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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. LXVI, No. 1 **JANUARY 1962**

Editorial

Each month reports of the activities of an increasing number of clubs and societies are published in this Journal. It is refreshing that this is so, for the student's life tends to become more and more bound up with his studies and qualification brings an existence that is almost monastic in its pursuit.

With preclinical students being non-residential and only a proportion of the clinical ones being residential, the incentive to participate in any extra-curricular activities must be very great and their existence is dependent upon the work of a few to raise sufficient enthusiasm in some of the rest. If any club is to survive it should attract support by its own merits in what it has to offer rather than by the persuasive powers of one of the officers.

These activities are a part of university life to help to broaden our outlook and increase our education outside the medical sphere. Only if these clubs can be maintained alive in the hospital will we be able to produce educated men as well as doctors. A life from school to the grave incarcerated in a medical world is a grim thought.

We are pleased to publish this month an account of the work of the Women's Guild at Bart's. This Guild, which was formed just fifty years ago, is run by an enthusiastic group of people who give their services voluntarily for the patients' benefit. The membership consists not only of wives of members of the hospital staff, but also of old patients and of relatives of old patients. The work of the Guild, which is so quietly and efficiently carried on that many must be unconscious of it, forms a less tangible part of therapy by providing some of the small necessities and luxuries of everyday life that help the patient feel just a little more at home. The staff and patients owe the Guild a debt of gratitude of which we should all be aware.

Engagements

HORE—SHEPHERD.—The engagement is announced between Brian David Hore and Eva Elliot Shepherd.

ROBSON—WILKEY.—The engagement is announced between Dr. John R. Robson and Judith E. Wilkey.

SALOLE—TURNER.—The engagement is announced between Roy Mario Salole and Patricia Elizabeth Turner.

Marriages

POORE—REYNOLDS.—On November 25th, Peter David Poore to Margaret Lloyd Reynolds (Tracey Lloyd).

Births

BROMWICH.—On November 20th, to Lorna (née Billington), wife of Dr. Roy Bromwich, a daughter.

GOODE.—On December 5th, to Patricia and Howard Goode, the gift of a daughter (Anthea Felicity).

PEDERSEN.—On October 6th, to Wendy (née Newbery) and Dr. David L. Pedersen, a daughter (Kate), sister for Sarah and Lawrence.

PRICE.—On November 21st, at R.A.C.F., Zweibrücken, Western Germany, to Audrey (née Woolf), wife of Dr. David Price, a daughter (Julie).

Deaths

BACHMAN.—On November 26th, in Rome, Dr. Paul A. Bachman, M.R.C.S., L.R.C.P. Qualified 1940.

BEATTIE.—On November 24th, A. Davis Beattie (David), F.R.C.S., of Swift Current, Saskatchewan, Canada. Qualified 1930.

BROWN.—On November 23rd, Dr. Arthur Carnarvon Brown, in his 86th year. Qualified 1904.

HAYES.—On December 9th, George Secretan Haynes, M.D., F.R.C.P., in his 90th year. Qualified 1897.

IRVING.—On December 6th, John Bruce Irving, M.R.C.S., L.R.C.P. Qualified 1917.

PRICE.—On November 14th, Leslie Roope Woodhouse Price, M.A. (Hons.), M.D. (Cantab.). Qualified 1923.

SHORE.—On November 17th, Thomas Henry Gostwyck Shore, M.D., F.R.C.P., aged 74. Qualified 1911.

WALLIS.—On November 30th, Percy Boyd Wallis, M.R.C.S., L.R.C.P., aged 76. Qualified 1910.

Appointments

Mr. B. N. Brooke, reader in surgery at the University of Birmingham, has been awarded the Graham award for 1961 of the American Proctologic Society for his work on non-malignant ulcerative disease of the colon.

College of General Practitioners

Dr. G. F. Abercrombie has been re-elected president of the College. At the meeting on November 25th he was presented with his portrait, painted by Mr. Rodney Wilkinson.

University of London

Dr. F. W. O'Grady, lecturer at the Middlesex Hospital Medical School, has been appointed to the readership in bacteriology at St. Bartholomew's Hospital Medical College.

On October 10th, 1961, Dr. C. F. Harris was elected chairman of Convocation for the remainder of the period 1960—4, in succession to Dr. P. Dunsheath, resigned. Dr. Harris has also been elected chairman of the finance and general purposes committee of the Senate for 1961—62, and has been appointed a representative of the University on the board of management for the three years ending December 31, 1964.

Mr. J. B. Hume has been elected chairman of the Council for External Students for 1961—2.

The following have been recognized as teachers of the University in the subjects indicated: Mr. J. D. Cambrook (Dental Surgery) and Dr. Peter Story (Clinical Pathology (Haematology).)

The degree of Ph.D. in the Faculty of Medicine was awarded to E. K. Matthews.

Royal College of Obstetricians and Gynaecologists

The following have been awarded the D.Obst: K. R. Bowles, R. B. Church, M. D. Constable, V. C. Faber, R. F. Hurding, D.P. Wells, R. G. White.

Royal College of Physicians, Edinburgh

The following has been awarded the F.R.C.P.Ed.: W. H. Jopling.

Change of Address

Dr. K. G. Mellish-Oxley,
Little Orchard,
St. Vincent Road,
St. Margaret's at Cliff,
Dover, Kent.

R. E. Nottidge,
Jane Furse Memorial Hospital,
Middelburg,
Transvaal, South Africa.

Dr. Joseph Sibley,
34, King's Walk,
Shoreham-by-Sea,
Sussex.

N. Chalmer Dale,
Rock Leys,
Walford,
Ross-on-Wye,
Herefordshire.

Calendar

JANUARY

Thur. 25—B.M.A. Lecture: "Face Values", R. Asher, F.R.C.P.

Tue. 30—The Christian Union: "The Challenge of London", C. J. Haynes, Esq.

FEBRUARY

Sat. 3—On duty: Dr. G. W. Hayward
Mr. A. W. Badenoch
Mr. R. W. Ballantine

Sat. 10—On duty: Dr. A. W. Spence
Mr. E. G. Tuckwell
Mr. T. B. Boulton

Sat. 17—On duty: Medical and Surgical Units
Mr. G. H. Ellis

Tue. 20—21 Drama Society, Gloucester Hall Theatre: Man and Superman by G. B. Shaw.

Sat. 24—On duty: Dr. R. Bodley Scott
Mr. A. H. Hunt
Mr. F. T. Evans

Students' Union

The annual general meeting of the Students' Union was held in the clinical lecture theatre on Tuesday, November 21st, 1961. The attendance was very poor, a not uncommon state of affairs. It is surprising that so few members of the Students' Union attend the general meetings as the officers of the Union administer some £5,000 on their behalf annually.

A. C. Howes, the retiring Chairman, made his report and it is hoped to publish a summary of this when space is available. A well deserved vote of thanks to Mr. Howes was proposed and carried unanimously with prolonged applause from those present.

At the first meeting of the new Council, among other matters discussed was the Athletics Committee's report on the award of Honours Colours. In order to clarify the situation regarding these awards, the Athletics Committee proposed that the following standards must be obtained before the award of Honours Colours:

1. The athlete must have played **with distinction** for the Hospital.

2. The athlete must have played for a representative team, eg. United Hospitals or the University of London; or achieved comparable status within a club which does not take part in representative teams, eg. The Boat Club.

3. The nomination for Honours Colours must be accompanied by a written testimonial and a representative of the nominee's club must be present at the meeting of the Athletic Committee when the matter is discussed. The decision of the Athletic Committee to award colours must receive the ratification of the Students' Union Council.

These proposals of the Athletics Committee received the unanimous agreement of the Council and club secretaries are advised to note the above instructions for their future use.

Honours Colours have been awarded to the following athletes:

C. F. Rouss—Swimming Club.
R. Groves—Swimming Club.
D. Shand—Swimming Club.

The following results of the Students' Union elections were announced at the A.G.M.:—

President: Mr. E. G. Tuckwell.

Treasurers: Professor G. W. Taylor, Dr. D. A. McDonald, Dr. A. G. Spencer.

All the above have kindly consented to continue as officers of the Union for the coming year.

Chairman: J. E. Ind.
Hon. Secretary: N. D. Whyatt.
Financial Secretary: A. P. J. Ross.
Publicity Secretary: T. J. Powles.
B.M.S.A. Representative: M. W. Casewell.
Lady Vice President: Miss O. A. Coates.
Athletic Committee Chairman: A. Knox.
General Committee Chairman:
Year Representatives:
Finalists: D. B. M. Howells.
"Midder and Gynae": A. P. J. Ross.
"Kids and Specials": D.Latham.
M.O.P.'s and S.O.P.'s: M. W. Waterworth.
1st time Clerks and Dressers: R. Hillier.
Introductory Course: R. C. Powles.
Clinical Ladies' Representative: Miss S. Minns.
Senior 2nd M.B.: To be elected.
Junior 2nd M.B.: C. J. Kelly.
N. D. L. Loughnan.
1st M.B.: G. W. Libby.
Preclinical Ladies: Miss W. M. Saunders.
Dentals: No nominations.

OBITUARY

A. N. GRIFFITH, *M.B., M.A., B.Chir., D.L.O., F.R.C.S.*

Today the renaissance concept of the " whole man " seems to belong more to the study than to real life. Adrian Griffith was one of those rare people whose whole existence proved the opposite. A man of wide interests and attainments, he was a first-class surgeon as well as a research worker of note: he enjoyed sailing or wildfowling as much as a book or a glass of wine, while his leading articles as editor of the *Journal* still amuse and exasperate exactly as was intended ten years ago.

Adrian Nicholas Griffith was born in 1928, and was educated at Stowe and Christ's College, Cambridge, before coming to Bart's in 1949; he qualified M.B., B.Chir. in 1952. He did not obtain his first house-appointment here, but went to the Luton and Dunstable Hospital as a house-surgeon; thereafter he held house-officer posts in E.N.T. at Bart's and at Lincoln County Hospital, and then served in B.A.O.R. Subsequently he demonstrated anatomy at Cambridge, and then held surgical registrar posts at the Hospital for Sick Children, Great Ormond Street, Chepstow Hospital, and the National Hospital, Queen Square.

He had obtained the D.L.O. in 1954, and proceeded to the F.R.C.S. in 1957; in 1959 he was given a Wernher Research Scholarship in Otology by the Medical Research Council, which he decided to spend in Chicago with Dr. John Lindsay. While working there he developed symptoms of his final illness, and returned to this country for treatment. During the following year he worked on problems relating to the auditory ossicles, both at this hospital and at Queen Square, but in the spring of 1961 he had to give up work, and he died on 29th October, 1961. A memorial service was held in St. Bartholomew's the Less on 1st November, 1961, and was attended by a large congregation.

Early in 1961 he married Catharine Wilson, a principal mezzo-soprano at Sadler's Wells, whom many will also remember as an enchanting Second Lady in *Die Zauberflöte* at Glyndebourne. It is a great consolation to his friends that Adrian was so happy in his marriage, and that even to the end was full of new schemes for their home in Canonbury.

It is a truism that there are as many aspects to a great man as the number of his friends; by this criterion Adrian was certainly great, for everybody who knew him emphasises some different aspect of his character. In some people a range of interests from Morris-dancing to archaeology, from medical history to mead, might seem merely the baroque posturings of a dilettante. Adrian's seriousness and enthusiasm soon dispelled any such thought. There was always something new to be communicated and shared: perhaps the name of the shop which sold the best gold-leaf in London; perhaps an account of the first American performance of " Noye's Fludde " (which he had produced); perhaps his abiding love for East Anglia—surely the touchstone of the truly civilized. Moreover, he believed in direct action. At a time when lesser men chose to conceal their hatred of the Army in pseudonymous letters to the *B.M.J.*, Adrian enlivened the guerilla warfare by an outflanking move which was deliciously direct and which is still a topic for the smoking room—though, despite the verdict in *Regina v. Penguin Books*, it cannot unfortunately be printed here.

Adrian edited the *St. Bartholomew's Hospital Journal*, giving it that stamp of individual quality among student journals which it still possesses. It is well worthwhile re-reading his issues of the second half of 1951: besides the usual features, there is a special Festival of Britain number, articles by Boyd Neel and André Simon, and the inauguration of the notes and news column which follows the leading article. He himself wrote leaders on food, Bartholomew Fair, " getting out of that armchair ", 1951, and the English Christmas; an account of some hospitals in Finland; and a scholarly appraisal of Sherlock Holmes' researches at Bart's. He was a good writer who used the short sentence and honest native vocabulary of the best English pamphleters; like them he was intolerant of the overwrought empty phrase—once, stung by a particularly bad example, he wrote to the *Journal*.

" Sir,

I would be grateful if you would supply me with a translation of the letter from your correspondents *Burbank and Bleistein*, for as their names suggest, they have not yet mastered our English tongue.

I am, Sir,
Yours Truly,
Jas. Emblethorpe. Orpington."

With his friends John Stevens and Ian Tait, Adrian Griffith founded the Junior Osler Club in 1952. The idea of a fireside meeting at which papers on medical history were read might seem over-earnest and dull—but such meetings, although fundamentally serious, never were. True, a lighter vein was sometimes struck; such as when Adrian proposed that the Club should hire a boat, surely a water-barge, and sail down London's river to Greenwich (or was it Deptford ?), and there hold a meeting to celebrate the anniversary of the day Samuel Pepys was cut for stone. Only the lethargy of his fellow members prevented the realisation of this splendid extravaganza. In 1952 he won the Wix Prize essay with a dissertation on Roderigo Lopez—a work which involved considerable original research. It is a tragedy that this work was never published, nor, indeed, is a copy available in the library; perhaps it would be possible to remedy this neglect in the future, and to give the work the publicity it deserves.

The early meetings of the Junior Osler Club were concerned particularly with the life and works of Sir Thomas Browne, a Norwich man. I.T. has suggested the following passage as a fitting salute to a friend's passing.

" A man may confide in persons constituted for noble ends, who dare do and suffer, and who have a hand to burn for their country and their friend. . . . Bright thoughts, clear deeds and generous honesty are the gems of noble minds; wherein to derogate from none, the true heroic English gentleman hath no peer."

S.P.L.

Photograph by kind permission of the British Medical Journal.

Fifty years ago

The report of a lecture given by Dr. Eric Marshall (a Bart's man) to the Abernethian Society appeared in the January edition, 1912. Dr. Marshall accompanied Sir Ernest Shackleton's famous expedition to the South Pole.

" A well-built man of moderate stature is best suited to the rigours of an Arctic winter. Great weight is against the man—he will go through ice and snow and get lost in a crevasse.

" On the expedition 91 days' rations had to suffice 126 days. The allowance of tobacco was 1½ lb. each man to extend over four months. Of course, when they hungered for a smoke they would puff at anything—infused tea leaves or the grass packing in their fur boots—we know something about that grass packing and would have to want a smoke badly enough before we accepted that. When the second pony died they ate him; he died at the end of a hard day's march and his meat made them all very ill. Apparently this was due to the muscles being full of fatigue products and so, highly toxic. The dead pony's emergency ration came in useful too: it consisted of dry carrots, turnips, currants, sultanas, cane sugar and a little cocoa leaf.

" And yet they all got colds only once—when they had opened a bale of clothing packed in England and let out some of our beastly catarrhal organisms into the hut. They got very bad colds, so bad that it took half an hour (!) of that germ-free air outside to cure them, and the cook who nursed his indoors was two or three days before convalescence was complete. What must their leucocytes have thought of it all—their long holiday with no organisms to vanquish ?

" The medical stores were carried in a bag weighing 2 lb. containing: laxative vegetable, boric acid, perchloride of mercury, iron and arsenic, quinine, adrenalin, cocaine, zinc sulphate, aloin, chlorodyne, ammonium bromide, sod. salicylate, morphine, 2 clinical thermometers and tabloids of ' forced march '. The latter, it was thought, contained cocaine amongst other things and it was suggested that it might be tried by house surgeons on duty to stay the pangs of hunger in lieu of the lapses from their occasional meals."

IMPRESSIONS OF A VISIT TO MOSCOW

by A. B. Anderson

International congresses grow in size, and the fifth International Congress of Biochemistry, held in Moscow from 10th to 16th August, 1961, was attended by about 6,000 people, of whom 3,500 were visitors from all over the world, including 450 from Great Britain. Amongst the British biochemists were five from Bart's. This concourse of travellers descending on Moscow all at once, by land, sea and air, stretched the travel facilities to the utmost.

