the vigour of the societies which it supports. The Abernethian Society, and the Physiological Society are as well-run and as well-supported as ever. The Photographic and Natural History Societies are flourishing. Of the learned societies only the Junior Osler Society, whose object is the pursuit of medical history, is languishing somewhat.

The Film Society is to be welcomed to this number, even though it may not be as praiseworthy to be entertained or educated by what is projected on to a screen as to make the effort oneself as in the societies mentioned above, or to entertain everyone as the Amateur Dramatic Society and Gilbert and Sullivan Society do. It is also a pity that we should be encouraged to stay within the bounds of the hospital even more than we do already. The city around us is the cultural and artistic, as well as the political capital of the Commonwealth, and many opportunities to take advantage of this are lost by those whose horizons are limited to

within a few hundred yards of West Smithfield.

However, if there may be some regrets that film-going should become an internal affair in Barts. There can be none about one thing, and that is that membership of the new society should be open to the Nurses; who have relatively little to amuse them out of working hours in the hospital.

There has been talk that the new society will in some way raise the cultural level of the hospital, or of the students in it. This is a very wrong-headed view to take, and derives from the erroneous modern idea that "culture" is an abstract thing. Just as painting, music, poetry and all the arts have become divorced from down-to-earth human experience so has the whole idea of culture. Many now think that it is more elevating and stimulating to look at an Aztec vase in a Bond Street Gallery for ten minutes than to talk to a beggar in the street for the same length of time. The films that Film Societies show are by no means of that same nature as Aztec vases, but those who watch them should be prepared to admit that they are indulging in escapism and not culture.

It is not from this narrow view of Art and Culture that the idea has grown that Medical Students are half savages. But the purpose, of artistic culture is to explain nature, and man, to man. Though modern artists do this in a very rarefied way, the study of medicine does it even better, and those effectively trained as doctors should have a much deeper and more complete

understanding of man than, to take an extreme example, the young aesthete of 1959, who sits in a spindly chair, sipping a glass of Château Blank, skimming through a book of literary criticism while listening to stereophonic musique concrète from the machine in the corner.

So let us remember that if we are chasers after artistic culture there is often more to be learnt in every way from the boring old malingering in Out-Patients than from any work of art. After all, one of the best films of all time is about a day in the life of a boring old man.

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Fifty Years Ago

The principle contributions to the Journal of February 1909 were papers by W. P. Harringham, M.D., F.R.C.P., T. J. Horder, M.D., F.R.C.P. and W. Girling Ball, F.R.C.S., D. W. Hume, M.B., B.S. and G. H. Dive, M.R.C.S., L.R.C.P., and A. Abrahams. Dr. Harringham's article was entitled "National Deterioration and the Need for Physical and Military Training". In it he contrasted the poor physical trim of the average English urban lad with his German counterpart and suggested that the superior fitness of the latter was due to his compulsory military training. The conclusion drawn was that if there was a National Army in England "it would be an enormous measure of Public Health".

The next article in the Journal was by Dr. Horder and Mr. Girling Ball on "The Preparation and Uses of Bacterial Vaccines". It is followed by some very interesting clinical cases presented by Mr. Hume and Mr. Dive. Mr. Hume described "Two cases of the Appendix Vermiformis in the sac of an inguinal Hernia" in neither case was the appendix infected, and in fact, they were only found at operation. His third case was a remarkable one of a 39 year old caretaker who was admitted with generalised abdominal pain of some 14 hours' duration with bouts of vomiting, and not having had his bowels open or passed flatus during this time. He had had a dragging pain in the right iliac fossa for the previous month, and a right inguinal hernia for some years.

At operation a strangulated loop of small intestine was found in the hernial sac, the cause of the strangulation was the appendix which lay just inside the internal inguinal ring. At the same time the appendix had been

strangulated by the loop of small intestine. Appendicectomy and radical cure of the hernia were performed. The patient made an uneventful recovery and was discharged exactly one month later.

The article by A. Abrahams (later Sir Adolphe Abrahams) was entitled "High Speed Photography" and contained numerous photographs of historical interest showing athletes in action.

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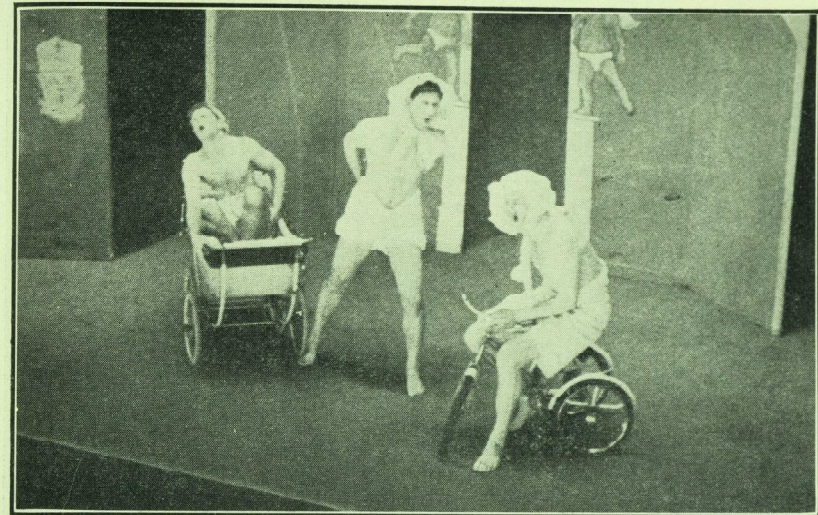
Christmas Ward Shows

The Square was deserted. The goldfish were instructed to Turn Left by a notice pushed well into the Fountain, and a curious medley of sounds floated over the parked cars. The Ward Shows were in full swing. Good, but not-so-clean fun was being had by all.

The pattern of the Shows quickly became apparent as the subjects nearest the Students' hearts were faithfully depicted. The Students dealt thoroughly with food, the deficiencies of Public Transport, their own prospects in Examinations and the fight for House Jobs, the behaviour and vagaries of their seniors and censors and, of course, the Nurses and Sisters. Curious too how Students read advertisements so carefully. The Shows would have lightened the heart of any Advertising Magnate.

The form of a good Ward Show quickly becomes apparent to one who sees them all. An important point, well exploited by the Kid's Show is that on the very cramped stages on the wards, scenery which provides several Entrances and Exits makes for far better continuity. No audience enjoys contemplating an empty stage for long and it is hard for a compère to plug the gaps. On the whole too, there was not enough movement during the songs. A simple dance, during or between verses can improve a chorus enormously and would provide a welcome change from a U-shaped ring of singers whose feet are rooted to the spot. A rhythmic swaying from the knees is hardly enough. The choruses of the House Show, where the vast cast processed around the stage very skillfully, and the song 'Say Yes To Our Dear Dean' from the Finalist's Show were excellent examples.

Particularly encouraging this year was the emergence of considerable talent among the



Mike Constable, Paul Cassell, Chris Craggs (acting F.R.C.S., M.D.) as three sordid kids

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less experienced firms. The song 'Excelsior' from the Outpatients was most splendidly and very funnily performed by Bob Davies and David Gibson as straight and funny Opera Singers. Chris Hood in the Dressers' Show had two solos in which he sang and played the piano in a highly polished and competent manner.

The Midder and Gynae Show gave a most enjoyable performance. A delicious quartet murdered a part song in perfect style, and then the lives of doctors in Roman times and those of Gynaecologists today were carefully portrayed. Janice Swallow gave us a glimpse of life as a District Nurse in the Mile End Road and was followed by Gbemiga Alabi who performed a most interesting and unusual tribal dance. It was a pity that his supporters were so unfamiliar with the tom-tom as to prevent him from making it the success he deserved. Then came their *pièce de résistance* and one of the best numbers of all the Shows. How will the Ladies' Hockey Team dare to take the field next year after their merciless exposure in Ballet and Song?

The Clerks betrayed the Hospital Eternal

Triangle in a sketch about a nurse, a houseman and a wicked registrar. It was a pity that they chose to do so in Silent Film style for, in spite of their efficient performance, and miming is more difficult than it looks, it did not seem quite the right style for the occasion. With some experience behind them they will do better next year and should look forward to it.

The Finalist's Show dealt with wider matters than Hospital affairs. We were treated to a nauseating Dress Designer, adjured to be 'Eaters at Peters' and heart-rendingly implored as 'Men of Barts' to 'keep away from sin' and shun A.I.D. 'Top People Take the Times' they cried, but the gentleman in the middle apparently needed something else, namely Amplex, as well.

One of the best shows was the Kid's Show 'Tu'ssaudid for Kids'. The excellent set has already been mentioned and their continuity was first class. This was a show with a thread to string the sketches and songs together. Bare though the thread became at times, it always is a help in making a show



Mike Hall-Smith and his Housemen's skiffle ensemble

complete. Various historic, imaginary, ancient and modern members of the Baker Street Waxworks were brought to life. Particularly memorable were Sir Walter Raleigh who sang a most charming song, Nell Gwynne who sang a not-so-charming but highly entertaining song, and King Charles who doffed his finery to sing a song in the neo-skiffle style. 'Top of the Pops' it was called and splendidly appalling it was.

Guy Fawkes, 'It wasn't a Member who cried 'I Spy Strangers'', but the spirit of wicked Guy Fawkes, made a welcome return to life and blamed the failure of his plot on W.D. gunpowder.

One of the best of all the songs and outstanding in the whole of the Ward Shows was a violent diatribe sung by three precocious babes who threatened a hideous revenge on their doctor for the suffering he inflicted on them with penicillin. I doubt whether Dr. Harris has slept well since.

To have a girl as talented as Wendy Donaldson in their cast is a great advantage to any show, and the Kid's Show earned themselves an extra performance on Boxing Day, a fine compliment well deserved.

Just what, one wondered watching the

House Show, are the qualities required of a would-be Houseman? Once again, bubbling over with a wealth of talent, they showed everyone the way. Slick, quick and sure-footed, their half-hour was pure joy. The House seem to understand perfectly what is required, good tunes, good words and something a little extra, provided this time by a saxophonist and a trombonist.

Outstanding were the broken-hearted plea of two nymphs for a 'Hunk of Man' and the unfulfilled wish of three busty and pustular ladies for beauty and a title. Men dressed as women are not really funny unless they are fairly undressed as well.

The House too was the only Show to sing a serious song 'The Honeysuckle Song', and very brilliantly sung it was too. To be serious and get away with it is nearly impossible in the excited and unnatural atmosphere which pertains in the Hospital on Christmas Day, but this song held the audiences still and spellbound. Bernard Badley sang the solo in a light and pleasing tenor.

Serious thoughts were soon swept away by the exposure of the activities of two 'Specialists of Harley Street', and then Mike Hall-Smith in 'Make Believe' showed us

another aspect of the modern popular singer. With his fair hair carefully combed into a quiff and his baby face wreathed in sickening smiles, he drooled over the microphone, wagging his hips and knees till they seemed nearly to part from his body.

It would be wrong to write an account of the Ward Shows without mentioning the pianists. These unseen and unsung gentlemen are the most vital part of any show. A pianist is a vertiable *sine qua non* and a good one may be hard to find. All thanks to them, for they did splendidly this year.

Everyone enjoyed themselves on the ward stages, even the editor of this staid Journal was to be seen walking the boards, for Ward Shows are a friendly institution, a semi-legalised opportunity for the junior to guy the senior and for the well-established to be pilloried. There are some black spots perhaps. One felt sorry for the poor fellow who admitted with a doleful countenance that he was a 'wet blanket' only to be greeted by lusty cries of 'We know. We know' from Sister Butlin. The Pot-Pourri Committee too, hurrying, notebook and red pencil in hand, from Show to Show, and winking and nodding in the corners when they meet, make it plain that more serious matters lie ahead. Later on Boxing Day when they have crept away to deliberate behind locked doors, and when the tumult and the shouting have died, one may sit in the dusk in the Square and feel that Barts, the Ancient and Royal, is a little richer and, perhaps, a little wiser than before.

G.F.A.



Rugby Club

The Annual Ball was held at Charterhouse Square, on Friday, December 5, and over one hundred couples enjoyed dancing to the music of Ken Stanley and his band. An excellent buffet prepared by Miss Barbara Barnard and her willing helpers was followed by an amusing and original cabaret presented by Mr. Michael Moles.

The dancing continued until 2 a.m. and the effects until much later.

The Rugby Committee would like to express their thanks to Mr. A. W. Kilroy for his untiring efforts in ensuring the smooth running of the Ball.

Natural History Society

The following were elected as officers of The Natural History Society for the year 1959.

CHAIRMAN: C. Greaves.

HON. SEC.: J. Durston.

NOTICES

Changes of Address

MR. S. L. HIGGS:

Temporary London address: 24 Harley Place, W.1. Country address; Phoenix, Roman Landing, West Wittering, Sussex.

DR. GEOFFREY DAWRANT:

Perivale Maternity Hospital, Greenford Middlesex.

Appointments

DR. W. ROSS ASHBY has been appointed a director of the Burden Neurological Institute, Bristol.

House Appointments

1st January to 30th June, 1959

Dr. E. R. Cullinan

R. G. White
N. C. Roles (until 31/3/59)
D. P. Wells (from 1/4/59)

Dr. A. W. Spence

D. A. Birkett
R. C. Cook (until 31/3/59)
D. C. L. Savage (from 1/4/59)

Dr. R. Bodley Scott

B. Richards
A. Whitworth (until 31/3/59)
A. S. Tabor (from 1/4/59)

Dr. G. W. Hayward

J. E. Stark
R. I. D. Simpson (until 31/3/59)
T. W. Gibson (from 1/4/59)

Dr. E. F. Scowen

C. A. C. Charlton
I. A. C. Neely (until 31/3/59)
A. B. M. McMaster (from 1/4/59)

Mr. J. P. Hosford

R. J. Mitchell
D. P. Wells (until 31/3/59)
N. C. Roles (from 1/4/59)

Mr. C. Naunton Morgan

J. Hedley-Whyte
D. C. L. Savage (until 31/3/59)
R. C. Cook (from 1/4/59)

Mr. A. H. Hunt

C. J. Carr
A. S. Tabor (until 31/3/59)
A. Whitworth (from 1/4/59)

Mr. A. W. Badenoch

P. J. Ball
T. W. Gibson (until 31/3/59)
R. I. D. Simpson (from 1/4/59)

Prof. Sir J. P. Ross

R. B. Harcourt
A. B. M. McMaster (until 31/3/59)
J. A. C. Neely (from 1/4/59)

Casualty H.P.

J. S. Price

Children's Department

J. B. Nichols
T. S. Matthews

E.N.T. Department

R. G. L. Smith (until 31/3/59)
D. J. C. Davies (from 1/4/59)

Skin & V.D. Departments

M. A. Newton

Eye Department

J. D. Salmon

Gynae. & Obs. Department

I. J. Chalstrey } Interns
J. Q. Creightmore }
R. Pilkington } Junior H/S

Anaesthesia

G. B. Gillett
A. M. Hall-Smith

Dental Department

G. Manara (until 30/4/59)

Orthopaedic Department

A. J. P. Campbell

Casualty House Surgeon

I. K. K. H. Chong

*At Hill End Hospital**E.N.T. Department*

D. J. C. Davies (until 31/3/59)
R. G. L. Smith (from 1/4/59)

Orthopaedic Department

M. E. J. Hackett
H. M. Richards

Thoracic Department

D. R. Dunkerley
J. R. Strong

Department of Neurological Surgery

C. F. Allenby
D. I. Price

Anaesthesia

G. B. Gillett
A. M. Hall-Smith

ANNOUNCEMENTS**Engagements**

GODRICH—MATHIESON.—The engagement is announced between Dr. John Edward Godrich and Chloe Hazel Jane Mathieson.

ROLES—DONALDSON.—The engagement is announced between Dr. Nicholas Crosbie Roles and Wendy Donaldson.

Births

HUDDLESTONE.—On December 3rd, to Freda, wife of Dr. C. Huddlestone, a son (William).

LAURENT.—On December 10th, to Maureen, wife of Dr. J. M. Laurent, a son (Richard Jacques).

MARSHALL.—On December 12th, to Rosemary, wife of Dr. Robert Marshall, a daughter.

PORTELLY.—On December 16th, to Wendy, wife of Dr. John Portelly, a son.

WYNNE-JONES.—On December 3rd, to Barbara, wife of Dr. Philip Wynne-Jones.

Deaths

CLARE.—On November 12th, Thomas Charles Clare, M.D., F.R.C.S., aged 77. Qualified, 1905.

CURTISS.—On December 11th, Edgar Stuart Curtiss, T.D., M.B., B.S., F.F.A.R.C.S., Qualified 1926.

POWER.—On December 26th, Air Vice-Marshal D'Arcy Power, C.B.E., M.C., M.R.C.S., L.R.C.P., aged 69. Qualified 1914.

WALL.—On November 25th, Austin Darley Wall, F.R.C.S. Qualified 1918.

OBITUARY**Mr. James Elliott**

The sudden and tragic death of JAMES RAWLINGS ELLIOTT, F.P.S., D.B.A., Chief Pharmacist of St. Bartholomew's Hospital and Lecturer in Pharmacy to the Medical College, on December 6th at the early age of 53, came as a great shock to us all. Pharmacy in general, and hospital pharmacy in particular, has been deprived of one of its most earnest workers, whose standing in the profession was widely recognised.

Mr. Elliott had been Chief Pharmacist to St. Lukes Hospital, Chelsea; Mile End Hospital; Lambeth Hospital and Charing Cross Hospital. He undertook a major role in pharmaceutical public life, devoting a great deal of his time serving on various committees. He was a member of the London Pharmaceutical Committee; the Surgical Dressings Sub Committee of the British Pharmaceutical Codex; a technical committee of the British Standards Institution; the London Teaching Hospitals Joint Contracting Committee; Drug Nomenclature Committee of the British Pharmacopoeia Commission, and of the Pharmacy sub-committee of this Hospital. He had also been a Registrar and Vice-President of the Guild of Public Pharmacists.

Mr. Elliott had an immense enthusiasm for anything with which he had to deal, whether it was pharmaceutical or the statistical interpretation of various problems. He was eager to help others, but could not tolerate inefficiency, particularly when rules and regulations were involved, and he never lost the opportunity to bring anything of this nature to light, especially if the occurrence had been to the detriment of the patient. His manner was quiet and courteous and he was a man of absolute integrity with a very highly developed sense of duty.

To one who has been associated with him for many years, his quiet observations, utter dependability, and clearly expressed views will be greatly missed. Indeed, Pharmacy has lost a stalwart member, whose death has created a breach that will be very difficult to fill. His colleagues and friends throughout the country will mourn his passing and sympathise deeply with his widow.

CALENDAR**February**

Tues. 3—Squash v Middlesex Hospital (H)

Wed. 4—Ladies' Hockey v St. Mary's (H)

Thur. 5—Soccer. Oxford Tour commences, v Trinity College (A)
Squash v U.C.H. (A)

Fri. 6—Soccer v Wadham College (A)

Sat. 7—Dr. A. W. Spence on duty
Mr. C. Naunton Morgan on duty
Mr. R. A. Bowen on duty
Rugger v O.M.T. (H)

Soccer v Oriel College (A)
Hockey v Hampstead 2nd XI (A)
Ladies' Hockey v Reading University (A)

Mon. 9—Squash v Westminster Hospital (A)

Sat. 14—Dr. G. W. Hayward on duty
Mr. A. W. Badenoch on duty
Mr. R. W. Ballantine on duty
Rugger v Strettham (A)
Hockey v University College (A)
Ladies' Hockey v Lensbury (A)

Tues. 17—Squash v St. Thomas's (H)

Wed. 18—Ladies' Hockey v Royal Holloway College (A)

Sat. 21—Dr. E. R. Cullinan on duty
Mr. J. P. Hosford on duty
Mr. C. Langton Hewer on duty
Rugger v Oxford University Greyhounds (A)
Soccer v Old Josephians (H)
Hockey v Orpington (H)
Ladies' Hockey v Middlesex Hospital (H)

Tues. 24—Squash v Bank of England (A)

Thur. 26—Squash v Roehampton (A)

Sat. 28—Medical and Surgical units on duty
Mr. G. H. Ellis on duty
Rugger v Treorchy (A)
Hockey v St. Mary's Hospital (H)
Ladies' Hockey v K.C.H. (H)

March

Tues. 3—Squash v I.C.I. (H)

Wed. 4—Soccer v R.N.C. Greenwich (A)
Squash v Escorts (H)

Sat. 7—Dr. R. Bodley Scott on duty
Mr. A. H. Hunt on duty
Mr. F. T. Evans on duty.

Dr. GEOFFREY BOURNE

We are very glad to be able at last to print this appreciation of Dr. Geoffrey Bourne on his retirement from the hospital:

Geoffrey Bourne, until his retirement in September last, Senior Physician to the Hospital and the first physician in charge of the Cardiological Department, was born in London in 1893. He came to St. Bartholomew's from Highgate School shortly before the first World War with a classical scholarship. His career as a student was interrupted by an attack of diphtheria following which, as he himself has recorded, a systolic murmur and a propensity to paroxysmal tachycardia were noted. It is possible that these phenomena aroused his interest in cardiology; it is certain that they debarred him from military service and they may, if we read his hints aright, have cut short a promising athletic career. If his medical advisers at that time had had the benefit of his own mature opinion, it is likely that these restrictions would not have been imposed. They may indeed have deprived the Hospital of a Bannister and the Army of a Montgomery, but they achieved the more productive result of directing his mind into academic channels. In 1917, he qualified having been awarded in succession the Kirkes, the Burrows and the Skinner prizes and the Brackenbury Scholarship in medicine. In the following year, he acquired the diploma of the M.R.C.P. and in 1920 he proceeded to the doctorate of medicine of the University of London. He was elected a fellow of the Royal College of Physicians in 1929.

During his formative years, he came much under the influence of J. H. Drysdale, a bedside teacher of force and character, who has become as much a legend on the medical side of St. Bartholomew's as C. B. Lockwood did on the surgical. Geoffrey Bourne served him as house physician and as chief assistant; he has recorded many stories of Drysdale and it has been said that many of those mannerisms which we have come to regard with such affection are derived from his old chief. It should be made clear that this resemblance extends only to Drysdale's more amiable characteristics; stories still current about him reveal an acid wit, a tongue like a whip lash and a singular lack of human charity. He was of the generation which feared no criticism and his intercourse with his professional colleagues still echoes down the years as a

staccato exchange of insults. Bourne's tact and charm have been features of the Hospital since his appointment to the staff and there can be few who have worked with him who cannot recall with gratitude instances of his grace and kindness.

Nevertheless, he inherited Drysdale's critical faculty and his ability to distinguish significant from insignificant; and he owes



Dr. Geoffrey Bourne

to him his grasp of fundamental principles and his pleasure and competence in teaching medicine at the bedside.

He early became interested in cardiology working first as Lawrence Research Scholar and later on the Medical Unit which had only recently been formed. In 1926 he was awarded a Rockefeller Travelling Scholarship and spent a year working in St. Louis. On his return, he was appointed to the staffs on the East London Hospital for Children and the newly built King George V Hospital, Ilford. For a time he held the anomalous position of Chief Assistant to the Cardiographic Department although there was no Officer in Charge. Indeed, he was the founder of what has now become the Cardiological Depart-

ment and the first Physician-in-Charge. In 1930, when Dr. (later Sir Walter) Langdon Brown retired, he was appointed an Assistant Physician to the Hospital.

During his stay in the United States, he met his first wife, an American lady of great intellectual attainments who had trained as a biochemist. Many of his friends will remember with pleasure the charming hospitality of their delightful home in Hampstead. She died after a short illness in 1952. He married again a few years later and it has been a delight to us all to see the happiness he has once more found.

Geoffrey Bourne must be regarded primarily as a general physician with a special knowledge and interest in cardiology. His basic training and for many years his routine practice was in general medicine, but most of his publications concern heart disease. The breadth of his interests, however, is reflected not only in his professional but in his private life. Fly fishing claimed him from an early age and many medical art

exhibitions have established his outstanding ability as a painter.

Amongst Hospital activities that of which he is most proud is his record as Captain of the Past Cricket XI; on two occasions his team, without external assistance, beat the Hospital First XI. He has taken a great interest in the activities of the Musical Society and has served several terms as Chairman of the Committee. Finally, his long service and great help as Chairman of the Publication Committee of this Journal deserves full recognition.

There can be few men who serve an institution such as this Hospital for forty years and retire leaving behind them nothing but regrets, goodwill and memories of cheerful unassuming hard work, but Geoffrey Bourne is one of them. It is difficult when one looks at him to believe the hard facts of chronology but we all hope that his youthful face and figure mean for him and Mrs. Bourne many more years of happy contented existence.

THE BIRTH OF THE CARDIOLOGICAL DEPARTMENT

by GEOFFREY BOURNE

The father of modern cardiology at St. Bartholomew's Hospital was undoubtedly Dr. John Hannah Drysdale. Although a respecter of tradition, he was a keen recipient of new ideas and a sound judge of their potential value. Thus, in 1913, when the earliest Cambridge electrocardiograph became available, he purchased a model, being both generous and wealthy, and gave it to the hospital.

The machine was placed in the Physiology Department so that its modernity might not offend too brusquely the susceptibilities of his more conservative colleagues. The Histology Department now lives on that site, above the library, and up two flights of the stone staircase.

The instrument itself was one of the first three used in London. It stood on a long narrow table supported by shaped iron legs, and consisted of a string galvanometer, a rotating timing device, a carbon arc light and a gravity-worked plate holder. The moving

recording part was a quartz fibre, or string, so thin as to be very fragile, whose shadow, moving horizontally, played over the slit of the camera. It was said that the desired thinness of the quartz was achieved by shooting it, attached partly to an arrow, while still in its molten state. The speed of rotation of the timing wheel was governed by a make and break circuit connected with a large tuning fork. The galvanometer magnet, pierced for the light beam, was a massive object. The whole machine was solidly immobile, and a great contrast to the modern portable models. Nevertheless, the tracings from it were beautifully accurate and detailed. The switchboard was so complex that at first nobody exactly knew its hidden layout. This was eventually revealed after an X-ray photograph had been taken. The pioneers in its use at Bart's were Horwood, Professor of Physics, and Trevan, then a demonstrator of physiology. The former stayed on, and became a renowned

figure in the later development of X-ray therapy, and the latter went to Burroughs Wellcome, finishing his career there as Director of Research.

How I first became associated with the electrocardiograph in 1916, I do not clearly remember. I suspect that a prize essay I wrote on "Coupling of the Heart Beat!", may have suggested to the authorities that I was a suitable junior acolyte to the mysteries. Only a small minority of the physicians had, at that time, any idea as to the clinical value of electrocardiography. Drysdale, Langdon Brown and Horder alone knew what auricular fibrillation was, although examples of that condition are now of common daily occurrence.

The few patients to be investigated were, of course, brought to the machine, and by the time the two porters had carried an obese and possibly oedematous character up the two stone flights in a heavy oak throne, their shortness of breath and congested features suggested that they were the more eligible candidates for examination.

The patient was deposited in another, more stationary chair, near to the electrocardiograph, his bared forearms and left leg were immersed in pots of saline solution, of necessity cold, from which leads went to the switchboard. The electrocardiogram was then taken. This, however, did not always follow, for the hidden personal idiosyncracies of the apparatus not infrequently introduced into the procedure unsurmountable difficulties. When this happened, the now rejuvenated porters would once more take up their burden, and would return him or her, this time downstairs, to the ward, to return another day.

Attempts to trace the mechanical fault would then begin, but might, after a long time, remain fruitless, and would have to be abandoned. In a day or two, filled with foreboding, we would try again. The Grem-lin, then unchristened, would have fled, and the electrocardiograph would work perfectly once more.

In the early 1920s it was decided by the authorities that a less remote situation might be more convenient, and the apparatus was moved to a home under the West Wing. Here, a new, but still massive, machine stood, together with a couch for the patients, one or two chairs, a plug for the leads connected with those wards which were wired, and some drawers and cupboards for

duplicate tracings. A photographic dark room was adjacent. The whole was enshrined in the monastic and groined arches of the eighteenth century basement.

The new model was simpler and more reliable. Furthermore, a technician was appointed, and I became chief assistant—to myself—and the department was born.

It was for years termed the electrocardiographic department, its function being officially restricted to the taking of electrocardiograms. No physician was in charge—indeed, there was no one qualified to undertake that function, except for the three seniors I have already named, and who were contented with their duties as general physicians. For administrative purposes it was under the aegis of the professor of medicine.

The technician was Joe Board, one of the nicest and most capable men I have ever known. If he had had the education and the chance, he would have made a very able doctor. As a compensation, he succeeded in entering his daughter at the Royal Free Hospital, for what has been a successful professional career. At the times set aside for taking electrocardiograms, the ambulant patients and those in wheeled chairs would be brought to the basement. Those who were too ill to be moved, had their tracings taken in the wards.

These, at least the medical wards, were suitably wired, so that by wheeling the bed to a special plug, the leads could be attached to the wrists and ankles, and a connection made direct to the machine many yards away in the basement. Joe would then telephone to me where I waited in the cloistered bowels of the old building, and the tracing would be taken from afar.