I was lucky enough to go by sea, which seemed the most satisfactory way, enabling one to become acclimatised to Russian ways and food by degrees. The Soviet ship *Esthonia*, a new boat built in East Germany, took us from Tilbury to Leningrad, via Copenhagen, Gdynia and Stockholm, with a few hours' stay in each. The ship was comfortable, and very well run, the bridge officers quite in the British tradition of quiet efficiency, and the deck crew very smartly dressed and effective. The food was good, quite the best we had on the whole trip. The ship took all currencies in the bar except roubles and East German marks, and the bar stewardesses were kept busy giving change in shillings, kroner, etc., calculating on the abacus that one sees on every cash desk in Russia. Beer was Czech (very good), or Russian (moderate), and ran out before we reached Leningrad; there were several Soviet wines (moderate), and, of course, vodka and caviare.

A very large proportion of the passengers were British; there was also a French contingent, not all Congress members. The Soviet passengers consisted of a party of Armenians, large dark men who spent most of their time playing chess or in the bar. They were all wearing yellow buttons with "Land Rover" on them, and it transpired that they were a party of agricultural engineers who had been visiting British factories. Birmingham was the part of Britain that impressed them most; it had "such beautiful factories".

The weather was warm and sunny, and we were able to enjoy our trips ashore. Our first view of the other side of the Iron Curtain was during a few hours in Gdynia, rather a drab port, and the inhabitants poor. As we steamed through the Baltic, there was much dipping of the flag to passing Soviet ships. We were allowed all over the decks of the *Esthonia*, even up on to the wings of the bridge.

We arrived in Leningrad in the evening, the customs coming on board with the pilot, and going through our things in the cabins. They were only interested in how much money we had, and what books. On coming alongside the dock, we looked up, and were surprised to see the large dock crane being driven by a hefty Russian woman. We had some of the International Committee of the Congress on board, and when they stepped ashore they were welcomed by the Soviet Committee, and large bunches of flowers were presented to the ladies, bringing a nice touch of colour to the dockside.

We stayed the first night on board, and spent the day sightseeing in Leningrad; now we met Intourist. The Congress was almost too much for them; they seem to have a system which one can only imagine was devised for the days when there were very few tourists in Russia. Charming Russian girls, who speak good English, struggle with pieces of paper, and transliterate all the English names into Russian letters where the alphabets allow, making some sort of guess where they do not. This of course leads to confusion when another girl gets the list, and tries to translate the names back to English. The English traveller is also somewhat frustrated by having all his papers (i.e. one voucher) taken away; no tickets are supplied, and he is told that he will get them "later".

Leningrad is architecturally very fine, with 18th century palaces along both sides of the River Neva; these have all been repaired again after the war damage, and are used as art galleries, as offices, and for the University. After sightseeing, we were taken back to the boat, and in some confusion organised for the rail journey to Moscow. I found myself appointed one of the leaders, with one ticket for 32 people, i.e. one sleeping-car-full, and baggage tickets to give to the people who formed my group. After some more confusion we got on the right train, and sorted ourselves out; Russian sleeping-cars do not concern themselves about the sex of travellers. We were travelling "soft", and had a very comfortable journey; one would have liked to do it by day to see more of the country.

Our arrival in Moscow coincided with the Triumph of Spaceman Titov in Red Square. All the red flags were out, and traffic was being diverted. Some of the party managed to reach Red Square and see the ceremony; I watched it on the television screen in the Hotel Ukraine—a new hotel with a central block 30 stories high. We had a fine room on the 17th floor, looking out over Moscow. The service of meals in all Soviet hotels is usually incredibly slow and inefficient; the cause of this is still a mystery. Some of the party suffered from a brisk but short attack of "Moscow tummy", pathology unknown, but with a characteristic facies, best described as "green about the gills". Those staying in the University Hostel had the advantage of getting to know some of the students, and even being invited into their homes.

The Congress was held in the new University building, a huge block with central tower, which seems to be the standard architecture for public buildings. The main building is completely symmetrical; various large blocks for Chemistry, Physics, etc., are disposed in the grounds. The situation on the top of the Lenin Hills is very fine, looking over the river to Moscow. A free shuttle service of numerous buses ran back and forth from the various hotels to the University, so our travelling was simplified.

The opening ceremony of the Congress was held in the Palace of Sports of the Central Lenin Stadium, and, after the usual tedious speeches, the plenary lecture was given by Prof. David Green on "Structure and Function of Subcellular Particles". Symposia were held on eight subjects, ranging from "Biological Structure and Function at the Molecular Level" to "Biochemical Principles of the Food Industry", and were given with simultaneous translations over ear-phones. There were also short papers in some 28 sections, running concurrently. Here papers were given in Russian, English, French, or occasionally German, and printed abstracts were provided. Where the abstract was in Russian, it was followed by an English translation. There were interpreters present to assist in the discussion of papers, so that the language difficulty was overcome to some extent. Most of the Russians could read English, and many spoke it. They usually gave their papers in Russian, but the Poles, Hungarians, etc., more often gave theirs in English. As is usual in these large international congresses, one had to plan one's programme, and move rapidly from place to place to hear the papers one was interested in.

People sometimes say: "What is the use of going to these congresses? You can read it all in the journals." But attendance at a congress is stimulating—one listens to things that one might not read, thus widening one's view, and, in the subjects in which one is particularly interested, one gets a chance of meeting fellow-workers from abroad, discussing the subject, and making friends.

The general organisation of the Congress was very good; there was only one lack, a place where one could sit comfortably and talk, consult one's papers, etc. There was an exhibition of scientific instruments, which was most interesting. Scandinavia and East Germany were well represented, and the British manufacturers were there in force.

After a good deal of arranging and telephoning, a group of us, all clinical biochemists, managed to go and see a hospital laboratory. August is the holiday month in Russia, and many people were away, or busy at the Congress. We went to the Institute of Therapy, a special hospital investigating chronic diseases —hypertension and renal disease, and liver disease. Here we were shown round the laboratories by a very efficient middle-aged lady, speaking fluent English. Many of the research workers were away on holiday. The laboratories were well equipped with Soviet-made apparatus, or instruments imported from Scandinavia. The isotope equipment was good. We also talked with another woman, who was in charge of Clinical Pathology, i.e. Bacteriology and Haematology, and had a long session with the Director of the department of reseach on renal disease, also female. A young lady house-physician, who had been in England, acted as our interpreter where needed. Thus, amongst other things, it was impressed on us that medicine is very much a woman's job in the Soviet Union.

As far as laboratory work was concerned, they were doing much the same things as ourselves. In bacteriology, they have various home-grown antibiotics that we had never heard of. All their function tests were the same as the ones we use. The building was old, and the wards mostly 4-bedded. It appears that there is no shortage of nurses. Of course this was a research hospital; one would have liked to go to a general hospital as well. One gets the impression that Biochemistry in the Soviet Union is not in the first flight; they are more interested in Physics and Engineering.

And after work, play. The Ballet unfortunately was not on; the Bolshoi was closed.

But I went to two operas, which were very fine, and most dramatically done. There were many excursions. A Sunday boat trip on the Moscow-Volga Canal was very restful, and a tour of the Kremlin interesting, but a little disappointing; it is smaller than I had pictured it. We did not see the Tomb, as it was shut in the afternoon. Best of all was just finding our way about, on buses and on the Metro, which is all they say it is—and so clean: no smoking. Crowds of people are in the streets, and many men, army officers and all, are doing the shopping. Consumer goods are definitely in short supply, and to us tourists with the exchange against us were very dear. By contrast, gramophone records are good, and extraordinarily cheap. The people are reasonably but not well dressed. There is no feeling of a police state. The militiamen, in blue shirts and white-covered caps, are very friendly, and try to help one to find one's way.

The tourist misses the continental café on the street, where he can sit and watch the crowds go by. The Russian cafés are all indoors, and crowded. A curious sight on the pavements are numerous small stalls, kept by women in white overalls, dispensing iced water and fruit syrup; as the weather was hot and sunny, these were well patronised by the crowds. There is no traffic problem in the wide streets of Moscow, and taxis are comparatively cheap, about London prices to us. After a time, the absence of advertisements strikes one, especially going down the escalators on the Metro.

And so, after all too short a time, back to Leningrad, with the usual difficulty in finding out if Intourist were really going to have any tickets for us. In Leningrad we spent a rainy morning in the Hermitage Museum, with the best guide I have ever had—a young woman who really knew about the pictures and was interested in them, and who knew what we wanted to see (the famous collection of French Impressionists, for example). What a feast it was ! The Hermitage has been completely restored after all the damage done in the siege of Leningrad—a tremendous undertaking, for it is an enormous palace, the Winter Palace of the Czars. All the museums are full of parties of Russians, going round with guides.

After a hectic week, it was pleasant to relax on the *Baltica*, which called at Helsinki and at Rostock, in East Germany. We had a crowd of East Germans on board, returning from a trip to Leningrad. Rostock on Sunday morning was very quiet—a few elderly ladies going to church—so one could not get much idea of the situation there.

It was a very well-worth-while trip, and the Congress itself I personally found more interesting than other Congresses I have attended. There is no doubt that we all gained from this first-hand view of the Soviet Union, and the influx of so many foreigners must have been of great value to the Soviet biochemists, especially the younger ones. The Russian people themselves are charming and friendly. After talking with them, there is no doubt left in one's mind that the last thing they want is another war.

I am much indebted to the Governors of the Hospital for the opportunity of enjoying this unforgettable experience.

THE WOMEN'S GUILD

It is fifty years since the Women's Guild was instituted.

Since this time there has been a big change in the manner in which the Guild spends its money. Years ago, when a large sum was raised, the money was given to the Hospital to endow a bed. In 1929 the Guild gave two thousand guineas for the endowment of a small ward to be known as the " Guild Ward ". Under the National Health Service this is no longer necessary and our money is spent more for the comfort of patients.

In 1940 a little shop, called " Bart's Bazaar " was opened in premises which, two hundred years before, had been the home of Hogarth's two sisters. This was kept stocked by Guild members and friends all through the air-raids, providing clothes, household goods and tea to the bombed and burnt-out people of the City of London.

The Trolley Service, which is a vital part of the Guild's work, sends trolleys to every ward in the Hospital twice a week. This is no small undertaking, but the smooth running is due to our extremely efficient organiser and I venture to say that our Trolley Service is reputed to be the best of all the London Hospitals.

For fifty years work parties have been held to make garments for patients, both at the Hospital itself and at country branches. Many may think that, with the National Health Service, this is no longer necessary, but we still have requests from Matron and Sisters for articles not supplied by the State. Special cotton nightgowns have been made for the Skin Department, head shawls for surgical patients and hundreds of checked locker mats for the wards. These are just a few of the articles that we make.

Four Tea Trolleys, complete with china, were given by the Guild in 1950 for use in the Out-Patient Department.

The Children's Library is supplied and run by the Guild and many hours a week are spent by members reading to the children.

The Patients' Library is mainly staffed by our members and we donate money each year for new books.

The Roof Garden, opened by the Guild in 1957, is kept gay with bulbs in the spring and bedding plants all through the summer. Deck-chairs, tables and coloured umbrellas are kept in a hut and brought out on suitable days. This roof garden is very popular with patients both young and old.

We are aways ready to supply small " wants " requested by Ward Sisters. Recently these have included hair driers for women's wards, tea-trolleys, a clockwork razor, a television set and Communion cloths for every ward. Our latest gift is a complete set of the Encyclopaedia Brittanica for the Library in the new Nurses' Home.

The Flower Shop, opened in 1960, now flourishes and by various reports is greatly appreciated by the Hospital Staff as well as patient's visitors.

At Chrisumas we give money to be spent in the Children's Wards and to the Old People's Christmas Party.

We are often asked, especially when doing a Trolley round, " What do you do with the money you make ?" Perhaps this brief account of our activities will answer this question.

B.T.

THE FILM SOCIETY

Films for Lent Term, 1962

1. **Monday, 8th January. "Pickwick Papers"**, starring James Hayter in the screen adaptation of Dickens' well-known novel.

2. **Monday, 22nd January. " Come Back Africa ".** Written and directed by Lionel Rogosin. Secretly made in Johannesburg under the pretext of shooting a musical, this is a most impressive exposition on film of the conditions in South Africa. It is satire on African whites, on their attitude towards the natives. It is a rough and resolute documentary on " Apartheid " and leaves the impression of saying honestly what it can on the subject. Perhaps in future when units do not have to masquerade as musicians, we shall learn the final plaintive truth about this problem. Most certainly a film to be seen.

3. **Monday, 5th February. " The Face ".** Directed by Ingmar Bergman. A showman tours Swedish provinces demonstrating " animal magnetism ". Upon arrival in Stockholm his troupe is placed before a cynical medical officer and the chief constable. Vogler, the magician, is then instructed to prove his powers. By means of a series of sometimes-comic, sometimes hair-raising demonstrations he almost succeeds in convincing the sceptics. This is probably the most intense Bergman to date. The film is brilliant on its dramatic level alone, but for those who look for something more, it's incredible dissection of human emotions will more than fulfill this search.

Also **" The Ladies "**, a short film based on the short story by Chekhor.

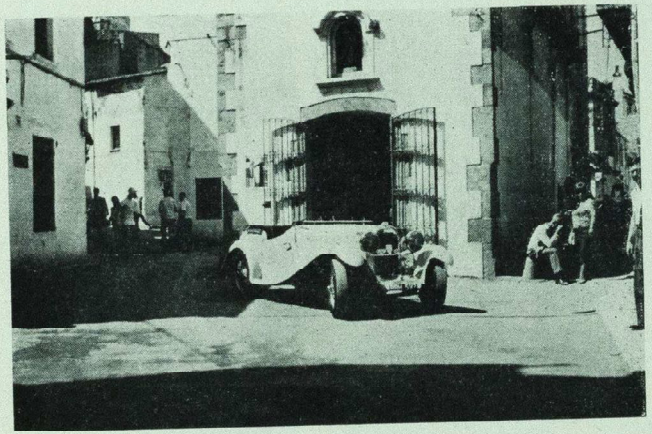
4. **Monday, 19th February. " On the Waterfront ".** Starring Marlon Brando, Karl Malden and Rod Steiger. Winner of many awards and universally acclaimed as being one of the greatest films of all time—this is a true story of the fight to clean up the racket-ridden New York docks. Outstanding performances from Marlon Brando and Karl Malden, who portrays the dockland priest Father Barry.

5. **Monday, 5th March. " Laughter in Paradise ".** Starring Alastair Sim and Fay Compton. Four hopeful beneficiaries have to perform certain tasks before inheriting £50,000. The tasks, however, are thought out by an eccentric who loves to have his joke ! Truly one of the funniest films ever made; and an excellent excuse for all **studying hard** for 2nd M.B. to have a break !

Each Programme commences at 8.30 p.m. The committee hopes that the above selection is a balanced one, and any criticisms and/or suggestions for future films will be gratefully received.

"A THREAT TO EUROPEAN UNITY"

by Ian Howat



"Leonora" in the narrow streets of Tossa de Mar.

It was in 1957 that I decided to retire my bicycle (0.005 h.p.) and buy "Leonora"—a 1935 Lagonda Rapier four-seat tourer. I had just started to study medicine and I got a grant from the L.C.C. which meant that although I could not actually run the Lagonda on the N.H.S. it did help. During the first year of ownership I got around to *thinking* of taking Leonora on holiday. In the second year I *prepared* her to take away but the cost of preparing her caused me to cancel the holiday. I had had her rechromed and a friend had offered to give her a few broadsides from his spray gun, not all of which landed on the target and paint was expensive. The third year I *fixed* all the arrangements to take her on holiday, but the week beforehand Leonora had a stroke which left her with prolapsed big-ends. Following suitable therapy with a new set of big-ends and general re-conditioning—you may remember an increase in N.H.S. expenditure about that time—she duly recovered.

This year she **wasn't** prepared for a holiday, and indeed no holiday was arranged, until one evening at the beginning of August a tent, camping gear, lots of thick sweaters and 15 tins of stewed steak were cast into the back of the car, and all was set for a Bart's medical student, fiancée and yellow Lagonda to go to Scotland the following day. However, at zero hour the next evening the B.B.C. forecast that the weather for Scotland would be "very unsettled" (they did relate with rather more accuracy what it *had* been). A snap decision was made; a call at the insurance office produced a "green card"; the fuel tank was filled —leaving insufficient money to join the A.A. —Leonora's nose was turned about and the Dover road lay before us. Three minutes and 2½ miles later water covered the aero screens, but adhesive tape quickly ligatured a leaking radiator cap.

As dusk gathered Leonora glided into an unbooked car park at Dover car ferry, and after tickets, currency and fuel coupons were sorted out we rested in the car under the stars until 6 a.m. the next morning, when a Mk. VII Jaguar shuffled a little deeper into the gastrium of the Boulogne ferry to make room for Leonora. But at the last minute it was discovered that we had no car identification form, so this was filled in with the quickest of "examination" scrawls and we just pipped a

Volkswagen which was about to take advantage of the delay. Leonora was tucked in, the sky was clear, the sea was calm and "Fair stood the wind for France".

Once on French cobbles we headed Leonora's nose southwards to Rouen where a large bottle of lunch was bought for 3 francs. Interest in Leonora was intense from the start and as she could be heard before she was seen, village people would for a brief moment put down their wine glasses and peer apprehensively wondering what manner of vehicle was approaching, and as Leonora swept by, the growl from her copper exhaust reverberated around the narrow streets, especially when using 5,000 revs. in third.

Chartres was reached that night after cruising tentatively at 45 m.p.h. and a corn field provided a suitable camping ground. Next morning, however, early evacuation was made necessary by the approach of a large hostile threshing machine.

The weather stayed fine and the car hummed along contentedly at 50/60 m.p.h. to the beautiful city of Orleans, where a ten-minute stop to look around its expensive shops and wide cobbled streets was followed by twenty minutes trying to find the way out again. We drove until late at night, intending to reach Limoges, but just outside that city the side lights suddenly extinguished and no cause could be found on examination, and after extinguishing three more fuses in the process, we pulled off the road and slept in a wood. It took three hours to find and rectify the fault next morning, a rear light lead had been compressed by the unprecedented weight in the boot against a chassis member and had slowly chaffed away.

The road to Toulouse had many straight avenues, and the lines of tall trees, with trunks like columns of a cathedral in misty twilight, converged miles away on the horizon.

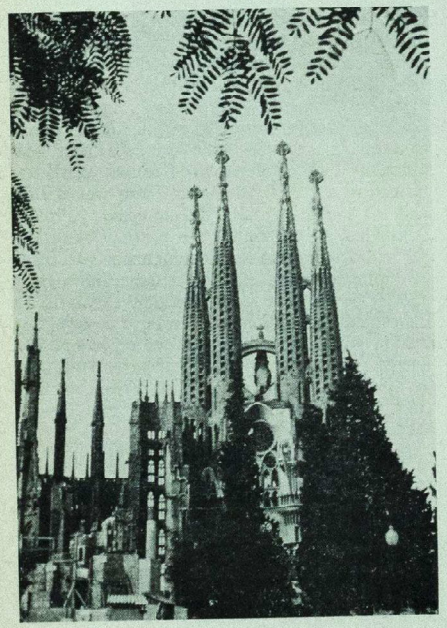
Stops at garages exchanged coupons for petrol and allowed our ever-increasing number of bottles to be filled with water, mainly for the radiator which had developed idiopathic polydipsia.

In warm Southern France our diet of stewed steak, French rolls and wine was almost supplanted by grapes from vineyards which spread from Orleans to the Pyrenees, and by orange-sized peaches which were borrowed from heavily-burdened trees.

Carcasonne was worth the day spent exploring the fairy book walled city, its turrets and pinnacles standing out immense and strong on the hill in defiance of invading enemies of days gone by. Then, on into the Pyrenees between bleak snow-capped crags 3,000 ft. high, from which crystal water cascades into tumbling rivers to the pine forests below. At last, the Spanish border; we joined a line of French cars, the French customs recognised the English car — odd I thought — and waved us through, the Spanish did the same — even more odd — and off we purred towards Figueras, on a hot dusty road, which carved through fields of tall cane and eucalyptus trees. These first impressions of Spain were shattered when, having slowed for a road junction, we were stopped by a motor-cycle "policeman" in green uniform, steel helmet and with pistol, carbine, huge dark glasses and moustacheos twitching in the breeze, who ranted furiously for a full minute in a foreign language, produced an official-looking book and at one page thrust an acromegalic thumb under 250 pesetas and held out a spade-like hand. My response of "now just a moment old sport . . ." was severed by an eruption of strong oaths and further gesticulation, and although I know only two words of Spanish, it appeared I should have stopped at the road junction, and the immediate fine for not doing so was 250 pesetas, thus for the next few moments I used one of my Spanish words interjecting a "Si" whenever there was a lull, and sat looking mildly disinterested. Finally exhausted, he copied all the particulars of the car and driver from my documents on to a form in triplicate, made me sign it, gave me a copy and let us go. The only part that I could read instructed the recipient to report to a police station within 15 days. I drove on wondering whether we might be invited to extend our stay in Spain and muttering "these Spanish police can't scare me" and thinking "But I wish they would stop trying".

Towards Gerona the road surface changed to a dusty boulder-strewn track, which made Leonora's suspension work like a yoyo. This sort of road contributed much to the driving pleasures all the way to the Costa Brava, the pot holes were such that one went in on one day and came out the next, the boulders and stones gave to the Lagonda the impression that the fuel tank had been filled with kangaroo juice, and led to Leonora developing an epileptic desire to explore the surrounding countryside. Undue haste in cornering often prompted the doors to wave to people sitting outside cafes, the wheels were affected and I found that I had efficient one wheel braking, that unfortunately was the spare. However, one

consoling effect was that it shook the death-watch beetles out of the ash coachwork, although they had been there for such a time that they provided certain adhesive properties that were desirable. But faithfully, Leonora carried us to San Feliu on the Costa Brava, and here we took the narrow winding cliff road to Tossa de Mar. This road is ideal for Lagonda motoring, the innumerable hair-pins provided excellent second gear work up to 5,000 revs., with the Lagonda's road holding unbeatable, and rarely did the straights allow 5,000 in third. A Mercedes 220S trying to keep up soon tied himself in a reef knot and was left several bends behind. The scenery along that road is breathtaking with pine woods on one side, and on the other jagged gaping cliffs furrowed into the azur Mediterranean 2,000 ft. below like the cogs of a giant timing wheel.



The pinnacles of the old cathedral of Barcelona.

At Tossa, an official camping site provided cheap facilities and we were to find that the cosmopolitan patrons—tourists vastly outnumbered natives in Tossa—appeared never to go out but to entertain themselves within the compound. The next morning, Leonora, having completed 900 miles with only one delaying episode, was polished up, and a thousand suicidal Spanish flies were cast from her shiny radiator; then I saw it — a slow traumatic haemorrhage from the fuel tank. Chewing gum thrust into the crack, which was undoubtedly due to pot-hole riding, quickly dissolved, soap wasn't much better, so all the water and wine bottles were emptied—the decision to empty the latter took great strength of character for not all of it could be consumed on the spot—and filled with the contents of the fuel tank. A garage was found, and with much pointing and contortion of words they undertook to repair it. It soon became evident, however, that they intended to remove the tank, my six words of Spanish—I was improving all the time—did not allow me to impress upon them that the removal of a Lagonda fuel tank is a Gargantuan task, so I left them to it. That evening I went to collect it and found that they were just finishing the repair—soldered in situ—they had learnt one thing about Lagondas. The repairer who was under the car shook it violently to demonstrate the robustness of his work, he learnt another thing about Lagondas for the boot lid with spare wheel crashed down upon his head. At first he could not share the mirth of his colleagues, and my concern was unilateral, however, he was soon grinning with the rest having been assured that there was no Lagonda left in his head. The repair cost 150 pesetas (25s.) and I gave 25 pesetas tip for all the trouble, although I gather it was unnecessary as Leonora's boot lid had provided the amusement of the week.

I drove Leonora away down the narrow white streets of Tossa and suddenly her ten horses stumbled and pulled no more, two of them were dead and the other eight had Foot and Mouth disease. Examination showed a loose plug lead and no fuel, so many bottles of "wine" were poured into the fuel tank which evoked from bystanders expressions ranging from incredulity to despair, and when I pressed the starter button there was quite a crowd to witness Leonora's prompt response to Spanish Sauternes. Several people asked what was the type of car, and the reply of "Lagonda" in my Spanish accent was unfortunately mistaken for "Langoustine", and tales were told in Spanish bars that night of the yellow lobster car.

The week passed quickly in Tossa, with the sky ever blue, and warm southern stars dispensed with the need for a tent at night. Seafood was cheap and extremely pleasant, but only in one restaurant could we get octopus and then it was by drawing the waiter a picture, the Spanish word for octopus being Poupo. Small bars in the back streets were vibrant, late at night, with tempestuous flamenco dancing to intoxicating and contagious rhythms, sometimes accompanied by vocalised moorish nostalgia, such as ". . . Morada de las mejores herencias, hound dog hombre".

The next few days were spent in Barcelona, a dusty meticulously squared city with beautiful architecture and earthen hovels almost side by side. The Lagonda caused great interest wherever she went, and all was well under her long yellow bonnet. We left Barcelona intending to drive as fast as possible to Paris, and on arriving at the Spanish border with only 2 pesetas in our possession there was a little apprehension about that form which should have been handed in to the police. But again we were waved past the frontier without any check, so the fine remained unpaid, and a little celebrating was undertaken on that account after consuming our last tin of stewed steak.

The drive up through Southern France was faultless and Leonora cruised contentedly at 60 m.p.h. The grapes seemed to have ripened considerably during our absence, and they helped to fill the void which on the way out was occupied by stewed steak. 1961 is expected to be a poor year.

In Central France, the fine weather ended, when, whilst driving late at night, we ran into a storm, and as we had no windscreen wipers for the large screen, night driving in rain was difficult with aero screens, so refuge was taken in a roadside bus shelter (for passengers, not buses) which was just adequate to take Leonora. Farm workers arriving for the early morning bus appeared to resent a yellow Lagonda sitting in their shelter, and as hostilities were threatened retreat was the obvious course, and the shattering explosion of Leonora's engine in that confined space will have permanently denuded several fine Frenchmen of their sanity. Progress was slow during the day as it rained continuously and the hood was up for the first time. As the rain decreased, our speed increased and passing through a small village at our customary 5,000 revs. in third, the hood slipped its catch on one side and veered us towards a cafe, scattering the wine sippers and the wine. Fearing retaliation we drove on out of the village, the hood acting as a breaking parachute, and stopped just outside to secure it.

That night Thor's dyspepsia again rumbled amongst the clouds, and a large barn provided cover for ourselves and Lagonda. However, bright sun heralded our entry into Paris the next day where French taxi drivers were determined to demonstrate their driving skill to us along the Champs Elysée. At Montmartre the tourists were more interested in Leonora than in the colourful houses and cafés, and a yellow Lagonda sitting below the Eiffel Tower attracted much attention, from small boys to Paris policemen. A meal at night in Montmartre which disposed of most surplus francs, was followed at 1 a.m. by the start of the drive to Boulogne, but mist and fog slowed us up, and later the driving seat which contained an air cushion, prolapsed suddenly, leaving me swinging on the steering wheel. The puncture in the seat was patched, but as the material was 26 years old, progressive multiple lesions continued to occur until at dawn there were more patches than seat. Then, a little after sunrise I found, on attempting to engage top gear, that it had gone for a walk. Further exploratory manipulations with the lever indicated that it was not alone in its vagrancy and that the other gears had gone with it. Examination, after gliding to a stop, showed a stripped thread on the selecter rod, and this was fixed by jamming the thread with tape and screwing on the nut.

An hour later we arrived at Boulogne and had no trouble in getting on the ferry although we were unbooked.

Sad now to relate that Leonora has a new home in North Wales, and her stable is full with a low green beast, which, although hatched at Lagondas, does not bear the name.

Back in London the mileometer showed Leonora had covered 2,200 miles at 26 m.p.g., and 300 miles per pint of oil without any serious metabolic mishaps. The cost of fuel was the most expensive item—£22. The G.B. may have meant "Great Britain" going out, but now it's "Gone Broke".

I keep a careful watch on the post every day. It seems that extradition orders take several months to negotiate, especially from Spain. However, I suppose I could always send them on to North Wales.

The Chronicles of Christopher

No. XII. My Jubilee.

An old man lives on memories; he is fortunate if—to change the metaphor—there are no weeds in his Garden of Mnemosyne.

When we tell the present generation of conditions we experienced and enjoyed in Victorian and Edwardian days, we encounter smiles of pity and tolerance and only politeness prohibits incredulity. For in those days, a Savile Row suit cost only six guineas and the high-class tailor refused to accept an order for fewer than three at a time. Cigarettes (of small size) could be bought at five a penny, a pub outside the Hospital gave you a good steak, bread and cheese and a glass of beer for a shilling, and a penny was an adequate tip.

Fifty Years Ago

I wonder what percentage of the profession live to claim fifty years of continuous practice. Such a jubilee cannot be a particularly common even if it is not a remarkable achievement.

I still have the B.M.J. containing the record of my first qualification—M.R.C.S., L.R.C.P., together with 87 others. Some of these I know to be alive, some, alas, have passed on. Two may be recognised as having had a distinguished career, none could be labelled eminent although one would almost certainly have become the foremost physician in the United Kingdom had he endured and survived a number of adverse conditions.

I do not identify a notorious criminal among them, not even a minor malefactor.

Is there at the present day a modern Christopher who lampoons and teases the illustrious, the famous, those dear to the hero-worshippers, as I did in my Chronicles partly out of admiration, partly out of flattery, partly with a suggestion of caricature? If not, why not?

It is sometimes said that today men with that question—begging description—personality are not evident. But maybe this is said of every generation, *plus ça change, plus c'est la même chose*. Of course there can no longer be the reverence we paid to a member of the staff in a teaching hospital, whose attitude on occasion towards patients was of that arrogant character which would today lead to questions in the House.

But I daresay the same stories told of them survive generation after generation. Doubtless the best known is that of the physician or surgeon who exhorts his class to cultivate observation and particularly the faculties of smell and taste. He produces some nauseating liquid or material, dips a finger into it, inserts it into his mouth and invites the class to do the same much to their disgust. "Oh," he exclaims triumphantly, "I told you to cultivate observation; you ought to have noted that I dipped one finger into the stuff and inserted another into my mouth." I wonder how many people have heard this *jeu d'esprit* from performers all over the world! Somebody must have originated it. Hippocrates, perhaps. A.A.

The Chronicles of Christopher first appeared in the Journal in the period 1911—12, having been written by the Editor who is now Sir Adolphe Abrahams. A selection of them is in the current edition of "Round the Fountain." It is with great pleasure we publish this Chronicle (by the original author) to mark their appearance 50 years ago.

The Care of the Dying

(Recollections from a talk given by Dr. C. Saunders to the Augustine Society on Monday, 11th December.)

Patients who are dying deserve especial care that is often not apparent in hospital. This care though time consuming brings with it a wealth of understanding and even satisfaction. Dr. Saunders works in St. Joseph's Hospice, Mare Street, Hackney, and has under her care fifty patients. Most have cancer and with few exceptions this is a terminal admission. Some die in a few days while others survive a few months. There is a common link with all of them—no further medical treatment is possible. All Dr. Saunders can do is relieve their pain with analgesics and such symptoms that have a simple remedy. It seems she is well qualified to speak on the subject for she trained first as a Nurse, then an Almoner and finally as a Doctor and now hopes to open a Home for the Dying of her own.

Far from being hopelessly depressing St. Joseph's impresses one with a feeling of great peace and calm. Dying is a peaceful process and the patients gradually come to realise this—rarely does a patient become hysterical. They are in six-bedded wards, but patients are never moved out terminally—indeed they have been known to object to this—it reassures them to see others die peacefully. You must never rush a dying patient, but deliberately slow yourself down to their pace—even such things as turning them over in bed must be done more slowly. Always be ready to give them your full attention—they are a great deal more thoughtful than other patients—and have every reason to be—and may rely on what you say or do far more than you would ever realise.

Talking to dying patients is a difficult and often hurtful experience. But, indeed, one must always expect this. It is much more important to listen to what they are asking, than for you to answer what you might mistakenly think they want as an answer. Every person must be treated individually and you have first to win their confidence. Too many have already lost confidence in their doctors who tend to shun them when they can do no more for them medically. Once they realise you are prepared to listen you have a foot in the door already. Many are more frightened that death will be accompanied by unbearable pain than anything else—here they can be reassured for morphine or diamorphine injections will keep them free of this. At a first meeting, Dr. Saunders evades the direct question, "Have I got cancer?", not knowing what really prompts it, but asks the patient to bring it up again at her next visit. To find which way a patient is thinking she proffers a reply which could be interpreted in one of two ways. Whichever path the patient takes, she then follows. If they do not wish to face the idea of death but remain optimistic she can point to the pain which will always be improved. Eventually it is hoped all patients will come to realise their fate for themselves. If you ever have to tell them it must always hurt you—otherwise there is no balance to the hurt you are inflicting on them.

St. Joseph's began 50 years ago as an Irish Roman Catholic Mission. Though it is run by Irish Roman Catholic nuns, and one is aware of a Catholic atmosphere, patients of all kinds of belief are admitted. Dr. Saunders is an Anglican. She emphasised how interdenominational the atmosphere was. She once found herself saying to a Jewish lady, who asked her if she was about to die: "It is the illness which is coming to an end, not you." Priests of all kinds are to be seen there visiting patients. But there is a unifying Spirit which uplifts everyone alike and for the staff the experience from one dying patient gives them confidence and courage to face the next one. Such an experience as this: a patient, who had never given God a moment's thought most of her life, was given a verse from the Bible, "Lord, I believe in Thee, help Thou mine unbelief." Just before she died she said to Dr. Saunders, "I think I have now got a little less unbelief."