Those were the days of the three lead electrocardiogram, and of easy interpretation. Cardiac irregularities such as premature beats, paroxysmal tachycardia, flutter, fibrillation, heart block and left or right axis deviation covered most cases. Not until the late 1920s were the typical changes of myocardial infarction gaining recognition: the unipolar technique, introduced by Wilson, was yet to come after a further period of twenty years. A further ten years has seen the migration of the department to its present site, the allocation to it of a senior registrar, four technicians, a nurse and other helpers. Its functions, too, have grown, and include such techniques as cardiac catheterisation

and arterial flow measurement. In the not too distant future, a larger and more modern home for it may be forthcoming in the new block, where its closer and more necessary association with the department of cardiac surgery may be achieved.

Among the patients who stand out in one's memory are three. The first is Jacob Bedner, one of the first cases of auricular flutter ever treated by modern methods, to whom reference has already been made in another chronicle. The second was Francis Aylott. He suffered from prolonged attacks of auricular paroxysmal tachycardia with a high rate during which pulsus alternans appeared. He was a phlegmatic soul with a slightly unprepossessing countenance with a depressed nose, some keratitis and other stigmata. His description of the end of his attacks finished with the words, "And then I bulges up the wind".

The third was William Cuppage. He had complete heart block, and was one of the cases of that condition investigated by Ivan de Burgh Daly and myself at that time. He was a railway man with a massive frame and

an unpredictable and loud vocabulary. He happened to be in the Rahere Ward at the time when Edward VIII, as Prince of Wales, became Patron of the Hospital. Part of the induction ceremonies consisted of a tour of the wards. William Cuppage was in the state bed at the end of the ward tucked away, as Drysdale hoped, from the processional route through the ward. However, Edward, with his flair for departing from routine, made a bee line for William Cuppage, to Drysdale's consternation. "Well, sir," said the Prince, "what's the matter with you?" "Eart blockage, sir." "Oh," said the Prince, with quite good clinical sense, "I suppose you sometimes get short of breath." "No, sir, sometimes I falls dahn and faints." At this point Drysdale interposed, hoping to avert some incident of lese majesté, and addressed Edward with less than his usual clearness and equanimity as follows: "The heart, you understand, sir, is divided into two sets of chambers. Sometimes the impulse does not get through." The Prince, sensing deep waters, rapidly terminated the interview and moved on.

MANTOVANI

by P. J. WATKINS

Early this year, I applied to the B.M.S.A. for one of the clerkships which they arrange on an exchange basis in almost any of the Western European countries. Two years ago I had spent much of the summer in Italy, and had been fascinated by the country and the people. Wanting to follow up my first impressions, I applied for a place in a hospital in Rome, and was at first rather disappointed when all that could be arranged was one in Mantua. I studied the map and found that it lies about 25 miles south of Verona in the flat, hot valley of the Po. I discovered that it was to Mantua that Romeo was exiled, that "Two Gentlemen of Verona" spent some of their time in the forests near Mantua and, most important of all, that in Mantua is the house of Verdi's immortal fool—Rigoletto. I accepted this clerkship, which was for the whole of August. Busman's holiday though it may have been, I would recommend it as a most valuable

experience, for here we had at our disposal a hospital of about a thousand beds, an unlimited opportunities to examine patients unmolested by a hundred other clerks and dressers (an advantage it probably had over similar work in Rome); here, also, I had a unique opportunity not only to observe the practice of medicine in the hands of the Italians, but also to gain a greater understanding of the people, their customs and language.

First, a word about this town, older than Rome itself, lying in a key position in the plain of Lombardy, Mantua lies on the River Mincio, which expands into three lakes (or rather swamps), surrounding it on three sides and thus affording it the protection which enabled the Mantovani to resist many of their would-be conquerors. Until it became a part of the Austrian Empire in 1799, Mantua was the capital of one of Italy's many independent states, and

frequently at war with its neighbours. It is famous as the birthplace of Virgil: the trovatore Sordello about whom Browning had so much to say, was a Mantovano; and, from the 14th century, the Gonzaga family dominated its history through war and peace, through plague and prosperity. It was for the Gonzagas that one of Europe's largest palaces was built, that architects and artists of the calibre of Alberti, Mantegna and Giulio Romnano created many of their finest works. The great Isabella d'Este further enriched Mantua with fabulous works of art (by spending vast sums of money)—most of which found their way to the Louvre after a brief visit by Napoleon. Among the few great treasures which remain are the splendid tapestries after the cartoons by Raphael (which can be seen today in the Victoria and Albert Museum).

The hospital (whose foundation dates from the Renaissance) is not a teaching establishment, except for the school of Obstetrics, which comes under the direction of the University of Milan. Each department is in the care of a "Professore"—a title which does not signify a teaching status, but which is earned as a result of a certain amount of original work and, finally, success in certain examinations. The younger doctors are not so fortunate as ourselves, and it seems strange to us that for several years after qualifying, an Italian doctor may remain unpaid. The reason for this is, of course, that there is a considerable surplus of doctors, and while there are a fixed number of paid posts in each hospital, further appointments go without remuneration, which is indeed an unfortunate state of affairs for men who have undergone so many years of training.

There is no University at Mantua, and would-be medical students go to some of the ancient Universities nearby—Padua, Bologna, Milan or Pavia, to mention some of the most important. The great medical tradition at Padua established by names such as those of Vesalius and Malpighi, Linacre and Harvey, is maintained today by the medical faculty, which numbers 3,000 students out of a total of 11,000. It was here that Fabricius d'Acqua Pendente established the world's first anatomy theatre which can still be seen—a wooden, tiered circular structure, with standing space for about 200; at the centre the dissections were carried out according to the current textbooks. Bologna

continues to be one of the leading schools in the orthopaedic field and, indeed, Mantua's own orthopaedic department benefits from such leadership, and is modern and efficient. These Universities open their doors to all who qualify for entrance, provided they can pay their way, and it is this which is the only real limiting factor to the number of Italian students. Perhaps it provides one of the reasons for the very large number of doctors.

The nursing staff is not so plentiful. I was interested to see that most of the duties connected with food and linen were in the hands of Nuns whose working hours would make most of us shudder. In a country where psychological medicine is almost non-existent, I am quite certain that these devoted women bring much consolation to the many patients who are not at all happy in hospital. Otherwise there were, for the most part, male nurses for the men, which, to my mind, is not an altogether satisfactory idea; for some reason unknown to myself, young ladies do not seem to take to nursing as they do in this country.

It was amusing to be given a room in the obstetrical department (an experience, I imagine, not shared with many!); my companion was a Norwegian student from Oslo. We were welcomed by the Professore, who allowed us to visit any department which was of interest to us. We had our meals at the "Mensa" with most of the younger doctors, who were all extremely kind to us. Some days began as early as 6 a.m., so that operations could be completed before mid-day, by which time the heat was intolerable. There were usually two ward rounds each day, and many of the doctors took great pains to explain the cases to us in detail—not an easy matter when Italian and some French were usually our only means of communication. In the heat of the afternoon a siesta became a necessity; it served also to make up for shortened nights, for the Italians seem almost more active in the cool of the night—a meal at 2 a.m., while not usual, was not impossible. Attending in the operation theatre at 6 a.m. was often difficult, if not impossible!

The wards were large and airy, though somewhat overcrowded, and cases of every kind were to be found in every ward. I tried in vain to discover how much trouble occurs from cross-infection: I was assured that the sun is an excellent sterilising agent! There does not yet appear to be a prevalent

resistant organism, and penicillin and the other antibiotics are used liberally and successfully. The epidemiological picture was, however, interesting to observe. I was particularly impressed by the enormous number of jaundiced patients, the cause of which was not only the extremely common virus of infective hepatitis, but also the spirochaete of Weil's disease or Leptospirosis. This organism infests the lakes and rice-fields which surround Mantua and, indeed, I spent an anxious fortnight (the incubation period of this disease) after a swim in the lake some days after my arrival. However, treatment of the disease with penicillin seemed satisfactory, and the mortality rate seemed to be negligible. Two cases of hepatoma were of particular interest, because of their rarity.

The parasite diseases seem to have disappeared from North Italy, although it is not many years since malaria was rampant in the surrounding marshes. Common were cases of typhoid and brucellosis (or undulant fever), though sometimes the serological diagnosis appeared doubtful, and haemocultures were negative, and I began to wonder about the true incidence of these fevers. I was interested by the fact that there still seems to be a child incidence of polio, which contrasts with the young adult susceptibility now to be found in this country: perhaps this reflects the extent of the poverty which still afflicts Italy.

We were allowed a great amount of leisure, and spent most of our weekends away from Mantua. We were invited by our Professor to water-ski on Lake Garda—an unforgettable experience on one of Italy's most glorious lakes. "Aida" in the old Roman arena of Verona, watched by a crowd of 30,000, was incredible in its dramatic impact. Padua is a charming town, with its endless colonnaded streets, and while pilgrims flock in thousands to the tomb of St. Anthony, fewer visit the tomb of the great patron of medicine, St. Luke the Evangelist: how appropriate that around his tomb should have grown a city which became one of the world's leaders in the medical field. Last of all, we went to Venice: its ageless enchantment will never fade until the relentless sea will bury its crumbling walls.

By the time I left Mantua, I had come to know an enormous number of people (one of the virtues of a small community)—

bus conductors, shopkeepers and bank clerks, besides most of the hospital staff, who were always helpful and charming and of whom I retain the happiest memories. Their talents lie in different fields from those of the English, and I feel that to begin to understand another people with a different outlook and a different religion, is a necessary prelude to an understanding of Human Nature, which is surely an aim towards which every man must strive.

LETTERS TO THE EDITOR

Dear Sir,

Your editorial of September has shamed me into writing to you.

First of all may I congratulate you and your immediate predecessors on the standard achieved. In my opinion the Journal has made a marked improvement over the last few years and is now a finished and interesting publication both from a general and medical point of view.

After 22 years of Otorhinolaryngological practice in Sydney, I transferred over here in 1950.

New Zealand was the first country in the British Commonwealth to establish a form of National Health and I do not propose to go into details over it. There was a recent article which gave the outlines of it in your journal. As with other similar systems there are serious weaknesses, but it appears to work better than the present one in England, I speak only on hearsay.

I liked the photo of "Freddie" Capps in the September issue, receiving the "Pennsylvania award". I have a vivid recollection of his amusing company on a trip to the International Congress in 1928 to Copenhagen.

In the December '57 issue were letters of disagreement between Malcolm Donaldson and a Dr. Gluckman of South Africa. This proved that the former has not lost his "punch". I remember him well as a most energetic and stimulating teacher.

I note that Geoffrey Bourne is having a farewell dinner on his retirement from the staff and Rupert Corbett's article on Charles Gordon Watson whose resident I was for a year. Rupert was then his Clinical assistant and a very able one.

I have not come across any other Bart's men in this country though I am sure there are some.

Yours faithfully,

R. H. BETTINGTON.

P.O. Box 61,
Napier.

The Editor,
St. Bartholomew's Hospital Journal.
Sir,

A. B. Anderson's article, in your November number, on past Teachers of Chemistry at the

Hospital and, in particular, the references to Edward Frankland and to Matthiessen, recall the share that another famous Chemist, my father, Professor Henry Edward Armstrong, Ph.D., L.L.D., F.R.S., took in the teaching of Chemistry at Bart's. I quote from his recently published Biography by J. Vargas Eyre (Ref. HENRY EDWARD ARMSTRONG 1848-1937. J. Vargas Eyre. Butterworth. Pp. 54 and 61.)

"With his strong inclination towards physiology, it is not surprising that Henry Armstrong turned in the first instance to the hospitals as a possible place for his employment: indeed, these institutions in England were among the few giving instruction in chemistry. In this move one may well imagine that Frankland helped in securing an appointment to St. Bartholomew's Hospital soon after Henry's return to England. For although much ahead of his years, being only twenty-two at the time, he was considered young for dealing with undergraduate medical students. He was appointed to the Medical School under Dr. Matthiessen in 1870 and was in charge of the special classes in chemistry for students taking *Preliminary Science* and those proceeding to the *London University First M.B.* examinations. Between times, Armstrong and Matthiessen worked on the chemistry of alkaloids, having jointly settled upon an ambitious plan in investigation. Matthiessen, an overwhelming personality, died suddenly, at his own hands, in October of the same year. Referring to this occurrence later, Armstrong said, 'I should not easily have escaped his mastery; instead, through his death, I achieved independence'. Armstrong continued to teach chemistry at 'Bart's' for the next twelve years, gaining knowledge of medical students, ways of teaching and of the influence of the London University system... There was little scope at 'Bart's': all he had to do was to cram facts into his pupils in accordance with a carefully-drawn syllabus, and teach them the rudiments of chemical analysis according to a set plan. It was just a matter of getting them through the London University examination, not one of giving instruction in the principles of chemistry. All the same, he liked going to 'Bart's', where he had made many friends among the younger men in the medical profession. Many years later, when his third son Richard became a student at his old hospital, he experienced great satisfaction and pleasure."

My eldest brother, himself a distinguished chemist both in the industrial and scientific fields, was named after Edward Frankland. My own entry to Bart's was altogether fortuitous and not without an element of romance. Coming down from Trinity College, Cambridge, in the Autumn of 1907, I was completely at a loss what next to do, nor had I any guidance in the matter. To gain an Entrance Scholarship at a hospital was a matter of financial urgency and I sat for the examination in Anatomy and Physiology of the first hospital on the calendar, St. Bartholomew's. I shall always recall the Anatomy Viva at the hands of Addison and Waring, their distinguished appearance and their kindness. I was fortunate in being awarded the Schuter Scholarship.

Never before nor afterwards did I see my father

so delighted as when I gave him the news that evening, for I had said nothing of my intentions. Then and there he told me, for the first time, something of his early experiences at Bart's and of his contemporaries, many of whom, Lauder Brunton, Norman Moore, Samuel West, D'Arcy Power, I came to know.

Thus I was happy in making some return to my father for his generosity in sending me to Cambridge.

Yours faithfully,

RICHARD R. ARMSTRONG.

Blackheath, London, S.E.3.

Dear Sir,

In the issue of your Journal for August 1958, is an article entitled "The Health Services of Victoria, Australia", by A. Dobbin. This article is interesting and presents a fair picture but contains a number of errors which I cannot let pass. These are under the heading "Research" on page 218. The statement "There is not much research activity in Victoria" would probably raise some eyebrows in Melbourne and is certainly an understatement. However, that could be a matter of opinion. It is in the list of medical journals that errors of fact appear. *The Australian and New Zealand Journal of Surgery* is published by the Royal Australasian College of Surgeons, not the Royal Australian College of Surgeons. *The Australasian Annals of Medicine* is published by the Royal Australasian College of Physicians, not the Royal Australian College of Physicians. *The Australian Medical Journal* ceased publication in 1914, but even then was not published by the Australian Medical Association. There is not, and never has been, an Australian Medical Association. The journal which all the members of the British Medical Association in Australia receive by virtue of their membership is *The Medical Journal of Australia*. This is published weekly by the Australasian Medical Publishing Company Ltd., a non-profit making publishing company which is owned by the several branches of the British Medical Association in Australia. The fifth journal listed is the *Australian Journal of Experimental Biology and Medical Science*, not the *Australasian Journal of Experimental Biology and Medical Science*.

I hope that you will not think me pedantic for these corrections, but such errors of fact should not be allowed to occur without protest.

Yours very truly,

RONALD R. WINTON,
Editor.

The Medical Journal of Australia,
Seamer and Arundel Streets,
Glebe, Sydney.

Sir,

The delightful reminiscences of Dr. Geoffrey Bourne in the last Bart's Journal have prompted me to relate some of my own.

I am a South African. My first three years I did in Cambridge and went to St. Bart's in 1907, where I stayed till 1911 when I returned home. I am now

one of the oldest doctors still in active practice in the Union.

Most of the men Dr. Bourne mentions were there in my time. I dressed for Mr. C. B. Lockwood and Mr. L. B. Rawling and clerked for Dr. Herringham and his junior Dr. Drysdale (Dropsy).

It was necessary for the students to attend a certain number of lectures. The lecture attendant kept a register, and he was not averse (for a consideration) to make entries of absent students. These lectures were not always exciting, though interesting and instructive. I remember a lecture on Typhoid Fever by Dr. Norman Moore, the senior physician of the Hospital. When he discussed the diagnosis he began thus: "Gentlemen, with a sufficient want of intelligence any one disease may be mistaken for any other". The fear of haemorrhage and the greater fear of perforation of an intestinal ulcer with a very high mortality made him prescribe a most rigorous diet namely whey only—a diet which no doctor would advocate today. The word *whey* he pronounced with an unusual accentuation of the *h*, almost like *gewy* with a guttural *g* like *ch* in the Scottish *work loch*. By the way, he always used the old-fashioned wooden monaural stethoscope. Once he brought the famous Dr. James Mackenzie round, who demonstrated his polygraph on patients with severe heart disease. The electric cardiograph was then unknown. But the star lecturer was undoubtedly the surgeon Mr. Harrison Cripps, the uncle I believe of the far better known Sir Stafford Cripps of later days. He was an Irishman full of humour, and he wore a long black beard, which—so the story went—once got into the abdominal wound as he stooped to peer into the coeliac cavity. He was very partial to diseases of the rectum and anal canal, and "specialised" in this subject. No wonder the quip went round that in the colon one finds Lieberkühn's crypts and in the rectum Harrison Cripps! The story is told that Lord X came to his consulting room and mentioned some anal or rectal trouble. He did not recognise his illustrious patient and said rather brusquely, "All right, all right; slip down your trousers". But as he saw the anus he immediately said, "I beg your pardon, my Lord; I did not recognise you". By their perineal areas ye shall know them!

I can still see him on the platform with a six-foot long pointer demonstrating how to pass a catheter sliding it through his one hand and tilting it as the catheter reached the prostatic area. The other lecture can never be forgotten: foreign bodies in the rectum. I think it was on this occasion that he opened his lecture by saying: "Gentlemen, just before I came in a student asked me to lecture on Gonorrhoea, but I told him to go and consult one of the junior surgeons". On the table he had half a dozen or more specimens from Bart's museum, which in the course of years had been removed from patients. Almost with each exhibit he related a dramatic, but undoubtedly purely fictitious story. There was a porcelain jar of the well-known Liebig's Extract—a cylinder about two inches in diameter and three inches long. How it got into the man's rectum is a mystery, but Mr. Cripps's version was this. The patient had noticed that fishermen put wet earth into jars overnight to attract earthworms,

which were then used as bait. As he was suffering from worms a bright idea struck him. He filled the Liebig's jar with wet earth and somehow shoved it up his rectum to trap the worms! But he found his way to the operation table instead. Cripps could not remove it until after a laparotomy he pushed down while his assistant pulled through the anus. Unfortunately the patient died later with worms and all.

Then there was the pear-shaped smooth stone, also with a very large base two to three inches in diameter. This man, according to the lecturer, had itching piles and he relieved this condition by rubbing and pushing the stone against his anus. Gradually the anal sphincter dilated as he sat on the stone at times, till one day the stone slipped through into the rectum. He left the Hospital but the stone remained behind as a novel neolithic advertisement for the cure or amelioration of pruritus ani.

Next Mr. Cripps showed a penny which had been swallowed by a boy, and had been removed by his house surgeon from the anal canal. As Bart's was then a free hospital for all Cripps dryly remarked: "Gentlemen, it took me a long time to persuade the Governors of the Hospital to exonerate my house surgeon for having extracted a fee from a patient".

Mr. L. B. Rawling's "Landmarks and Surface Markings" has been a good companion to me throughout the years. I remember his anger one day when he opened a woman with a distended abdomen. He had not seen the patient, but relied on the diagnosis of an abdominal tumour, probably an ovarian cyst, by his house surgeon. This gentleman had obviously not examined the patient with sufficient care and skill, and had been taken in by her story of amenorrhoea for over twelve months. Imagine Jumpy's consternation and anger when the tumour turned out to be a physiological one—a full term pregnancy! That evening the woman was delivered of a baby.

Well, these remarks will suffice for the day. I may add some more later on. Those were good days at old Bart's.

Yours faithfully,

J. VAN SCHALKWIJK.

Somersetstrat 42,
Graff Reinet,
Union of South Africa.

HOCKEY CLUB BALL

Whatever your age, wherever you are, don't forget the most important date in the Social Calendar, Friday, February 13th. Again to be held this year at College Hall. Only a few tickets left!

THE FOURTH INTERNATIONAL CONGRESS OF BIOCHEMISTRY

by J. C. CRAWHALL and R. W. E. WATTS

The Fourth International Congress of Biochemistry which met this year in Vienna covered most branches of the subject, and the purpose of this report is to bring to the notice of readers of the Journal some aspects of the scientific work of the Congress which we feel may be of general interest. It should be understood that the choice is an essentially personal one, for we have selected topics only from among the Symposia and Communications which we attended, and as the scientific business of the Congress was divided into eighteen sections which met simultaneously each morning and into twelve sections which met simultaneously in the afternoons, adequate coverage, in the journalistic sense, is beyond our capabilities.

The opening session of the Congress included a lecture by E. Chargaff entitled "First steps towards a chemistry of heredity". Although we are far from being able to correlate chemical or physicochemical differences with heredity in even the simplest biological systems, it appears that the sequence of different nucleotide units within the nucleoside macromolecule may be the structural factor upon which the transmission of inherited characters by the cell depends. Later in the Congress, V. M. Ingram discussed the genetic control of protein structure with particular reference to haemoglobin a number of electrophoretically characteristic variants of which are known. It has been shown that the differences between the different haemoglobins are small in terms of the chemical structure of the whole molecule, although the differences in their biological behaviour may be great. For example, the only difference between normal haemoglobin (haemoglobin A) and sickle-cell haemoglobin (haemoglobin S) is that two valine residues occupy sites in the globin part of haemoglobin S which are occupied by glutamic acid residues in haemoglobin A. But, it is from this small change that all the manifestations of sickle-cell anaemia arise. Similar small differences exist between the other haemoglobins, fortunately the effects are not always

so serious. Combined researches by chemists and geneticists on these haemoglobin variants has shown that it is possible to relate changes in this protein with mutations in a gene and this, to quote Ingram "gives us greater confidence in the hypothesis that there is a direct correspondence between the structure of a gene and the structure of a polypeptide chain".

Until recently, little has been known concerning the precise mode of action of enzymes in which there is no prosthetic group to function as an active centre. Recent work reported by Edman and by Elliott indicates that the hydroxy-amino acid residues and the polypeptide configuration immediately around them may sometimes be of particular importance in this connection. B. L. Vallee discussed certain aspects of the chemistry of metalloenzymes with particular reference to yeast and liver alcohol dehydrogenases which are both zinc-proteins. He emphasised the importance of distinguishing between *intrinsic* zinc (4 atoms per molecule in the case of yeast alcohol dehydrogenase) which forms an essential part of the enzyme molecule and *extrinsic* zinc which may become bound to the protein molecule but which can be removed without depriving the enzyme of its biological activity. As in the case of the better-known zinc-enzyme carbonic anhydrase, we are still ignorant of the chemical nature of the groups to which the intrinsic zinc is bound or of the chemical configuration about the zinc atoms. Such information could be of great value in understanding precisely how these enzymes work. The isolation of a cadmium-protein from kidney cortex was also announced by Vallee and it may be that this metal will also prove to function as an enzyme prosthetic group.

R. G. Westall discussed argininosuccinic-aciduria, a newly identified metabolic error which occurs in the human subject and appears to be associated with mental defect. In these cases, argininosuccinic acid can be identified chromatographically in the blood, cerebrospinal fluid and urine, and can be

isolated in large amounts from the latter source. It is never normally present, and the observation that it accumulates possibly due to a genetically determined block in some normal metabolic sequence may well be of more fundamental importance than the addition of yet another "rare syndrome" to the text-books. J. F. Seegmiller and his colleagues who had studied the incorporation of ^{13}C -labelled 4-amino-5-carboxamide (a normal intermediate in uric acid biosynthesis) into the urinary uric acid in normal and gouty subjects, and the effect of feeding this compound on the incorporation of [^{15}N] glycine into the urinary uric acid, concluded that the fundamental defect in at least some gouty patients is a failure of the mechanism which regulates endogenous uric acid synthesis. Apart from these two papers and the work reported from the Medical Unit of this Hospital on the metabolic lesion in primary hyperoxaluria disappointingly little attention was paid to the Inborn Metabolic Errors which occur in man.

New work on the biosynthesis of vitamin B_{12} was reported by D. Shemin and his colleagues, it appears that δ -aminolaevulinic acid (formed by the condensation of succinate and glycine under the influence of coenzyme A) which is a key intermediate in the synthesis of the pyrrole rings of the porphyrin moiety of haemoglobin is similarly concerned in the synthesis of the porphyrin-like part of the vitamin B_{12} molecule. This subject was reviewed later in greater detail by Kon and Pawekiewicz.

B. E. Wright discussed the coenzyme functions of pteroylglutamic (folic) acid, and H. R. V. Arnstein reviewed the apparently diverse biochemical functions (labile methyl group synthesis, nucleic acid synthesis, protein synthesis and the activation of certain sulphhydryl group-containing enzymes) which have been attributed to cyanocobalamin (vitamin B_{12}) on the basis of microbiological studies, dietetic and other types of investigation on whole animals, and enzymological studies performed on the tissues of cyanocobalamin-deficient animals. Both folic acid and vitamin B_{12} are concerned with the metabolism of one-carbon units (formyl, hydroxymethyl and formamino residues). Thus, folic acid is concerned with the transfer of these units either at the oxidation level of formaldehyde as in the serine-glycine interconversion and in thymine biosynthesis, or at the level of formate as in purine biosyn-

thesis and histidine catabolism; it is also concerned with their interconversion and reduction to methyl groups. Arnstein pointed out that the chemical structure of vitamin B_{12} is suggestive of an electron-transporting system so that this vitamin may be responsible for the oxidation-reduction of the intermediate compound formed by folic acid and the one-carbon unit, i.e. it ensures that the one-carbon unit which is transported by folic acid is available at the appropriate oxidation level (e.g. formaldehyde or formate) for the particular reaction sequence which it is to follow. Thus the close association between folic acid and vitamin B_{12} which is apparent at the clinical level has its counterpart in terms of cellular biochemistry.

W. E. Knox discussed the possible functions of vitamin C; despite our considerable knowledge concerning the overall effects of vitamin C deficiency and the obvious reducing properties of the vitamin, its precise coenzyme-role, if any, remains unknown. Even the action of ascorbic acid in *p*-hydroxyphenyl pyruvate oxidation does not appear to be a classical type of coenzyme effect. However, a protein fraction containing bound ascorbic acid has recently been isolated from liver tissue and further studies along these lines may prove rewarding. Vitamin C biosynthesis was reviewed by L. W. Mapson, who pointed out that the species (the guinea pig and the primates) which do not biosynthesise vitamin C lack only the enzymes necessary for the final step in the reaction sequence, namely the dehydrogenation of the saturated lactone precursor to the unsaturated lactone ascorbic acid.

G. Pincus opened the series of symposia on steroid biochemistry with a review of adrenocortical steroid biochemistry. The adrenocortical steroids are built up ultimately from units containing two carbon atoms ("acetate"), which join together to form cholesterol this is converted first to Δ -5-pregnenolone and then to progesterone which gives rise to all the five steroids which are normally produced by the adrenal cortex. The stages between acetate and cholesterol were not discussed by Dr. Pincus but other workers have shown that mevalonic acid (3-hydroxy-3-methyl-pentanoic acid) and squalene (an unsaturated hydrocarbon $\text{C}_{30}\text{H}_{50}$) are intermediates here. It was suggested that there may be an alternative pathway for progesterone synthesis which does not involve cholesterol. The adrenocorticotropic hormone increases the

output of all the adrenocortical steroids except aldosterone, it has been suggested that this hormone acts by controlling the rate of conversion of cholesterol to progesterone, if this is so we must assume that a stage in aldosterone production beyond progesterone is rate-limiting. T. F. Gallagher began his account of some studies on adrenocortical hyperfunction in man by emphasising the large number of normal adrenal-hormone metabolites and the magnitude of the analytical problems involved in their separation. For example, following the administration of a physiological dose of [^{14}C] hydrocortisone to a normal subject at least fifteen ^{14}C -containing degradation products can be isolated from the urine. The steroid excretion pattern in cases of adrenocortical carcinoma is very variable as is the sensitivity of the tumour to adrenocorticotrophic hormone. Examples of Cushing's syndrome characteristically have a high output of hydrocortisone metabolites and a normal production of adrenal androgen (androsterone and aetiocholanolone) metabolites, the hypersecretion of hydrocortisone in the cases studied did not appear to constitute the full secretory capacity of the glands as judged by the effect of exogenous adrenocorticotrophic hormone. A series of cases of idiopathic hirsutism showed increased excretion of adrenal androgen metabolites, but only a slight rise in the metabolites of hydrocortisone; exogenous adrenocorticotrophic hormone and exogenous hydrocortisone increased and decreased the abnormal steroid excretion respectively. Patients with proven polycystic ovaries (Stein-Leventhal syndrome) did not appear to differ from the other members of this group as regards their steroid excretion patterns. The biochemical lesion in congenital adrenal hyperplasia appears to be a failure to complete the biosynthesis of hydrocortisone. The deficient supply of this hormone stimulates the output of adrenocorticotrophic hormone and more adrenal steroids, some of which are androgenic, are produced. A study of the urinary metabolites of (^{14}C) hydrocortisone in this disease has confirmed that hydrocortisone-degradation is essentially normal.