T.G.H.

The Abernethian Society

"Delinquency and Hot Air," given by J. W. Parr, Esq., M.A., T.D., on Thursday, November 9th.—Following on 18 years as a housemaster at Winchester, Mr. Parr became Chairman of an Approved School—his predecessor had been sent to prison. There are 100 Approved Schools in the country accommodating 10,000 children—and of these schools there are three types taking either boys or girls from 10—13 years old, 13—15 or 15—18. How does one get in? The best way is to steal or not to go to school. But it is a long process—first in front of a magistrate who tells you not to do it again, the next time under a Probation Officer, the third time you are caught, to a Remand Home for psychiatric treatment and finally an Approved School. When a boy finishes this process he always feels he is in prison but Mr. Parr took great pains to show how much he and his staff made life as much like a normal boarding school as possible. They play games with neighbouring Secondary Modern Schools, parents can visit them at week-ends, but they only have 24 days' holiday in the year. There is a Prefect system but this is difficult because the good boys are always leaving and the worse they are the longer they stay. Only few boys abscond, and these are usually professionals—one had done it 243 times during his life. The success rate, reckoned as not getting into trouble by 18 years old, Mr. Parr's boys leave at 13, is 20 per cent.

Why do boys steal? He gave numerous posibilities. One, which even he had not thought of, came when he took some of his boys to the cinema one day. It showed the scene of some baggage falling off a taxi; accidentally, as it turned a corner. A small boy ran out, picked up the bag, and made off with it. But he was caught and when the magistrate asked him why he had done this, instead of leaving it alone or returning it, said: "Why? God sent it to me."

There is a tendency to shelve responsibility and turn boys over for psychiatric treatment. But Mr. Parr found psychiatrists, although expert in diagnosis, offered little in the way of treatment. Two occasions in particular reminded him of this. The first, when a psychiatrist said: "This boy is too stupid for psychiatric treatment." The other, when one said: "I can tell you exactly what is wrong with this boy but he plans to go on as before."

"Architecture as Environment in Sickness and in Health," given by Professor R. Llewelyn Davies, M.A., F.R.I.B.A. (Professor of Architecture in the University of London) on Thursday, November 23rd.—The success of an architect depends on how well he can integrate two factors—the use to which a building is to be put, and the building materials available. Today, much more emphasis is being laid on the functional aspect and many entirely new concepts in architecture are emerging as a result. Tricks with perspective to give a feeling of space, soundboard to diminish background noise, radiant heating instead of a centrally air-heated fuggy atmosphere.

Though we erect buildings to our design we must always remember they influence the way we live. Surely the design of a Nightingale ward has influenced much of the routine of modern nursing. The time has come for a break away from traditional hospital design and the introduction of a completely new functional model. This is true of the "egg box" too—a result of unimaginative, poor architecture. American hospitals are perfecting the administrative aspect and we can learn much from them. Supplies are no longer kept on each ward but instead come daily by means of pipeline from a central depot in the basement. The central "core" of the hospital is a network of pipelines and around this are distributed the wards. An immense amount of work is thus saved from the Ward Staff—even meals would come up completely prepared direct from the kitchen to the ward.

The contribution of English hospitals has been on the doctor, nurse, patient relationship. Much work is being done to find the optional ward size so that nurses can work together as a team rather than doing isolated unconnected jobs, and that they can keep contact adequately with patients and see them, if only through windows, whilst leaving them with as much privacy as possible.

Buildings are more or less permanent—yet the state of medicine is perpetually changing. The keynote of hospital design today is not to stick to a rigid system but allow a flexibility which will meet with the change.

"Clinical Research in Diabetes," given by Professor W. J. H. Butterfield, O.B.E. (Professor of Experimental Medicine, Guy's Hospital) on Thursday, December 7th.—Much recent experimental work was explained to the Society with the use of slides—but in some cases the significance of the results still remains to be explained.

Using the forearm muscles as the tissue involved, the Fick principle was applied to determine the uptake of glucose from the blood with various concentrations of blood sugar. Arterial and venous measurements were taken from cannulae in the cubital vein draining these muscles and the brachial artery—with an occluding arterial cuff around the wrist. Blood flow was measured with a plethysmograph over the forearm. Following great surprise on finding a negative arterio-venous measurement, he plotted a graph of the glucose uptake against the blood sugar and found all points to lie on a straight line. The gradient of this line was the same whether the patient was a diabetic with or without insulin or an oral hypoglycaemic drug or a normal person such as the speaker. This meant that regardless of the blood sugar the forearm muscles were always taking up sugar at a fixed rate. Possibly in a diabetic the sugar was only transferred into the extracellular fluid and not into the muscle cells themselves. Experiments such as this were all done on patients in the wards—no doubt it gave them a greater sense of security!

The juvenile type diabetic curve after a Glucose Tolerance Test suggests that the blood sugar level is merely a balance between uptake from the gut and excretion with little disappearing into the tissues due to insulin. Yet experiments on rats perfused with blood from juvenile type diabetics and normal persons showed that although the diaphragm took up slightly less sugar than a normal person, the fatty tissue took up over twice the amount. Evidently the juvenile type diabetic does secrete some kind of insulin.

Investigating the blood flow in the foot in peripheral vascular disease he showed conclusively that it was decreased. Deposition of glycoproteins in the intima of the smaller arteries was offered as the reason. Clinicians should always remember to look at the soles of the feet of diabetics for the tell-tale black necrotic spots indicative of this condition.

Recent work has returned to the forearm experiment, this time studying the uptake of insulin from the blood. Evans Blue is used, but is unsatisfactory, to label the insulin. Already it has been shown that insulin does not disappear nearly as quickly from the blood of diabetics as from normal subjects.

T.G.H.

Officers of the Society.
Lent and Summer 1962.

President: T. G. Hudson.
Secretary: M. H. Ball.
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Committee: Miss L. McPhail, N. Pott, P. C. Scriven.
Pre-Clinical Representative: M. Lipsedge.

Nursery Productions

These were given on Wednesday 22nd November, at Charterhouse Square.

As instituted last year, the programme consisted of three one-acters. The choice of plays, although not so varied as last year, was much more ambitious, not only for the actors themselves, but as a challenge to a Bart's audience. The similarity, in theme if not in treatment, between the two plays: "A Resounding Tinkle" and "The Bald Prima Donna" was unfortunate, and formed the only weak point in the evening. Taken separately, they were ideal choices, presenting a complete breakaway from the genteel drawing-room scenes of the past and giving much more scope to both director and actor.

"A Resounding Tinkle", by N. F. Simpson, took the burden of beginning the evening very well. George Dunn and Judy Bell, as the suburban couple with an erroneous elephant in their garden, reacted superbly to the immediate laughs which greeted their quick, nonsensical patter. After an inaudible, self-conscious start, Phyllis Pennington as Uncle Ted, took up the pace set by the other two and the play finished with resounding applause.

"Two Gentlemen of Soho" was sensibly placed next, not last, as on the programme. This mock-Shakespeare, by A. P. Herbert, might merely have been a rather heavy satire of the licensing laws and aristocracy, but was made something more by the *tour de force* of John Graham Pole as Plum, a nightclub plain-clothes. Mouthing confidential asides to the audience, he egged on the other characters ably played by Patricia Wells, Priscilla Fogarty, Peter Morgan, Mike Franks and Pauline Birt. Roger Farrow as the lugubrious waiter, and Dick Atkinson as Sneak, the private eye, also made their mark.

The Clinical Play, "The Bald Prima Donna" by Eugène Ionesco rounded off the evening with something a little subtler, but nonetheless hysterically funny. The pace was breakneck from the first line, the audience having by now accustomed themselves to the offbeat humour. Patrick Kingsley and Brenda Bean as Mr. and Mrs. Smith were beautifully stodgy and repressed, like boiling suet. Stephen Thomas and Gillie Percival as the estranged Mr. and Mrs. Martin did their chilly little scene so well that it was frightening. Sue Williams as Mary, the maid, tripped fetchingly in and out, ingenuously rude and confiding by turns. Dai Lloyd played the part of the Fire Officer with verve and originality.

All three producers, Nick Loughnan, Simon Phillips and Mike Stewardson respectively, must be commended for instilling primarily a sense of enjoyment into their plays, making for a new vigorous life on the Bart's stage. The lighting and scenery difficulties were very ably met with by Peter Milla and Alan Bailey. Mike Stewardson, the Chairman of the Drama Society, is to be congratulated on organizing this most enjoyable evening and for having brought so much latent talent into the open (practically all the actors were new-comers to the Bart's stage). We know that we can await a really first-class production in Gloucester Hall in February. B.B.-K.

Bridge Club

Upstairs in the library inside a glass cabinet the place of honour is given to a large silver trophy. Slowly covered by dust it is only removed once a year to have a plaque with the names of the winning team put on it. It is the United Hospitals Bridge Cup won by Bart's for the 4th time in succession.

As in previous years it was not plain sailing. After a bye in the first round the team: A. Gould, R. Thompson, F. Pope, G. Gardos beat Middlesex I by 12 I.M.P.s (International Match Points) in a close match. In the semi-final Bart's defeated St. Thomas' I, our greatest rival, by 16 I.M.P.s after eight extra boards. After this fine victory Bart's were confident about their chances of winning the final, and it was rather disappointing that the final was conceded to them.

The second team: J. Harvey, A. Warr, J. Bamford, A. Gordon lost to Guy's I in the second round in a close match. The third team: P. Stanley, P. Kingsley, M. Barton, E. Shinebourne were beaten by London I.

Officers for 1961/62: Captain, F. Pope; secretary and treasurer, P. Stanley. G.G.

SPORTS NEWS

Boat Club—*Captain's Report July-November,* 1961.

Some of the cups and trophies won at the United Hospitals Regatta, 1961.

A week after we had returned disappointed from Henley we began to think how we might try and do better next year. As all but two of us would be unable to row it was apparent that we must begin training some new oarsmen and, as this was likely to be a long process, start soon. The weather was still good for rowing and a maiden four was got together to enter for the event at Bedford Regatta. It was coached by the captain-to-be with the idea of providing a nucleus for a crew in the Winter Regatta. Boating from London Rowing Club the four managed to get out six days a week for the fortnight before Bedford. By the end of this time they had put in a considerable amount of work and had improved immensely. However, on the day of the regatta they lost their first heat to Bedford R.C. after leading for most of the way. This was a great disappointment, but left us all determined to do better next time. The crew was:

Bow	E. M. Hoare
2	D. Harper
3	D. Hunter
Stroke	K. M. Stephens
Cox	R. Gleadle

Three weeks then elapsed when, owing to holidays, no rowing was done. The crew then reformed with two changes, M. Stewartson replacing D. Harper at two and C. Brewer coming in to try his hand at coxing. Again the crew trained six nights a week for a fortnight and at the end of this time entered the Maiden event at Hammersmith Borough Regatta, again determined to win the event. In their first race they came up against a good crew from the National Provincial Bank and this proved a most exciting race. No sooner were they off than a ding-dong battle began. First one crew and then the other took the lead. By half way Bart's were in front and both crews were feeling the strain. Nevertheless, the Bank managed to draw up level and again take the lead. It seemed it would be the same old story with Bart's losing over the last half of the course. However, our crew, rowing admirably together, had other ideas and put in a challenge which brought them back level with their opponents. For a while the Bank hung on but a second well practised spurt by Bart's put them in the lead and they won the race by a third of a length. It was a classic race and the crew, highly elated, prepared to meet their next opponents. These turned out to be the Harrodian R.C. This proved an easier race, but the Hospital four was determined not to allow any room for error and went off at a great rate. Within ten strokes they were a length up and they continued to go up length by length right to the finishing line. In the final they met a strong Poplar Blackwell R.C. four. However, the cup was within sight and nothing could stop them now. The race was begun into a wash which seemed hardly to affect our four. They passed straight through it, going up every stroke and eventually won by three lengths. At last it had been done! For the first time in six years Bart's had won an open event in a Regatta! The coach fell off his bicycle in excitement and sustained multiple small injuries. The cup, presented by the Lady Mayoress, was found to hold five pints of good beer. This was checked several times before the evening was over.

This four, not wishing to gain any further status, then broke up, and rowing ceased until the preclinical term should begin. In the first week of October we were able to survey the prospects for the coming year in terms of talent available. Among the new entry there were no outstanding oarsmen. There were no first boat men from Cambridge and only a few men who had rowed at school. The prospect seemed rather dismal and incidentally, is likely to remain so while Bart's has a reputation of not being a place for sportsmen to go to. We also had very few experienced oarsmen from previous years to rely on.

A coxless four was therefore made up without delay and began training five nights a week. This continued until the regatta. The four consisted of two of the successful Hammersmith Maiden four plus the captain and Hugh Coleridge from last year's Henley eight. Meanwhile a meeting was held of the club and interested freshmen and the year's programme was outlined, emphasis being laid on the fact that Bart's were now out to win some events rather than always come a good second. Following this a Junior eight was formed as well as a number of other crews. The essential thing was that all these crews should be coached in order that the standard of the club's rowing might improve. In achieving this we were most fortunate to have the help of various old members of the club. These included Mr. C. Hudson, Mr. J. Currie, Dr. B. Harrold and Humphrey Ward.

A number of people had to be tried in the Junior VIII and it took three weeks of Wednesday and Saturday rowing before a final order was achieved. After this the crew went out five days a week until the regatta. On Wednesdays and Saturdays they were coached by D. C. Dunn and on the other days they went out in the evenings with the four, the two crews being coached by one man, either Dr. B. Harrold or Mr. C. Hudson.

In the early stages of training H. Ward very kindly coached the four and later on Mr. C. Hudson gave us many of his evenings. In the last three weeks we trained with the eight as above. We also had two Junior coxed IV's and a Novice four on the river. N. Dudley took on the coaching of the better of the Junior IV's. This crew was unable to go out more than twice a week until just before the regatta but made up for it by very long and hard outings whenever they came on the river. They looked a promising crew. The other IV was coached by various people on Wednesdays, but mainly by Mr. J. Currie who gave up his Saturday afternoons to instruct them in the basic art of rowing. The Novice IV was regularly coached by E. M. Hoare.

Thus with the exception of a few outings all crews were coached every time they went out and, indeed, there were some good looking Bart's crews on the river. But though great improvements were apparent, the question was whether they would be great enough. Both the VIII and Senior IV were assured of experienced opposition in the regatta. The St. Thomas's light IV was manned by a number of Leander men and was out every night of the week. St. Mary's had had an eight out since soon after Henley which had already done well in the summer regattas and was now training regularly on the Regent's Canal. There were also rumours of some good Junior IVs about.

On 22nd November came the Winter Regatta. The first race of the day was won by the "B" Junior IV. They beat Guy's in fine style and their rowing did credit both to themselves and to Mr. J. Currie. In the next Bart's race the Junior VIII beat a crew from St. George's Hospital. The Novice IV in their first race disposed of the Guy's Novices. So keen were both crews to row the race to a finish that they ignored the umpire's shout at the finishing post and carried on into the distance. They were well on the way to Hammersmith before they easied and Guy's acceded victory! The first defeat for a Bart's crew came when the "B" Junior IV was beaten in its next race, but as

this was by the "A" Junior IV the blow was somewhat softened. Much more disappointing was the result of the race against St. Thomas's in the light IVs. The tide was high and conditions were rough. The race was begun in a hurry as a tug was bearing down on us from behind, and on the first stroke K. M. Stephens missed the water completely as his blade skied off a piece of wood. By the time we were straight again St. Thomas's were in the lead and pulling away. Had we been able to settle down we might have made a better race of it, but wash after wash prevented us from doing so and our only memory of the race is confusion. We finished some three lengths behind. We had known we would have to excel ourselves to beat St. Thomas's and we failed to do so. A very despondent crew returned to the boathouse.

Two members of the crew then got into a pair for the first time and raced two of the Thomas's crew. Bart's unfortunately came second. Meanwhile the Junior VIII had come up against St. Mary's in the semi-final of their event. The race was against the tide and Mary's proved themselves the better crew by going steadily up from start to finish. Both this VIII and the Thomas's IV went on to win their events.

With little real talent available our small boat races were not taken very seriously, our effort being concentrated on the main events. Both the double sculler and senior sculler, out for the first time, failed to appear in the regatta after their first races.

We still had the Junior IV and the Novice IV in their events. In the final the Junior "A" IV met a London IV containing some very experienced oarsmen. At first it was anyone's race, but after half-way Bart's pulled away to win convincingly. This was a fine crew well coached by N. Dudley. They attacked the water with great gusto and proved they could move very fast. As it was made up of four preclinicals, including two freshmen, this was a most encouraging result.

The Novice IV beat a London Novice IV in the semi-final and this in fact proved to be the last race of the event, as the whole of the other side of the draw withdrew their entries. Thus by winning two convincing races they gave us our second success of the day.

These two finals were the first Bart's have won at this regatta for some years and we hope they indicate that the club is at last on the way up again. Bart's Junior VIII and Senior IV, however, are somewhat disappointed crews and we can only hope that out of this disappointment will grow the determination to bring success in the Summer regattas. We now intend to train two eights for the Head of the River and then for the Summer events including, we hope, one for Henley.

We are all immeasurably grateful to those who have given us coaching and support during the past three months. Mr. C. Hudson has come straight from the operating theatre to the river, during any spare moment and at all times of the day. His advice and help has ben invaluable. Dr. B. Harrold has been with us night after night, on a rickety bicycle and in freezing weather, controlling two crews in the utter darkness. Mr. J. Currie has given hours of patient coaching on Saturday afternoons to those who needed it. H. Ward has given the four some first-class coaching and advice. With such support we could not fail to try our best and its benefit cannot be overestimated. I should be only too pleased to hear from any others who are interested in our progress and who might be able to help us by one means or another.

The dinner was held in the Charterhouse Restaurant and we were pleased to see many past members of the boat club there. If there are any others who would like to be notified of next year's dinner, send us your address and we will be happy to let you know.

Finally, on 29th November, a scratch Bart's-Thomas's regatta was held. After a small subscription names from both hospitals were drawn out of a hat and the mixed crews thus chosen were raced off. There were two events, "Grand Eights" and "Steward's Fours" (coxed). Cups were awarded to the winners and I am happy to say that the majority came home to Bart's.

Crews for the Winter Regatta

Double Scull
Bow T. Knight
Stroke N. Dudley

Pair
Bow H. Coleridge
Stroke D. C. Dunn

Senior Sculls
I. Wilson

Senior IV
Bow E. M. Hoare (Steers)
2 D. C. Dunn (Capt.)
3 H. Coleridge
Stroke K. M. Stephens
Coaches C. Hudson; B. Harrold; H. Ward

Junior VIII
Bow D. Lloyd
2 P. Needham
3 B. Garson
4 I. Wan-Ping
5 D. Hunter
6 K. Anderson
7 R. Husband
Stroke R. Anderson
Cox R. Weller
Coach D. C. Dunn

Novice IV
Bow J. Tricker
2 P. Roberts
3 A. Nicola
Stroke R. Thompson
Cox J. Pilling
Coach E. M. Hoare

Junior IV "A" "Mayflower"
Bow D. Robins
2 M. Aveline
3 G. Libby
Cox I. Cole
Stroke B. Ayers
Coach N. Dudley

Junior IV "B" "Dreadnought"
Bow J. Pusey
2 D. Hardy
3 T. MacElwain
Stroke B. Lee
Cox C. Brewer
Coaches J. Currie; H. Coleridge; K. M. Stephens; D. C. Dunn; N. Dudley.

Rugby Club

1st XV v H.S. Chatham—Won 26—6.

The changes in the Bart's team together with a more offensive attitude to the game appear to have been worthwhile, and in this game at Chatham with conditions ideal for fast, open play, Niven for Bart's had soon burst through the Services defence for a try. Dorrell followed this with a dropped goal, a feat he usually manages to repeat once a game, and at the interval Bart's were 14—6 in the lead. In the second half the Hospital forwards lost their grip on the game but after 20 minutes of stagnant play, finally reassembled themselves and were rewarded with a further three tries. The back combined well with Gurry as always dominant in the tight. Harris, Smart, Halls, Gurry, Sidebottom and Knox also scored tries.

Team: E. D. Dorrell, R. K. Jeffreys, P. A. R. Niven, E. Sidebottom, S. G. Harris, A. T. Letchworth, D. Chesney, J. W. Hamilton, B. H. Gurry, A. J. S. Knox, D. J. Delany, M. M. Orr, M. C. Jennings (capt.), C. J. Smart, C. J. Halls.

1st XV v Old Cranleighams—Won 16—0.

The Hospital won their game chiefly by a remarkable supremacy in the forwards, and the backs were presented with such a wealth of opportunity that it would have been difficult not to score. None the less, the opportunities were well taken for the Cranleighams backs were quite strong in defence, and had they had more of the ball would, one felt, have been dangerous in attack. Gurry, Orr, Delany and Smart take most of the credit for the possession, although the whole pack were going well together. Letchworth at fly-half moved the line well and with Harris looking dangerous on one wing and Jeffreys running with great determination on the other, the Bart's attack looked very well balanced. A marring feature, perhaps, was the number of dropped passes, many near the opposition's line. Harris kicked well, scoring 10 points.

Team: P. A. R. Niven, R. V. Jeffreys, J. E. Stevens, E. Sidebottom, S. G. Harris, A. T. Letchworth, D. Chesney, J. W. Hamilton, B. H. Gurry, A. J. S. Knox, D. J. Delany, M. M. Orr, M. C. Jennings (capt.), C. J. Smart, G. J. Halls.

1st XV v Public School Wanderers—Won 25—0.

This win was thoroughly deserved, for although the Wanderer's side contained some good players, as is so often the case with scratch sides, there was little cohesion. In spite of this the game was an open one and Bart's backs made good use of the forwards possession although in the first twenty minutes there were many dropped passes possibly due to the frosty air. Dorrell, playing for the Wanderers, had a good game at full back.

Team: P. A. R. Niven, J. E. Stevens, R. J. White, E. Sidebottom, S. G. Harris, A. T. Letchworth, A. P. Ross, O. J. A. Gilmore, B. H. Gurry, A. J. S. Knox, D. J. Delaney, M. M. Orr, M. C. Jennings (capt.), C. J. Smart, H. G. Jones.

1st XV v Stroud—Won 6—0.

A series of mishaps before the game did nothing to improve a rather scrappy match, which Bart's won by two penalty goals.

Team: P. A. R. Niven, R. V. Jeffreys, R. J. White, E. Sidebottom, S. G. Harris, A. T. Letchworth, A. P. Ross, O. J. A. Gilmore, B. H. Gurry, A. J. S. Knox, D. J. Delaney, M. M. Orr, R. P. Davies, C. J. Smart, M. C. Jennings (capt.).

1st XV v Rugby—Lost 5—11.

A coach breakdown on M1 caused a late arrival at Rugby and Bart's hurried onto the pitch to play a rather shortened game in the gathering foggy gloom. This was probably just as well because the big fiery Rugby pack dominated the game from the kick off.

Despite possession from both tight and loose their outsides, the full-back excepted, were surprisingly ineffective. The place kicking on both sides was very poor, but Rugby opened the scoring with a penalty goal. Bart's replied with rather a lucky try when a defender failed to touch the ball down correctly over his own line. Niven's conversion was a masterpiece of suspense making full use of the far upright.

Continued forward pressure soon brought Rugby another try and then five minutes from the end scored a good goal after a scrum on the Bart's line.

J. P. M. Davies made a promising debut at full-back.

Team: J. P. M. Davies, R. V. Jeffreys, P. A. R. Niven, E. Sidebottom, J. E. Stevens; A. T. Letchworth, D. Chesney, J. W. Hamilton, B. H. Gurry, A. J. S. Knox; D. J. Delaney, M. M. Orr; M. C. Jennings (capt.), C. J. Smart, R. P. Davies.

Soccer Club

St. Bart's 1st XI v Past Bart's XI, December 2nd, 1961—Won 5—3.

A most enjoyable game; and fine weather to greet the occasion. Many distinguished Bart's surgeons and specialists took part and fought gallantly throughout the match. Bart's opened the scoring with a goal from Jailler but the Past quickly replied with a fine individual effort by Whitworth. Although Herbert, Phillips, and Jailler brought the Bart's score up to five, the Past were never out of the game. D. Gau spurred the Past on by a fine goal from the right wing which was scored from a narrow angle while the Bart's defence casually looked on. H. Ross fulfilled his promise of attacking play by scoring the third goal for the Past. Our thanks are due to Michael Hackett for gathering together such a sporting team for this fixture.

Bart's team: B. Stoodley; A. Howes, P. Stanley; P. Savege, G. Haig, E. Manson; J. Jailler, P. Herbert, C. Vartan, M. Hudson, N. Offen.

Bart's 1st XI v Imperial College, December 6th—Won 6—1.

Bart's really played as a team throughout this match. The opposition were often somewhat slow, and Manson and Phillips put Bart's into an early two goal lead. Padfield played well in goal and prevented Imperial scoring in the first half, when Bart's led by three goals; the third being scored by a first-time shot from Haig. Bart's continued to dominate the play in the second half but a sudden rally by Imperial produced a freak goal that just dipped under the cross-bar. However, Bart's consolidated their position by adding three more goals to round off a successful team effort, two of these goals being scored by Harvey.

Team: A. Padfield; C. Vartan, A. Howes; P. Stanley, R. Groves, G. Haig; H. Phillips, M. Bascombe, E. Manson, T. Phaure, J. Harvey.

Bart's A XI v Old Chigwellians, December 9th—Won 6—3.

The Old Chigwellians always field a determined eleven; and this team was no exception. It was mainly due to a truly inspired performance by Herbert that Bart's won this game so convincingly. The Chigwellians never gave up and always kept the ball moving in their attack. Herbert scored four excellent goals, his second being driven high into the goal from thirty yards out with masterly precision. Iregbulem had rejoined the team after a month's absence and yet laid on many useful passes together with intelligent moving in the attack. Nigel Offen played well for Barts in the defence and scored a useful opportunist goal early in the first half.

Team: J. Mansfield; G. Haig, C Vartan; N. Offen, P. B. Savege (capt.), P. Stanley; E. Manson, H. Phillips, P. Herbert, L. Iregbulem, R. Merry.

Fencing Club

After a successful last season, the loss of three senior members has weakened Bart's team this year. We have welcomed many newcomers who are, with one notable exception, not yet ready for representative matches, but who are rapidly becoming proficient.

The exception is M. Franks, who has fought for the University of London in both foil and epée this term, and who has strengthened Bart's team on his appearances for them.

Turning to results, Bart's have lost narrowly to L.S.E., Bexleyheath and Northampton Colleges. Against the London Hospital Bart's fared worse, winning only two fights.

The teams were selected from: I. Cole (capt.), N. Richards, M. Franks, M. Freeth, T. Dutt and C. Lessell.

The Ladies have fought only one match against Bexleyheath, the London Hospital being unable to raise a team upon the day of battle.

Their team was: P. Kumar, J. Kennedy and S. James.

Squash Club

The first half of the season has been completed with a little more success than last year. Although we have only won two of our first five fixtures, we have won enough games to find ourselves fourth in our division of the Cumberland Cup (which is two places higher than our previous position!).

We are very fortunate to have some good support from the pre-clinical school, especially Mitchell, who, playing first string, is certainly our most consistent victor. Coaching has been given to us by A. F. Catherine of the Lansdowne Club who we are sharing with the newly formed Ladies' Squash Club on Wednesday afternoons.

The second half I have had several good social fixtures most of which have been lost 2—3. There are a large number of players who can qualify for this team, so that it has been varied as much as possible from week to week.

Our future programme includes a singles knock-out competition and a ladder for the pre-clinical students only.

Ladies' Squash Club

Now in its third season, the ladies' squash club has increased considerably in numbers and enthusiasm if not in talent. The team got off to a bad start against St. Mary's Hospital by losing 0-5, but with the help of Wednesday afternoon coaching we have gradually improved this situation—losing to Guys 2-3 and then winning to both Middlesex and St. Thomas's, 3-2.

Team: 1st, A. Vartan, 2nd P. Aldis, 3rd T. Lopez, 4th D. Layton, 5th J. Clarke or J. Sykes.

Ladies' Hockey Club

Report. The main fault of the team this year is the lack of power in the forward line. This lack is most noticeable in the circle when many opportunities to score are lost. The defence, on the whole, are playing well and when we produce a team with a forward line that is not afraid to shoot at the goal we get results such as the one on 22nd November! S. Minns has played well in the forward line, scoring all the goals in the last two matches, whilst E. Knight is as active as ever in the centre of the field. C. Lloyd has also played well in goal to keep the scores of our opponents so low and E. Evans is proving to be a useful new player.

(We are grateful to the Editor for his efforts to umpire and are sure that given time he will become most efficient!)

Sat. 4th Nov. v. Royal Holloway College. Won 4-3.
Wed. 8th Nov. v. Kings College. Lost 5-0.
Sat. 18th Nov. v. Wimbledon. Lost 4-0.
Wed. 22nd Nov. v. Royal Free Hospital. Won 4-1.
Sat. 25th Nov. v. Lensbury. Lost 3-1.

The following have played in one or more matches:—

B. Bean; M. Childe; A. Coates; S. Cotton; E. Evans; J. Evans; J. Fielden; C. Greenwood; M. Ironside; L. Jolly; E. Knight; C. Lloyd; S. Macdonald; V. Mackenzie; S. Minns; A. Myers; V. Nash; R. Sturgess; T. Tennent; J. Thoroughgood; G. Turner; R. Willis; J. Young.

The Canoe Club

The newly-formed Canoe Club had quite a good finish to the season, winning the last major long distance race of the year, the Blue Waters Against the Tide Challenge Cup, Charles Evans and Bernard Watkins paddling a record 1 hr. 51 minutes for the course. The same crew came 6th in the final of the National K2 10,000 metres championship. In the London River series over 21 miles, Adam Lewis and Evans came third in their respective singles classes and Watkins' pairing with B. White (non-Bart's) 5th in a field of 13, which included four Olympic canoeists.

The Club now has 10 active racing members and equal that number on the touring side, and is getting quite well-known in the National Long Distance field. Training facilities are available at the Royal Canoe Club, where a splendid clubhouse and the use of their racing K2s are available on becoming a member.

Although there are ample touring canoes, there is an acute shortage on the racing side. To remedy this an attempt is being made to buy an unfinished K2 hull from George Reardon, Ltd., which will be completed by ourselves. In this way it is hoped to get it for about £25, bringing the racing strength to three canoes.

It is hoped to organise an inter-hospitals race early in the New Year. We are a Cinderella Club at the moment and will welcome any bankside support in next season's races.

P.J.

The United Hospitals Athletic Tour of Sweden

Three Bart's students, Peter Littlewood, who had performed the arduous duties of secretary for the trip, Terry Foxton, and Malcolm Heeth were selected for this tour.

On the athletic side, the tour was fairly successful. Starting by losing to Stockholm and Uppsala Universities at Uppsala, then coming second to the Island of Gotland, Stockholm taking third place, and finally emerging victors at Lund. J. Conda must be mentioned here for winning the 100 and 200 metres, and Otto Feldmanis the discus at all three meetings.

Socially, we visited several pharmaceutical factories, worth visiting for the luncheon alone, the opera, and the Karolinska Institute, to see an operation upon a stenosed Palmonary Valve of the Heart. The facilities for students to observe operations were extremely good, including microphones and loudspeakers for questions by students and statements of method by surgeons.

In our spare time, photographs were taken, many places of interest visited, and many Swedes spoken to—luckily almost all the younger people spoke good English.

A day was also spent in Copenhagen, and this was the only day rain was seen to fall during the tour.

Tribute must be paid to the Swedish Institute, who arranged our outings in Stockholm, and to Herr Bö Aggeborn, who made himself available at any time.

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

BOOK REVIEWS

Handbook of Medical Laboratory Formulae by R. E. Silverton, M. J. Anderson. Butterworth, 1961. Pp. 676. 90s.

This book is arranged in four sections dealing with re-agents and materials associated with the techniques for Bacteriology and Parasitology, Histopathology, Haematology and Biochemistry respectively.

The aim of the authors, to assist laboratory workers by producing for them a detailed collection of the innumerable formulae used in medical laboratories to-day, any one of which may be quickly traced, has substantially succeeded.

Section I includes 164 pages devoted to culture media formulae and preparation, in which no less than 185 varieties are described—a mammoth list that many may consider somewhat superfluous in view of the almost general use these days of dehydrated media. However, the emphasis on control tests for each medium reveals the authoritative approach by the author of this section. Inevitably a book of this nature will find us vainly looking for something and, in the excellent chapter on bacterial stains, it is to be regretted that among the several methods for demonstrating capsules, the well-tried technique of Muir finds no place.

Section II deals with preparation of stains and re-agents and a description of the methods used in Histopathology, Neurohistology and Histochemistry. It is no fault of the authors if perhaps in this sphere, more than in any other, ultimate success will depend not upon the written word but on the expertise gained by experience and experimentation.

The section concerned with haematological re-agents provides a wealth of ready-to-hand information and while emphasis is placed upon formulae of solutions, a summary of procedure is available in note form. It includes a chapter on Indices.

Section IV on biochemical tests and reagents is laid down on similar lines.