Although the formal meetings of the Congress were of great value and provided biochemical fare to suit all palates, it may be that the permanent value of such gatherings lies in the opportunity which they provide for informal discussion between investigators with common interests but different back-

grounds and different ways of approaching their problems.

The authors are pleased to acknowledge their indebtedness to the Medical College of St. Bartholomew's Hospital for the financial support which enabled them to participate in the Congress.

RECENT PAPERS BY BART'S MEN

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

EXAMINATION SUCCESSES

UNIVERSITY OF LONDON

Final M.B., B.S. Examination, October, 1958

Pass

Bannerman-Lloyd, F.
Davies, D. J. C.
Mann, P. E.
O'Keeffe, C. J. M.
Price, D. J.
Simpson, R. I. D.

Cawley, M. I. D.
Fenn, P. J.
Marston, M. S.
Phillips, R. M.
Richards, H. M.
Waters, W. E.

Cocker, W. J. B.
Laurent, J. M.
Necly, J. A. C.
Pilkington, R.
Seeman, H. M. I.

Supplementary Pass List

Part I

Birt, A. M.
Davies, D. G.
Owens, J.
Tyrrell, M. J.
Woolmore, M. J. F.

Brookes, B. M.
Hayle, T. H.
Sime, M. O.
Warrander, A.
Wright, D. S.

Collier, B. R.
Johnson, T. O.
Stubbings, R.
Wills, G. T.

Part II

Part III

Brown, E. M.

Part IV

Brown, E. M.

Gould, A. M.

ROYAL COLLEGE OF SURGEONS

The following candidates were successful in the recent Primary Fellowship Examination conducted by the Royal College of Surgeons of England in November, 1958:

Crosfill, M. L.
Small, G. I.

Rothwell-Jackson, R. L.
Warlow, P. F. M.

Salmon, J. D.

D.Obst. R.C.O.G.
Kielty, M. G.

Forthcoming Lecture

The Frederic Hewitt Lecture will be delivered on March 18th at the Royal College of Surgeons by DR. C. LANGTON HEWER.

Forthcoming Honour

University of Leeds. On May 14th the honorary degree of D.Sc. will be conferred on SIR RUDOLF PETERS.

SPORTS NEWS

RUGBY FOOTBALL

Bart's v. K.C.S. O.B. Saturday, Nov. 22nd, at Richmond Park. Won 6—3.

During the Christmas period, the pre-clinical holidays have in the past weakened the 1st XV but unfortunately this year injuries have taken a greater toll of our resources.

Against a very keen and fit K.C.S. team, Bart's were forced to fight hard to notch a victory. Soon after the game started, Britz aggravated a previous shoulder injury and had to move from fly-half to wing. From then on the back line had a disjointed look and this was never really overcome.

The score was opened by a penalty from J. H. Pennington, making the half-time score 3—0 to Bart's.

K.C.S. replied with a try after an orthodox passing movement. Bart's suddenly woke up and from a line out on the 10 yard line D. A. Richards broke clear and the forwards inter-passed delightfully, taking play up to the 25. The ball was quickly passed out to the threes and J. Stevens ran outside his wing to score a great try. The final score was 6—3 in Bart's favour.

Team: D. Gau; I. R. Smith, A. T. Letchworth, J. Stevens, G. J. Halls; M. Britz, A. P. Ross; B. O. Thomas, J. W. Hamilton (Capt.), B. Lofts; J. H. Pennington, W. P. Boladz; R. P. Davies, D. A. Richards, J. C. Mackenzie.

Bart's v. Stroud. Saturday, November 29th. Lost 6—9.

The game was played under depressing conditions with heavy mud underfoot and driving rain.

Honours were even for most of the first half with both packs dominating the play. Stroud were well held until R. R. Davies received a back injury and had to retire. Immediately Stroud scored an unconverted try and led 3—0 at half time.

After the interval R. Davies returned and soon initiated the break that resulted in Bart's equalising, but the heavier Stroud forwards were driving the Hospital to the defensive and scored a further try and penalty goal.

John Stevens kicked a penalty goal to reduce the arrears.

Team: D. Owen; N. Durbridge, M. Britz, J. Stevens, G. J. Halls; R. R. Davies, A. P. Ross; B. O. Thomas, J. W. Hamilton (Capt.), B. Lofts; D. A. Richards, M. Harries; J. C. Mackenzie, R. P. Davies, G. Randle.

Bart's v. Esher. Saturday, December 6th. Lost 0—19.

This was played on the day after the rugger ball so perhaps this is some excuse for the magnitude of the defeat that Bart's suffered at the hands of Esher.

A very fine Esher side with a strong vigorous pack led ably by Downey the former Cambridge captain proved to be too strong for Bart's.

The Esher fly half made break after break setting

his fast back line into action which made numerous successful sorties on the Hospital line.

Team: D. Owen; R. M. Phillips, J. Stevens, M. Britz, G. J. Halls; R. Bonner Morgan, W. H. C. Berry; B. O. Thomas, J. W. Hamilton (Capt.), B. Lofts; M. Harries, W. P. Boladz; P. D. Moynagh, D. A. Richards, G. H. Randle.

Saracens v. Bart's. Saturday, December 13th. Won 0—3.

Bart's repeated their performance of last season in beating the Saracens at Southgate by a penalty goal kicked by J. H. Pennington in the second half of the game.

It was obvious from the start that the heavy muddy conditions were going to lead to a close forward game. The strong Saracens pack although doing well in the tight scrums were unable to match the jumping of Boladz and the close binding of the front row in the lineouts.

The Saracens halves were unable to control the slippery ball as well as the Bart's pair and as a result were frequently caught in possession by the Bart's back row.

Both packs were very quickly round the loose ball and in the second half Randle and Richards made some well controlled front rushes down the touchline.

The Bart's penalty came half way through the second half when a Saracens forward had failed to release the ball after a tackle and the score remained at 3—0 at the close.

Of the backs Britz and Richards combined well and the wings, Halls and Smith, made good runs. **Team:** A. P. Ross; I. R. Smith, A. T. Letchworth, J. Stevens, G. J. Halls; M. Britz, B. Richards; B. O. Thomas, J. W. Hamilton, B. Lofts; J. H. Pennington, W. P. Boladz; R. P. Davies, D. A. Richards, G. H. Randle.



WOMEN'S HOCKEY

Bart's v. Wimbledon 2nd XI. Saturday, November 29th. Home. Won 8—1.

Wimbledon played this match one short all the time and although Bart's played well they were never very hard pressed. S. Cotton tackled well in defence, J. Hall passed well to the forwards and J. Arnold played particularly well on the right wing. Once the defence found themselves right out of position and the Wimbledon forwards took advantage of this and scored. Otherwise our forwards had most of the ball and scored 8 goals by the end. **Team:** I. Tomkins; B. Barnard, S. Cotton; M. Childe, J. Hall, E. Knight; J. Arnold, J. Hartley, S. James, S. S. Minns, J. Swallow.

Goals: S. Minns (3), J. Arnold, S. James, J. Hartley (3).

Bart's v. K.C.H. Saturday, November 8th. Home. Won 10—2. U.H. Cup Match.

Bart's played well from the start, and it was the first time this season that we really played well

together. We pressed hard and the forwards had most of the play. The halves backed up well and the backs cleared well when necessary. By half time the score was 5—0. After half time K.C.H. pressed for a while and with large gaps in our defence broke through and scored twice. Our forwards then took command of the game and working well together made the score 10—2 by the end.

Team: I. Tomkins; J. Tufft, T. Coates; M. Childe, E. Knight, S. Cotton; J. Arnold, J. Hartley, S. Minns, J. Chambers, J. Swallow.

Bart's v. London School of Economics. Saturday, November 15th. Away. Won 17—0. (1st round University tournament.)
Just made it!

Team: I. Tompkins; J. Tufft, T. Coates; M. Childe, J. Hall, E. Knight; J. Arnold, J. Hartley, S. Minns, J. Chambers, J. Swallow.

Goals: S. Minns (2), J. Swallow, J. Arnold, J. Chambers and J. Hartley (13 between them).

Bart's v. Lensbury 1st XI. Saturday, November 22nd. Home. Won 5—3.

A fast, hard match in which everyone played well. The forwards pressed hard in the circle and made the most of their opportunities. Occasionally the defence, because they were not marking or covering well enough, found the Lensbury forwards breaking right through and scoring. The result was uncertain right to the end and Bart's did very well to win 5—3.

Team: I. Tomkins (capt.); J. Tufft, T. Coates; J. Hall, B. Barnard, E. Knight; S. Cotton, J. Hartley, S. James, S. Minns, J. Swallow.

Bart's v. University College. Wednesday, November 26th. Away. Won 4—3.

This match was played in very poor light with a continual drizzle but despite this proved to be a very good game in which all the team played very well. After a very early goal by U.C. Bart's settled down and with the forwards working well together we scored. S. Minns then took the ball down himself breaking three defence and scored again. The game became very open for a while—and as fast as the pitch would allow. Just before half time J. Swallow ran down the wing, shot hard from the edge of the circle, the goalie got a foot to it, but another forward managed to push it in. After half time U.C. had most of the ball and the defence, I. Tomkins particularly, played very well to keep the score at 3—3. Just before the final whistle Bart's scored again to make the score 4—3.

Team: I. Tomkins (capt.); S. Cotton, T. Coates; M. Childe, J. Hall, E. Knight; M. Robertson, J. Hartley, A. Sinclair, S. Minns, J. Swallow.
Goals: S. Minns (2), J. Hartley (2).



BRIDGE

One of the most fascinating aspects of the game of Bridge is that there is always a possibility that the Goddess of the Cards is about to drop a plum

into your pocket. The story of such a plum was described in the December *Journal*, but they do not always occur in Slam Contracts. It will be a long time before South forgets the following hand which occurred in a hard fought rubber, both sides vulnerable and penalties piled high above the line.

		S. J x x			
		H. 8 x x			
		D. 8 x x			
		C. K J 10 x			
		North			
S. Q x x	West	East	S. 10 x x		
H. x x x			H. A Q 10 x x		
D. K Q x			D. A 10		
C. x x x x			C. Q x x		
		South			
		S. A K x x			
		H. K J			
		D. J 9 x x x			
		C. A x		Dealer South	

South	West	North	East
1D		—	1H
1NT	Double	All pass	

The only comment to be made on the bidding is that made by East at the end of the hand. He told his partner that if West doubles he must lead a Heart but if he is going to lead a Spade he must not double.

However, West doubled and led a small Spade, and South inspected dummy gloomily. In spite of the happy opening lead, Hearts were sadly frail, but declarer brightened when the Jack of Spades held the first trick. He played a small Club to the Ace and a small Diamond from his own hand. This gave West a chance to commit his third error and hop up with the Queen, dropping his partner's Ten. After some thought West now played another small Spade which declarer won gratefully with the Ace, and played a low Diamond. Convinced that declarer was up to some dirty work West went up with the King and East collected the trick with the Ace and led the Ten of Spades to what he felt was partner's five card suit.

South took the King and crossed to the Eight of Diamonds to lead a small Heart, going up with the King when East played small, and then cashed his two Diamond winners.

This was the end-game.

		S. —			
		H. —			
		D. —			
		C. K J 10			
		North			
Immaterial		East	S. —		
			H. A		
			D. —		
			C. Q x		
		South			
		S. x			
		H. J			
		D. —			
		C. x			

When declarer led the thirteenth Spade East was caught in an automatic Heart—Diamond Squeeze, and One No-Trump was therefore made with four doubled overtricks.

South said nothing. West said nothing. North inquired whether he should have redoubled. East spoke at length. It was a happy moment.

G.F.A.

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BOOK REVIEWS

MUIR'S TEXTBOOK OF PATHOLOGY revised by D. F. Cappell. Seventh Edition. Published by Edward Arnold, 1958. Price 70/-.

Seven years have passed since Professor Cappell undertook the last revision of this well-known textbook, and the considerable expansion of pathological knowledge during this time is reflected in the increased size of the present edition, now brought up to date by the same author. Inevitably, the cost of the book has risen substantially—and disproportionately to the increase in size, though it is only fair to state that there has been a desirable improvement in the quality of the paper used.

The general arrangement remains the same and, for the most part, the new information has been grafted on to the previous text, though some parts of the book, for example, the chapter on endocrine glands, have been largely rewritten. A number of improvements might be mentioned. In chapters 6 and 7 the unsatisfactory classification of tumours into "histiomata" and "cytomata" has been dropped, and the first of these chapters (a very long one) is devoted to tumour behaviour and morphology, whilst the second is concerned with aetiology.

The illustrations, an important part of any pathology textbook for undergraduates, are mainly clear and well chosen, but still some of the very low-power photomicrographs suffer from lack of definition, and a higher magnification might at times have been used with advantage.

The revision of an old textbook covering such a wide field presents great difficulties if a balanced presentation of the subject is to be achieved, and almost inevitably some subjects will not get the attention they deserve. Thus, while bacterial infection is adequately covered in the introductory chapters, the general characteristics of virus infections, including such important concepts as cytotropism, receive no mention. On the whole, however, it may be stated that the revision has been successful in bringing the book up to date, whilst retaining the good qualities of earlier editions, and there is little doubt that "Muir" will continue to be deservedly popular as a standard undergraduate textbook.

PRACTICAL BIOLOGY for Advanced Level, Medical and Intermediate Students. Volume II. Practical Botany. By C. J. Wallis. Fourth edition. London, William Heinemann. 1958. Pp. x, 173. 17/6.

Previously published in one volume this popular textbook is now divided into two volumes, the other being devoted to *Practical Zoology*. It is an

adequate laboratory manual for use in preparation for many examinations, including pre-medical.

The book is well-produced, and the judicious use of heavy type, and suitable illustrations render this an adequate text for the purpose intended.

LECTURE NOTES ON MIDWIFERY. By T. F. Redman, F.R.C.S., M.R.C.O.G. Pp. 220. 12/6

This book consists of the author's notes for a course of lectures to pupil midwives. These notes are published for the benefit of busy consultant obstetricians who want a ready-made lecture summary, and as a source of tabulated knowledge for pupil midwives or medical students. The material makes it clear that Mr. Redman is a very thorough and systematic lecturer using the amount of dogma appropriate to that method of teaching. Whether such bare notes of a lecturer, however thorough, warrant publishing or justify the claims of usefulness set out in the preface is doubtful. There is no halfway house between a good lecture and a good textbook; the methods are complementary. However, for those who want to board the subject at a whistle-stop this notebook might be very useful.

E. A. J. ALMENT.

A HANDBOOK OF OBSTETRICS AND GYNAECOLOGY FOR NURSES. By Douglas G. Wilson Clync. Publishers: John Wright & Sons Ltd.

The author indicates in his preface that his book is written for the examination candidate, and that his condensed style and tabulation have been adopted with this purpose in mind. He has covered the General Nursing Council's syllabus with great thoroughness, and his handbook is full of accurate information succinctly expressed.

The viewpoint, naturally, is that of the doctor rather than the nurse; for instance, the account of pre-eclamptic toxæmia begins with a description of the post-mortem findings. It would also be helpful to give the approved names for such drugs as "moryl" and "medinal" which are unknown in hospitals supplied by other drug houses.

It is very disappointing to read directions for nursing techniques such as catheterization, douching and post-natal perineal toilet, that begin, "The nurse scrubs up for the regulation 10 minutes". There is no such regulation, and if there were it would not be kept. No nurse performing the perineal toilet for a ward of lying-in patients has ever scrubbed her hands for 10 minutes before attending to each. Non-touch techniques with forceps can be used for all the procedures mentioned, and these are efficient, aesthetic, and capable of being performed with speed and attention to detail even under the pressure from time felt in all nursing duties. It is important that methods required by surgeons of nurses should be demonstrably the best in practice, and then they will be meticulously performed.

W. E. HECTOR.

VISCOUNT ADDISON: LEADER OF THE LORDS. R. J. Minney. 256 pp., illus. Odhams Press. (1958). 25/-

The political career of Viscount Addison was remarkable by any standards, and has particular significance to this Hospital on account of his early associations both as student and lecturer. No other medical man, having achieved distinction in his own field, has forsaken it to achieve so many honours, including those of Viscount, Knight of the Garter, and Leader of the House of Lords.

Viscount Addison of Stallingborough (1869-1951) died at the age of 82, and few Bart's men will have recognised him as one of them. He qualified here in 1891, proceeding to M.D. in 1893, and the Fellowship of the Royal College of Surgeons two years later. Christopher Addison taught anatomy at Sheffield and Charing Cross, and was Lecturer on Anatomy at Bart's from 1907-1913, but had entered politics in 1910. He edited the twelfth edition of Ellis's *Demonstrations of anatomy*, 1905, and was the author of several papers in the *Journal of Anatomy* which were reprinted in book form as *On the topographical anatomy of the abdominal viscera in man*, 1901. He is remembered eponymously in anatomical terminology by "Addison's transpyloric plane".

This biography is mainly concerned with Viscount Addison's political career, to which his life was mainly devoted, and is based upon his private papers, with the co-operation of many distinguished persons who were associated with his work. The reviewer likes a biography to commence with the birth of its subject and to proceed chronologically. This one begins in 1937, reaches 1951 on page 96, and Christopher Addison is born on page 99! This journalistic touch makes it difficult to visualise the development of the individual, and to maintain events in their correct perspective.

One cannot resist speculating upon the ultimate results had Christopher Addison remained an anatomist or surgeon. A brilliant career without doubt, and the highest honours in the profession as a matter of course. But he chose politics and despite several setbacks achieved a unique distinction for a medical man. He even served as Minister of Health!

The book is well illustrated and produced, but the index is amateurish.

J.L.T.

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Jeffcoate, M.D., F.R.C.S., F.R.C.O.G. Pp. 669.
436 figs. 75/-

It is rare indeed for the author of an entirely new textbook not only to cover his subject meticulously but also to imbue it fearlessly and unequivocally with the sense that his subject embraces also his whole philosophy. Professor Jeffcoate is a great teacher in the tradition of Blair-Bell and a great clinician. From his tremendous experience he has drawn the very personal material which makes this such a valuable book.

Although a work of this size is likely to appeal primarily to the gynaecologist or general practitioner with a special interest in this field there is certainly nothing in the text that would deter, or even fail to absorb and fascinate, the student who chanced upon such luxury. There is no discrimination here, apart from the inevitable high cost of such a book, against any class of reader. The illustrations are excellent, with an unusually high proportion of photographs of the live subject, and photomicrographs of well-chosen sections as well as clear X-ray reproductions.

For the practising gynaecologist this book is unique in yet another respect: it is a true companion, not deserting him even in the rare and difficult encounter; it is ready always with the principles not only of the science but the humanism which is the other half of art. Professor Jeffcoate has given us an impeccable authority, yet stimulating and provocative enough to make others build on his foundations.

E. A. J. ALMENT.

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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EDITORIAL

Barts are once more in the final of the Inter-Hospitals Rugby Cup, for the second time in four years. This time we play St. Mary's Hospital. It would have been pleasant to have revenge against the London Hospital for our defeat in 1955, but let us hope that Mary's will be crushed by our gallant and fighting fifteen, in the same way that Guy's and St. Thomas's were in the earlier rounds.

Rugby football has been the most prestigious sport at the London Medical Schools for many years now. Not only does it attract more players than the other sports, but also more supporters, even among those who scarcely know how the game is played. It is not so difficult to see why this should be so, for Rugby typifies the robust attitude to life, the rough and usually fair give-and-take, which is found more in medical students and doctors than in other walks of life. The battling spirit of a winning team even infects its supporters, and this has led to breaches of the peace in the past, which it is hoped will be avoided on March 18th and during the week before. It is hard to see what inspiration would be derived by the team from the wearing, by a lady supporter, of salmon pink tights. Even less encouragement is given by the

painting of slogans and other such destructive activities, which only serve to attract justified criticism—and bills.

However, there is always Percy cleeing on the touch-line, and those who take it upon themselves to defend him do a great job. Unfortunately the magnificent figure of Percy tends to excite the animosity of our opponents' supporters, and riotous behaviour in his part of the field may follow. We hope it was not his defenders whom *The Times* rugby correspondent referred to when he wrote of hooligans at Inter-Hospital Rugby Cup matches. If it was, then he was being most unjust, and not a little unrealistic. One cannot expect our supporters to view the game as objectively as a sports writer does, nor can one expect enthusiastic young men to remain as impassive as Chelsea Pensioners at Stamford Bridge. So long as property and neutral non-belligerents are respected, rumbustious support is a natural and a good thing.

So now let us just keep our fingers crossed until the 18th, and hope that no-one is idiotic enough to start throwing paint and dye around, but that our team and its supporters carry the day.

CALENDAR

MARCH

- Tues. 3—Squash v I.C.I. (H)
 Wed. 4—Soccer v R.N.C. Greenwich (A)
 Squash v Escorts (H)
 Sat. 7—Dr. R. Bodley Scott on duty
 Mr. A. H. Hunt on duty
 Mr. F. T. Evans on duty
 Rugger v Loughborough College (A)
 Hockey v Inland Revenue (H)
 Ladies' Hockey v Charing Cross (H)
 Sun. 8—Hockey v Past Barts (H)
 Tues. 10—Squash v St. Georges Hospital
 Wed. 11—Soccer v R. Dental and Charing Cross
 Sat. 14—Dr. A. W. Spence on duty
 Mr. C. Naunton Morgan on duty
 Mr. R. A. Bowen on duty
 Rugger v Old Askeans (H)
 Soccer v Caledonians (H)
 Hockey v Oxted (H)
 Tues. 17—Squash. Staff Match (H)
 Sat. 21—Dr. G. Hayward on duty
 Mr. A. W. Badenoch on duty
 Mr. R. W. Ballantine on duty
 Rugger v Aldershot Services (A)
 Soccer v Swiss Mercantile College (H)
 Hockey v K.C.H. (A)
 Head of the River Race
 Wed. 25—Final of the Inter Hospital Rugger Cup
 Sat. 28—Dr. E. R. Cullinan on duty
 Mr. J. P. Hosford on duty
 Mr. C. Langton Hewer on duty

APRIL

- Sat. 4—Medical and Surgical Unit on duty
 Mr. G. H. Ellis on duty
 Rugger Inter Firm Seven-a-Sides
 Chislehurst.



Students' Union

Students' Council meeting on January 14th.
 The principal matters discussed at this meeting were the travel expenses of students, the film society, and the appointment of

a Publicity Officer to the Students' Union.

Mr. R. Willoughby had raised the question of travel expenses at the A.G.M., pointing out that they were refunded when students went to Hill End and to Bethnal Green on the Child Health Course. The matter had now coursed through the proper channel and the council were presented with the Dean's reply, which stated that the amount spent on these visits averaged 5d. per week per student during his clinical years, and that travel expenses were allowed for in Students' Grants, and that therefore there was no need to change the present system. The Council decided that another letter should be written to the Dean in the hope that the matter would be brought before the College Committee.

Mr. Padfield reported on the foundation of the new Film Society, with a membership fee of 2s., and a "contribution to the hire of films" of about 1s. 6d. for each performance. Members of the society automatically become Associate Members of the National Film Theatre.

The President, Mr. A. H. Hunt, suggested that there should be an elected Publicity Officer to organize and co-ordinate the publicity of the student clubs and societies. It was agreed that candidates for such a post should be advertised for.



Abernethian Society

A very interesting meeting on "Alcoholism" was held in the Physiological Lecture Theatre on Thursday, January 13th. Three anonymous alcoholics first answered questions on their experiences. They told us how they had slowly progressed from occasional drunkenness to being constantly "tanked-up", starting the day with half-a-bottle of whisky before breakfast, and staying at that level of intoxication for days or weeks. We were also told about the organization and methods of working of "alcoholics anonymous". The first of the rules of this group is that its members are always alcoholics, and therefore that they must drink nothing, or the lot. It was particularly interesting that most of the other eleven rules were of a religious nature, though it was stressed that being an alcoholic was the only criterion for membership. It was at this point that a worried voice from the back asked for their

telephone number.

When Dr. Glatt of the Warlingham Park Hospital, the speaker for the evening, arrived, he gave a short account of the aetiology, course, and effects of alcoholism, then showed a short film about some methylated spirit drinkers, and finished by talking about the treatment. It was striking that the most effective treatment seems to be group psychotherapy largely organised by the patients themselves, and it is pleasant to think of a disease being made curable by its own sufferers.

There are two meetings in March. At the first, on the 10th, at 5.45 p.m., in the Physiology Lecture Theatre, Professor Thonemann from Harwell, the leader of the group working on the problems of controlling the energy from thermonuclear reactions, will be talking about their brain-child, "Zeta".

At the second at the same time and place on the 19th of the month Lord Evans, the Queen's Physician, will give a talk entitled "Bedside Bias."

Coming shortly, a lecture by Dr. Fuchs, of the Antarctic, and a combined meeting with the Royal College of Surgeons.



Christian Union

Mr. A. S. Aldis (Assistant Director of the Welsh Surgical Unit) discussed the possibilities of Escapism or Reality with reference to Christianity in a talk on January 30th. The content of this talk was based rather on the significance of the idea of escapism than on the idea of reality. He opened by announcing that for those who regard religion as a simple excuse to free them from the cares of the world, he had no patience. The sufferings of St. Paul, of the many men and women who throughout the centuries have paid dearly for their faith in things unseen can hardly be regarded as such an escapism, and this surely is a lesson we should have learnt from the sufferings of Christ Himself. The blackness of the eighteenth century impresses itself on the imagination for its revelling and drunkenness, the intoxicated state of Members of Parliament and University dons, the existence of child labour and of slaves—which all occurred during a time when Christianity existed only in a most diluted

form (though one may perhaps not consider this to be relevant: after all, wars and persecutions have also been associated with Christianity). The tide turned with the nation-wide preaching of Wesley: soon slave labour was abolished, and so, later, was child labour. Surely, Mr. Aldis pointed out, this is an indication to us of the necessity of Christianity to govern our lives; it is certainly no escapism, unless, of course, we mean an escape from human bondage to the liberty of the sons of God. He drew an analogy between the liberation of a prisoner by his own men, and the Escape prepared for us by the one Man, Christ. We would be most unwise, he suggested, not to avail ourselves of such an opportunity to escape when it is offered to us.

It was an interesting talk, but it seemed a pity that Mr. Aldis did not delve more deeply into the "Reality" aspect of the problem, perhaps, rather an unfortunate gap, for one rather felt that many of the audience had come to hear him expound on why Christianity is a reality, and not just why it is not escapism. Less discussion followed than might have been hoped, but the fact that the meeting was so well attended was certainly an indication of the very extensive interest taken in such problems, and we welcome further opportunities to hear the views of others and to air our own opinions.

Professor Sir James Paterson Ross was in the Chair, and was, he told us, pleased to have been asked, and even more so that he was able to receive and introduce to us Mr. Aldis.

P.J.W.



Film Society

Amongst the large number of people who attended the first meeting of the Film Society, there must have been a few who wondered why this sort of function had not been attempted before. Although, of course, it is impossible to judge the total response on one meeting, the presence of over two hundred people indicates a good prognosis.

The Society held their first meeting on Monday, January 19th, at 8.30 p.m., in the Physiology Lecture Theatre at Charterhouse Square. Unfortunately, the film originally

billed, Hitchcock's "The Lady Vanishes", was delayed by snow in Scotland. However, we were offered "The Thirty-Nine Steps," Hitchcock's version of the famous Buchan novel. This, the main feature, was preceded by three short films: a shadow cartoon by Lottie Reiniger, a vintage Count Basie, and Walt Disney's "The Three Little Pigs."

Altogether, the programme was received very well and everyone appeared to enjoy the evening.

The "Thirty-Nine Steps" was an early Hitchcock thriller, starring Robert Donat as Richard Hannay and showing Peggy Ashcroft in a small supporting role, an interesting experience in view of her recent successes. The celluloid was scratched and the sound-track was rather worn but some deterioration in quality is to be expected from an old film. The only fair criticism that could be made is that the screen was too small. Possible remedies to this situation are under investigation. In fact, after the initial minutes, very few people could have been bothered about it.

The formation and setting in motion of the Film Society was no small job and all credit is due to A. Padfield, who, with the invaluable help and expert advice of Dr. D. A. MacDonald, has seen the project through from the original germ-seed.

The Society is to run fortnightly shows throughout the winter, with the possibility of some in the summer too, and aims to mix popular appeal with a spree of especial interest and/or culture!

R. M. DRAKE.

★

Matron's Ball

At 9 p.m. on January 7th the first couples arrived at Grosvenor House for Matron's Ball. At 2 a.m. the following day the last couples left. In the intervening five hours the four hundred nurses who were Matron's guests and the four hundred men who were Matron's and the nurses' guests revelled themselves to a standstill to the excellent music of Sydney Lipton and his band, and the splendid feast served with the accustomed rapid efficiency of the Grosvenor waiters. The *Journal's* correspondent was too busy to notice everything that occurred but he received a strong impression that everyone

enjoyed themselves and the good spirits of Christmastime were by no means dimmed. The band played too many South American airs for his own taste or accomplishments but apart from that nothing could be faulted. The ladies shone unrecognizably in their evening garb, while the gentlemen—well, they looked like gentlemen.