The ever-increasing reliance which clinicians place on biochemical tests has wrought revolutionary changes in this field over the past decade. New methods and techniques are constantly being evolved to keep pace with the products of research. Photometry has largely replaced colorimetric methods and likewise the flame photometer has considerably simplified the determination of elements in the blood like sodium and potassium, causing a rapid turnover of large numbers of specimens sent for these tests. Automation is now having an increasing impact on the biochemical laboratory and these developments will keep the authors on their toes in subsequent editions of this book. All the same, there is still a need on occasion for methods like Van den Bergh for bilirubin and Hagedorn and Jensen for blood sugar.

An appendix containing much useful data included in the text completes a book which should have a place in all laboratories.

A.H.O.

Logan Turner's Diseases of Nose, Throat and Ear Edited by John P. Stewart, assisted by R. B Lumsden. John Wright & Sons Ltd. Pp 491 52s. 6d.

The sixth edition of this well-loved Scottish "Classic" on Otolaryngology will be welcomed. It covers a wide canvas and contains many famous descriptions of conditions which are now fortunately rare. It has a new chapter on facial palsy together with enlarged sections on tympanoplasty, peroral endoscopy, and the treatment of malignant disease of the ear. This book's range is too wide to be recommended to the senior student for close study though he should be encouraged to dip into it when looking up his patients. It should be very useful to the house surgeon as he is unlikely to meet a condition that is not mentioned. There is also a useful appendix of traditional formulae which replaces the section on sulphonamides and antibiotics in the 5th edition. For the trainee specialist, however, it is an irritating book as it quotes so many authorities and papers without giving a single reference. It is plentifully illustrated though most of the photographs have a pre-war charm. The new coloured plates are of very good standard.

A.F.

Introduction to Neuroanatomy by David Bowsher (Ph. 110; text-figures 43. 15s.) Oxford: Blackwell Scientific Publications, 1961.

This little book is a synopsis of neuroanatomy which is brief enough to be within the capabilities of even the most harassed preclinical student. It covers those structural and functional aspects of the nervous system which are generally dealt with in a lecture course and is intended to complement the usual brain dissection; indeed, purely gross features of the brain receive little mention. Recent findings on the extra-pyramidal motor system, the reticular formation of the brain stem and the rhinencephalon are included and function is stressed throughout. A number of line diagrams illustrate the text, but the over-simplification of several tends to be misleading. On the whole the book provides the basic essentials for an understanding of the subsequent clinical neurology course and would serve as a useful introduction to larger texts.

O.J.L.

Artificial Feeding in Early Infancy by Andrew Bogdan

This booklet contains a good deal of information dogmatically and simply stated. A blank sheet with each page is presumably provided for additions, deletions and corrections, and as such should prove quite useful. While obviously intended for medical students and nurses the book could probably be read and understood by the average mother. As with most publications of this sort the pity is that it cannot be read and understood by the average baby.

S.M.

A Student's Guide to Anatomy by David Sinclair (Pp. 91; text-figures 4. 7s. 6d.). Oxford: Blackwell Scientific Publications, 1961.

Most students commencing anatomy find that it presents problems of a type not encountered in their previous studies. This modestly-priced little book provides a guide for this initial period of difficulty, with advice on topics ranging from study methods to the pitfalls of oral examinations. The latter part of the book attempts to show that anatomy is rather more than a catalogue of topographical minutiae; in this section a brief historical account is given together with a survey of some recent research. The book could be read with profit by students commencing the preclinical course.

O.J.L.

The Day Hospital Movement in Great Britain: An Analysis and Description of Sixty-five Day Hospitals and Day Centres with Special Reference to Psychiatric and Geriatric Day Hospitals Visited in 1958-9, by James Farndale. Pergamon Press, Oxford (etc.), 1961. Pp. xvii, 430. 84s.

The day hospital movement has been an important post-war development, and its success on a rather small and scattered basis has necessitated an investigation into the administrative, economic and social aspects of this innovation. Employed mainly for psychiatric treatment, or for the care of the old and infirm, day hospitals have solved many problems caused by the shortage of hospital beds, and by the unwillingness of some people to enter hospitals for lengthy periods. Daily visits, with occupational therapy or other treatment as required, companionship for the elderly, supervision and encouragement as necessary, are more acceptable to many patients, and prove more economical to run than fully equipped hospitals.

Mr. James Farndale is a hospital administrator, and was enabled to study day hospitals over a period of two years. He made an intensive survey of sixty-five of these, reporting on them individually and collectively, drawing conclusions, making suggestions, and presenting a report on the subject that must serve as a model of its kind. Under the names of institutions details are given of staff, authority responsible, premises, attendances, types of patients, transport, meals, finance, etc. Tables, maps, a bibliography, and numerous illustrations provide additional information, enabling one to obtain a clear picture of the development of the movement. That it will grow is inevitable, and this investigation should encourage other authorities to introduce the scheme, knowing more about the difficulties encountered by others, and the methods adopted to solve these problems.

Day hospitals established so far can be looked upon as experimental, and the authorities which have initiated them should be congratulated upon their pioneer efforts. This report evaluates the results, summarizes the problems to be faced, and suggests a great future for the day hospital movement. The Farndale Report will be looked upon as a milestone in its history.

J.L.T.

The Psychological Care of the Child in Hospital by Agatha Bowley Ph. D.

"Many nurses" says the author "are at heart motivated in their choice of profession by their concern for sick or suffering people, and by the desire to relieve their unhappiness". At a time when politicians and journalists are together creating in the public mind an image of widespread inhumanity and irresponsibility in hospitals such words are most welcome and reassuring. Written primarily for nurses in training, this pamphlet could usefully be read by all who have any contact with children in hospital. The child's reaction to the situation is lucidly discussed and useful and constructive suggestions are made with regard to handling.

An interesting and important aspect which is touched on briefly is the psychological effect *on the nurse* of the sick child in hospital: a consideration which should, perhaps, receive more attention from those concerned in the training of nurses.

S.M.

Essentials of Histology by Gerrit Bevelander. 4th Edition. C. V. Mosby Co. 43s.

This book is not of a type that should be widely read by medical students. It is least unsuitable if regarded as a cram book for revision purposes. The illustrations are of very varying quality. The best of them are very good indeed, but some of the photomicrographs should never have escaped the darkroom waste bin, and several of the drawings are of a type that all demonstrators condemn with varying degrees of severity when marking students' work.

The information is curiously out of date. Though an electron micrograph of striated muscle is shown, no mention is made of the work of Huxley or of Spiro or Hodge. The section on the liver makes no mention of the now generally accepted interpretation of Elias, while Rhodin's work on the kidney is also ignored.

In view of these shortcomings the price is decidedly high.

F.J.A.

FEBRUARY 1962

The latter group at present are only to glad for entry anywhere.

Interviews must still be retained so that something more than academic brawn will be obtained and that individual hospitals would not loose their character. The interviewing board should be a part of this clearing house and have representatives from each hospital involved.

With the present requirements for the in-

View Day Ball

The View Day Ball will take place on 1st June at the Hurlingham Club. Further details will be published later.

Upper Wimpole Street, W.1. Ground Floor Laboratory equipped for Pathology; with Consulting Room and office. Central Heating. Waiting room and service. Lease and contents for disposal. Apply: Ley Clark and Partners, 3, Wimpole Street, W.1. Langham 1095.

tests for each medium reveals the authoritative approach by the author of this section. Inevitably a book of this nature will find us vainly looking for something and, in the excellent chapter on bacterial stains, it is to be regretted that among the several methods for demonstrating capsules, the well-tried technique of Muir finds no place.

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL

Vol. LXVI, No. 2

FEBRUARY 1962

Editorial

IN A RECENT REVIEW on Medical Education* the methods for choosing medical students were described as "Dubious techniques", and as "A system which might be regarded as dangerously amateur by the industrial personnel consultant".

Many schoolboys, when they are trying to gain entry to a medical school, might apply for perhaps half a dozen different hospitals and might be requested for interview at two or three.

The better student will be accepted at all the hospitals where he gains an interview whereas the weaker boy will be turned down on the result of the only interview he can land.

It is suggested that this state of affairs could be alleviated by having a central clearing house which can assess each candidate according to standards agreed by the medical schools. According to the grading the better student may then go to the hospital of his own choice and the runners-up fill the remaining vacancies. The latter group at present are only to glad for entry anywhere.

Interviews must still be retained so that something more than academic brawn will be obtained and that individual hospitals would not loose their character. The interviewing board should be a part of this clearing house and have representatives from each hospital involved.

With the present requirements for the increase in the number of medical students some such streamlining must surely be considered to avoid the present cumbersome system.

**The Times Educational Supplement*, Friday, February 2nd, 1962.

Since the New Year a minor revolution has taken place in the library, comparable perhaps to the admission of lady members to the Oxford Union. The nursing staff are now allowed to use the library in the evenings. This is a move that must be applauded and it is hoped that it will not be long before there will be a comprehensive section of nursing books placed there and that they may also be allowed to use the library during the day.

Engagements

FUGE—BOULTER.—The engagement is announced betwen Dr. Charles Alistair Fuge and Susan Boulter.

GRAY—HOYTE.—The engagement is announced between Dr. Denis John Pereira Gray and Jill Margaret Hoyte.

KNOX—WILLIAMS.—The engagement is announced between Andrew John Stuart Knox and Catherine Susan Juliet Williams.

LADD—PRIDDLE.—The engagement is announced between George H. Y. Ladd and Dr. E. Susan Priddle.

Marriages

GLYN—CLIVE.—On 4th Jan., at St. Margaret's, Westminster, Dr. Alan Glyn, M.P., to Lady Rosula Windsor Clive.

TANDY—FENNER.—On 13th Jan., William Robert Tandy to Lilian Rosemary Fenner.

DELANY—LEADBEATER.—On 27th Jan., at St. Bartholomew-the-Great, David John Delany to Maria Elizabeth Louise Ainsworth Leadbeater.

Births

ASTON.—On 9th Jan., to Marguerite (née Goodall), and John Aston, a son.

CLARKE-WILLIAMS.—On 7th Jan., to Shirley (née Hinton), and Dr. Michael Clarke-Williams, a daughter (Jane Elizabeth), sister for Marian, Adam and Jeremy.

DURRANT.—On 18th Jan., to Jill (née Tufft), and Dr. Keith Durrant, a daughter.

FIELDUS.—On 10th Jan., to Raymonde (née Cuthbert), wife of Dr. Peter Fieldus, a daughter.

FRIEDMAN.—On 18th Jan., to Rosemary (née Tibber), wife of Dr. Denis Friedman, a sister for Susan, Louise and Charlotte.

LOUGHBOROUGH.—On 5th Jan., to Elizabeth, wife of Dr. John Loughborough, a son.

MEASDAY.—On 31st Dec., to Jean (née Randall), and Brian Measday, F.R.C.S. (Ed.), a daughter (Imogen Frances).

STODDART.—On 21st Jan., to Bridget (née Pilditch), wife of Dr. Ian W. Stoddart, a daughter, a sister for Jenny, Christopher and Gavin.

Deaths

DIXEY.—On 3rd Jan., John Crosbie Dixey, M.B., aged 72. Qualified 1919.

FAIRCHILD.—On 4th Jan., Dr. George Cranston Fairchild. Qualified 1914.

HAIGH.—On 29th Nov., Dr. William E. Haigh, aged 83. Qualified 1909.

MARRETT.—On 23rd Dec., suddenly in India, Henry Norman Marrett, M.R.C.S., L.C.R.P., aged 83 years. Qualified 1902.

MELLOWS.—In Northern Rhodesia at Christmas, Dr. Percy Mellows. Qualified 1926.

WILSON.—On 3rd Dec., Major-General Norman M. Wilson, C.I.E., O.B.E., aged 80. Qualified 1904.

Appointments

The following honours were awarded in the New Year's Honours List :—

Gordon Arthur Ransome, F.R.C.P.—C.B.E.
George Durant Kersley, T.D., M.D., F.R.C.P. —O.B.E.

Mr. H. B. Stallard has been elected to give the Doyne Memorial Lecture at Oxford in 1962.

Royal College of Surgeons
F.R.C.S.—M. E. J. Hackett.

Change of Address

Major A. S. Cane, D.S.O., O.B.E., M.D.,
53, Sherlock Close,
Huntingdon Road,
Cambridge.

A. G. Jeaffreson Harris,
The Vines,
Sherborne,
Dorset. Tel. 288

Surg-Lt. D. A. Lammiman, R.N.,
Royal Naval Hospital,
Plymouth, Devon.

J. W. Maltby,
Countersmead,
Chettiscombe,
Tiverton, Devon.

Photographic Society

The Annual General meeting of the Photographic Society will be held on Friday, 9th March, in the small Abernethian Room at 1 p.m.

View Day Photographic Exhibition

Black and white entries must be at least whole plate and mounted. There will be four classes which will be judged on View Day.

Classes: Portrait.
Pictorial.
Action.
Record.

Colour entries may be prints or transparencies. Entries must reach Mr. Thornton, the hospital Librarian, by 1st May.

Calendar

MARCH

Sat.	3—On duty:	Dr. G. W. Hayward Mr. A. W. Badenoch Dr. R. Ballantine
Sat.	10—On duty:	Dr. A. W. Spence Mr. E. G. Tuckwell Dr. I. Jackson
Sat.	17—On duty:	Prof. F. F. Scowen Prof. G. W. Taylor Dr. T. B. Boulton
Sat.	24—On duty:	Dr. R. Bodley Scott Mr. A. H. Hunt Mr. F. T. Evans
Sat.	31—On duty:	Dr. G. W. Hayward Mr. A. W. Badenoch Dr. R. Ballantine

HOUSE APPOINTMENTS

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DR. E. R. CULLINAN	A. P. Joseph	Rahere	Colston
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DR. A. W. SPENCE	Miss M. Janosi	Dalziel	Annie Zunz
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Mr. W. D. Coltart	Miss V. M. Jones		
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Dr. P. F. Borrie			
DR. C. S. NICOL		Rahere	Colston

DEPARTMENTS OF NEUROLOGY AND PSYCHOLOGICAL MEDICINE

DR. J. W. ALDREN TURNER		Stanmore	Garrod
		Harvey	Luke
	C. W. Burke		Radcliffe
DR. W. L. LINFORD REES			
Dr. C. M. B. Pare		Dalziel	Annie Zunz

View Day Ball

The View Day Ball will be held on Friday, 1st June, 1962, at the Hurlingham Club, under the gracious patronage of Their Royal Highnesses the Duke and Duchess of Gloucester. Dancing will be from 8.30 p.m. until 2.30 a.m., to three bands including Bill Savill's Orchestra and Russ Henderson's Steel Band.

This year commemorates three hundred years of teaching at this Hospital; the earliest records first mention formal teaching at Bart's in the year 1662. To mark the occasion, the Students' Union is attempting to make this year's Ball a gala event. In addition, a Midnight Charity Variety Performance is being planned for 30th November, at the Mermaid Theatre, and the money raised at these two functions will be donated to the Hospital Research Fund for use in leukaemia research.

The Senior Ball Committee, under the Chairmanship of Mrs. C. Naunton Morgan, and the Junior Committee have been working for some months on the organisation of the Ball and will announce further details in subsequent editions of the "Journal".

The Students' Union extends a particular invitation to all Old Bart's Men as well as the present staff of the Hospital. Full details of both these occasions will be sent at a later date to anybody wanting further information, who should apply to:—

The Secretary,
The View Day Ball Committee,
Abernethian Room,
St. Bartholomew's Hospital,
West Smithfield, London, E.C.1.

Fifty years ago

In the February, 1912, issue of the Journal there is a reference to a series of articles in the Clinical Journal by Dr. James Rae, entitled "The Deaths of English Kings".

"William I died of fatty overgrowth of the heart, and not from rupture of the bladder as an account of his accident might suggest. Henry I, of course, succumbed to ptomaine poisoning, and the chroniclers report that the man who extracted his brain died a few days later. Stephen's death is problematic; an appendix abscess seems reasonably probable. Richard I died from septicaemia. His physician, Marchadeus, extracted the wooden part of the arrow which struck him down, but failed to withdraw the head. And an interesting sidelight on the position of the profession in those days is afforded by the information that Marchadeus ("ille carnifex") was executed a day or two afterwards.

"Green peaches and sweet ale caused an enteritis which proved fatal to John.

"Edward III probably died of syphilis and the same infection is attributed to Henry IV (gumma of the bundle of His is the diagnosis reasoned out), to Henry VIII (foul ulcer of the leg and "lingering fever"), and to James II (cerebral haemorrhage resulting from syphilitic endarteritis). The clinical picture of Edward VI's illness suggests syphilis of the lung with an alternative of pulmonary tuberculosis. Dr. Rae supports the former by the "faintness of spirit" which characterised him in contrast with the proverbial euphoria of tuberculosis.