Our very sincere thanks we extend to our Governors for providing us with a first-class Ball, and to all those who organized it so efficiently.

View Day Ball

The View Day Ball this year returns to its habitat of a few years ago; The Royal Festival Hall. It will take place as usual on the Friday after View Day, that is to say, May 15th.

It was at first hoped to hold the ball on the lawn at College Hall, but the arrangements for this could not be fully worked in time for this year's ball. There is, however, every expectation that it will be held there next year.

It was also suggested that the ball might be held on View Day itself, but this idea was abandoned when it was realised what effect a mid-week ball could have on the running of the hospital!

★

Journal

Q. Why is the Journal not better than it is, or not as good as it was?

A. Because you Sir or Madam have not written up that interesting case you saw in the Accident Box, Wards, Out-Patients or elsewhere. Because that seed of a funny story has been left unsown. Because you haven't been asked to write anything.

Unsolicited articles for the Journal will be welcomed by the Editor who can be found at the Journal desk in the Library most days, and at the Special Treatment Centre on Fridays between 12 noon and 1 p.m. If he's not in just leave your article on the desk.

It has been pointed out that in the "50 years ago" item in the February Journal the present generation of students may not know that W. G. Ball became Sir Girdling, and T. J. Horder became Lord Horder. May the contributors of today and tomorrow advance to equal fame.

OBITUARY

A. D. WALL, F.R.C.S.

Many of his contemporaries will be sorry to hear of the death of A. W. Wall, "Fatty" to his friends. He came to Bart's from Oundle during the first World War, and after passing his 2nd, M.B., London, and gaining both junior and senior scholarships in anatomy and physiology, joined the R.N.V.R. as a surgeon probationer. He was in a destroyer at the battle of Jutland. After the Armistice, he qualified and gained his M.B., B.S., in 1919, and the F.R.C.S., in 1921. A keen, tough and energetic forward he was in the pack in the final of the Hospital Cup against Guy's in 1919-20, when the game was watched by King George V.

He was H.S. to the surgical unit under Professor Gask, and later to the E.N.T. department. He continued to serve the latter as a clinical assistant while he was junior Demonstrator of Pathology and later married the blue belt to the department, Peggy McGregor. Deciding to practise abroad he joined the M. firm in Shanghai as a surgeon and specialist in E.N.T. They were very happy there and would have stayed on to a normal retiring age if events in China had not dictated otherwise and forced them to give up at the outbreak of the second World War. In this he served in the R.A.M.C. as surgical specialist, saw active service in Narvik, Salerno and Crete (where he was mentioned in despatches) and landed in France with a military hospital on D. Day plus 5.

He returned to Paignton, where he had decided to practise, was appointed to the hospital and at his death was the senior surgeon. It was his great sorrow that as President of the Torbay Medical Society, and having invited Mr. Rupert Corbett as Guest of Honour at the Annual Dinner, he was by then too ill to attend.

"Fatty" was a staunch and loyal friend with a great sense of humour. The writer can remember many happy trips to the Broads in the early 1920's with mixed parties of Bart's and Thomas's men when he was always a live member of the party and great deeds were done.

He was much beloved in Paignton and there have been delightful tributes to his

work there, in the journals.

To his widow and two daughters goes our sympathy in the loss of a devoted and kindly husband and father.

F.C.W.C.

NOTICES

Changes of Address

DR. D. A. O. CAIRNS:
"Shortlands", East Albany Road, Seaford, Sussex.

MR. C. GORDON SINCLAIR, F.R.C.S. :
"Redroofs", Cromwell Crescent, Worcester. Tel.: Worcester 2106.

Honoured

Ivan de Burgh Daly, lately Director of the Institute of Animal Physiology, Babraham, Cambridge, has been awarded the C.B.E.

Forthcoming Lecture

Mr. G. J. Hadfield of the Surgical Unit has been elected a Hunterian Professor at the Royal College of Surgeons. He will be giving a lecture entitled: "Hormone deprivation in Breast Cancer spontaneously arising or Surgically produced." The lecture is at the Royal College of Surgeons Lincoln's Inn Fields on Friday, May 1st, at 5 p.m. All students are welcome to attend.

University of London

Two graduates of St. Bartholomew's Hospital were elected to the two vacancies in Medicine on the Standing Committee of Convocation at the January meeting of Convocation held in Senate House.

Dr. N. A. Thorne, M.D. B.S., who topped the poll in Medicine, has been on Standing Committee since 1950, was Deputy Bedell and later Bedell of Convocation. He is consultant dermatologist to several London hospitals and lecturer on dermatology to the North London Postgraduate Medical Institute.

Dr. H. W. Bunje, who was also elected, is a newcomer to Standing Committee. He is a former medical chief assistant of Barts., and is now physician and scientific officer to the Medical Research Council.

Adviser in General Practice

Dr. T. O. McKane, of Dunmow, Essex, has succeeded Dr. G. F. Abercrombie as Adviser in General Practice at the Medical College. Dr. McKane is a member of the Northern Home Counties Faculty Board, and Honorary Secretary of the Undergraduate Education Committee of the Council of the College of General Practitioners.

ANNOUNCEMENTS

Marriages

CHALSTREY—BAYES.—On September 6th, 1958, Dr. Leonard John Chalstrey to Aileen Beatrice Bayes.

REESE—TURNER.—On January 24th, at St. Bartholomew-the-Less, Alan John Morris Reese to Margaret Denise Turner.

TABOR—WHITE.—On November 8th, 1958, Dr. Arthur S. Tabor to Dr. Shiona J. White.

Births

BIDDELL.—On January 8th, to Sheelagh, wife of Dr. P. B. Biddell, a daughter (Judith Mary).

CHITHAM.—On January 5th, to Heather, wife of Dr. R. G. Chitham, a daughter.

GILKS.—On January 19th, at c/o Pladju, South Sumatra, to June, wife of Dr. J. M. L. Gilks, a son.

GOODE.—On January 15th, to Patricia, wife of Dr. Howard Goode, a daughter (Geraldine Fiona).

HAYES.—On January 22nd, to Daphne, wife of Dr. Stuart Hayes, a daughter.

MACADAM.—On January 11th, in Buenos

Aires, to Diana, wife of Dr. F. I. Macadam, a son (Andrew Joseph).

MACFARLANE.—On January 17th, to Moira, wife of David A. Macfarlane, M.Ch., F.R.C.S., a brother for Rosalie, Jane and Peter.

MERCER.—On November 28th, 1958, to Dr. and Mrs. M. H. Mercer, a daughter (Lucy Elizabeth), a sister for Nigel and Nicholas.

Deaths

CARSBERG.—On January 18th, Alfred Ernest Carsberg, M.A., M.D. (Cantab.) Qualified 1898.

CORBEN.—On January 15th, Charles Corben, M.D., F.R.C.S., Qualified 1893.

FELL.—On January 28th, Sir Matthew H. G. Fell, K.C.B., C.M.G., F.R.C.S. Qualified 1898.

OXLEY.—On January 28th, William Henry Francis Oxley, M.R.C.S., L.R.C.P., F.R.C.O.G., aged 82. Qualified 1897.

ROBINSON.—On December 6th, Dr. James Albert Robinson. Qualified 1915.

STUART.—On January 9th, Dr. Richard Stuart, Qualified 1925.

TOWNSEND.—On January 17th, Col. Reginald Stephen Townsend, M.C., M.D., M.R.C.O.G. Qualified 1907.

CANDID CAMERA



"Forgive us our trespasses . . ."

INTESTINAL FAILURE

(a case of Malabsorption Syndrome)

by J. TREVOR SILVERSTONE

Introduction

The following case of malabsorption is unusual in that the patient developed multiple nutritional deficiencies following a series of operations for recurrent peptic ulceration.

As full investigation of the underlying defects in the gastro-intestinal tract was necessary before rational treatment could be instituted, this aspect has to be considered in some detail. It thus provides an instructive example of some practical applications of chemical pathology.

Presentation

Mr. R., a warehouseman, aged 58, was admitted to Smithfield Ward under the care of Dr. Hayward, on 15th April, 1958, complaining of general ill-health, exertional dyspnoea, the passage of frequent (up to 20 per day) 'golden' bulky stools, and swelling of the legs, abdomen, face and hands.

History

There was a long and involved history of gastro-intestinal symptoms with intermittent oedema. A summary is given below.

1924.—Perforated duodenal ulcer. Gastro jejunostomy performed. Following this had frequent episodes of mild peptic pain.

1936.—Oedema of both legs.

1937.—Haematemesis. Treated conservatively.

1943.—Jejunal ulcer diagnosed after passing melaena stools. Pitting oedema noticed on both legs extending to abdomen.

1944-1945.—Two episodes of oedema of legs associated with ascites.

1949.—Epigastric pain. Ulcer seen on X-ray. Bilateral vagotomy performed.

1953.—Very severe abdominal pain. Only temporary relief by rest and alkalis. Recurrence of gastric ulcer seen on X-ray. Admitted to Percival Pott Ward where a partial gastrectomy of the Polya type was performed by Mr. Kinnmonth. At operation the ulcer was found to be penetrating into the pancreas. The bare area on the pancreas was

cauterized.

During convalescence from this operation he began to pass bulky, malodorous stools several times a day. Shortly afterwards he noticed swelling of his legs, hands and face.

1954.—Gross oedema of all four limbs and face, plus marked exertional dyspnoea. Admitted to Bethnal Green Hospital. Investigations showed fatty stools with impaired fat absorption, a very low plasma albumin level (1.4 gm./100 ml.), lack of trypsin in duodenal juice. On the basis of these results he was given multiple replacement therapy. (Pancreatin, vitamins A, B, C, D and K, testosterone implant, and iron). He was placed on a high protein, low-fat diet. He remained symptom free for three years and returned to work. His plasma albumin rose to 4.0 gm./100 ml. and his weight was 9 st. 5 lb.

1958 (Present admission).—He had the following symptoms relating to malabsorption of:

- (a) *Erythropoietic factors*—dyspnoea on minimal exertion.
- (b) *Protein*—oedema of both legs.
- (c) *Fats*—frequent bowel action (up to 20 times per day), 'golden' foul-smelling stools which frequently contained recognizable food particles.
- (d) *Vitamins*—
 - (i) Sore throat and tongue for seven weeks prior to admission.
 - (ii) Scaly red patches on the front of both shins coming on in the previous three weeks (suggestive of pellagra).
 - (iii) Tingling and numbness in both feet together with pain in both shins, insteps, and in the fingers.

Other symptoms: a poor stream on micturition and nocturia (twice per night). (The nocturia might have been related to his malabsorption syndrome, as there is commonly a reversal of the diurnal rhythm of micturition).

P.H. Congestion left lung in childhood.

1917—Varicocoele.

1954—Haemorrhoidectomy.

He did not begin to shave until he was twenty six.

F.H. Father died of peritonitis following perforated peptic ulcer.

One younger brother had partial gastrectomy for D.U.

Seven children a/w.

S.H. Drank 3-4 pints Guinness and 1-2 whiskeys every night.

Smoked about 20 cigarettes per day.

Examination

The patient appeared pale and bloated. Compared with 1953 his appearance had become eunuchoid, with fine facial hair and sparse axillary and pubic hair.

Head and neck—the fundi were normal and the visual fields full. The tongue was smooth, and red at the tip and sides with prominent circumvallate papillae.

Respiratory system—n.a.d.

Cardiovascular system—Pulse regular, B.P. 140/90. A soft mid-systolic murmur was heard at the aortic area. Otherwise normal.

Abdomen—The abdomen was distended. There were four epigastric scars and a small incisional hernia was present in one of them. The liver was enlarged, being 5 finger breadths below the costal margin on deep inspiration. The edge was firm. Ascites was not present. There was no jaundice, spider naevi or palmar blush.

P.R. The rectum felt capacious. The prostate was not enlarged.

Uro-Genital system—The testicles felt small.

Nervous system—Diminished sensation to light touch and pin prick over both skins. Muscle tenderness in both calves. Tone, power, co-ordination and reflexes normal.

Limbs—Ankle oedema. (The extent of oedema varied and at one time involved the whole of both legs.) There was an area of bright red scaling over the shins of both legs; this was not tender.

Small ecchymoses were seen on both arms after the venous return had been occluded.

Investigations

In order to discover the exact nutritional deficiencies, the underlying defect in the gastro-intestinal tract and the degree and type of anaemia, several investigations were necessary:

(a) To determine the degree of malabsorption:

The deficiencies in absorption of various constituents of the diet are listed in Table II.

A barium meal and follow through showed the usual rapid emptying via the stoma. There was a tendency to dilation and feathery outline of one upper jejunal loop. No flocculation or segmentation. The rest of the small bowel filled normally.

Conclusion.—There was marked malabsorption of fat, protein, erythropoietic factors and vitamins, due in part to disturbance of the small intestine itself.

(b) To determine the degree of pancreatic insufficiency:

X-ray of abdomen revealed no calculi in the pancreatic region.

Glucose tolerance test—normal.

Starch tolerance test—flat curve, showing probably impaired digestion.

Duodenal intubation—no trypsin (gelatin was not liquified by a dilution of 1 in 25 of duodenal juice).

Protein fibres were seen in the stool. Vitamin A absorption was nil (a reflection of diminished absorption of fats.)

Conclusion.—The poor absorption of starch as compared to the normal absorption of glucose points to a reduction in pancreatic amylase; the low vitamin A and fat absorption is due partly to a reduced pancreatic lipase. The low trypsin level in the duodenal juice completes the biochemical picture of pancreatic insufficiency.

(c) To determine the state of liver function:

(i) Plasma protein synthesis:

Total plasma proteins 4.6 g/100 ml. (normal—6.8 g/100 ml.)

Plasma albumin 2.4 g/100 ml. (normal—4-5.5 g/100 ml.)

Plasma globulins 2.2 g/100 ml. (normal—1.5-3 g/100 ml.)

Electrophoretic pattern—normal.

Flocculation tests:

Thymol turbidity 4 units (normal—1-4 units)

Zinc sulphate turbidity 7 units (normal 4-8 units)

(ii) Excretory function:

Alkaline phosphatase 10 King-

Endocrine Glands	Investigation	Remarks
PITUITARY	Skull X-ray: no erosion of Pituitary fossa Visual fields: normal	No large tumour of the pituitary No tumour involving the optic chiasm
THYROID	Basal metabolic rate: ± 0 per cent Protein bound iodine: 2.7 $\mu\text{g}/100$ ml. (normal: 4-8 $\mu\text{g}/100$ ml.) Serum cholesterol: 150 mg/100 ml. (normal for male aged 58: 220-300 mg/100 ml.)	Most reliable evidence of euthyroid state The low level is probably related to the malnutrition
ADRENAL CORTEX	Serum sodium: 140 meq/L (normal 135-150 meq/L) Serum potassium: 4.5 meq/L (normal 3.6-5.3 meq/L)	These normal values would be evidence against inadequacy of the adrenal cortex
+TESTIS	24 hr. Urinary 17-Ketosteroids: 3 mg (normal for male aged 58: 5-10 mg) 24 hr. Urinary 17-ketogenic steroids: 8 mg (normal 10-15 mg, but 8 mg not considered abnormal) 24 hr. urinary 17-Hydroxy-steroids: 10.5 mg (normal 10-15 mg)	The low level is probably related to: (1) Malnutrition (2) Testicular hypofunction (a) History of not shaving until 26 (b) Other adrenal steroids normal
PANCREATIC ISLET CELLS	Glucose Tolerance Test: normal	

Table I

Armstrong units (normal—4-13 units)

Bromsulphthalein excretion—23 per cent remained in the blood 45 mins. after injection of 300 mg. (This shows impairment in the ability of the liver to excrete this substance.)

(iii) Serum enzymes:

Pseudocholinesterase 14 units (normal—55 and above)

Glutamic—Oxaloacetic transaminase 38 units (normal—up to 40 units)

Glutamic—Pyruvate transaminase 40 units (normal—up to

40 units)

(The serum pseudocholinesterase is lowered in severe malnutrition, and is a reflection in this case, of reduced protein absorption).

Conclusion.—The low pseudocholinesterase and reduced bromsulphthalein excretion indicate a slight degree of liver malfunction which appeared insufficient to account for the low plasma albumin on the basis of reduced synthesis in the liver. The low albumin is probably due to malabsorption of dietary protein.

(d) To determine the endocrine basis

for testicular atrophy:

These tests and their significance are summarised in Table I.

Conclusion.—The testicular atrophy is a result of primary dysfunction of the testes, and is not secondary to disease in any other endocrine gland. However, the low 17 Ketosteroid level may well be a consequence of the malnutrition.

- (e) To determine the degree and type of anaemia:

The haemoglobin level was 64 per cent of normal.

As can be seen in Table III there was macrocytosis (MCV 110cu.) associated with an iron deficiency (MCHC 29 per cent)—a so-called "biphasic" type of anaemia due to lack of erythropoietic factors and iron.

Conclusion.—The vitamin B12 deficiency was due to malfunction of the intestinal mucosa rather than due to lack of intrinsic factor, because the absorption of radioactive B12 remained low even when intrinsic factor was added.

- (f) To exclude disease in other organs:

Urine—no albumin

sterile on culture

Stool—no occult blood
no pathogens, no cysts, no amoebae.

Blood urea—28 mgm/100 ml. (normal—20-40 mgm/100 ml.)

Erythrocyte sedimentation rate—8 mm. in 1 hr. (normal 0-10 mm/hr.)

Chest X-ray—normal

Serum acid phosphates—0.8 King-Armstrong units 100 ml. (normal—0.3-3 K.A. units/100 ml.)

W.R.—negative.

Diagnosis

On the basis of the history, clinical picture and pathological findings, a diagnosis of steatorrhoea, hypoproteinaemia, anaemia and multiple vitamin deficiency was made. Complicating factors were a degree of liver damage and testicular atrophy. The liver damage was possibly related to a high alcohol consumption and a reduced absorption of protein.

The differential diagnosis of the steatorrhoea and consequent malabsorption rested between idiopathic steatorrhea (also called adult coeliac disease, Cooke, 1958), pan-

creatic insufficiency, and post-gastrectomy syndrome. The relevant findings are listed in Table II where a comparative chart is drawn up. It can be seen that the features of the present case do not correspond exactly to any of the above diseases. It would seem that there was a major degree of pancreatic insufficiency (the result of fibrosis around the ulcer and unavoidable trauma at partial gastrectomy). In addition there was probably a change in the bacterial flora of the blind loop of duodenum and intestine formed during the gastrectomy.

Course and Treatment

As the various deficiencies of nutrition came to light appropriate replacement was made. This led to alleviation of the relevant symptoms and signs. Eventually the patient was receiving comprehensive replacement therapy consisting of the following:

(a) Diet—A high protein (120 g.) diet.

(b) Vitamins—Caps. Vit. A and D: t.d.s.

Tabs Ascorbic acid 100 mg. t.d.s.

Tabs Folic acid 10 mg. b.d.

Vit. B12 1,000 µg monthly.

(c) Minerals—Pot. chlor. 2G. t.d.s.

Tabs Calcium gluconate 2 t.d.s.

(d) Pancreatic enzymes—Pancreatin granules 2 measures (6 g.)

mixed with food.

(e) Antibiotics to sterilise the blind loop—

Tetracycline 250 mgm. 12 hourly.

(f) Testicular hormone—Primitestone 250 mgm. depot monthly.

(g) Diuretics—Chlorothiazide 1 g. b.d. 5 days a week.

This regime was gradually evolved during the patient's eleven weeks in hospital. During this time chlorothiazide (1 g. b.d.) was administered to relieve the oedema and Imferon (2 c.c. on alternate days × 17) was given to combat the iron deficiency. He also received five pints of blood as his condition deteriorated shortly after admission (albumin 1.9 g/100 ml, H6 44 per cent.). His symptoms of anaemia, oedema, glossitis, dermatitis and neuritis all disappeared. Although his plasma albumin had not risen to normal by the time of discharge it had risen above the critical level below which oedema appeared in this case. He was discharged feeling, as he put it, "Better than I have felt in the last 20 years".

Mr. R. continued on the above regime while leading a normal life and four months later he was still symptom free with one

Clinical Features and Pathological Findings

	Idiopathic Steatorrhoea	Pancreatic Insufficiency	Post-gastrectomy Steatorrhoea (including 'blind-loop' syndrome)	Present case
Past history of Coeliac disease in childhood ..	Usually present	Absent	Absent	Absent
Fat absorption ..	Reduced	Reduced	Reduced	Reduced
Hypoproteinaemia	Variable	Present	Variable (usually absent)	Present
Barium meal X-ray	Flocculation pattern seen	Normal	Usually normal	No flocculation pattern seen
Pancreatic enzymes	Normal	Reduced	Usually normal	Reduced
Glucose absorption ..	Reduced	Usually normal	Normal	Normal
Starch absorption	Reduced (really due to low glucose absorption)	Reduced (failure to split starch)	Normal	Reduced
B12 absorption ..	Reduced	Normal	Reduced	Reduced
Response to gluten-free diet ..	Usually good	None	None	None
Response to Pancreatin ..	None	Good	None	Good
Intestinal biopsy	Characteristic atrophy of mucous membrane	Normal	Normal	(Not done)

Table II

normal bowel action per day. The anaemia (Hb then 86 per cent) and hypoproteinaemia (albumin then 4.6 gm/100 ml.) appeared to have resolved completely. The liver function and protein absorption as measured by the pseudocholinesterase level (then 55 units) was improving.

The replacement therapy will be continued for life and Mr. R. will be seen at regular intervals.

Discussion

It was the eminent Bart's physician Dr. Samuel Gee (1888) who gave one of the first authoritative accounts of the clinical picture of steatorrhoea in his classic paper on 'The Coeliac Affection'.

The patient under discussion demonstrated many of the symptoms and signs mentioned

by Dr. Gee and since known to occur with the 'malabsorption syndrome'.

Cook (1952) states that 2 per cent of patients who have had a partial gastrectomy suffer from continued steatorrhoea. Cooper (1952) considers that among the possible causes of this, one must include hurry through the gastric remnant resulting in inadequate mixing of food and enzymes, and a possible retention of pancreatic enzymes within the blind loop.

Another factor is that of invasion of the blind loop by organisms not normally found in the upper intestine. Badenoch (1958) in a review of this so-called 'blind loop syndrome' describes how various vitamin deficiencies may arise. There is possibly a decreased synthesis of vitamins by the normal bacterial flora and an increased utilisation of vitamins

Malabsorption	Clinical Evidence	Pathological Evidence	Remarks
FAT	Frequent, bulky malodorous stools	Total fat excretion in 48 hr.: 89g (normal: less than 6g/day)	Extreme steatorrhoea
PROTEIN	Oedema of legs, hands and face	Muscle fibres in stool Plasma albumin: 2.4g/100ml (normal 4.5.5 g/100 ml)	
ERYTHROPOIETIC FACTORS	Anaemia leading to dyspnoea	Haemoglobin 64% normal	
Iron		Mean Corpuscular Haemoglobin concentration (MCHC): 29% (normal: 32-38%)	
B12		Mean Corpuscular volume (M.C.V.): 110 c.μ. (normal 78-94 c.μ.) Injection of 50 μgm B12 led to a brisk reticulocyte response Marrow puncture: cells suggestive of megoloblasts seen Vit. B12 absorption test: low absorption of B12	Shows marrow could respond to, and was deficient in, B12 Radioactive B12 given orally with and without intrinsic factor, and uptake measured
VITAMINS A		Vitamin A absorption test: nil absorbed	This is also a measure of fat absorption
B Group	Glossitis Dermatitis (on shins) Peripheral neuritis (anaesthetic area on legs, muscle tenderness)		A multiple deficiency of B group vitamins
?C	Multiple ecchymoses		
D (+Calcium)		Serum calcium: 8.3 mg/100ml (normal 9-11 mg/100 ml) (Serum inorganic phosphorous 2.8 mg/100 ml—normal: 2.5-4 mg/100 ml)	

(There was no evidence of malabsorption of vitamin K. The prothrombin time was normal)

Table III

by the abnormal inhabitants. In this condition there is always a multiple vitamin deficiency, as seen in the present case.

The patient, however, also had evidence of pancreatic damage. According to Frazer (1952) pancreatic lipase is essential for the complete absorption of fat. Any reduction of this enzyme would lead to a decreased fat absorption with a secondary reduction in the absorption of fat-soluble vitamins (A, D, K, and E).

The oedema seen in this case, which at one stage was very extensive, was due almost entirely to a low plasma albumin level. Albumin is the main constituent of the plasma which ensures osmotic reabsorption of fluid from the tissues into the circulation at the venous end of the capillaries. When the level of albumin falls, this reabsorption does not take place. Adlersberg (1957) suggests that the low albumin level might be secondary to one of the following: impaired nutrition; decreased absorption of protein; impaired liver synthesis. It is likely that decreased protein absorption due to reduced pancreatic trypsin was the main factor in the present case.

Anaemia is a frequent finding in the malabsorption syndrome. In most cases it is due to a failure of vitamin B12 absorption, as seen in the patient under discussion.

The case which has been presented above illustrates how the intestine may fail to cope

with its allotted tasks, a state which might be covered by the term 'intestinal failure'. At present the working of the intestine both in health and disease remains largely unknown, and the diagnosis of the cause of any case of intestinal failure will rest mainly on evidence supplied by the pathologists.

Acknowledgments

I should like to thank Dr. Griffith Edwards for his considerable help in the presentation of this paper. I am grateful to Dr. G. W. Hayward for permission to publish the case and for the interest he has shown in its preparation.

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PSEUDO-ANGINA PECTORIS

A Forgotten Chapter of Medicine

by R. D. MARSHALL

(The title and incentive for the research were provided by Dr. E. B. Strauss)

Angina Pectoris is a syndrome with which we must all be conversant omit from the introductory course to the end of our careers (and, if we are to believe medical statistics, a syndrome from which a considerable number of us will in time suffer). The well recognised differential diagnosis is a syndrome which has been denoted by numerous terms, of which Effort Syndrome, Soldier's Heart and Neurocirculatory Asthenia are the most commonly used. Typical cases of true angina at one end of the scale and typical

cases of neurocirculatory asthenia at the other end of the scale are easily recognisable, but there are many intermediate grades of atypical angina, some of which are wrongly diagnosed and some of these are most likely due to excessive upper thoracic breathing.

True Angina Pectoris

This may be defined as a syndrome consisting of paroxysmal substernal or precordial pain, frequently radiating to the shoulders and inner aspects of the arms. The pain is

usually precipitated by exertion or other states in which the work of the heart is increased. The pain is relieved by rest or trinitroglycerine.

The cause of the pain is myocardial ischaemia, in that the blood supply is deficient in relation to the requirements of the myocardium to accomplish its work. Approximately 90% of cases are due to atheroma of the coronary arteries with or without subsequent thrombosis; whilst hypertension, valvular disease, syphilitic aortitis, Buerger's disease and other rare conditions account for the remaining 10%.

Neurocirculatory Asthenia

This condition has a multitude of names. It was first described by Da Costa who noted it as a clinical entity in soldiers; he termed it Soldier's Heart. The condition has also been called Effort Syndrome and Disordered Action of the Heart (which means very little, but sounds very learned). It is now considered to be a psychoneurosis with cardiovascular symptoms but the precise aetiology is unknown.

The condition may be defined as a functional disorder of the vasomotor system characterised by fatigue, dyspnoea, palpitations and precordial pain. It is often exhibited by the asthenic type of person when under stress and is most common in the 2nd, 3rd and 4th decades.

The pain is sharp and stabbing and may be associated with an area of tenderness at the position of the apex beat. Patients usually complain of a persistent substernal ache unrelated to exertion. There is often a past or family history of psychoneurosis.

Treatment consists of psychotherapy or removal of the patient from the situation in which the illness occurred—such as discharge from the army. Temporary or permanent cure may be obtained in about 40% of cases. No one ever dies from neurocirculatory asthenia.

Pseudo Angina

For the purpose of the article, this may be defined as an anginal type of pain due to excessive upper thoracic excursions.

Sir Charlton Briscoe writes in the *Lancet* in 1922 (The Anginal Syndrome. *Lancet* 1922, ii, 1257).

"I have been constantly testing the actions of the accessory muscles concerned in respiration . . . what I found was as follows.

"Some of these accessory muscles varied very much in intensity of action and stress in different portions of the body and in different circumstances.

"When under stress, these muscles became tender and . . . when pressure was made upon these tender muscles, the pain produced was not always a mere local sensation, but was referred to wide areas very similar to those concerned in angina pectoris.

"Next I found that in some cases which had suffered from an anginal type of pain, pressure on certain of these muscles produced pain similar to that of the attack.

"In some cases of angina relief of tension in these muscles was followed by cessation of the pain".

There are various precipitating causes of this type of angina and the main ones are:

1. Physical strain and exertion.
2. Emotion.
3. Large meals, when the dilated stomach produces elevation of the diaphragm.
4. Pneumonia and similar pathological conditions in which the bases of the lungs lose their function.
5. Adoption of the supine posture, as in prolonged bed rest brought about by debilitating conditions.

All these factors may produce overwork of the upper thoracic mechanism, and as a result produce fatigue and tension of the muscles concerned. The precipitating factors which I have listed may also lead to true angina pectoris and as a result make the differential diagnosis difficult; but in anginal pain due to fatigue and tension of the affected muscles, pressure on these muscles will produce a characteristic attack.

The muscles principally concerned are the scalenes, the upper 4-6 intercostals and the triangularis sterni. It is certain that these muscles may be temporarily overworked in excessive upper thoracic excursions and that they tend to become tender to pressure. When the strain is removed the tenderness disappears and they rapidly recover. Pressure on the muscles not only produces localised pain, but also referred pain. This may be referred to the sternum, shoulder, axillae, inner and outer arms (mainly on the left side). The referred pain may obviously be readily confused with true angina pectoris due to myocardial ischaemia.

Treatment by alleviating the stress of these muscles has frequently been effective in relieving the pain without any other therapy.

11th DECENNIAL CLUB

The twenty-fourth Dinner of the Eleventh Decennial Club (those joining the hospital between January, 1915, and December, 1925, who afterwards qualified), will be held at Simpson's-in-the-Strand on Friday, April 17th, at 7 for 7.30 p.m. Mr. J. W. D. Buttery will be in the Chair. Notice will be sent to all members whose address is available, and a reply would be much appreciated by the Hon. Secretaries, even if you are not coming, so that your address can be verified. So many do not respond that they feel that many of the cards fail to reach their destination, and printing and postage are too costly to waste. Those who have never joined are still welcome, and should communicate with F. C. W. Capps, 16 Park Square East, N.W.1.

Story from a Transatlantic Correspondent

A girl walked up to the desk of a hospital and said "I'd like to see an upturn."

"Don't you mean an intern?" asked the nurse.

"I guess so, I want an contamination".

"You mean an examination", queried the nurse.

"I guess so. I want to go to the fraternity ward".

"You mean the maternity ward, my dear", replied the nurse.

To which the girl loudly retorted: "Upturn, intern, contamination, examination, fraternity, maternity . . . what the hell's the difference—all I know is that I have not demonstrated for two months and I think I'm stagnant".

LETTERS TO THE EDITOR

Dear Sir,

Dr. Thorn's letter in the January issue of the Journal on what has now come to be called the student attachment scheme is very welcome and I would support it wholeheartedly.

May I take this opportunity as Dr. Abercrombie's successor to say a little more about the work of the Adviser in General Practice? This was a new post instituted by the Medical College a year ago to develop a liaison between students and general practice.

The Adviser attends the College every Tuesday

morning and is available in the Dean's office to give advice on general practice to any student or old Barts' man and to arrange any form of co-operation with general practitioners.

The student attachment scheme (a short period of attachment to established general practitioners) is now available. It is of value to the student before qualification in allowing him to see the many aspects and problems of general practice he will not meet in a medical school; to the graduate in his pre-registration year as a means of helping him to prepare for his future work and to the newly registered as a means of seeing the type of practice he may wish to enter before he commits himself. A number of men and women have taken the opportunity of "trying" general practice in this way immediately after "finals" while waiting to obtain their first pre-registration post. General practitioners welcome their newly qualified colleagues at this time.

Constant enquiries are being made by old Barts' men and others for assistants, trainee assistants and locum tenens which may lead to entry into excellent practices. Most of these are advertised on the notice board and details are available in the Sub-Dean's Office. Those in search of a post should not forget that there may be something to suit them waiting on the files.

Lastly, any suggestions or ideas for solving the problems related to medical education and general practice are very welcome.

T. O. MCKANE,
Adviser in General Practice
High St., Dunmow, Essex. Tel: Gt. Dunmow 5
Gt. Easton 263

Dear Sir,

I feel that G.F.A.'s critique of the Christmas Shows in the last Journal is incomplete. His task is not enviable; English temperament becomes quite Latin when it comes to who gets into the Pot Pourri, but in giving credit for the entertainment (although happily remembering the pianists) he does not give the producers a mention.

Surely most of the credit for a good ward show should go to the producer. It may happen that he is blessed with a talented cast, perhaps even able to produce their own lyrics, but it is still *his burden* to get them to rehearse, to learn their lines, to enthrone, and to keep them alert for their cues during the show.

If the House was best this year, it was because they were fortunate enough to have a musical genius to arrange the songs and drill the part singers, and a really experienced producer who could plan a show with no pauses, put polish on the smaller acts, and mould a massive chorus which never attended any one rehearsal complete.

This point was made about three years ago; may we next year again see the producers awarded their Oscars by your reporters.

Yours faithfully
Coccyx.

Ed.—We entirely agree with Mr. Coccyx. It was an omission not to praise the producers. Nor did we this year include an account of the Pot-Pourri, so we did not praise Mr. Trevor Robinson and all the

others concerned with producing a polished revue from a real pot-pourri of acts and numbers. Again they thoroughly deserve our retrospective congratulations and admiration.

SPORTS NEWS

VIEWPOINT

It has been suggested that the conduct of medical students at interhospital rugby ties leaves much to be desired, in view of the fact that they are to become some of the most responsible members of the community.

Being thus stimulated one wishes to find out on what these allegations are based and in doing so what makes this generation so different from those valued and respected members of the profession who have preceded us in this preliminary party their medical endeavour. Are we to surmise that long faces and frock coats were the order of the day. That one's appreciation of the game was marked by an occasional outburst of applause or half-hearted cheers and even one's partisan feelings cloaked under a guise 'good afternoon'? Such an outlook would have been as much deplored then as now. Indeed one may go further and reiterate, as it were in retrospect, that while this country continues to produce the highest standard of medicine in the world, there would appear to be no cause for alarm.

RUGBY

United Hospitals Rugby Cup. Barts v Guys. At Richmond, January 20th. 2nd Round. Barts won 6-0.

Barts drew Guys in the second round of the competition, both teams having drawn a bye in the first. Thus by their win Barts qualified to meet St. Thomas', the holders in the semi-final.

Guys were last years losing finalists and Barts did well to overcome them so convincingly. Indeed the final score of 6-0 hardly flattered the victors at all. The match was preceded by a cloudburst, lasting a quarter of an hour and turning the pitch nearly into a quagmire. The pattern of the game was therefore in no doubt before the play began: quick rushes by the forwards alternating with kicking for touch outside. Such it proved to be.

The Barts forwards did their job magnificently. They were up against a heavier pack and gave nothing away in the fight at all: indeed on one memorable

occasion they all but scored a push over try, in the lineouts L. R. Thomas and Boladz gave Barts a distinct advantage with a fine display, out jumping taller men. But it was in the loose the forwards excelled. Inspired by their leader Hamilton, and not a little one imagines from the vocal support on the touchline they rushed over the field like men possessed. The opposition stood no chance of keeping up that pace, and in spite of relieving kicks, Barts were invariably pressing.

Outside the halves Richards and Rees Davies struck up a good partnership which the latter's kicking to become a powerful force. The backs in the conditions could not really expect to see a lot of the ball and one should reserve judgment for a day more suited to their play. At full back initial anxiety was soon relieved as Ross's positioning and kicking improved manifestly.

There was no score in the first half although Barts had come very close on two occasions. Once as already mentioned nearly scoring a pushover try and the other from a quick attack following a drop out: Smith the wing was eventually just beaten for the touch down by the ball being kicked out in goal.

The second half saw Barts really come into their own and they were consistently pressing. It therefore seemed scant justice when a fine burst by Rees Davies following a set scrum on the Guys Twenty-five broke through the defence and his pass straight to the wing half was beautifully timed for the latter to race over in the corner. The kick by Stevens just failed, hitting the cross bar and falling back.

Guys were repeatedly saved by the sound positioning and kicking of their full back. However eventually they gave away a penalty just inside their twenty-five from which Rees Davies' kick went straight over. That was for Guys the final nail in their coffin. One hopes that the combination of skill and zest seen in this match will take Barts further, against tougher opposition.

Team: A. P. Ross; R. Smith, J. Stevens, M. Britz, G. J. Halls; R. R. Davies, B. Richards; B. O. Thomas, J. W. Hamilton (capt.) B. Lofts; L. R. Thomas, W. P. Boladz; R. P. Davies, D. A. Richards, J. C. Mackenzie.

Barts v. O. Rutlishians. Saturday, January 3rd. Won 11-3.

Barts beat the Old Rutlishians at Chislehurst by a goal, a try and a penalty to a penalty goal.

Both sides were rather slow starting and during the first half neither side looked like scoring.

After the interval Barts were awarded a penalty and Pennington put Barts in the lead with a prodigious kick from the touchline. Soon after this the Old Rutlishians retaliated with a successful penalty kick.

It was then that Barts began to show their superiority. A stray pass by a Rutlishian centre was snapped up by Stevens who ran down the middle before passing the ball to left wing Halls. After beating his man he cut inside and the movement ended with B. O. Thomas crashing over to score under the posts. The try was goalied by Pennington.

The next try was the result of a short penalty

taken near the Old Boys' line when a scissors movement sent the ball to Lofts who scored well out.

The game ended with the Rutlishians pressing hard but unable to pierce the Barts defence.

Team: A. P. Ross; I. R. Smith, J. Stevens, A. B. M. McMaster, G. J. Halls; R. R. Davies, W. H. C. Berry; B. O. Thomas, J. W. Hamilton (Capt.), B. Lofts; J. H. Pennington, W. P. Boladz; R. P. Davies, D. A. Richards, G. H. Randle.

Barts v Taunton. Saturday, January 10th. Away—lost 3-14.

Barts lost at Taunton by a goal, a penalty and two tries to a penalty goal. The game was played on a hard frozen ground against a strong Taunton side.

The Barts forwards had an off day in that they were slow to fall on the ball and failed to gain possession in the majority of the lineouts where they usually fare so well.

Taunton had fast-running elusive backs and they were able to break through the shaky Barts defence. At full-back Ross could not control the awkwardly bouncing ball and was tested time and time again by well judged diagonal kicks by the experienced Taunton fly half.

Pennington scored for Barts with a well kicked penalty.

Team: A. P. Ross; I. R. Smith, A. T. Letchworth, J. Stevens, G. J. Halls; R. R. Davies; W. H. C. Berry; B. O. Thomas, J. W. Thomas, J. W. Hamilton (Capt.), B. Lofts, J. H. Pennington, M. Harries, R. P. Davies, L. R. Thomas, G. H. Randle.

Saturday 17th. Barts v Cheltenham—away. Cancelled—ground unfit.

1st XV v Old Millhillians. Sat. 24th Jan. Lost 3-19.

This game was transferred to Chislehurst as the Old Millhillians ground was waterlogged. Barts in this match sustained their heaviest loss of the season, which was all the more surprising after their fine victory over Guys earlier in the week. The Old Millhillians are a strong side and Barts would do well to beat them.

Barts showed two changes from the victorious cup team, both centres having dropped out through injury. A further tragedy was soon to occur early on in the game when Rees Davies sustained a nasty kick on the head which forced him to leave the field. At that time the opposition was leading by a penalty goal. However, on a lovely fine day, with firm ground and fast moving backs we were unable to hold the opposition; time and time again they were through only to be denied scoring by last-minute tackling and kicking. The forwards, as always, did a fine job and earlier on were on top, but as was to be expected, being one short they tired later in the second half.

From the Old Millhillians we saw some fine breaks from the base of the scrum by J. E. Williams, two of which led to tries and also just before no side a lovely run by J. Roberts on the wing to score wide out. Altogether 2 goals, 2 tries, and a penalty

goal were scored against, with Barts solitary reply of a penalty goal kicked by G. J. Hells.

Team: A. P. Ross, G. J. Halls; J. C. Owens, J. K. Bamford, R. Smith; R. R. Davies, B. Richards; B. O. Thomas, J. W. Hamilton (Capt.), B. Crofts; L. R. Thomas, W. P. Boladz; R. P. Davies, D. A. Richards, J. C. Mackenzie.

Saturday 31st. Barts v Rugby—away. Cancelled—ground unfit.

ROWING

A composite scratch crew was entered for the junior division of the University of London Winter Eights at Chiswick on December 6th. It had proved impossible to have an outing before the day owing to illness, but on the day however the crew raced hard and were unfortunate to lose their fourth race when nearly overcome by exhaustion.

The first race resulted in a dead heat with Birkbeck College after Barts had been misinformed about the position of the finishing post. In a rerow Birkbeck fouled Barts and were disqualified. In their next race Barts were to row against Westminster Hospital but at the last minute a University College crew was also included. The race resulted in a clash of oars between ourselves and U.C. and owing to the impaired vision of the umpire a rerow was ordered. As hinted above the crew were now very tired and were unable to hold the well-trained University College crew and lost by half a length.

Crew: Bow—J. L. Lewis; 2, I. Wai Ping; 3, J. J. D. Bartlett; 4, P. W. A. Mansell; 5, H. M. B. Busfield; 6, R. S. Edmondson; 7, J. R. H. Fisher; Str., W. S. Shand. Cox—J. U. Watson.

RIFLE CLUB

During the small-bore season, extending from October to March, the Rifle Club is entering eight teams in competitions in United Hospital, London University and N.S.R.A. Leagues. This entails firing 67 postal matches in addition to shoulder to shoulder friendly matches. Here is the position at roughly half-way.

United Hospitals Lloyd Cup

The 'A' team has won 3 out of 4 matches, and the 'B' team, 2 out of 4.

Tyro Competition

The 'A' team has won 2 out of 3, and the 'B' team 1 out of 2.

London University Leagues

Pistol—The 'A' team, having won the 2nd division last year, has met much stiffer opposition this year in the 1st division. Out of 6 matches they have won 1.

The 'B' team has only lost one match, by a margin of 2 points and leads the division with a margin of 200 points.

Standing and Kneeling.—The team is lying second in the division, having won 4 out of 5 matches.

N.S.R.A. Standing and Kneeling.—The team is first in its division, having won all its matches by some 200 points.

The Club has over 40 members, five of whom have shot for United Hospitals this season.

SOCCER

1st XI v. St. George's Hospital. December 3rd.
Away—won 2-0.

In many ways this was the most successful match played so far. Our opponents were a strong and established hospital side, whereas we fielded a team that included several new players and few of the veterans. As a result it was a good omen for the future.

Barts soon mastered the slippery condition of the pitch and with the forwards moving the ball well we were constantly in the attack. First blood came when a long ball down the middle sent Savage away and he scored with professional coolness. Fortunately luck was on our side and twice our goalkeeper cleared with impromptu kicks off the line in the face of oncoming forwards.

In defence Gletsu was outstanding with his fierce tackling which did much to discourage the opposition. The forwards pressed hard on the George's defence and forced several corners. From one of these we took our second goal. Downer, the right wing, calmly trapped and lobbed the ball past a helpless goalkeeper. Prosser and Juniper firmly countered late attacks into our half and at the final whistle we were deservedly two goals in the lead.

As we left the field the referee was heard to say it was the first time he had seen Barts play real football. Praise indeed!

Team: M. Fogarty; D. Prosser, A. Gletsu; R. Kennedy, C. Juniper, B. Perris; I. Downer, B. Hore, P. Savage, H. Phillips, M. Noble.

EXAMINATION SUCCESSES

UNIVERSITY OF OXFORD

Second B.M. Examination. Michaelmas Term 1958

Pass

Chong, J. K. K.-H.
Price, J. S.
Wells, D. P.

Cook, R. C.
Silverstone, J. T.

McMaster, A. B. M.
Smith, R. G. L.

UNIVERSITY OF CAMBRIDGE

Final M.B. Examination. Michaelmas Term 1958

Pass

Campbell, A. J. P.
Rhys-Phillips, D.
Roles, N. C.

MacAdam, D. B.
Ridsdill-Smith, R. M.
Simons, R. M.

Mathews, T. S.
Robinson, T. W. E.
Strong, J. R.

Supplementary Pass List

Part I. Pathology and Pharmacology
Abercrombie, G. F.
Davies, R. N.
Duff, T. B.
Hamilton, S. G. I.

Bowles, K. R.
Dick, D. H.
Evans, G. H.
Hindson, T. C.

Cantrell, E. G.
Drinkwater, P.
Francis, H. B.
Hobday, J. D.

SAILING CLUB

Welsh Harp Winter Series

October 22nd. 6th.
D. Welch, helm
D. Colin-Jones, crew.

November 5th. 5th.
R. C. Birt, helm.
Miss F. E. Rose, crew.

November 19th. 6th.
W. G. Fischer, helm.
R. C. Birt, crew.

December 3rd. 7th.
D. Colin-Jones, helm.
A. J. Balfour, crew.

WOMEN'S HOCKEY

1st XI v. University College, London. Lost—4-0.

A rather depleted 1st XI played their first match for six weeks, on a damp pitch in continuous rain. The team naturally lacked co-ordination, especially in the forward line, but J. Swallow and S. Minns worked hard and played well together on the left and had many near misses at goal. The defence worked hard, but the backs tended to play too square making it easier for the opposing forwards to penetrate, although they were often stopped because of offside. M. Childe and J. Hall were quick onto the ball, and gave good passes to their forwards.

Team: I Tomkins (Capt.); S. Cotten, T. Coates; M. Childe, J. Hall, M. Robertson; V. Nash, P. Smyth, R. Benison, S. Minns, J. Swallow.

Hurding, R. F.
Mather, J. S.
Richards, D. A.
Williamson, C. J. F. L.

Jephcott, C. J. A.
Parkes, J. D.
Strang, F. A.

Lee, B. K.
Perkins, B. A. W.
Tooth, J. S. H.

Part II. Medicine
Boston, F. M.

Faber, V. C.

Haslam, M. T.

Part II. Surgery

Part II. Midwifery
Faber, V. C.

Haslam, M. T.

Tooth, J. S. H.

UNIVERSITY OF LONDON

M.Sc. Examination. November 1958

Dimoline, A. (Biochemistry)

Ph.D. Examination. November 1958

Lovell, S. (Faculty of Science)
Harries, E. H. L. (Faculty of Medicine)

Special First Examination for Medical Degrees. December 1958

Pass
Nash, A. V.

Pope, F. B.

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

Abayomi, I. O.
Davies, W. A. M.
Gardiner, S. P.
Miller, A. J.
Sewell, J. B.
Whitaker, S. M.

Benison, R. S.
Fisher, R. G.
Lloyd, C. M.
Morris, J.
Stephens, K. MacG.
Ying, I. A.

Brewer, C. L.
Frank, A. J. M.
McLaughlin, J. E.
Pitt, J. M.
Walker, H. R. J.

CONJOINT BOARD

First Examination. December 1958

Pharmacology
Fox, G. C.
Arnold, J.
Mugrove, J. S.
Robinson, J. S.
Barracough, G. P. M.

Cassell, P. G.
Durrant, K. R.
Goodchild, M. C.
Almeyda, J. J. R.
Milburn, F. A.

Booth, D.
Pettavel, J. P.
Dobson, J. L. C.
Vollum, D. I.

CONJOINT BOARD

Final Examination — January 1959

Pathology

Faber, V. C.
Patterson, M. J. L.
Dymond, G. S.
Evans, G. H.
Marshall, R. D.
Peebles, D. J.

Woolmore, M. J. F.
Robinson, T. W. E.
Dobson, J. L. C.
Gabriel, R. W.
Mather, J. S.
Williamson, C. J. F. L.

Thompson, A. J.
Bowles, K. R.
Davies, R. N.
Hobday, J. D.
Perkins, B. A. W.

Medicine

Faber, V. C.
Warrander, A.

Gould, A. M.
Woolmore, M. J. F.

Lewis, J. H.
Patterson, M. J. L.

Surgery

Robinson, T. W. E.

Midwifery

Robinson, T. W. E.

Haslam, M. T.

The following have completed the examinations for the Diploma:
Robinson, T. W. E. Haslam, M. T.

ROYAL COLLEGE OF SURGEONS

Final F.R.C.S. November 1958

Dawson, D. A. (In Otolaryngology)
 Ffooks, O. O. F. (In Ophthalmology)
 Collymore, H. W. M.
 Bower, D. B.

Primary Fellowship, Faculty of Anaesthetists. December 1958

Hamilton, L. A. T.

Jepson, B. A.

Willis, P. F.

THE CHOICE OF A TEXTBOOK OF SURGERY

by a BART'S SURGEON

The present time will perhaps in years to come be known as the golden age of the author of students' surgical text books. At no time before can the student have had such a wide selection of books and such an impossible choice to make. Not only from home indeed, but also from across the Atlantic, constant salvos of students' text books on surgery have landed on our shores during the last few years.

In some ways the American text books are very good, but in general only parts of them are of value to the British student. This is because they are written for quite a different type of surgical teaching. For the one-book man they have no place. However, to the wider reader parts which deal with physiological principles which is the "new book" in surgery are useful and instructive. Such a book is Harkins, Moyer, Allen and Rhoads.

When we are asked by students to advise them on the choice of surgical text books, which to buy, which to read and which to avoid, we must first examine the place of a students' text book in the British method of surgical teaching.

The text book written by a single author has virtually gone with the growth of surgery and the increase in specialisation. Most of the modern books are a composite effort. Such a book may cease to be a text book in the old sense of the word and become no more than a series of compressed monographs collected between two covers.

We must ask ourselves, do students really learn surgery from books? Personally, I doubt it—at least I do not think that they can learn the things that make them reliable

and safe doctors. This last, I think, can still only be obtained by good bedside teaching and seeing and personally examining patients, together with reading.

In this regime, the students text book acts as a scaffolding for his clinical teaching and fills in the gaps. It should be a guide rather than an encyclopaedia, a survey map rather than a gazetteer.

I would suggest that what the student requires in his text book is a moderately sized and priced volume which he can read as a companion to his clinical teaching. For some things in the specialities this book will not be full enough and this need can be easily met by the hospital library keeping an up to date supply of the many excellent specialist books.

If on the other hand the authors of a students' text book attempt to provide him with "all he could want in surgery" between two covers, the task is enormous and the resulting volume of the same proportions. Again the changing face of modern surgery will make constant revision of such a book necessary. This is costly in author's time and a bad proposition for the student who finds after no more than two years that his large and expensive book on surgery is out of date and without second hand value.

One wonders how this problem is to be solved and clearly this is of special importance to those who are interested in student education. I venture to suggest that one way would be to have a choice of two or three basic texts dealing with general principles, the bulk of which would not greatly change with time and could remain a book of reference for the

doctors' bookshelf. If this was combined with some sort of year book on the lines of the B.M.J. refresher courses, the student could read this to gain the most recent information and might continue to buy and read them throughout his professional career. This would not limit authorship but rather increase it at the same time perhaps putting it to the best use.

For the most part the majority of British texts come into the category of good books. To single out one book from its fellows with this high standard is not easy, unless it possesses above all the essential qualities plus something which the others lack and therefore fills a real need for the student.

Of the standard British texts for students the following are in common use and are listed below.

If we could give any advice, and it is difficult to do so, we would suggest that before deciding on one book you look at the others too.

The following is a library list of some of the available textbooks of general surgery. It should help the student to know the field open to him, though it is not comprehensive and does not include works in the special branches.

- AIRD, I. A companion to surgical studies, 2nd ed., 1957.
- RAHEY, H. Demonstrations of physical signs in clinical surgery. 12th ed. 1954.
- BAILEY, H., and LOVE, R. J. McN. A short practice of surgery, 11th ed., 1958.
- BLACKBURN, G., and LAWRIE, R. Textbook of surgery, 1958.
- EDWARDS, H. C. Recent advances in surgery. 4th ed., 1954.
- FARQUHARSON, E. L. Illustrations of surgical treatment, instruments and appliances, 4th ed.
- HANDFIELD-JONES, R. M., and PORRITT, SIR ARTHUR. The essentials of modern surgery, 5th ed., 1957.
- ILLINGWORTH, C. F. W. A short text book of surgery, 6th ed., 1955.
- KIELY, P. Textbook of surgery, 2nd ed., 1958.
- LEDLIE, R. C. B., and HARMER, M. Aids to Surgery, 8th ed., 1952.
- OLIVER, L. C. Basic surgery, 1958.
- PATEY, D. H. Introduction to surgery.
- PYE'S Surgical handicraft. 17th ed., edited by Hamilton Bailey, 1956.
- SAINT, C. F. M. Surgical note-taking, 4th ed., 1947.

BOOK REVIEWS

A SHORT PRACTICE OF SURGERY. 11th Edition by Hamilton Bailey, F.R.C.S. (Eng.), F.A.C.S., F.I.C.S., F.R.S.E., McNeill Love, M.S.(Lond), F.R.C.S. (Eng.), F.A.C.S., F.I.C.S. and others. pp. 1389 + xii, 1697 illustration (285 coloured). Price £4 4s.

This new edition of Bailey and Love's well-known textbook of surgery is 260 pages longer than the previous one. It has 286 more illustrations (including 541 new ones) and retains its former price of 4 gns.

The authors have largely rewritten the chapters dealing with the thyroid, ductless glands, the liver, and the stomach, and there are two completely new chapters, one on Fluid and Electrolyte balance, and one on Radiotherapy. Both of these latter are to be welcomed, and present a good brief account of their subjects.

The layout and presentation are very similar to the previous edition, and the greater length seems to be the result of greater elaboration. For instance there are now 15 causes of goitre given, whereas there were only 11 two years ago. ("Lymphadenoid" and Riedel's thyroiditis are promoted—though Riedel is miss-spelt on p. 243.)

The index is somewhat selective. Intermittent claudication is not in it, though Chiari's syndrome is. Arteriosclerosis is only to be found in connection with pancreatitis! In general the surgical outlook on arteries is not well treated in this book. Part is under the sympathetic system and the rest is nearly 900 pages away under blood vessels. Nor is it just to introduce a new paragraph on arteriography, while retaining only one obsolete method of arterial grafting and an obsolete explanation of idiopathic lymphoedema. While it is very difficult for a new edition of an old textbook to keep up with all new advances in specialized branches of the subject, it is nevertheless a pity when it doesn't. There is far more, however, to praise than to criticize in this textbook. Surgery is very clearly presented, factual and accurate. It is by no means short but the authors are to be warmly congratulated on again producing a textbook which gives every aid to the student not only to know his surgery, but to be able to pass his exams.

It is not entirely without humour, either, fig. 798 is titled "The musculature of the anal canal (After Naunton Morgan)" and fig. 799 is titled "The lining membrane of the anal canal (Inspired by Naunton Morgan)."

J.D.S.

ROXBURGH'S COMMON SKIN DISEASES. 11th Edition revised by P. F. Borrie. pp. xxiv + 496. Illus. 215, 8 coloured plates. Price £1 17s. 6d. The 11th edition of this famous textbook is the

first new addition to appear since Dr. Roxburgh's death in 1955, and the revision has been done by Dr. Borrie with care and skill.

Roxburgh's *Common Skin Diseases* is well known for its clear and concise descriptions of the common skin lesions and for the practical treatment of these disorders. Very few changes have been made in the passages concerned with description and diagnosis. However the section on varicose veins has been largely rewritten and changes have been made in the sections dealing with the aetiology of Rosacea, Lupus erythematosus and Erythema nodosum. In addition, the chapter on syphilis has been completely rewritten and re-illustrated giving a more concise and up-to-date account of the skin lesions of this rapidly disappearing disease.

It is in the treatment of skin disorders that most alterations have been made. The advent of new antibiotics such as neomycin and nystatin has made the treatments of skin infections more certain and specific. In the treatment of lupus vulgaris and tuberculides isoniazid and streptomycin have now replaced calciferol therapy and local excision giving a much better prognosis for the disease; and hydrocortisone is now extensively used for suppressing eczema and dermatitis. But despite these modern drugs many methods of treatment are still palliative rather than curative.

The book is well designed and is illustrated by over 200 excellent photographs. Dr. Borrie has amply maintained the high standard set him and this

book can be recommended for student and practitioner alike.

J.E.C.

A HISTORY OF MEDICINE. Douglas Guthrie. With supplement. London, (*etc.*), Thomas Nelson. 1958. 463 pp., 42s.

The publisher's blurb advertising this book states that "the text has been thoroughly revised throughout to include the results of recent research and discovery," and talks of "the new edition, with its thoroughly up-to-date information." Neither the title-page nor the spine of the book state that this is a second edition, and in fact it is another page-for-page reprint with the addition of a few extra references, mainly at the ends of chapters, and a brief supplement, the contents of which are not included in the index. The supplementary material is not confined to recently published information.

Dr. Guthrie's *History of Medicine* has been widely appreciated as a popular introduction to the subject, but it was hoped that a new edition would be thoroughly revised, and cater for more advanced students. The preface to the first edition, here reproduced, states: "nor is there any British periodical devoted to this aspect of medicine." *Medical History* began publication two years ago, and much work on medical history has been accomplished since 1945, as evidenced by *Current Work in the History of Medicine* published quarterly by the Wellcome Historical Medical Library. In

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this new edition we do not even find mention of the volumes of Munk's *Roll*, published in 1955, or of Plarr's *Lives*, which appeared in 1953, and far too many footnotes still refer to secondary, obsolete sources.

The publishers should have encouraged Dr. Guthrie thoroughly to revise the text, for it has previously been reprinted on three occasions, and a second edition revised in the light of current research would not have been widely welcomed. No library or individual possessing the first edition of this book need acquire this reprint, which is merely patched up by the author in a manner permitting the use of the original type. The illustrations are also from the same blocks, but the price is increased by twelve shillings.

J.L.T.