"Edward I probably died also of syphilis.

"Both Mary and Elizabeth appear to have fallen to a virulent form of influenza.

"Oliver Cromwell and James I died of tertian fever, Charles II of chronic intestitial nephritis.

"Richard II died of symptoms referable to cerebral tumour or anorexia nervosa, whilst smallpox, ergotism, pellagra, hepatic abscess, cancer of the rectum, syphilis or acute dysentery are the differential diagnoses to decide between regarding Henry V.

"Edward IV apparently died of pneumonia.

"Richard III was the only English king since the Conquest to die in actual battle."

12th Decennial Club

At the Club's Dinner-Meeting on the 28th April, 1961, Mr. C. K. Vartan resigned his Joint Secretary-ship, and Mr. John Dobree, M.S., F.R.C.S., of 113, Harley Street, W.1, was appointed in his place. The Secretaries are now Mr. W. D. Coltart and Mr. John Dobree: all future correspondence about the Club should be addressed to the latter. The next Dinner will take place on the 18th May, 1962.

All Bart's men who entered the Hospital between 1925 and 1935, inclusive, are eligible for membership. If anyone eligible has not been receiving personal notices of the Dinners, it means either that he has never taken steps to join the Twelfth Decennial Club, or that the Secretaries have a wrong address; in either case, please get in touch with John Dobree.

11th Decennial Club

The 27th Dinner of the 11th Decennial Club will take place at Simpson's-in-the-Strand on Friday, 6th April, 1962, at 7 for 7.30 p.m. It has been found necessary to depart from the usual custom of having this Dinner some three weeks after Easter as Simpson's will no longer be able to provide banqueting facilities after the month of April. This year we will be somewhat early as Easter is late. Dr. D. G. S. Briggs will be in the Chair.

It is hoped that Members will make use of their lists of fellow-Members and try and persuade them to come along with them.

The Abernethian Society

HYPNOTISM. A talk given by Dr. A. A. Mason, Assistant Psychiatrist, King's College Hospital, on Thursday, 11th January, 1962.

Hypnotism has been known and practised for thousands of years, but, regrettably, has remained enshrouded with magic. The reason for this is clear. Patients with incurable disease despair of the human limitations in helping them and so turn to the supernatural for a cure. Thus there is a ready market for magic and inevitably a host of charlatan doctors fulfill this need. They publish wonderful results, but, alas, they are not long-term ones and in fact are as ineffective as any other method. Any doctor can produce a temporary remission by "furor therapeutica". If hypnotism is to assume a role in modern medicine it must offer more than this—and indeed, it does. It must be divested of its magic.

The hypnotic state is one of altered consciousness intermediate between wakefulness and sleep—a state of increased suggestibility in which the patient reacts quite normally to any external stimulus—but if not terminated by the hypnotist will end in sleep. We have all experienced this state—on a railway journey with the noise of the wheels, a mother rocking her baby to sleep, the rhythm of music ("it sends me"), or a boring lecturer. Any repetitive monotonous sensory stimulus will produce it. The factors producing this state in any individual are many and diverse, as in a case of asthma. The depth of the hypnosis again varies with the individuals concerned, from a minority who are unhypnotisable to others who can be put into a deep trance.

Hypnosis, today, is used in medicine for three main purposes; firstly the relief of pain. For the 20 per cent. of people who can be put into a deep trance all pain can be removed —and they are suitable cases for hypnosis to be used as anasthetic for major surgery. A film was shown afterwards of a girl undergoing a hernia operation whilst hypnotised. A square of skin on her abdomen enclosing the operative field was made anaesthetic by suggesting this to her once she was in a deep trance. The operation then proceeded—she felt and remembered nothing afterwards — but during this time she had her eyes open, was talking to the hypnotist and expressed a desire to smoke a cigarette, which was granted. There was complete abdominal relaxation. When it was over she felt pleased, there was no pain at any time and within the hour had not only phoned home but also eaten a large meal. But this case was one of the possible 20 per cent. and hypnosis can never play a large part in major surgery. Nevertheless, some degree of analgesia can be obtained in over 50 per cent. of cases and hypnosis is undoubtedly of value in minor procedures such as dental extractions, simple suturing, sternal and lumbar punctures, sigmoidoscopy.

Secondly, it is used in psychiatric disorders, but only as a second best to the more time-consuming methods of psychotherapy. It rarely cures.

Thirdly, it is used in psychosomatic disorders. But these disorders require understanding before one can attempt to heal them. A person who becomes dissatisfied and fails with the problems of living goes to the doctor asking for a simple prescription for a change or a rest, but exacts no sympathy either from him or the person's family. If, on the other hand, this person complains of a pain or some other symptom, that is quite different, both doctor and family sit up and take notice. It reminds one of the woman who could not paint, could not play the piano, could not cook, but boy! could she grow fibroids. How much chronic disease really comes into this category? Hypnosis is being used in its treatment sometimes with great success, but its value is not yet clear. A symptom may be removed to reveal the underlying cause or only to allow another to take its place.

Only today are people coming to realise that hypnosis is a limited tool like any other. It is not the panacea of all ills that many have fondly wished it to be—on the other hand it may be immensely valuable. T.G.H.

ROAMING ROUND RIO AND POINTS SOUTH

by Neville C. Oswald

Taking a swing around South America is quite something. Our aircraft landed at Lisbon at 11 p.m., where each of us was given a sample bottle of port wine. Perhaps this was a reason why we were unable to appreciate fully the amenities of Dakar some four hours later. Next morning, at 5.30 a.m. local time, we touched down at Natal, Brazil, which is a little north of Recife or Pernambuco as we used to call it. A bunch of nuns met us, wondering whether we would care to take tickets in some lottery or other in which they were interested. So far as I can tell, just about the whole of Brazil must originally have been covered with scrub and low trees. These have been cleared in places, revealing a dull red earth due to a high content of iron.

No large city can possibly have a better setting than Rio de Janeiro. A fairly narrow entrance with the Sugar Loaf Mountain on the south side leads to an island sea which must be 50 miles across. The whole is surrounded by mountains and the city is overlooked by a hill called Corcovado or Hunchback, on the top of which is a vast concrete statue of Christ. The population of 5 million occupies the flat bits, but numerous rocks project upon which the poor live in shanty towns or Favelas. Three wide motorways pierce one of the rocks and lead to Copacabana beach, a curve of sand extending for three miles and lined with hotels and blocks of flats.

Anything goes in Rio and you can do what you like. There is no colour bar, all races having mixed long ago. From my hotel window on Copacabana I was able to watch the daily routine. Early in the morning men arrive singly in their swimming trunks, all looking like stockbrokers. They do an elaborate yet individual series of physical jerks, then walk into the sea up to their knees, let a couple of waves hit them and then pack up and go home. Swimming is impossible because of the undertow. Next come the nursemaids with their charges, to be followed by families who sit under coloured umbrellas while the mothers go shopping in their swimsuits. There is no question of undressing on the beach and swimsuits are in order on buses and trams. The families have the beach till 4 p.m., when they must all leave because the whole place is then taken over for league football. The beach is pretty narrow with very little tide, so that there is just a single string of three miles of fooball pitches. Many Brazilians went so far as to thank me personally for having introduced football, which is now the national pastime and seems to have replaced juvenile delinquency. Important matches are held in enormous stadia, with the pitch surrounded by high wire netting. All spectators are frisked for guns on the way in, a not inconsiderable undertaking when the crowd exceeds, say, a hundred thousand. Sky-rockets are let off whenever the home team scores a goal. To return to the beach, it is the same as any other beach after dark, but most respectable. Indeed, the whole population is very friendly and happy-go-lucky.

The Copocabana Palace Hotel is the show place, with a £6,000 floor show, macumba rhythm and all, but I did not stay there because there was no running water in the bedrooms. The water situation is a real problem in the dry season, particularly with the expanding population. An English engineer was invited over to review the situation a short time ago, but as the original plans of the system had been lost, his investigations were hampered and nobody knew where the water was coming from anyway. The result is that nearly every large building has its own bore hole and my hotel, the Miramar Palace, was selected primarily because its hole rarely fails.

The water is supposed not to be safe to drink, which entails ordering mineral water. This is difficult on the telephone if you do not speak Portuguese. At the fourth attempt I got the message across, the sole comment from the speaker being "vizz fizz or vizzout fizz ?" By that time I did not mind much, but must add that it was brought up right away.

The rocks get in the way of the buildings and I was impressed one evening when I dined in a block of flats. The garage was in the basement and one end was kept clear of cars. Anyone wishing to leave took his car to the end of the runway, warmed up the engine and then went hell for leather up the ramp, hoping that he would reach the top and be able to make an acute left turn to avoid the rock opposite. We managed it the first time, but only just.

With the transference of the capital to Brazilia, the future development of Rio is uncertain. The Ministries and their appendages will go in due course and there is little room for expansion on the land. However, it is an established cultural centre and has some industries and a port.

Sao Paulo, about 500 miles south of Rio and a little bit inland, is set on a plain at 3,000 feet and is said to be the most rapidly expanding city in the world. It has recently received many Italian and German immigrants and has already reached a population of 4 million. The oldest building is the cathedral, dating from 1900, but it is not yet finished. It is efficient and bustling and seems rapidly to be supplanting the more easy going Rio as the centre of the nation's activities. I was taken to see the sky scraper which started to lean when the lift was put in. Whilst the populace thronged the streets to see whether it would fall, somebody found a water course at one corner. A refrigeration expert was called in and he put a deep freeze under the building as the water froze and expanded, the building righted itself. He was so pleased that he wrote to the mayor of Pisa in Italy stating that he understood he was having a similar difficulty with one of his towers and wondered whether he could help. He got no reply.

The Brazilian National Congress of Tuberculosis and Chest Diseases was held at Porto Alegre, several hundred miles south of Sao Paulo in the Province of Rio Grande do Sul. Porto Alegre is not exactly a port and there is no Rio Grande, but it is all very pleasant. The town is situated on a promontory at the junction of five rivers and leads to an inland lake about 300 miles long with access to the sea at the other end. It has a university and medical school and we spent almost the whole of a week discussing the treatment of tuberculosis patients whose organisms were resistant to the standard drugs. In our simple way, we in Britain have been content to leave the treatment of tuberculosis to specialists who have been guided in their use of anti-tuberculous drugs by reports from the Medical Research Council and other sources. The consequence has been that the annual deaths from this disease in England and Wales have fallen from 18,000 to 3,500 during the period 1947 to 1959 and resistant strains have been unusual. In South America, as indeed in most countries of the world, anti-tuberculous drugs have been given intermittently and in inadequate dosage by practitioners untrained in chest diseases, with the result that very many patients now have active pulmonary tuberculosis due to bacilli resistant to the standard drugs. I was told on several occasions that the drugs have probably done more harm than good. Fortunately, several specialist centres are now receiving new patients who are responding well to orthodox treatment and the position should improve very considerably in the next ten years, particularly if facilities for testing drug sensitivity are developed.

One afternoon, 500 of us had a trip in a boat designed to carry 300 and had a look at the five rivers. A North American lady feared that we might sink and asked me what I would do in such circumstances. I told her that my duty was quite clear—having seen that the women and children were cared for, I would swim for the shore singing Rule Britannia and plant a Union Jack on the bank. This did not comfort her much, but in the event her alarm was unfounded.

I was sorry to leave the hospitable shores of Brazil with its friendly Portuguese-speaking peoples and was told that I would find Spanish-speaking Argentina a quite different country. Apparently the general view is that the Brazilians are romantic and the Argentines aggressive and that we lie somewhere between the two. Owing to language difficulties, I was unable to determine whether we are regarded as being both romantic and aggressive or neither.

The standard description of Argentina seems to be that it resembles a lion with a very large head and a slender body. The very large head, of course, is Buenos Aires which accommodates more than 5 million souls on a dead flat plan that extends south for hundreds of miles. The River Plate, which is up to 65 miles wide, sweeps its muddy waters majestically past. The British contributed much to the early development of the country and the Anglo-Argentine community is still said to be about 50,000 strong. The 300-bedded British Hospital is full and busy and is a noble achievement. Ian Macadam, who was a prominent member of the hospital rugby team a few years back, is on the staff and showed me round. Like London, Buenos Aires is a bit of a hullaballoo and its soul is difficult to grasp on a short visit.

Travelling 500 miles south across the wet pampas with its estancias and crops and cattle, I came to Bahia Blanca for another chest conference. Again the main topic was tuberculosis due to resistant organisms, but I managed to

slip in a bit about chronic bronchitis. The township is picturesque and has the beginnings of a university. I stayed in a private house in the outskirts and once more was impressed by the water supply. The water in the mains was almost boiling and a cistern was necessary inside the house to cool it down for drinking and other purposes. Obviously, the main supply could not be used for watering the garden. Instead it was poured into an open air swimming pool and siphoned off later; as I was there during a heat wave and the garden needed water, I never got a swim.

Virtually all doctors in South America work in hospitals during the morning and do private practice in the afternoons, which means that they act as both specialists and general practitioners as the occasions demand. It is a system which has many advantages and allows doctors to treat patients throughout their illnesses, but unfortunately it has proved itself to be completely unsuitable for the treatment of pulmonary tuberculosis.

One of the features of meals in those parts is a modified form of barbecue, which is called a chiarasco in Brazil and an asado in Argentina. They are similar in that each consists of four courses of meat grilled in the open over wooden ashes. The courses, so far as I was able to determine, were intestine and pancreas, black sausages containing pork and spices among other things, ribs of beef and odd bits of lamb, the whole being helped along by bread and wine. In the chiarasco, the various items are threaded on to knobbly branches of trees about the size of walking sticks, from which they are dislodged with some difficulty. As we usually sat down about 500 strong, the chances of obtaining a knife and fork were roughly evens. The feasts were held in a variety of places, my experience being limited to a rifle range, a disused barn and a golf club.

To the south of Bahia Blanca lies Patagonia which becomes progressively more windswept as one travels south. I was informed that only the hardiest survive, for example sheep and Scotsmen, but recent discoveries of oil may induce others to follow.

My last two days were spent in Uruguay and what with a lecture in the university, a conducted tour and a dinner party, they were the highlight of the trip. Montevideo has a population of only a million, thank goodness. The promontory upon which the business centre is situated, is surrounded by bathing beaches which extend indefinitely up the Atlantic coast. I was made to feel most welcome and my lecture started at the appointed time, something I had not previously experienced. The country is about the same size as Britain and its 3 million inhabitants eat more meat per head than any other nation. There is a general air of happiness and prosperity and I found it altogether a delightful place. One can hardly fail to like a people who celebrate their winning of the world soccer cup by proclaiming a three day national holiday. If we do not win the world cup in 1962, I hope Uruguay does and that I will have a chance of witnessing the celebrations.

Literary Competition

During recent years few contributions have gained access to the journal solely on their literary merit. The Publications Committee therefore have decided to hold a competition for articles of literary value which would be suitable for inclusion in a hospital journal. The contributions must be original and may be on any subject, serious or humorous, fact or fiction, and may take the form of a short story.

Entries should be addressed to the Publications Committee and sent to the Editor to reach him before June 1st, 1962.

There will be a prize of five guineas for the winning entry.

Opera Group

There will be a performance of Gilbert and Sullivan's "The Sorcerer" on Friday, 30th March, 1962. It will be held in the Hall of Gresham College and will begin at 8.30 p.m.

Chess Club

It is as well that the activity of a club is not always judged by the frequency of its reports in the Journal. However, for those who do not necessarily believe all they see (or don't see) in print, evidence of the existence of the chess club is annually reasserted by the appearance of a chess set in the A.R. If the presence of the set serves no other purpose than to prove the existence of another game besides bridge, it will have served its purpose.

A common view of chess is that it is an esoteric occupation of the eccentric. Although this may be true, there is a nucleus of players in the hospital who gain considerable pleasure from the game. Twelve members play regularly in the two chess teams and at least twenty-five people are known to play chess and have expressed a desire to play the occasional game.

The years of 1959 and 1960 were successful ones for the Club. Bart's was the only hospital represented in Division I of the University Chess League and won the United Hospitals Chess Cup in both years. Last year was not so fortunate. The 1st team is now in Division II and the cup was lost to Guys. Despite this depressing precedent the club has done well so far this year. The results are as follows:— 1st Team (6 boards)

v. University College II. Won 4-2.
v. London School of Economics II. Lost $2\frac{1}{2}$-$3\frac{1}{2}$.
v. King's College II. Won $5\frac{1}{2}$-$\frac{1}{2}$.

The following have played: G. Gardos, R. Zeegan, J. Lotfi, M. Penny, A. Russel, A. Marsh, E. Hoare, R. Farrow.

2nd Team (6 boards)

v. King's College III. Drawn 3-3.
v. School of Oriental and African Studies. Won 5-1.
v. School of Slavonic and Eastern European Studies. Won 6-0 (Match conceded).