YOUNG ENDEAVOUR: Contributions to science by medical students of the past four centuries. By William Carleton Gibson. With a foreword by Sir Henry Dale. Springfield, Ill., Charles C. Thomas. (Oxford, Blackwell). (1958) xx, 292 pp. 50s.

Those who have read Professor Gibson's previous articles on the subject will welcome this greatly expanded version, which ranges over the entire field of medicine. Chapters are devoted to specific subjects, and within these the authors are dealt with in chronological order. One is astonished at the number of distinguished scientists who made significant contributions to science while still medical students, and in this book one finds details of their entire careers. Among the anatomists we find Vesalius, Meckel, Gray, Huxley, and Lister; chemistry is honoured by Joseph Black, Paul Ehrlich, Sir Frederick Gowland Hopkins, among others; other subjects are similarly star-studded.

One is impressed by the number of medical students who showed promise at an early age, and, receiving encouragement by their teachers, became eminent in later life. Are students of today given too little assistance to pursue research, or should they concentrate entirely upon text books specimens and lectures in order to qualify as soon as possible? Would it not be better to foster an interest in research, and encourage independent thought, rather than to produce stereotyped medical men? Possibly this book will suggest answers. It is useless if it stimulates students to attempt to emulate the giants of the past, when facilities for doing so are denied them.

The author has the irritating habit of including quotations on separate pages throughout the text, and has also placed all the references at the end of the book, grouped by subject. These would have been more welcome at the ends of chapters, or as footnotes.

This book will be appreciated by all interested in the history of medicine, and medical students in particular should be inspired by the examples presented. There remain many discoveries to be made, and they will not all result from a lifetime of study. Three Bart's men are included in this collec-

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THE THIRD EDITION of *Biochemistry in Relation to Medicine* represents a major revision of the book. Most of the chapters have been almost entirely rewritten in order to cover some of the more important developments which have occurred in this rapidly growing subject in the last few years. The scope of the book has been extended by the inclusion of additional chapters dealing with the subjects of Digestion, Intestinal absorption and Endocrinology. In the work of revision and in the introduction of this new material the original authors have had the collaboration of Dr. D. S. Parsons and Dr. R. V. Coxon.

In order to make possible the rather fuller treatment of the theoretical aspects of the subject the sections dealing with experimental procedures and class exercises have been omitted.

The book is designed primarily for students reading for a degree in Biochemistry, Physiology or Medicine, but it will also be of value to post-graduate students and to workers in the field of clinical medicine.

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No new chapters have been added to the third edition of this book, but the text has been freely revised to incorporate recent advances in Pathology and its associated sciences. Some of the former references to original papers have been removed and others to more recent articles have been introduced in their place. Several of the earlier illustrations have been replaced and a number of new ones have been added. It is hoped that these changes will render the book more useful to all readers and especially so to those who are beginning to study general pathology.

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LONGMANS

tion, Alfred Smece (1818-1877), Sir James Paget (1814-1899), and Thomas Young (1773-1829).
J.L.T.

THE NURSING AND MANAGEMENT OF SKIN DISEASES. By D. S. Wilkinson, M.D., M.R.C.P.

This is an excellent handbook for nurses and family physicians who have to deal with the day-by-day management of the commonly encountered skin disorders.

The author has divided the book into sections—the first of which gives a clear explanation of the anatomy and physiology of normal and abnormal skin—thereby introducing an understanding of both the skin's behaviour and in consequence of the necessary methods of treatment.

A careful discussion of the psychological and sociological aspects of skin disorders emphasises their importance to the family doctor and district nurse who can so easily achieve excellent results—solely from their influence in these spheres.

Another section deals briefly with the main illnesses encountered and most of the remainder of the text is concerned with therapy. Here, good photography and simple descriptions may be easily remembered by the reader who is also given hints to make easier the more complicated procedures.

Finally an appendix gives in detail the various materials and instruments required for routine procedures.

In all the book is a most usefully practical one of its kind.

D. LOWE.

St. B.H.J., March, 1959

PERIPHERAL NERVE INJURIES. By Ruth E. M. Bowden. Published by H. K. Lewis & Co. Ltd. pp. 62. 8s. 6d.

The claims of this book to be "An introduction to methods of diagnosis and treatment of nerve injuries" and "designed to meet the needs of physiotherapists, medical students and housemen" are justified. This short book provides an instructive and enjoyable evening's reading. All the thirty illustrations are large enough and very clearly presented. Chapter 4 (anatomy) could have been placed as chapter 2. At the end of the book there are five suggestions for further reading and a very adequate index for a book of this size. In summary this new book is a welcome addition to the shelves of medical literature.

A DOCTOR'S STORY. By Victor Henrikson. pp. 208. Published by Michael Joseph Ltd. Price 18s.

This is the "auto-biography" of a Swedish doctor the "blurb" on the cover says. He discusses various aspects of the medical man's life: the terrors of the first operation; the ugliness of professional jealousy; the fear of being sued for negligence; the mental torment that physicians and surgeons undergo when they ask themselves if they are doing the right thing, the burden of their responsibility and the dread of making an irremedial mistake—he has been on the staff of a number of hospitals, has been a country practitioner, an army doctor, a psychiatrist and an eye surgeon.

In other words the book has been written for the impressionable layman.

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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APRIL 1959

No. 4

EDITORIAL

Twenty years ago housemen at Bart's worked for love and the hope of future glory. A chief assistant on a special department was paid £50 a year, had more work to do than today, and was expected to have no patients outside the hospital. It is odd that today students should sometimes complain about not getting enough financial aid, but there is in some cases justification for their pleas. It now costs £224 to live in College Hall for fifty weeks in the year. The College fees are £60 p.a. The necessities of life such as clothes and holidays are not cheap, and the traditional student's life is within the financial reach of very few.

In the social revolution since the war many inequalities have been removed and most of those have been for the general good. Some inequalities remain, and terrible to say, some new ones have been introduced. The expense account, for instance, which makes the businessman much more equal than others. Sometimes the State, removing an inequality with its left hand, introduces a new one with its right. Students' grants are an example of this. There should be no criticism of the idea that no one should be debarred by lack of money from becoming a medical student. The negatively minded may say that this is bringing into medicine a new type of person lacking the background and character asso-

ciated with doctors of former years, but medicine is a stern enough discipline to be able to mould character on its own, and anyway there is a wide demand now for technically well-equipped doctors in jobs where their personalities, old school ties, and accents are irrelevant. Indeed it is in these fields that medicine is advancing most rapidly.

While the lot of those who could not afford to read medicine without outside aid in the form of pounds sterling has been greatly improved, not only has nothing been done for the others, but they are greatly handicapped. The student fortunate enough to get a room in College Hall and have a State or other grant in some cases just needs to inform the authority concerned and back comes the extra money. He gets his travel expenses and books partly paid for, and in fact, may have almost as much money actually reaching his pocket as a junior houseman earns. The student whose father is paying for him, and they comprise 40 to 50 per cent of the students at Bart's, on the other hand, in all likelihood will be unable to live in College Hall, and if he is will feel rather tentative about asking for another £75 or so a year from a source not so limitless as the coffers of the State or County Authority.

So inequality is with us still. Is anyone going to do anything about it?

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CALENDAR

APRIL

- Sat. 4—Medical and Surgical Units on duty
Mr. G. H. Ellis on duty
Rugby—Inter-Firm seven-a-side tournament
Soccer—United Hospitals Six-a-Side competition
- Mon. 6—Film Society
- Sat. 11—Dr. R. Bodley Scott on duty
Mr. A. H. Hunt on duty
Mr. F. T. Evans on duty
- Sat. 18—Dr. A. W. Spence on duty
Mr. C. Naunton Morgan on duty
Mr. R. A. Bowen on duty
- Thur. 23—Abernethian Society: Dr. D. G. Jamison
“Leprosy: Research and Therapy in Northern Nigeria.”
- Fri. 24—C.U. Weekend, Greenwoods, Essex.
- Sat. 25—Dr. G. W. Hayward on duty
Mr. A. W. Badenoch on duty
Mr. R. W. Ballantine on duty

Students' Union

A meeting of the Students Council was held on Wednesday, February 25th, Mr. A. H. Hunt was in the Chair.

Among the matters arising from the minutes of the previous meeting was the question of Students' travel expenses. It had since been pointed out that these were allowed only on courses which took people away from the hospital where in pre-war days they could do them in the hospital. Thus the aetiology of the anomaly (that some travel expenses are refunded and not others) was explained but not the reason for its continued existence. Mr. Tuckwell pointed out that the poorest students on the whole were the very ones who had no Local or State Authority to seek re-imbusement from.

Mr. Paul Cassell was elected nem. con. to the newly created post of Publicity Officer. The Council then discussed at great

length and with some repetitions, hooliganism at Rugby Cup-ties. This was after it had been agreed that the Union rather than the Rugby Club should foot the bill for £5 for damage to the Richmond Athletic Club property at the tie against Guys.

It was decided by the Council that the word should be taken informally to those likely to break the peace that if they went beyond damaging each other they would be in trouble. By now we shall know whether this has been successful or not.

This was followed by a profitless discussion on the magazines which should or should not be bought by the Students Union for the Abernethian rooms at the Hospital and at College Hall. Profitless because although some research had been done into which periodicals were most wanted by Students no decision had yet been reached as to how much money was available for their purchase. Surprise was expressed by several people that the only magazines bought for the Abernethian Room at the moment were *Punch*, *Time*, *Illustrated London News*, and the *Manchester Guardian Weekly*. So there is hope that not only will students get the journals they want, but more of them.

The constitution of the Film Society was then read out and approved, and shortly afterwards the Council adjourned.

From Hansard

Sir I. Clark Hutchison asked the Minister of Health if he would state the total number of nurses, trained and undergoing training, per 100 staffed beds, in the Middlesex Hospital, St. Bartholomew's Hospital, and St. Thomas's Hospital respectively.

Mr. Walker Smith: 80, 83 and 93, respectively.

Sir I. Clark Hutchison asked the Minister of Health if he would state the average cost per patient per week in the Middlesex Hospital, St. Bartholomew's Hospital, and St. Thomas's Hospital, respectively.

Mr. Walker-Smith: The average in-patient net cost per week in 1957-58 in the Middlesex Hospital, St. Bartholomew's hospital and St. Thomas's Hospital, as shown in the recently published Costing Returns, was £31 15s. 10d., £35 1s. 9d. and £38 10s. 4d., respectively.

Sir I. Clark Hutchison asked the Minister of Health what grants from public funds excluding endowment funds, have been

allocated to the Middlesex Hospital, St. Bartholomew's Hospital, and St. Thomas's Hospital, respectively, for capital improvements during the past five years.

Year ended 31st March	St. Bartholomews Hospital	Middlesex Hospital	St. Thomas's Hospital
	£	£	£
1954	9,241	20,733	84,135
1955	40,147	28,838	85,032
1956	24,815	72,924	236,834
1957	21,589	58,507	162,835
1958	39,934	44,513	38,725

Film Society

On Monday 2nd February the Film Society showed "Riffi" with "County Hospital" and "Christopher Crumpet's Playmate" to over 200 people. The last named film, a U.P.A. cartoon, was a good example of the maturer type of American short cartoon, whilst "County Hospital," which was greeted with cheers, was a typical vintage Laurel and Hardy film with its inevitable farcical situations and an incredible car ride with Laurel driving under the influence of an anaesthetic.

"Riffi," a good example of the rather sadistic French thriller, was memorable for the silent and extremely nerve-racking half-hour sequence showing the break in and safe-opening in the jeweller's shop. The ending, except for the section showing the hallucinations of the dying Tony le Stéphanois—done in an abstract manner similar to the death of the soldier in "The Crowes are Flying"—was rather weak, culminating as it did in a succession of killings of the gangsters, to bring about the satisfactory moral conclusion.

A source of dissatisfaction, to all those who do not understand high-speed 'Argot', was that the subtitles were not always legible as they did not have a dark enough background. The present system of subtitling is a compromise between legibility of the caption and visibility of the film. Like all compromises it is unsatisfactory and a better method would be to sub-title in white letters (as now) on a narrow black strip.

On Monday 16 February, the Society showed "The General" with Buster Keaton,

Mr. Walker-Smith: The following are the details of capital expenditure (including capital equipment out of public funds incurred by the Boards of Governors of:

"The Rival World" and another U.P.A. cartoon "Unicorn in the Garden"; this was based on the Thurber short story and was thoroughly enjoyed.

"The Rival World" a Shell film about insects, which exist in the proportion of fifty-million to one man; was beautifully photographed by Bert Haanstra (whose film "Rembrandt—Painter of Man" is booked for April 20). This film was an excellent example of the unobtrusively instructive documentary and is one of the best produced by Shell.

"The General" a silent film, directed by the star, was a hilarious version of a real-life locomotive chase during the American Civil War. Keaton has been compared to Chaplin for his frozen-faced clowning but a modern comedian who owes much to him in his moments as a poor down-trodden little man, is Norman Wisdom.

It is a worthy comment on the film that a serious version of this eminently filmable adventure was not made until thirty years later: Disney's "The Great Locomotive Chase".

Hockey Club Ball

The Hockey Club Ball was held in College Hall on Friday evening the 13th of February. An inauspicious date, but unlucky only for the organisers, whose efforts were unrewarded by making a considerable loss. This was partly accounted for by the fact that approximately 120 couples enjoyed themselves to the music of Hugh McCanley and his band, and ate the delicious buffet supper prepared

by members of the Ladies' Hockey Club, whereas only 78 double tickets were sold. Also not bargained for was the large loss of cutlery. How can 40 dessert spoons get lost?

However we hope the Hockey Club will not be deterred from holding an equally successful ball next year, continuing the excellent idea of having no cabaret.

Ski Club—Zermatt

"Get to Victoria early." Thus was the final exhortation of the secretaries at the briefing which preceded the visit of the Ski Club to Zermatt. Consequently at midday on the third Saturday in January, thirty-nine oddly-clad persons stood on the platform at Victoria anxiously awaiting the arrival of the secretaries with their tickets. Nevertheless the whole party left together and would have arrived together but for the fact that the sleeping car bearing five of our members was detached during the night and attached to another train. The gentlemen concerned spent what they later grudgingly admitted to be an interesting day touring round Switzerland, eventually arriving at Zermatt only five hours late.

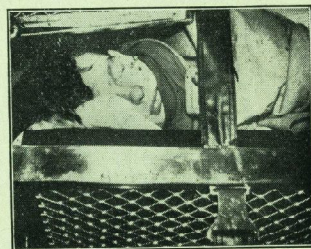
Snow conditions in Zermatt were excellent, there being four feet of snow in the village and deep powder on the upper slopes. We were fortunate to arrive on one of the few pleasant days that the village had enjoyed and, after a quick lunch, the real enthusiasts were quickly on the slopes. Zermatt provides an ample supply of varied ski-ing with, perhaps, the reservation that the Nursery Slopes are not very impressive compared with those at Zürs. For those who enjoy the simpler pleasures the scenery is breathtaking, the whole panorama being dominated by the Matterhorn, which rises in photogenic majesty from the southern end of the village.

After the first day of glorious sunshine the sun gave way to more familiar weather. One of the advantages of Zermatt is that even though the valley may be shrouded in cloud, the sun will be shining on the mountains and some people were lured up the lifts to the sun, despite the disgrace of descending again by lift. However, after four days of snow and overcast skies, the sun made a welcome reappearance and with it the deck chairs, on the balconies, and the cameras.

There is much to photograph. There being no road up the valley to Zermatt the only transport is provided by horse-drawn sleighs, which are picturesque, if somewhat hazardous in the narrow streets. The church too was a target for camera fiends and, of course, the inevitable Matterhorn. (One interesting game one can play in Zermatt is finding a postcard which does not depict some aspect of the Matterhorn.)

The party stayed at the Hotel Dom and we are grateful to Herr Lauber and his wife for entertaining us very well and at modest rates. Barts have stayed at the Dom before and some old members of the club expressed surprise at our being welcomed there again. The party behaved very well, however, and, excluding the mysterious departure of two angry Germans at 4 o'clock one morning, did not trouble the other guests unduly.

There was the usual crop of injuries striking mainly at the beginners and particularly at the girls, who found a telegraph pole on the nursery slopes irresistible. Dick Crampton, one of the more experienced skiers in the party, suffered the unnerving experience of being brought down on the "blood wagon"



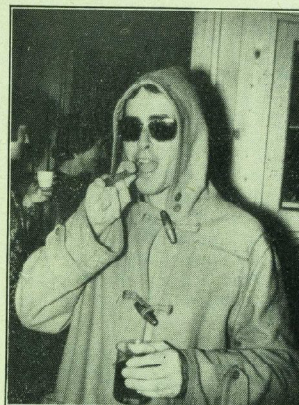
Mr. K. R. Bowles

"Better the morning after . . ."

after a crash high up on the slopes. Fortunately his injured ankle was not sufficiently serious to prevent him from ski-ing again later, but he was forced for a time, to join the élite group which sun bathed each day at the top of the 'Sunnegga'. Special mention must be made of Gary Renn who having spurned the ski school, Austrian or Swiss technique, devised his own style and mastered all manoeuvres except stopping and turning corners. He survived a series of the most spectacular crashes and once again the

insurance company showed a profit on our policy.

Zermatt is large compared with most alpine villages and the shops are modern and



Mr. C. A. Fugac

" . . . than never the night before "

varied but very expensive. Night life flourishes although the men of Barts did not contribute their full share (muttered one youth "I have come away for a change"; muttered one girl "One more game of Snip, Snap, Snorum and I shall scream). One small bar was affectionately named 'Dan's' and was frequented regularly, being the cheapest source of palatable beer in the village.

There is no doubt that the smaller casualty list this year was in part due to safety bindings. Both the secretaries used them and avoided what had become the traditional injury, although some claimed that their unprecedented cleanliness played some part in this. In explanation let it be said that the secretaries occupied the bridal suite with adjoining (free) bath, from which, sitting back to the taps, a unique view of the Matterhorn was achieved. In the corner of this same bathroom was a small appliance of doubtful aetiology which was very useful for washing drip dry shirts. The era of perquisites!

It is sad to think that by the time this report is published the healthy tans will have faded past even the stage of pale jaundice and all skiers will have sunk back into anonymity. Next year we shall master the Wedeln.

K. R. BOWLES.

NOTICES

Changes of Address

MR. MORTON WHITBY, F.I.C.S.
62, Queen Anne Street,
Cavendish Square, W.1.
Telephone Wel. 8626.

MR. J. E. R. McDONAGH, F.R.C.S.
Park Gate,
Onchouse, Nr. Stowmarket,
Suffolk.
Telephone Stowmarket 248.

DR. GEORGE S. R. LITTLE.
2 Shooters Hill Road,
Blackheath, S.E.3.
Telephone Gre. 0336.

DR. F. H. CLEVELAND.
Escot,
Ottery St. Mary, Devon.

JAMES RANDALL, M.D.
110 East End Avenue,
Gracie Square, New York 21,
N.Y., U.S.A.
Professional address:
897 Park Avenue,
New York 21,
N.Y., U.S.A.

MR. NORMAN JORY.
7 Devonshire Place,
London, W.1.
Telephone Hun. 2355.
Residence:
Highmead,
Tilford, Surrey.
Telephone Elstead 3157.

University of London

UNIVERSITY OF LONDON.—Dr. C. F. Harris has been appointed representative of the University at the ninth International Congress of Paediatrics to be held in Montreal from July 19-25, 1959.

Recent Lecture

Dr. C. Langton Hewer, F.F.A.R.C.S., delivered the Frederic Hewitt Lecture, "Forty Years On", on Wednesday, 18th March, 1959, at the Royal College of Surgeons.

ANNOUNCEMENTS

Engagements

MARSHALL—GIBSON.—The engagement is announced between Richard David Marshall and Eleanor Ann Gibson.

SMITH—COCKELL.—The engagement is announced between Dr. Richard Guy Lewin Smith and Elizabeth Roscmayr Cockell.

Marriage

POCOCK—TRESIDDER.—On January 31st, at the Priory Church of St. Bartholomew-the-Great, Eric Pockock, B.Sc., M.R.C.V.S., to Angela Tresidder, M.B., B.S.

Births

BOULTON.—On February 15th, to Helen, wife of Dr. Tom Boulton, a son (Thomas Adam Babington).

DROWN.—On February 17th, to Freda, wife of Dr. G. K. Drown, a sister for Rosemary and the twins.

HARRISON.—On February 9th, to Jane, wife of Surgeon Lieut-Commander J. A. B. Harrison, R.N., a son, brother of Timothy.

HEWITT.—On February 21st, to Myrna, wife of Stanley R. Hewitt, M.R.C.O.G., a son (Martin Russell).

SCOTT.—On January 31st, at B. M. H. Hongkong, to Rosemary, wife of Surgeon-Lieut. H. G. Scott, R.N., a third son.

Death

CANE. On January 22nd, Edward Geoffrey Stayner Cane, D.S.O., Col. Late R.A.M.C. (retired). Qualified 1910.

Examination Successes

ROYAL COLLEGE OF SURGEONS

The following Candidates were successful in the Primary Fellowship Examination of the Royal College of Surgeons in January 1959:

Edwards, A. J.
Nottidge, R. E.
Rosborough, D.

Mr. Sidney Higgs

An Appreciation

Sydney Imbrey Higgs retired at the end of September, after 28 years on the senior staff.

Born in London on September 12th, 1892, he was educated at Whitgift and St. John's College, Cambridge, where he rowed in the First May boat and at Henley and became Secretary of the Lady Margaret Boat Club. He was a member of the Hawks Club.

His time at the University was interrupted by the outbreak of the first World War. In 1914 he saw service in France and later with the Indian Medical Service in a hospital ship in the Mediterranean during the Gallipoli campaign. Sent back to continue his studies, he qualified early in 1917, and, after a short



Mr. Sidney Higgs

house appointment as Surgical Receiving Officer, joined the Royal Navy as a Surgeon-Lieutenant and served in destroyers and light-cruisers of the Harwich Force.

On demobilisation he was in 1920 appointed one of the first House Surgeons to the newly formed Surgical Professorial Unit. This brought him into close contact, not only with Professor G. E. Gask, its Director, but also with Mr. (later Sir) Thomas Dunhill, who had given up a promising career in Melbourne to serve in the Army where Gask

had marked him down and induced him to come to Bart's as Assistant Director. In this strange environment, Dunhill received great help from the younger man, and the links of a close friendship were forged. Higgs went on to take his F.R.C.S., and to demonstrate anatomy. The recent war had emphasized the value of orthopaedics and its past neglect in these Isles, and Higgs felt strongly drawn towards it. His practical ability and sober judgment were appreciated by two astute observers, R. C. Elmslie and Sir Robert Jones. Consequently Higgs was able to work as Chief Assistant in the Orthopaedic Department at Bart's, and as Assistant Surgeon at Roehampton, which had become the successor of the Military Orthopaedic Hospital established by Robert Jones at Shepherd's Bush (in the "Hammer-smith" Hospital that now houses the Post-graduate school). He also filled the post of Surgical Registrar at the Royal National Orthopaedic Hospital, where he shortly became Assistant Surgeon and later full Surgeon, and finally Consulting Surgeon in 1948 after his retirement from the active staff at the end of 1947.

In those early days, Higgs began to take a leading part in two other activities that had interested Robert Jones and R. C. Elmslie, namely, the development of the Heritage, Chailey, from a school and passive home for crippled children into an active children's orthopaedic hospital, and also the development of orthopaedic clinics in various parts of Hertfordshire, which incidentally brought a great deal of good teaching material to Bart's. He was also Orthopaedic Surgeon to the Alexandra Hospital, the Foundling Hospital, St. Dunstan's, the British Red Cross Clinic for Rheumatism, and to various cottage hospitals.

Although the first bonesetter, Izzard, was appointed to the Hospital in 1698, forty-three years before the word orthopaedic was coined, there was no orthopaedic department till 1867, and from then it was conducted by one or other of the junior general surgeons. In 1912, R. C. Elmslie was appointed the first specialist Orthopaedic Surgeon, with eight beds. In 1930, he was allotted the greater part of Kenton (now Henry) Ward, and a theatre in the basement beneath. In the same year, an Assistant Orthopaedic Surgeon was appointed in the person of Higgs. He became full Orthopaedic Surgeon and head of the department when Elmslie retired in 1937.

On the outbreak of war in 1939, the staff of the orthopaedic department was dispersed. Higgs was made Consultant in Orthopaedics to the North-East Sector of the Emergency Medical Service and to the Eastern Command of the Army, and was put in charge of a special orthopaedic centre of 200 beds at Hill End where he gathered about him a band of keen younger men.

Since the war, the orthopaedic department has remained divided between Hill End and Bart's; but, in spite of the consequent impediments, he retained his interest in teaching; and he did not lose touch with the student body although he had orthopaedic beds at Bart's itself for only two of his twenty-one years in charge of the department.

Higgs played his part in the affairs of his speciality, and in 1950 he became President of the British Orthopaedic Association, a post which he held with great distinction for the two years of this office. He was also President of the Orthopaedic Section of the Royal Society of Medicine in 1940-41, and President of the Heberden Society in 1947 and 1948.

Although a very good speaker and teacher, Higgs has written little. Early in his career he devised a toe operation which became generally adopted here, and many years later was independently described in America; and, in collaboration with Ivor M. Robertson, he made some useful contributions to bone grafting and to the use of penicillin in its early days. His own particular interest has been the surgery of the hip, and he developed remarkable judgment and dexterity in this very difficult field.

As a personality, Higgs presents that combination of grace, dignity and courtesy that we like to think epitomises the English gentleman, and all this is crowned by a fine presence.

His regular recreations were golf, fishing and ski-ing, with always a special interest in sailing, which since the last war has occupied most of his leisure. An illness about two years ago was thought by his friends to have deprived him of his dearest pastime. It was therefore with some surprise that his former assistants and house surgeons learnt that a radio-telephone would form an acceptable parting present, and they discovered with gratification that *Easter Maid* was to be succeeded by a new and better boat, *Lady Margaret*, now building. We wish her Master many years of happy sailing.

MEDICAL BOX CASE HISTORIES

by J. S. Price

As a student one gets very little opportunity of seeing medical casualties red-hot from the street; in fact to me and my contemporaries the medical box was a thing of obscure location and even obscurer activities, where for all one knew the last remnants of witchcraft might have been hanging desperately on into the sterobiotic era. So perhaps the account of a few cases, informally presented, might be of interest. As the writer is a red-hot case of inexperience, the diagnoses carry not even a six months guarantee, and comment from his betters (and others) would be welcome, the more critical the better.

A boy of 20, who worked as a jewellers polisher, came in one lunchtime complaining of nausea and swelling of the upper lip. He had been perfectly well until coffee break that morning, when he felt sick and his lip felt a bit thick. Five minutes later he had a bout of unproductive coughing, an unusual thing for him. On his way to hospital he developed a flush over the face. He had not vomited and had no other symptoms.

On examination, his face was something like the colour of beetroot, the eyelids and subcutaneous tissues of the face were swollen, and from the feel of his forehead he had a high fever. He could not breathe through his nose. The first time his axillary temperature was taken there was no mercury visible in the barrel of the thermometer; the second thermometer registered 95° F. Pulse and respirations were normal. He was not distressed and his mental faculties seemed in order. The chest and shoulders were flushed, and also the back, where there were scars of an old acne. The backs of his fingers were swollen—there was a dark red punctate rash on them, and one or two fissures. He had had the rash for two months. Further examination revealed a sagging right palatal arch which moved poorly on phonation, and some rhonchi at the back of the left chest. Otherwise he was normal.

He was a phlegmatic sort of individual—and after a 'man to man' talk the only

worry he admitted to concerned one of his sparking plugs. Careful questioning had elicited no history of taking medicines, eating strange food, or using new chemicals. He had been in his job for 27 months and all the time had used the same polish (of unknown composition) and in his spare time tinkered around with his car, which he had had for some months. There was no personal or family history of allergic conditions (apart, perhaps, from the rash on his hands) nor of any among his workmates.

Nevertheless, the diagnosis of 'allergic condition' was made, and he was given 10 mg. of Piriton intramuscularly. (Piriton, an antihistamine otherwise called Chlorpheniramine Maleate, is surgery's first line of defence against anaphylaxis and all that.)

The response to treatment was interesting. The rhonchi disappeared in about ten minutes; then the erythema faded slightly, and then he was heartily sick. About half an hour later he suddenly developed a typical urticarial rash over his chest and the flexor aspects of his arms.

He was taken to Surgery Ward for the night on Tabs. Piriton 2 q.d.s. In the morning, apart from a slight residual swelling of the face and upper eyelids, he was back to normal.

What could have caused this 24-hour drama in the life of a healthy boy? Was it crypto-allergic, was it psychological, or was it merely 'idiopathic'?

One afternoon there were two patients in the box at the same time both with heart conditions, who represented an interesting contrast in personality and history-telling.

One, a man in his late forties, had come with a doctor's letter complaining of attacks which he had had for over thirty years. Suddenly, with no warning, he said, his heart would stop and he would have to fight for breath, then a terrible palpitation would ensue, and then he would get a feeling of two icy fingers being slowly drawn across his heart (this was

accompanied by a demonstration). Some years ago he had been investigated by Dr. Douthwaite at Guy's who had said that his heart was perfectly normal. For the last two years he had been off work because a doctor had told him to 'take it easily for a bit'. In the course of the history-taking (by no means a swift affair) he touched on many other symptoms and described many periods of hospitalisation, also, by the way, giving a classical description of Globus Hystericus. Examination, of course, revealed no abnormality, not even the odd extrasystole which the history suggested. He was told that the most modern form of therapy for his condition could be obtained at the Labour Exchange.

The other patient, a man of similar age, was brought in looking like death, pouring with sweat and with a systolic blood pressure of 60 mm. Hg. (the diastolic was unrecordable). His pulse was 210 per minute, regular and of poor volume. His story went something like this, "Oh, it's all right, doctor, I've been getting attacks like this on and off for five years—they last for two or three days and then suddenly go off. I'll be all right." He was admitted to the ward with a diagnosis of paroxysmal tachycardia.

An office clerk of 43 was brought in one lunchtime in a state of collapse. He had been perfectly well in the morning, but going upstairs to lunch had felt breathless, and at the top of the stairs had had considerable difficulty getting his breath; the difficulty was mainly with inspiration rather than expiration. Then sitting at the luncheon table he felt dizzy and came out in a sweat. He experienced tingling in the feet and hands. His condition so alarmed his dining companions that they rushed him to hospital, where his condition remained much the same. There was no history of previous attacks.

He was a lean and anxious man, he had a history of duodenal ulcer, but looked perfectly fit. The respirations were of normal rate but of deep thoracic character. The jerks were rather brisk, but otherwise general examination revealed nothing.

The history, the character of the breathing, and a wink from the ambulance man as he had been brought in suggested that the malady might not be quite as serious as it seemed. The sphygmo cuff was passed round his arm and pumped just above systolic pressure. In one minute he complained that the arm had gone numb, and in another half

minute the hand was in carpal spasm. This sign was, I believe, first described by Trouseau. Erb's sign (movement of the angle of the jaw when you tap over the parotid gland) was negative.

He was then given oxygen (with no gas flowing) and after rebreathing from the bag for sixty seconds declared himself to be completely better. The nature of his attack was explained to him, and he was discharged, a letter being sent to his doctor.

These cases of 'hysterical' hyperventilation must be fairly common: this was the third to appear in the box in less than three weeks. It differed from the others in that the respiration rate was 24; in the other two it had been 50 and 60. All three were similar in having sensory symptoms (coldness, numbness and tingling) rather than motor. The respiratory rate is quite out of the control of the patient, and ventilation cannot be reduced by voluntary effort; it is, however, reduced very quickly on rebreathing. The patients have no insight at all into the condition.

One morning the police brought in a woman in her early twenties. They had been called to see her in a church, where she had told someone that she had lost her memory. This was, in fact, the case. On questioning, she could not remember who she was, where she lived or any facts about her life. We found from her handbag that she was married to a sailor, had three children and lived in Rochester. On being told this she did not register, nor did she recognise a photo of her husband and children.

There were some interesting things about her memory. For instance, although she did not know she had a sailor husband, she knew all about sailors. Although she did not know where she had been that morning, she knew that the Australians were doing well in the Test. She knew she could knit, though she could probably ride a bicycle, but not drive a car. She thought she had played tennis and hockey at school and had probably worked in a shop (the idea of customers produced a hostile response). That was as far as her memory of her own life went.

She seemed a pleasant and unintelligent woman who could converse quite normally. She seemed bemused by her condition but not agitated. There was no physical abnormality.

The condition was thought to be hysterical, and an injection of sterile water was given

with a great build-up as a memory restoring drug. It was quite ineffective. Some time later, while her medical attendant was in a sort of therapeutic doldrums, she took the opportunity of going to sleep, and woke up, hey presto! with her memory perfectly restored.

She could remember all her past life and the period during which her memory had been missing. She said that she had been depressed because her husband was due back off leave the next day. She remembered the fact that she had lost her memory. Her personality seemed much the same as before, although naturally she was more cheerful.

Eventually her husband turned up to

claim her, and this introduced the first sneaking doubt into the diagnosis. He seemed much more concerned about getting a medical certificate for an extension of leave than worried about his wife's condition. Was this in fact a hysterical amnesia or was it a vastly elaborate plot to get a few days extra leave? Is there, incidentally, any way that one can tell the difference with any certainty? Foolishly in this case I signed the certificate, forgetting that even if she were genuinely hysterical the secondary gain would only make her more likely to do it again.

Thanks are due to the Casualty Physicians for their permission to discuss these patients, and their advice in dealing with some of them.

ONE HUNDRED AND ONE YEARS AGO

Medical Events of 1858

by P. J. Watkins and A. J. Missen

We may read the books and journals of a century ago with a good deal of amusement when we see advertised "a new belt for the treatment of cholera" and a "recently invented" galvanic machine to reduce the agonies of tooth extraction, while in more serious vein the editor of the *B.M.J.* devoted a leading article to the effects of lack of physical exercise in the United States. The Americans, he says, have become such a gangling race that the trouser had to be invented to hide their spindly calves!

Yet it comes as something of a shock to realise how much of what we consider today to be fundamental medical practice originated in that period, for Medical Research at that time was proceeding with great vigour. At Guy's Hospital, Hodgkin, Addison and Bright were at work, a trio whose record for one hospital at any one time must be incomparable.

Men were travelling as they always will and we find Sir Erasmus Wilson reporting on his "three weeks scamper through the spas of Germany and Belgium" saying of Lærgen Schwalbach that "it is here that the old grow young, the weak, strong".

Meanwhile at home, the year 1858 saw the close of a long struggle on the part of a small but energetic party of reformers to set in order the affairs of the medical profession. A

century dominated, as Carlyle points out, by "laissez faire and Devil take the hindmost" had once again produced legislation which controls and affects our lives today. It is interesting to observe however that these same principles resulted in a Bill regulating the activities of the profession and doing nothing to penalise the vast number of quacks who were at that time in practice. A sentiment often expressed in Parliament was that "we must encourage the good, not discourage the bad," and many a reforming measure was rejected because it provided for penalties against unqualified practice.

The movement for reform gained its first success with the Apothecaries Act of 1815 which gave the Society of Apothecaries the right to practise medicine and also made some specific regulations with regard to medical education. This achievement, plus the continued success of unqualified practice and the efforts of that indefatigable reformer Thomas Wakley (founder editor of *Lancet*) formed the basis of a struggle which was to last forty years and involve the introduction of no fewer than seventeen Bills into Parliament.

The deficiencies of medical education in the early nineteenth century were manifest in the widening gap between clinical medicine and medical research, inadequate degrees and the lack of evidence of qualification. This

state of affairs, as Dr. Hawkins pointed out to the Select Committee of 1847, was largely due to the existence of seventeen independent and uncontrolled licensing bodies all trying to undercut each other.¹ Under these circumstances unqualified practice thrived encouraged by government and royal patronage (from Queen Adelaide) and, perhaps above all, public apathy.

Upon this scene of confusion appeared Thomas Wakley, imbued with a desire for urgent and radical reform. Impulsive, genial to his friends and abusive to his enemies, Wakley was a formidable opponent and having antagonised the consultant staffs of almost all the London hospitals he now transferred his full fury to the Royal College of Surgeons with allegations of incompetence, corruption and nepotism.

However well founded these may have been, and Sir Astley Cooper's oft quoted remark (when accused of rudeness to a group of surgeons) at once springs to mind: "Are they men whom I could possibly feel disposed to injure? Mr. Travers was my apprentice, Mr. Key is my nephew, Mr. Green is my godson, Mr. Tyrell is my nephew and Mr. Morgan was my apprentice."² one cannot escape the feeling that Wakley was fighting people rather than abuses.

In 1834, before Wakley entered Parliament, he worked in conjunction with Warburton (M.P. for Bridport) in promoting a government enquiry into the state of the medical profession and had the immense satisfaction of hearing the Corporations (the two Royal Colleges and the Society of Apothecaries) damned out of their own mouths.

The following year Wakley successfully contested the seat for Finsbury and entered Parliament as an acknowledged expert on the practical and legal shortcomings of the Corporations—"the dull, feeble exclusiveness of the Royal College of Physicians of London, the tyranny and ineptitude of the Royal College of Surgeons, the pettyfogging malice of the Society of Apothecaries . . ." as he put it in one of his weekly diatribes against the established order.

Wakley and Warburton introduced their

¹Report from Select Committee on Medical Registration 1847.

²Sprigge: "Life and Times of Thomas Wakley.

first reforming Bill into Parliament in 1840 and although it was dropped after the first reading it indicated the general lines along which the reformers were thinking. Probably the most fundamental provision of the Bill was the establishment of a Medical Register—initially one each for England, Scotland and Ireland, though by the time the 1858 Bill was introduced the legislators had settled for one Register only, inclusion in which conferred the right to practise in each of the three kingdoms.

The first of the reforming Bills also included penalties for unqualified practice and sought to restrict hospital, public and service appointments to duly qualified practitioners. Penalties for unqualified practice were unpopular with the Whigs, who maintained that the public had the right to be attended by quacks if it so chose, and the Bill introduced in 1855 by Mr. Headlam after consultation with the Provincial Medical and Surgical Association was almost certainly lost by virtue of its penalty clauses.

In 1841, a Bill introduced by Mr. Hawes contained an idea which was to prove highly controversial—namely the "single portal of entry", that illusionary vision of a single basic registerable qualification which was championed by Lord Elcho in the latter stages of the reforming movement. It was however an idea which presented too many administrative difficulties and cut too sharply across the interests of the Universities and Corporations and it was therefore dropped from the 1858 Bill.

The Corporations were strongly opposed to the reformers on the matter of registration, considering that the whole idea was beneath their dignity and that double registration of "General Practitioners" as physicians and surgeons would lead to the extinction of the old "orders" of the profession. For this reason too, they were strongly opposed to the single portal of entry. It was over the ideas mentioned above that the uncompromising attitudes of the medical corporations (anxious as ever to maintain their position of privilege) met the zeal of the reformers in a battle which was to rage for 17 years.

The idea of a governing body for the profession was considered from the outset though the functions of the Medical Council, as specified in the first of the reforming Bills, consisted merely in examining chemists! Subsequent Bills added to its powers until it

finally attained the administrative and disciplinary powers set out in the Act of 1858. The composition of the G.M.C. was the subject of much discussion. Mr. Headlam on the one hand wanted an elected Council with direct representation of the profession as a whole, while Lord Elcho wanted a Council nominated by the Crown and responsible directly to Parliament.

In 1857 the House was reduced to a state of utter confusion on the subject of medical reform, being faced by four Bills (two each from Mr. Headlam and Lord Elcho) the numbering of which had gone awry, so that reports on debates read like some nightmare in which every effort at progress was unavailing. In the end both Headlam and Elcho withdrew their bills and the dark hour before the dawn, with its needless internecine strife drew to a close.

In February 1858 there was a change of government, but Mr. Cowper kept his promise, made in a previous session, and introduced a "Bill to Regulate the Qualifications of Practitioners in Medicine and Surgery". This simple title concealed a complete medical Bill the provisions of which are now commonplace. By a masterstroke of compromise the General Council of Medical Education and Registration (or General Medical Council as it came to be known) was to consist of members elected by licensing bodies as well as those nominated by the Crown, but it is worthy of note that not until 1886 did the profession as a whole achieve the right to elect direct representatives to the G.M.C.

The Acts of 1858 made the G.M.C. responsible not to Parliament but to the Privy Council, a move which time has more than justified for it subsequently ensured the freedom of the Medical Research Council and the University Grants Committee.

The Medical Council was to maintain a Register of Qualified Practitioners, to define registerable qualifications, to advise and set up examining bodies and to maintain the discipline of the profession.

Despite some opposition from disappointed radicals the Bill passed both Houses and received the Royal Assent on August 2nd, 1858.

Since that time further legislation has altered the composition of the G.M.C. and has defined its purpose more clearly while case law and the Medical Act of 1950 have done much to clarify its judicial functions.

The Act of 1950 introduced two new clauses in relation to legal proceedings by (i) allowing the reinstatement in the Register of a practitioner who is deemed to have reformed, and (ii) allowing an appeal in a civil court against a decision by the G.M.C.

Thus the Act of 1858, although it required a good deal of amending legislation, laid the foundations upon which the profession is organised today and has served as a model to other professions and other countries. It achieved two objectives which Wakley would probably have considered incompatible—it safeguarded the public and advanced the profession.

There may not have been agreement on the principles of the establishment of the General Medical Council but a far greater controversy was evoked that year by one of the most important books of the century. Darwin's "Origin of Species" disturbed the theologians and upset the Lamarckists and today, although the theologians may have been pacified, the controversy among biologists continues. Rather suitably therefore, in 1958 the Nobel Prize for Medicine went to three geneticists in the United States: to Lederberg who has worked on the idea of spontaneous mutations postulated by Darwin; and to Beadle and Tatum who have studied the genetics of bacteria and fungi with a view to furthering the understanding of human genetics on the principle that all life is "... similar ... at the cellular level, whether plant or animal ..." (B.M.J. November 1958). This principle which governs so much of today's research was established just one hundred years ago when Virchow spoke to the Pathological Institute of Berlin and proposed "a view of the cellular nature of all vital processes, both physiological and pathological, animal and vegetable, so as distinctly to set forth what even the people have long been dimly conscious of, namely the unity of life in all organised beings." This series of lectures was published in the famous book "Die Cellular Pathologie" which was widely acclaimed as a great success and is obviously one of the most important landmarks in the history of cytology and cyto-pathology. It established pathology in the form in which we know it today, banished the humoral theories of disease (rather too successfully, as we now realise) and at the same time stimulated anatomists and physiologists into further research at cellular level. It seems strange that a man with the insight

and the ability of Virchow should have been so sceptical to the views of Darwinism and also to those of the bacteriologists: perhaps he felt that the bacteriological concept of disease detracted rather from the validity of his own ideas.

Virchow after introducing the purpose of his book, "to offer in better arranged form than had hitherto been done a view of the cellular nature of all vital processes" proceeds almost immediately to debunk the blastema theory of Schleiden¹ by a simple observation under the microscope pointing out quite correctly that there was no evidence at all to suppose that nucleoli appear first and are then enclosed in a nucleus which in turn becomes surrounded by cytoplasm and the cell membrane—which was the way in which Schleiden had viewed the process. Shortly afterwards he puts an end to any ideas of the "spontaneous generation" of the cell, expressing the important principle of "omnis cellula e cellula"—remarkable as it appears, some years before Pasteur dismissed the view of "spontaneous generation" of micro-organisms.

"Die Cellular Pathologie" is magnificent to read, his arguments lucid and convincing if not always leading to the right conclusions as we know them now—although it is remarkable how very slightly different are many of our views today. The first chapters deal in a new way with systematic histology classified into epithelial, connective and more specialised tissues—a system which we still use and for which Virchow was largely responsible. The rest of the book describes the various pathological processes—of inflammation, and thrombosis, of pus, tubercles, and cancer, which he considers as "new formations" resulting from "a reproduction of physiological tissue" and an attraction of juices by the tissues from the capillaries. Indeed although many hypotheses have been formulated since as to the more ultimate causes of these changes, we cannot say very much more even now. His contemporary critics gave Virchow due praise for his work although the *Medical Times* of 1859 rather resents the impression that he gives of regarding all previous work as a prelude to his own "Cellular Pathology".

Virchow had no one-track mind and while

¹A Theory holding that cells develop from surrounding tissue fluids.

his interest in pathology remained in the forefront for the whole of his life, he cultivated the sciences of Anthropology and Archaeology with conspicuous success and an expedition to Troy resulted in another publication. His political influence too was considerable: his outspoken views resulted in temporary exile from Berlin and even in a challenge to a duel by Bismarck (a challenge which he nevertheless declined); but this influence also allowed him to work on the improvement of the social conditions of the time; above all he established improved water supplies and drainage systems. Our water supplies still worry us: even in 1958 the World Health Organisation was worried about international standards of water supplies for the ever-growing number of travellers (B.M.J. December 1958); in 1858 the Editor of the B.M.J. was concerned about the water in the Serpentine and considered filling it with sea water brought from Brighton by a pipeline along the railway!

That year also saw the death of a man who was much concerned about London's water supply. This was John Snow (1813-1858) of York who studied Medicine in Newcastle, where, during an epidemic of cholera he made many valuable observations; later he came to London but it was some years before cholera once again roused his interest. It did not seem to occur to people that cholera might be transmitted by water and was generally believed to be inhaled from the effluvia of the common cesspools, and since these had in common the odour of hydrogen sulphide this was considered responsible; yet Snow pointed out in the *Medical Gazette* of 1858 that chemists did not seem to be particularly stricken with the disease nor did those partaking of spa water. His findings were substantiated by statistical observations on the rate of disease according to the source of the water supply, and people considered him not a little unorthodox when he asked for the Broad Street pump handle to be removed. But the result was dramatic and he had vindicated himself. His critics, however, left him no peace and argued that because he did not consider the cesspools as the direct cause of disease he was against their efforts to get rid of them; he certainly did argue against the newfangled water closets because of the inordinate supply of water required by them and the impracticability of supplying such a quantity of good water. Later came a change of water supplies

from the companies he had considered at fault and the change of the disease pattern which came with it consolidated his position once and for all.

Water, however, was not Snow's only interest and the same year 1858 saw the publication of his classic work "On Chloroform". It was the culmination of years of experience with anaesthetics which started when ether was introduced into this country after Morton had established its use in the United States in 1846. The idea of anaesthetics was not really as new as one supposes: the Romans had used opium and Dioscorides describes the use Mandragora. Gaseous anaesthetics began to be considered scientifically after Priestley's discovery of oxygen and nitrous oxide, and even as early as 1798 Humphrey Davy suggested nitrous oxide for use in operations, although his ideas were not developed for many years. In England ether almost became a total failure until Snow spotted that the flaw lay in the administration. Immediately his success became known, and Liston at University College employed him as his anaesthetist. Soon afterwards (1847) chloroform appeared, after Waldie a Liverpool chemist had suggested its use to Simpson at Edinburgh. It appeared at first to be safer than ether, more convenient to administer and less disagreeable to the patient. Prince Leopold and Princess Beatrice were born to Queen Victoria under chloroform given to her by Snow on a handkerchief. In 1858, the last year of his life, he wrote his treatise "On Chloroform" and was seized by a stroke just before completing it. Method of administration was nearest to Snow's heart, but he dealt with the problem from every aspect—history and chemistry, and then detailed description of an enormous number of cases at which he personally was in attendance: remarkably few fatalities occurred in Snow's own proficient hands, and he allays the fears of the public who have read in some irresponsible journal that tens of thousands were killed by its use, which was purely for the convenience of surgeons. However, already before Snow's death, the hospitals of Massachusetts had considered chloroform too dangerous and reverted to the use of ether. But Snow's book has left its mark on the development of anaesthetics. The *Lancet* reporting on it considers it the best and only complete treatise on this subject in existence at the time. It was an untimely death which cut short Snow's

career. He certainly did not rest satisfied with chloroform and was hard at work experimenting with Amylene shortly before his death.

The book critics of 1858 were at the same time examining the new Text book of Anatomy of Henry Gray of St. George's Hospital. This volume, which has been through just 33 editions in one hundred years marked the culmination of the study of gross anatomy which had proceeded with an increasing enthusiasm—which had given the opportunity to the unscrupulous Burke and Hare to sell the victims of their misdeeds to Dr. Robert Knox of Edinburgh (for prices as high as £14 per corpse). Gray was elected to the Royal Society at the exceptionally early age of 25; before publishing his textbook he had written prize-winning works on optic nerves and the spleen. His textbook was "far superior to all other treatises on anatomy," the B.M.J. of 1858 tells us. Its chief aim was the application of anatomy to surgery to which it is indeed the vital key as history has shown us. The book, therefore, had sections on practical surgery, the remnants of which appear in our own volumes in the "small print" sections headed "applied anatomy". The illustrations were of Gray's own dissections drawn by Dr. Vandyke Carter and were so masterly that people were only worried that such a book would make anatomy too easy and dissection appear complicated and unnecessary. The bones were illustrated with muscle attachments in dotted outline as we know them today, and following the example of Holden's "Human Osteology" of some years before, a technique much commented on at the time. A description of the lymphatic system was included for the first time since Mascagni's description earlier in the century and was also a new and most important feature. Gray prepared his second edition already in 1860, and sadly this most promising young man died of smallpox in the following year, at the age of 36.

Although 1858 may seem rather remote to us, we have tried to show how the thought and work of that time have influenced our own ideas and practice. It has been written that we should "praise famous men and our fathers that begat us"¹ and if we keep this in mind, it should enable us to view modern methods in their true perspective.

¹Ecclesiasticus I.

THE LAND OF THE MIDNIGHT SUN

by T. C. Hindson

The Arctic Circle, to the uninitiated, may seem to have little connection with the excretory patterns of electrolytes in human subjects, as indeed, perhaps, it has.

In 1951 Stanbury and Thomson commented on the fact that most subjects living a normal 24-hour day showed an oliguria during nocturnal sleep and an increased salt and water excretion during the day. In 1952 Mills and Stanbury showed that when subjects were changed to a 12-hour routine many of them maintained a 24-hour excretory rhythm for periods up to 48 hours.

Lewis and Lobban, in the summer of 1953, investigated this further by taking a party of Cambridge undergraduates to Spitzbergen, where under the continuous light of the northern sun, they investigated the effects of living a 22-hour day. Each participant in the experiment was given a watch set so that two revolutions of the hour hand corresponded to 22 hours G.M.T.

One interesting fact that emerged from their results was that "nocturnal" diureses were much commoner when periods of sleep coincided with daytime at home than when they coincided with night. This tendency was lost as subjects became adapted to the new routine.

Miss M. Lobban was now interested to see whether any rhythm would persist in subjects taking exercise and not living any specified length of day. Conditions for such an experiment would again be ideal in the arctic summer, and it was here that Brian Duff, Hugh Francis, R. J. Donovan and myself offered our services, all, alas, only 2nd class Tripos men.

Lyngenfjord, lat. 70 N., North-east of Tromsø was chosen, the exercise to be mainly climbing.

We soon realised that even the organisation of such a small expedition for only six weeks was no small task but many people were helpful including the Scot Polar Institute who advised us on the geography of the region and lent us some tents while Messrs. Glaxo Ltd.

turned up trumps with a sample of "Complan" asking us to comment on its palatability, which we duly did. Two electrical firms were interested to see how their products stood up to use in the field which gave us a small subsidiary object.

Each member kept a detailed log of his own activities (and sometimes those of others). With constant daylight our day was a random affair, as directed, and began any time from 05.00 hrs. to 15.00 hrs. Samples of urine were estimated at regular intervals for volume, gravity, pH, while 10 mls. of each sample was preserved under toluene for estimation of sodium and chloride at home.

An analysis of our results showed no discernable excretory pattern and it was interesting to hear that Miss M. Lobban has obtained similar results from a study of a group of Eskimos, last summer. Our conclusions were that the normal rhythm found by Mills and Stanbury was a reflection of the physiological activities of normal individuals over 24 hours, observing a constant ratio of activity to inactivity and that once this is interrupted so many factors are operative that it is impossible to decipher any subsequent changes except by large-scale experiments on laboratory animals under controlled conditions.

The Norwegians were very friendly but viewed with distaste, and quite rightly so, the undergraduate habit of the expedition in growing beards. The nearest habitation was a cluster of two or three wooden houses whose owners fished and scraped a living from the land. Nevertheless their families were large and the camp soon became the focal point for the children's attention, particularly at meal times when all would stand in silent amazement watching the Englishmen cooking. The English pudding was something entirely new to them and it was not long before we had made several converts to this tinned delicacy, the loan of a boat once being obtained in exchange for one of Heinz's



A typical family group of Lapps outside their tent

sturdy samples.

By cart-track, road and ferry we were some twenty miles from Tromsø and near our camp seemed to be the favourite spot for the menfolk of that town, to escape from their wives, for a week-end camp. On one such week-end we were introduced to a new drink, by two veterinary surgeons, since called by us "vet and lemon" which consisted of veterinary spirit, absolute alcohol, flavoured with lemon to which they had been driven by their country's severe duty on spirits.

Some miles distant was an encampment of Lapps who, despite their lack of education, had a keen eye for business and not without considerable bargaining did we buy reindeer skins at prices which we had been told were reasonable.

The Lapps are a nomadic people whose main occupation in life is the care of their reindeer herd. In summer they camp near a trading port and in the winter they wander over north Norway, Sweden and Finland.

Their conditions are extremely squalid and as many as ten people were living together in one of the wig-wams, depicted above, which are made from reindeer hide fastened to a scaffolding of wooden poles. A

fire burns in the centre and the smoke, should it wish to, escapes through a hole in the roof.

Diet consists mainly of a thick porridge of gruel and, despite the abundance of the animal, reindeer meat is a delicacy for special occasions only. Under these circumstances we were not surprised to see several undernourished and deformed children. Life may be hard but the Lapps are happy and all seemed delighted to have visitors in the camp, a special lassoing demonstration being given for our benefit.

We left Norway with many happy memories and a lot of specimens to analyse. I will finish by quoting, with apologies to the late Robert Service, some lines penned by one of the party.

*The Northern Lights have seen queer sights,
But the queerest they ever did see
Was the night we spent in an Arctic Tent,
Measuring the pH P.*

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A COMPARISON OF MEDICAL PAYMENT SYSTEMS IN THE UNITED STATES AND GREAT BRITAIN

by Roger S. Wotkins, B.S., M.S., M.D.

I was asked some months ago to write a paper for the Journal contrasting the systems for the practice of medicine in the United States and Great Britain. It is not my aim to cover the subject of relative efficiency and calibre of medical care, as this is quite impossible without first-hand knowledge of the practice of Medicine in areas other than the London area. I think however, that a discussion of the American Voluntary Health Schemes in relation to the National Health Service would be of interest.

Prior to 1948 when the National Health Service became effective, insurance against the costs of medical care was provided principally by non-profit plans known as Hospital Contributory Schemes. These organisations, which grew out of the Victorian Saturday funds, have distinct points of similarity to Blue Cross plans in the United States, and, in fact, some consider them as the progenitor of Blue Cross. Under these schemes small amounts were collected weekly, in return for which the breadwinner and his dependents were admitted to a Voluntary Hospital without having to make further payment. If admitted to a Local Authority Hospital, the Scheme made some payment, thereby avoiding for the patient the required means test. Gradually supplemental benefits were added, such as ambulance conveyance, convalescent home treatment, loan of sickroom equipment, dentures, and optical and surgical appliances. By 1947 there were some 450 hospital contributory schemes, covering about 10 million people, mostly low income contributors and their dependents. This represents about half the population of England and Wales.

Protection was also made available prior to 1948 by non-profit organisations called 'Provident Associations', their principal coverage being hospital and nursing home care and the costs of surgery, consultation and specialists. In many instances these were associated with hospital contributory schemes

and had many points of similarity.

Private insurance companies, unlike those in the United States, for the most part limited their coverage in respect to accidents/illnesses to loss of income, writing little in the way of hospital or medical cost insurance.

In 1948 the National Health Service became effective. Its purpose was to provide comprehensive medical care and services to all the people of Great Britain, the costs to be borne by funds derived from taxation. The services provided include hospital care, medical care provided by the physician—general practitioner, the specialist—or through public health agencies, dental and ophthalmic care, drugs and appliances. Certain charges are made for some forms of care, medicines or appliances. These have recently been scaled upwards in an effort to keep costs within reason in relationship to the national income and to limit abuse or excess usage. Certain forms of care, such as that in nursing or convalescent homes, are not readily provided by the Scheme and, if private hospital accommodations are chosen, no benefits then derive from the National Health Service in regard to hospital care.

Prior to 1948 the insurance programmes in the United States were for the most part very similar to those in Great Britain. The majority of health insurance schemes were maintained by larger industrial firms as well as small businesses to manage the acute medical emergencies of its employees, generally through a contract arrangement with a group of practitioners within the community. A system has now evolved through non-profit organisations with voluntary subscriptions, which enable the insured to seek medical care through private contract with the doctor of his choice. The majority of these subscribers belong to a plan known as the Blue Cross and Blue Shield. The individual buys his protection by payments either

in conjunction with a group (as a member of a group of subscribers at his place of employment, 10 members or more) or individually at a slightly higher rate. Blue Cross provides full payment for hospital necessities for any acute medical problem, up to 90 days of hospitalization per year. The only real limitations involve hospital room payment. A choice of hospital room payment ranging from full payment to one third payment per day can be arranged by variation in the premium. Blue Shield, the companion policy, provides for the Doctor's fee in conjunction with this hospitalization, and covers these fees in total on a pre-arranged fee schedule. For an additional premium the cost of office calls and home visits can be included in the Blue Shield system. These schemes do not pay the cost of medicines, except those used in hospital, appliances or long-term medical care, dental or ophthalmic care. These are glaring omissions in a comprehensive health scheme. It should be mentioned, however, it is estimated that more than 90 per cent of hospital problems are met by these subscriptions without additional cost to the subscriber. More than 75 per cent of large and small businesses in the United States provide either additional medical protection similar to that outlined above or pay all or part of the premium of Blue Cross or Blue Shield for their employees as part of the employer-employee contract when the individual is hired. Further, most employers maintain for employees, in conjunction with retirement plans, sick-leave systems which provide full pay from 14-30 days for one illness and more for multiple illnesses each year. Most States require each company that employ more than six people to subscribe to a system of state compensation, which compensates for industrial injury to total disability for life for an injury incurred at the place of employment.

There are in addition to those mentioned above many private insurance companies which provide medical care policies similar to Blue Cross and Blue Shield for slightly higher premiums.

In all the total cost of protection for a family of four is on an average approximately 7 dollars per month.

State and Federal agencies for care to the medically indigent provide complete medical and dental care for from 5 to 30 per cent of the population, depending on the geographical location. These State and Federal agencies also provide preventive health measures

without cost such as school immunisations—starting in the first school year—for all children, well baby clinics, visiting nursing service, communicable disease surveys, livestock immunisation and control programmes and control of food and drugs.

In 1957 it was estimated that 70-80 per cent of the population came under the aegis of voluntary medical payment plans and the balance is cared for either by State and Federal agencies or private resources. The trend in the United States in the last 10 years is definitely towards voluntary insurance schemes with more coverage and lower premiums through non profit organisation.

It should be mentioned that very little progress has been made in the United States for private insurance programmes to pay annuities for loss of income due to protracted illness. State and Federal agencies, however, do provide a relief system for those willing to submit to a means test, which will provide from 100 dollars to 300 dollars per month, depending on the number of dependents, during periods of illness or unemployment. In the case of illness the period of such income is unlimited.

Since the advent of the National Health Service, the insurance companies in Great Britain do not appear to have made any changes in their practices in respect to protection against the cost of medical care. In addition to this most hospital contributory schemes, which were part and parcel of the voluntary hospitals, had their assets taken over under the National Health Act and went out of existence. Those schemes which survived were, for the most part, the larger schemes which were independent legal entities servicing groups of hospitals. These determined to offer contributors benefits supplementary and ancillary to those obtainable under the National Health Service. Two main approaches were taken: some schemes preferred to tie benefits closely to hospital benefit, while others provided assistance towards the cost of dentures and surgical appliances.

The principal and most costly benefit now offered is cash payment to the contributor, and in many cases to his wife, while hospitalized. Convalescent home treatment is, however, the most widely provided benefit. In 1953 there were 39 such hospital contributory schemes, the total income of which was £2,225,000, collected from 3,612,798 contributors. The coverage included eligible dependents in addition.

The provident associations also managed to survive. The principal coverage provided by them today is against the cost of maintenance in hospital private wards and nursing homes, and towards the fees of surgeons anaesthetics, consultants, home-nursing care, therapy and diagnostic services. There is an upper limit of indemnity and no benefits are available for treatment by general practitioners. All covered care must be on the recommendation of the family doctor.

The exact extent of the growth of voluntary health insurance in Great Britain is not known. It has been estimated recently, however, that there are four million contributors, who, with their dependents, constitute one quarter of the population of England and Wales. This is not nearly the number covered prior to 1948 (then approximately half the population was covered), but in the face of the National Health Service it is most remarkable. Of greater significance is the rate of growth of this coverage in recent years. Enrolment in the British United Provident Association has increased from 34,000 contributors to 300,000 today. The rate of increase has been 52,000 in the year 1953-4 and 31,000 in 1956-7, when the imposition of an upper age limit of 65 was imposed on new subscribers. To these figures must be added those of the dependents, which doubles the number for this single organisation. These figures are recapitulated in those of other organisations to the totals indicated above.

Several reasons have been suggested for the surprising growth of these voluntary schemes. One is the element of charges and means or needs tests applied to certain aspects of the National Health Service. Another is undoubtedly the desire for privacy. Still another, and perhaps the most important, is the fact that some individuals either cannot afford or do not want to wait for hospital accommodation in the Government general wards. For example, at the end of 1956, 431,000 persons were reported to comprise the waiting list for hospital beds. The length of the waiting period was dependent on the nature of the illness. For general surgical beds the wait varied from 53 days in non-teaching hospitals to 70 days in provincial teaching hospitals. For ear, nose and throat diseases the wait ranged from 88 days in London teaching hospitals to 135 days in non-teaching hospitals. Not the least of the above reasons for the rapid growth of these voluntary schemes is the desire for freedom

of choice in the selection of surgeons and other specialist consultants.

Concerning trends for the future, there is nothing in the foreseeable future which would indicate anything other than a continuation of the growth of the systems now established in both countries.

In Great Britain there is no doubt that voluntary health schemes will play a more prominent role in the practice of Medicine. Recently a study by the British Medical Association, under the leadership of Dr. S. Leslie McCallum, concluded that there was a need for further development of insurance assisted private practice in England. A scheme for grants-in-aid on insurance principles to keep alive private practice if the need should arise was proposed. Another development has been a movement known as the Fellowship for the Freedom of Medicine which has no ties with the British Medical Association. The purpose of this organisation is to offer an alternate plan, which would be based on "real insurance principles under which doctors and hospitals will charge fees for services rendered and the bulk of these fees will be covered by insurance supported by State subsidy". The extent and size of this organisation is unknown to me, but the implication of its existence points to the need for its recognition.

At the same time the voluntary health insurance programmes in the United States are growing rapidly; that many different means toward this end are being employed bears witness to the fact that it is a successful means for a medical payment scheme in America. In conjunction with this movement there need be considered the rapid rise of schemes for social reform relative to Medicine in the systems for the care of the medically indigent from both State and Federal sources.

From my viewpoint, therefore, I see successful systems for medical care based on the one hand on State enterprise and on the other on individual enterprise, geared for the political, economic, sociologic and geographic problems inherent in each country. There is no question that the former is more comprehensive, offering adequate and complete medical care to every citizen. The latter, however, as of this date, provides a medical payment system for the individual, with complete latitude and freedom of choice; this system is augmented by a very adequate and rapidly growing method of dealing with individuals falling into the category of medical indigency.

TWELFTH DECENNIAL CLUB (1925-35)

The Annual Dinner of the Twelfth Decennial Club is to be held at the Naval and Military Club, 94 Piccadilly, W.1., on Friday, April 24th. Chairman, Dr. F. Avery Jones, M.D., F.R.C.P.

Will any Member who does not receive notification, or any eligible non-Member who would like to attend the Dinner, please get in touch with W. D. Coltart at 58 Harley House, N.W. 1.

WESSEX RAHRE CLUB

The Spring Dinner of the above club will take place at the Clarence Hotel, Exeter, on Saturday, April 18th, 1959.

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

Membership of the Club is open to all

Barts men practicing in the West Country. Further details will be circulated to Members and to any other Barts men who are interested and who will get in touch with the Hon. Secretary, Mr. A. Daunt Bateman, of 11 Circus, Bath.

STORY

The other day we met a healthy, indeed bull-like young man at a nearby pub, who described himself (with a twinkle in his eye) as a transport operative's statutory attendant, in other words a lorry driver's mate. He earned 14s. a week less than the lorry driver, which must have given him something like £10 per week and his only duties were to hook on and hook off the trailer behind the lorry, which plied between Stepney and Smithfield Market. I calculate this as an annual income of £520 for 25 hours work.

Light Relief in Out-Patients

CHIEF: "Why should this lady, who is a bookkeeper by occupation, be troubled by varicose ulcers?"

STUDENT (after long and apparently deep thought): "Because she spends all day standing on the raccourse, sir."

* * *

CHIEF: "My darlings, I've been up against fat women all my life".

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

LETTERS TO THE EDITOR

Dear Sir,

In your editorial in the January issue of the *Bart's Journal*, discussing space rocketry and the control of thermonuclear power, you state: "It is not really a question of how important it is for this country to keep abreast, or just behind, the Russians, Americans, or anyone else in these new fields." You then go on to say that the problem of feeding a world population, which is soon going to outgrow its food supplies, should be solved by diverting money from the rocket researches to the biological researchers.

Whilst respecting your views, I most strongly disagree with your arguments.

World leadership is far too important a matter to leave to the Americans or Russians. America is far wealthier and more powerful than this country, but time and again we have shown that with smaller resources, but greater skill, we can equal and exceed American efforts. The jet engine and radar (vital contributions to the winning of the war in Europe) were British inventions. Britain developed the atomic bomb at a fraction of the cost expended by the Americans or (I am sure), the Russians.

I agree with Sir Alan Herbert, who wrote in his recent letter to the electors of East Harrow, that Britain "had the same problem as Ulysses—should we go forth and face the world again, or stay at home in our quiet little island? Why not gracefully dwindle like the Dutch? Why not sit pretty (and neutral) like the Swiss?"

"Rightly or wrongly" (Sir Alan continued), "we have refused to say goodbye to greatness. Look at the globe or a map of the world. It is hard to find your own little island. It was always a wonder that so small a star could throw so great a light so far. Old Athens and Rome alone can be compared with us. It is still more astonishing now; that mighty America would be dismayed if we abandoned her; that monstrous Russia, whatever she may say, is wary of us; that the Red Ensign still commands respect in all the harbours of the world, and, like our own North Star, in stormy weather this little island still shows a steadfast light to all the world."

No one will deny that the rapidly expanding world population is a very real problem; by all means let us spend more on biological research as you suggest, but don't let us abdicate our position as a world power in the process.

An alternative suggestion for raising the money

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would be to divert some of the profits made last year by Independent Television!

Yours sincerely,
GEOFFREY DAWKINS.

Perivale Maternity Hospital,
Greenford, Middx.

ED.—The point of the January Editorial was that it would be better to spend money on medical and biological research than on space rockets. Many other countries are not engaged in space rocketry, for instance China and Germany, and yet are respected, if not feared, as world powers, though they have no A-bombs either. Dr. Dawkins praises our physicists for constructing a cheap A-bomb; are not the German physicists equally praiseworthy for having the ability to build one but refusing to do so? Surely the attitude that having the A-bomb, flag-waving, and showing a steadfast light and so on makes us a world power is equivalent to Stalin's remark "and how many divisions has the Pope got?"

★

Sir,

Having read the Editorial in the February issue of the *Journal*, I should like to point out certain misconceptions concerning the meaning of the word culture.

Agreed artistic culture may be to explain nature and man, to man, but this has many facets. Much may be learnt from "a boring old malingering in Out Patients" or from "a beggar in the street". This will however only be one small facet of human nature and by itself certainly cannot add very much to one's cultural activities. The other facets to be faced must include the arts in all their diverse forms including films.

There are two sections in the community of filmgoers—those who just want to be entertained for a couple of hours without much thinking, and those who want to see a film perhaps for its aesthetic quality. Whether, Shakespeare's "Hamlet", or Cervantes', "Don Quixote" be acted on stage or screen, there is the same beauty of word and study of character to be appreciated. Would it be considered a form of escapism to watch the "Seventh Seal"?

Perhaps the former group may be indulging in a form of escapism but certainly not the latter. For if they are, as the Editor suggests, then surely he must also apply this idea to all those who go to the Festival Hall, the Royal Academy and other such cultural places.

He also states that "it may not be as praiseworthy to be entertained or educated by what is projected on to a screen as to make the effort oneself as in the societies mentioned above or to entertain everyone as the Amateur Dramatic Society or Gilbert and Sullivan Society do". Surely this statement is most colloquial. Not everyone has acting or singing ability, but this is no criterion of one's degree of culture or even intelligence. It is far more important to be able to appreciate and interpret these things; if this were not so, I cannot conceive the Amateur Dramatic Society giving performances to an empty house!

Surely a cultured person is one who can live

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from day to day and appreciate man's nature, and the result of his creative ability in whatever form it may take. This is even more important today, when the greatest danger in this society of specialisation and technology, is of people becoming enveloped in their chosen career to the exclusion of all other interests. Where the so-called civilised countries of this world are in danger of turning into vast empires of technologists, where man can only appreciate machines and nuclear reactors—having forgotten man's creativeness in speech, vision and sound.

Yours faithfully,
D. E. BARRINGTON.

The Medical College of St. Bartholomew's Hospital,
Charterhouse Square,
London, E.C.1.

ED.—If Mr. Barrington believes that it is "far more important to be able to appreciate and interpret" Amateur Dramatics than to perform in them then he is the sort of person the February Editorial is aimed at.

The Film Society, of which Mr. Barrington is, I believe, an officer, has got off to a deservedly successful start, with a very good programme for our entertainment, amusement and relaxation. Our thanks go to the organisers who have worked very hard to get it going so quickly. We all feel much better for it, but only Mr. Barrington surely, can be feeling more cultured.

SPORTS NEWS

VIEWPOINT

The sports calendar for April includes one of the two main communal sports occasions in the year that are confined solely to members and friends of this hospital. I refer to the Inter-Firm seven-a-side rugger tournament, and also to the sports day in May.

Both sets of organisers have, in the past, worked hard and successfully in producing pleasant playing conditions for the many participants, and creating a friendly atmosphere, in which spectators can view, discuss, applaud and laugh at the proceedings quite informally.

During the evening of both occasions, an informal dance is held, and transport is provided for the return journey from Chislehurst.

All those who have not made the trip before are invited to venture forth this year, for their presence will surely enhance the success of the afternoon.

RUGBY FOOTBALL

United Hospitals Rugby Cup v. St. Thomas's at Richmond. February 18th. Semi-Final—Won 3-0.

This game though not a great spectacle for the purists, proved to be a very hard game, thrilling throughout, in the best cup tradition. Bart's played themselves to a standstill against a side that was physically bigger, and who possessed a formidable rugby record. Added to this weight disadvantage the team suffered what might have been a tremendous set back in the very first second of the game. Smith our powerful right wing received the ball, a Thomas's man, and a fracture dislocation of the right elbow from the kick off. Thus Bart's started their epic battle with fourteen men.

After 15 minutes of the game Bart's came away from their own half with a kick ahead from Bamford (incidentally by this time he had received a fractured rib fortunately undiagnosed until after the game). The ball bounced kindly for Halls, who took it in full stride and from the ensuing play Bart's received a penalty. The position was some forty



John Hamilton captain of the victorious Rugby XV, relaxing in the West country.

yards out, in the centre of the pitch. Halls took and succeeded with a very good kick to put Bart's 3 points up. Soon after this Thomas's had a penalty at the other end just outside the Bart's 25 and about halfway out but failed. Even at this early stage of the game, it was a matter of whether the lighter, but superbly fit Bart's pack playing as one man, would be able to deny their opponents possession of the ball, or should they obtain the ball, so harass their backs

that any attack would prove ineffective. This they managed to do magnificently. Hamilton was hooking well, Boladz and Harries jumping wonderfully well against the experienced Boggan in the line out, and L. R. Thomas and the new sylph-like surgeon Lt. MacKenzie doing wonders in the open. Besides this rocklike defence, Bart's managed to launch several promising attacks, one in particular when Phillips typically and beautifully sidestepped the fast coming-up defence, turned inside and threw a long pass to MacKenzie who was nearly over in the corner.

We had our moments of anxiety as well, the occasional stoppage for injury to one of our men. As one wit was heard to exclaim with relief in the crowd "It's alright it's only Boladz's head." Paul Copus, the Thomas's left wing, received the ball once from a set scrum and ran very fast and dangerously before being tackled well by Ross the full back. Why they did not manage to use him again, especially during the last ten minutes when Bob Davies our blind side who was playing in Smith's position, injured his acromio-clavicular joint, one is unable to understand. Surely it was impossible with thirteen men. We could not spare a man from the pack so the right wing position was vacant. But with a tremendous effort, they managed to hold out. It could be said fairly that it was not even in these last few minutes a near thing, excepting for a penalty taken by Boggan half out and on the 25 which just sailed outside the left-hand post. Bart's had played so magnificently that they had completely knocked Thomas's right out of their stride, and now the latter had the chance to pull the fat out of the fire, and they were unable to do so.

Names have been mentioned but finally perhaps it would be better to say that this really was a fantastic team effort with every man far excelling himself in his own particular department. Few people will remember seeing a Bart's pack playing as well as it did on Wednesday, February 18th.

Team: A. P. Ross; G. J. Halls, R. M. Phillips, J. K. Bamford, I. R. Smith, R. R. Davies, B. Richards; B. O. Thomas, J. W. Hamilton (Capt.), B. Lofts; M. L. Harries, W. P. Boladz; R. P. Davies, L. R. Thomas, J. C. MacKenzie.

Bart's v. O.M.T's. Saturday, February 7th
Won 6-3.

Bart's won this most enjoyable open game at Chislehurst by two tries to a try and it was only in the last five minutes that the final result was decided when after an orthodox passing movement in the O.M.T's 25, Rees Davis made a good break and sent Smith haring down the right wing to score.

Before this there was little to choose between either side. Both had fast, strong running three quarters who were well served by their hard-working forwards.

Bart's were first to score when from a lineout in the first half the hospital gained possession and Rees Davis after drawing the O.M.T's defence gave the ball to Smith, coming in to make the extra man, and he ran very strongly to within five yards of the Old Boy's line. Phillips was up to gather the loose ball and dive over near the posts. The attempt at conversion failed.

After half time the Old Merchant Taylors equal-

ised. The fly half made a break and the ball went out to the right centre who ran 25 yards to score.
Team: P. Ross; I. R. Smith, R. M. Phillips, J. K. Bamford, G. J. Halls; R. R. Davies, B. Richards; B. O. Thomas, J. W. Hamilton (capt.), B. Lofts; M. Harries, W. P. Boladz; R. P. Davies, L. R. Thomas, D. A. Richards.

Bart's v. Streatham. Saturday, February 14th.
At Chislehurst. Drew 6-6.

In their last game before the Hospital's cup semi-final Bart's did well to make up a six point deficit in the second half and hold a strong Streatham side to a draw.

Conditions were suitable for a fast open game and both sides threw the ball around adventurously. The Streatham strength lay in their fit and heavy forwards but the Bart's pack was still able to give its backs an ample supply of the ball.

The first score came in the first five minutes when Bart's playing with fourteen men failed to prevent a Streatham forward from crashing over following a punch over try. Streatham went further ahead from a penalty after a scrummaging infringement.

In the second half Pennington was successful with a penalty and after this the Hospital played with renewed vigour.

The equalising try came when Rees Davies made a break which sent the three-quarters into a good movement which ended with G. Halls diving over to score.

Team: A. P. Ross; G. J. Halls, J. K. Bamford, A. B. M. McMaster, I. R. Smith; R. R. Davies, B. Richards; B. O. Thomas, J. W. Hamilton, B. Lofts; M. L. Harries, J. H. Pennington; R. P. Davies, L. R. Thomas, P. D. Moynagh.

ASSOCIATION CLUB

OXFORD TOUR

For the second time this season, the Soccer Club visited one of the "Ancient Universities". Socially, the tour was a success, even if, at times, the hospitality offered us was a little subdued. As far as football was concerned, one decisive win from the three matches played, prevented a complete failure. However, as these matches were played in three days, there was some measure of achievement.

Bart's v. Trinity College. Thursday, February 5th.
Won 7-2.

Playing in still slippery conditions, the players of both sides took a little time to maintain the upright position, but after this initial stage, Bart's began to emerge as the dominant team. Hore opened the scoring with a fine solo effort in the tenth minute and quickly followed this with two more goals. Trinity pressed back and scored in spite of a valiant attempt by Haig to stop them. Phillips added Bart's fourth before half-time. In the second half Bart's continued to dominate the game—playing probably their best football of the season—Hore made his personal tally five with two more goals, and Savage, who played excellently throughout, scored to bring the Bart's total to seven goals.

Team: D. Kingsley; G. Haig, F. Amponsah; B. Perriss, R. Kennedy, D. Prosser; A. Andan,

P. Savage, B. Hore, H. Phillips, I. Downer.

Bart's v. Wadham. Friday, February 6th. Lost 3-1.

On an extremely hard, frozen pitch, both teams found playing football very difficult. At first, play was fairly even, but Wadham then broke away and their centreforward scored with a fine drive after fifteen minutes. Bart's fought back, their wing-halves doing an excellent job in checking the opposing inside forwards, but the Bart's forwards, except for Phillips, seemed to lack the shooting power they possessed the day before. After thirty minutes, Wadham added a second, but Bart's soon replied with a well-taken, close range, goal by Hore. In the second half, although Bart's improved slightly, Wadham always looked dangerous in front of goal. Kingsley, the Bart's goalkeeper, played particularly well in this half to prevent Wadham adding to their score, but, unluckily, misjudged a high lob in the closing minute which gave Wadham their 3-1 victory.

Team: D. Kingsley; M. Jennings, F. Amponsah; B. Perriss, G. Haig, R. Kennedy; A. Andan, P. Savage, B. Hore, H. Phillips, I. Downer.

Bart's v. Oriol. Saturday, February 7th. Lost 3-0.

Although seemingly defeated by a decisive amount Bart's put up a commendable performance in this match, as three people, injured in the previous matches, had to play because of lack of reserves. The fit members of the team worked hard to com-

pensate for this—the outstanding examples of which were Jennings at right back, who produced his best performance yet, and Kennedy, the captain, who tackled strongly and passed accurately.

Oriol could not, nevertheless, be prevented from scoring three times—twice in the first half and once in the second.

Team: G. Haig; M. Jennings, F. Amponsah; B. Perriss, D. Prosser, R. Kennedy; A. Andan, P. Savage, B. Hore, H. Phillips, I. Downer.

LADIES' HOCKEY CLUB

Bart's v. St. Mary's Hospital—Wednesday, February 4th.
Semi-final of Hospital Cup Match.
—Won 5-3.

The game started slowly, and it was a little while before the forward line began to work together. The defence worked hard to keep the opposing forwards at bay. The first goal was scored by J. Swallow after a fine run down the wing. Bart's then kept pressing the Mary's defence and J. Hartley pushed in another goal. St. Mary's scored before half-time after a break away by their forwards. Bart's defence was slow at the beginning of the second half and Mary's soon shot another goal to equalise. S. Minns then took the situation in hand, and with encouraging cheers from the sideline, took the ball down the field, and pushed in another goal. Soon afterwards, J. Chambers found some more energy and shot ahead to flick the ball into the net once again. Mary's then fought back, and after

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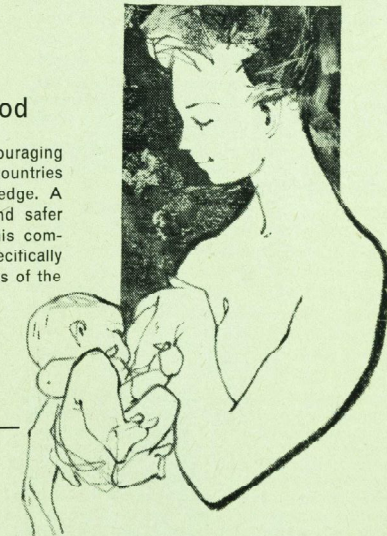
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some time managed to penetrate the Bart's defence once more. The final goal for Bart's was scored by J. Hartley. We owe part of our success in this match to our supporters who cheered valiantly from the sideline.

Team: I. Tomkins, J. Tufft, T. Coates, J. Hall, B. Barnard, E. Knight, J. Arnold, J. Hartley, S. Minns, J. Chambers, J. Swallow. **Umpire:** S. Weekes.

Bart's v. Reading University. Saturday, February 7th. Lost 1-8.

This was a unique match for the captain made history by baring her knees, and came into midfield. Perhaps she felt her team was getting out of control! C. Lloyd in goal resisted the frequent Reading attacks well, for who could have stopped these bullet-like shots from the Reading forwards.

Team: C. Lloyd, S. Cotton, T. Coates, M. Childe, I. Tomkins (capt.), E. Knight, J. Arnold, J. Hartley, V. Nash, S. Minns, A. Sinclair.

Bart's v. Royal Holloway College. Wednesday, February 18th. Away. Drew 3-3.

On a fine sunny afternoon after a long train journey to one of the far-flung colleges of London University, the Bart's team slowly came to life. But they never looked like winning, and only scraped home with a draw in the last minute. The forwards lacked the penetrating powers of their opponents. On one occasion, however, J. Hartley and S. Minns combined well together to secure a good goal.

Team: I. Tomkins, J. Angell James, T. Coates, E. Knight, J. Hall, M. Childe, J. Arnold, J. Hartley, V. Nash, S. Minns, M. Goodchild.

BRIDGE

We must start by congratulating Denis Gray, Secretary of the Bart's Bridge Club on the splendid performance in the *Observer* Christmas Bridge Competition in which he won a second prize.

The strangest things can happen at other tables to one's own in a Duplicate Pairs Competition. Look carefully at the following hand.

S. A 10 9
H. J 6
D. J 3
C. A K J 8 6 3
North

South
S. K 3 2
H. K 9 4 3 2
D. K Q 6
C. 7 2

This ordinary collection was played by South in 3 NT, and it looks a good contract, with five club tricks, two diamonds, two spades and perhaps a heart or a sixth club for overtricks. The two of diamonds was led and won by South's Queen. Trick two was a finesse of the Club Jack, and East showed out discarding a large heart. With the club suit now yielding only three certain tricks, South led the Jack of Hearts off the table, and East hopped up with the Ace, and led a small diamond. The Jack was allowed to win on the table and declarer

returned to his own hand to lead another small Club and drag one of West's three high cards (Q 10 9) out of her. East dropped a diamond. The small heart was played from dummy and on the King, West discarded a Spade. Now declarer crossed to dummy with the Ace of Spades, dropping West's Jack of Spades, and led the 6 of Clubs, so that West after casting her two Diamonds had to lead from Q. 5 of Clubs into A. 8 on the table. Nine tricks!

If you look more closely, you will notice that the defence can beat this contract quite easily in the following ways: (1) If West discards a diamond or a Club on the King of Hearts she will have a Spade to lead to her partner when she is in on the Clubs; (2) If East does not discard her fourth Diamond on the second round of Clubs she will overtake her partner's last Diamond in the end play and be able to cash a good Heart; (3) Most brilliant if West instead of cashing her Ace and another Diamond leads the small one, throwing South into his own hand with the King to lead a Heart to East's good Hearts and Spade.

It is therefore with some (well-hidden) pleasure that you reach for the score sheet to find only one entry on it, which reads, 3 NT by South made with an overtrick. When you reach the table where this monstrosity took place, you find that the West chair was occupied by an International Master whose play you have always greatly admired, and so you ask politely what happened.

"Quite easy" he said "I led a Spade which gave him three Spade tricks for a start." I cannot help feeling that that was not his only error, but I didn't ask any more questions.

G.F.A.

BOOK REVIEWS

DISEASES OF WOMEN BY TEN TEACHERS. 10th Edition, by E. W. Roques, J. Beattie, & A. J. Wrigley. Published by Edward Arnold. Price 36s. pp. 556.

This new edition of a very popular book should retain its predecessors well-deserved place in the student's book shelves. The presentation and style are admirable and the facts are most easily assimilated from what does not pretend to be a detailed work on the subject.

There are several additions to the book in the revised chapters on prolapse, gynaecological operations and tuberculous salpingitis. It is perhaps unfortunate that in the latter chapter the stated daily dose of PAS is 4 grams which can have little therapeutic effect, the normal dosage in anti-tuberculous therapy being at least 12 grams daily.

The large number of errors in proof-reading which occur notably caruncle (p. 190) vulsellum (p. 509 and 511), Brudeis's (p. 545) are regrettable. Perhaps the most reprehensible error occurs however in the spelling of Krantz (p. 517) which is spelt Krautz. If any name is given in any context especially when it dignifies the hearer, some effort should be made to spell it correctly.

Nevertheless this book successfully achieves its object and will therefore be a welcome addition to the undergraduate books in this subject.

M.L.P.

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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EDITORIAL

It is a common-place axiom that the most widely held assumptions are false. For instance, nearly all medical students hold that their subject is much more complicated and difficult than it used to be. Textbooks grow larger almost as fast as they rise in price, new drugs, procedures and even diseases are introduced every year. Medical knowledge seems to increase in a geometrical progression. This may be a depressing thought to the medical student about to enter the examination hall, but such thoughts should be banished, for, in spite of temporary setbacks, such as the discovery of electrolytes, the study and practice of medicine is far easier than it used to be.

To illustrate this, imagine the student witch-doctor taking his finals. What a plight! He enters the mud-hut for his "long case" armed only with an ornate mask to hide his terrified face. He sees that the patient is ill, but like the doctor in this country a hundred or two hundred years ago, he has no method of examining him, no instruments to help, and no real treatment to offer him. Like the doctors of long ago were, the young witch-doctor will have been instructed for several years and will have had to study the art of medicine assiduously, but nearly everything he has had to learn

will be nonsense. Compare his situation with that of his fortunate modern successor, who has been taught how to elicit a history and conduct a physical examination along logical lines, and who has a large and varied armamentarium of instruments to assist him, tape measures, specula, spatulae, proctoscopes, patella hammers, to mention only a few aids to examination unknown in less civilised days.

The qualified doctor is in an even more fortunate position. He can suggest numberless pathological tests, X-ray, cnccephalographic and many other investigations. If even this scientific onslaught fails to establish the diagnosis, the patient can be referred to the special departments. The nature of the patient's illness at last discovered, treatment can begin, and it is an extraordinary fact that there is hardly a disease which is treated in the same way as it was treated years ago, and in many cases extraordinary that such treatments should have been advocated.

We are, in fact, very lucky to have our jobs made so easy by the remarkable advances in thinking and knowledge in the last hundred years. Let us not be too complacent, however, for doubtless in fifty years time our own age will appear as one of relative ignorance and darkness.