The following have played: A. Marsh, D. Hutchinson, R. Farrow, J. Pilling, J. Goldman, D. Bodley-Scott.

Five more first team and two more second team matches and the United Hospitals Cup Competition remain to be played.

At the A.G.M. on 30th October, presided over by Dr. Oswald, the following officers were elected: A. Russel, captain; E. Hoare, Secretary; J. Lotfi, Clinical Representative; R. Farrow, Pre-clinical Representative. Should anyone wish to be considered for a game in one of the teams, they are invited to contact any one of these people.

Christian Union

On Tuesday, 9th January, a meeting was held in the Recreation Room, College Hall, at which Sir Alfred Owen, C.B.E., spoke on the subject of "A Christian in Industry". Being chairman of the Owen Organisation, a Midlands industrial concern employing over 6,500 men, and also an active Christian, Sir Alfred was ideally suited to tackle such a subject from first-hand experience.

Introducing his talk he told of his conversion to Christ whilst an undergraduate at Cambridge, and of the change that this experience had brought to his life. He then went on to mention some of the problems confronting one in industry today. Misunderstanding and deep-rooted prejudice could produce serious barriers to personal relationships. Faced with such difficulties in his own firm and being convinced that there was a Christian answer to them, he had arranged for a series of weekend conferences to be held, at which management, shop stewards, factory hands, etc., could get together and consider their differences in the light of Christ's teaching. The response had been excellent, and those attending had gone back to their work full of resolution to try and live out before their fellows what they had learnt. However, they were soon to learn, by finding such slogans over their workbenches as "Jack's gone pi" or "Joe's become a Gaffer's man", that it was Christ's power within their lives rather than human determination alone that was needed if any headway was to be made.

Speaking in conclusion of the results of this venture, Sir Alfred told of how, in many cases men who before would not share friendship together because of their particular jobs were now on speaking terms again. It was also thrilling to know of a large number of the shop stewards starting the day with Bible reading in their family circle, as well as of men who had come to re-find a lost faith.

The meeting was a refreshing one in that it re-emphasized the relevance of Christianity to all departments of the Nation's life as well as shedding new light on the problem of industrial relations. Mr. J. Aston, F.R.C.S., who is President of the recently formed Staff Christian Fellowship, kindly acted as Chairman, and the meeting was well attended.

J. O. de W. W.

THE POT-POURRI 1961

The " Kids " Show on the Ward.

I HAD HEARD a lot about Pot-Pourri and was sceptical; but it was not the jolly jape I had come to expect from such remarks as " We all go on drunk ". It is, of course, a highly local affair (a situation frequently turned into an apology), but this show still established its own stand to criticism. It had polish.

Having said this let me be finickity. A row of Ron Glums lacks the last degree in conviction of merriment. Dance routines missed variety within shows, although execution was good—no boobs or worried-looking feet. Sometimes the pace flagged. These are small points, but with a good show, worth making. Individual lapses, naturally, we pass over—they happen to anyone, and if you're half-cut what can you expect.

Dr. Trevor Robinson produced a well-lubricated performance. I quaked in my theatrical boots at the volume of material and bodies that was hurtling around the stage and up and down those fiendish stairs. With the Cripplegate staff, John Newton sweated below at the scenery whilst Peter Milla managed the lighting. A hardy perennial vote of thanks goes to Bert and Prof. Scowen for wielding the flesh pots onto so many unlovely faces.

So to the show, with its Hand-Hallowed tunes (Friday's unexpurgated text must have been worth hearing); its maladie anglaise (comme d'habitude); its plastering of venerated institutions and their inmates. Specials led off with " Purple Passages " — straight from Imperial Rome. It was both bawdy and quick-firing, and had some of the best-awful lines to come my way for a goodish while.

The first-timers corpse de blotto followed, ably supported by each other and by Miss Rachel Fisher, who sang a brassy number in her own specific style. The careful study of the P.U'd was conveyed most convincingly by the onsom—no, no enss—oh, wojjit madda. What they lost in cohesion they retrieved on gusto.

The first half was driven in by the Midder and Gynae " Your Wife in Our Hands ". This had real dash, real polish, plus the backing of Kerry Davies' trio. It was the most professional show and therefore the best—by a crab's eyebrow. Style was 1920s and the opening number came straight at you. I couldn't keep my feet still.

The peak points were " Big John ", the slickest thing in Pot-Pourri (star-billing John Stevens), and the spot featuring the trio, who warmed up with " Milor " and then went on " White Christmas "; that was quite something. The girls, who were the best chorus on view, did their witty routine vitally. The members of this cast all realised that the secret of audience appeal is individual appeal, be it legs, ids or bosoms. " Young Men About Town " was a smooth song and dance workout: boaters, canes, soft-shoe—very good, and the curtain was rung down on a good-bye to Christmas at Bart's; sad indeed for hospital revue.

After the interval crush (come and be crippled in the institute), Kids had the unenviable task of following up the first half closer—and brought it off. " The Nappiest Days of Your Life " was distinctly the cleverest show, a miniature pantomime on the theme of Humpty-Dumpty and the inborn cues set in the Salad Days vein, not only by the tunes but by that free and easy atmosphere, this had lots of good songs, with the individual oscar of the evening to Squire Peter Leaver. The best of them, perhaps of the whole evening, was " We're Looking for a Lion ", delivered by Knight, Dudley et omnes with all the taut fire and abandoned spring of the original. They declined an encore—pity. Later these two were joined by Peter Poore in " Everything's up to date in Little Britain ". Having assured us of everyone living happily ever so forth, the show closed with a razzma-tazz chorus.

The Theatre Staff gave us the traditional can-can (partly unaccompanied !) to frantic coxing from the middle of the boat. Having evidently expended more energy than could be demanded by the most exacting of chiefs, they sank prostrate to the floor.

The House show followed immediately, costumed in red practise shirts and ballet tights (So that's what gets you on the House). It had the flavour of obscene Yorkshire Relish; it came, in fact, fascinatingly close to bad taste and thereby scored heavily. Their best number was " Sterility Rites " (originally it was done in theatre nurses' uniform) and resembled nothing more than six demented gnomes doing a sort of Spanish hokey cokey to sporadic yells of " I-yi-yi " and an excruciatingly funny lyric. This I shall not forget in a hurry.

Jo Stalin was mourned by the Marx Brothers adrift in the Russian army choir and the House show also featured the most tuneless minute and a half since Milligan's last disc (if intentional, brilliant). Four fools in 1910 reach-me's knocked the swimming pool, singing not one note in key—quite extraordinary ! The audience was seen off with a storming finale which slandered everybody within reach —thoroughly satisfying.

On Thursday, Ray Farrow compered with engaging profanity and told one splendid story which had the audience rolling aisle-wise. Mike Hackett, Rothnie and Rothwell-Jackson gave equal delight I gather on the other nights. From the back of the stalls the alcohol everyone was drinking smelt highly proof. I hope someone remembered to pickle King Edward's.

This was good revue; I enjoyed the variety, the prolific fermenting of new songs in old bottles, but above all the tremendous, well-directed energy of the thing. Anyone who didn't bother to go (not that he could have got in) may take it that the laugh is on him.

M.P.S.

RETINAL DETACHMENT. A PERSONAL EXPERIENCE

by Dr. Jeaffreson Harris

Since the age of nine it has been my misfortune to have to wear glasses for short sight, though the degree has not amounted to more than minus 4.5 dioptres in the right eye, and less than that in the left.

It was on the morning of 2nd August last year, while sitting in my car, that suddenly I felt as though there was a foreign body in my left eye. I gave it a rub, producing some lachrymation, but without getting rid of the feeling that there was something in the eye, but thereafter it hardly worried me for the remainder of the day, certainly not sufficiently for me to even consider consulting a colleague.

The next symptom occurred the same evening when getting into my car after dark. There was a sudden brief flash of light in the eye; I thought someone had flashed a torch at me and instinctively turned quickly to my left from whence the light appeared to have come. There was nobody there ! I turned back again to start up the engine, and again there was a flash of light. This time I realised that it was something in my own eye that was causing the

light. I drove home, put the car away, and immediately examined the eye to the best of my ability in a mirror. There was nothing to see, the tension in the eye was not raised on comparison with the other eye, and there was no pain, so it could not be glaucoma; it must be a foreign body.

With this in mind, the next day I asked my partner to remove the offending object as by now I could locate the thing behind the upper lid to the nasal side. He examined the eye carefully, but found nothing there. That afternoon the irritation increased during the course of a theatre session at the end of which I persuaded the surgeon to have a look. He likewise found nothing. Nonplussed, I returned to my partner who then examined the eye with his ophthalmoscope, but again with negative results.

But by the following day two further symptoms occurred that were to reveal the diagnosis; first appeared a number of black specks, or floaters, that were clearly visible in the bright light of that day, and then, while walking in the street, I suddenly became aware of a dark area below and a little to the left of the left eye. Clearly there was some loss of vision, and I was now really disturbed.

That evening my good partner examined me again and found a small detachment of the upper nasal portion of the retina.

Some forty-eight hours after being put to bed in hospital, with both eyes padded and bandaged, the detachment was sealed by diathermy under general anaesthesia on 5th August, and ten days later I was discharged.

All went well, with the admonitions of the nursing staff: "don't look down, don't lift anything heavy, don't strain", constantly to the fore-front of my mind, until 8th September, a little over a month since the operation, when a host of black floaters appeared again. That night I experienced again the little flash of light, and knew with a sense of bitter disappointment that there was a fresh detachment.

On both occasions the light was like a miniature flash of lightning, slightly zig-zagged, and placed in a perpendicular direction; but on this occasion the flash was situated not laterally, but superiorly, and I felt pretty sure that this was a fresh detachment.

Back in hospital my surgeon confirmed that this was so, and once again operated, this time removing the superior rectus muscle from its attachment in order to get at the affected area. This gave rise to a fresh outbreak of symptoms the following night; starting with a flickering to the outer side of the eye which was followed by a blob of white light which came and went every few minutes. With such provocation I demanded, and was given, a capsule of seconal which soon had the desired effect. Thirty-six hours later these symptoms had disappeared and convalescence followed the usual course.

However, a few weeks later flickering started again, at first noticeable only when daylight entered from the left-hand side; then a blob of white light appeared from below, came to a head, as it were, and then disappeared. These symptoms were found to be associated with a cystic area in the upper part of the retina and, as they became gradually more troublesome, I soon found myself indulging in yet a third operation on 22nd November.

This proved to be a longer and considerably more complicated procedure involving diathermy, scleral resection, and plication with the insertion of a silicone tube.

When the eye is dressed the first trouble the patient experiences is intense difficulty in opening the eye; one may see large numbers of floaters as well as all sorts of other strange objects during the time that the eye is covered, the significance of which appears not to be understood. When I was at last allowed to look with the eye some days after first sitting out of bed, I got a shock at seeing the end of the bed tilted at a marked angle. It was then that I discovered that a severe degree of astigmatism had resulted from the operation, but this would tend to improve after a few weeks, together with the flickering and flashes of light which still persisted and even varied in shape from time to time.

I found that great sympathy was forthcoming from one's friends, most of whom were under the impression that an operation on the eye must be a most painful state of affairs, whereas, in point of fact, it is totally devoid of pain.

Three anaesthetics in four months left me unmoved, though it is prudent to give up smoking beforehand to prevent post-operative cough and so avoid the possibility of increased tension in the eye. The first operation was brief, and I should not have known that I had been intubated; but with the longer procedures there was some stiffness of the neck muscles, and the abdominal muscles were painful on movement for two days, doubtless due to the use of scoline; while, finally, there was a very localised sore area to the left of the sternum about a third of the way down which I ascribed to the end of the Magill tube, or the inflated cuff, if one was used. This pain also left me after two days.

Now that I am working again, I can look back on having had a wonderfully useful, if somewhat tedious, experience relieved though it was by all who looked after me so ably; indeed one must be thankful to live in an age in which these procedures are not only possible, but highly successful.

The Music Society

In the spring of 1960, while a group of us were released from the joys and frustrations of nursing to the comparatively leisurely atmosphere of the classroom, many people began to express concern at the complete lack of cultural and recreational activities in the hospital. The need for more social activities is particularly felt by the nursing staff, who are unable to participate in any regular outside activities because of their tours of duty.

At the same time many of us with musical interests deplored the loss of facilities for practising and music-making in the hospital since the conversion of "under physio" into a dining room.

A letter to matron brought encouraging results. We were offered the use of the fine new hall in Gloucester House, and presented with £20 with which to start a record library.

A committee was formed and two of us went on an exciting excursion to the delightful offices of E.M.I. in Manchester Square. The result was our first meeting on 17th September, at which Miss W. Davies of E.M.I. presented a record recital including a preview of several new releases and some interesting examples from the H.M.V. archives. With an audience of over 70, including matron and 3 assistant matrons, we began to feel that at last something was happening.

This was followed in October by an equally successful meeting at which Dr. Wallbank of St. Bartholomew the Great spoke about listening to music, illustrating his advice with a wide variety of music examples. Particularly encouraging was the number of questions asked at the end, and the eagerness with which Dr. Wallbank was attacked afterwards over coffee, especially on his views of modern music.

In November we had our first live performance. A group of students came from Cambridge and showed us just what can be done in the field of amateur music making. The programme included an outstanding performance of Britten's Canticle "Abraham and Isaac", which many people appreciated more, in the light of Dr. Wallbank's remarks the month before. Perhaps the most disappointing feature of the evening was the piano, which came off particularly badly in a Schubert duet. We are glad to say that it has now been tuned.

This was followed by a choral and organ recital by the University of London Madrigal Society in St. Bartholomew's the Less and we were able to send £2 to the fund for cancer research.

We were only too pleased to cancel our arrangements for December to make way for the Temperance Seven whose appearance at Gloucester House on 17th December was enjoyed immensely by us all.

We are still very much in the stages of living from hand to mouth and it is often difficult to prophesy what may happen by way of a meeting very far in advance.

Mr. Hill from the thoracic surgery unit has very kindly agreed to come and present his choice of gramophone records to us on Tuesday, 23rd January. This will be at 8.40 p.m. in Gloucester House as usual.

We are hoping to have another evening devoted to jazz shortly and are anxious to give any hidden talent in the hospital an airing at a members' concert later this year. A party is under discussion for March to raise funds, as at present we are unable to invite any professional performers who might ask high fees.

We now possess a quite extensive collection of records, including the whole of "Carmen", featuring Victoria de los Angeles, and works by Mozart, Tchaikovsky and Stravinsky. Meetings are monthly, on the 4th Tuesday in Gloucester House at 8.40 p.m. and we would like to emphasise that the society exists for the benefit of all employed in any capacity in the hospital, and not only for the nursing staff.

Those rash enough to gamble on our continued existence can become members for a fee of 2s. 6d. per annum, entitling them to admission at half price. Non-members and visitors will be charged 1s. 6d. for the meeting. This is to cover expenses incurred over meetings and it is hoped to be able to add to the record library.

Committee:—
Chairman: M. J. L. Hall. Secretary: M. L. Sibley. Treasurer: S. Cosstick. J. Phillips; H. Slack; W. Ball; A. Tribbeck; K. Allan.

Last Month

Last month Alastair Snodgrass and I wandered into the Abernethian Room of College Hall, by way of finding somewhere to ruminate refectory products in peace, before he returned to Threadneedle Street. As we approached the arm-chairs by the electric fire, Alastair stopped short. "Look! Just look at that."

I stared at the chairs and then the fire blankly. "Look? Look at what?" I replied.

"The mess, the unutterable and inexcusable mess."

"Oh, you mean the newspapers?"

"No, no, people will derange newspapers, everyone does that. What else do you see?"

"Ash? Cigarette ash?"

"Not ash so much as ends. Nine horrible damp and flattened ends."

"Possibly not pleasant."

"Possibly? Two enormous standard ash-trays and nine ineptly smoked ends on the floor."

"Well, it is a wooden floor. I mean there is no carpet."

"There might have been." He continued, "You probably think me impolite to mention this, but truthfully it staggers me. In a Lyon's teashop, yes, in a factory canteen, maybe, but not in the polished common room belonging to the future practitioners of the ancient art of. . . ."

I had to stop him. "A few old ends."

"Fresh ends, still wet and well sucked."

"Well, perhaps they fell asleep."

"And trod them out in their sleep, no doubt? Anyway, it's not just the nine ends."

I should not have asked "What else?"

"Everything. In your refectory this morning there were seven smokers at the table, of which only one was actually smoking. The other six were trying. And numbering from the left the first held his cigarette in a very brown cupped hand as if it were a secret, the second insisted on talking with a cigarette in situ—I amused myself calculating which lip it would be stuck to when he next uttered, the fourth used the ash-tray as did the fifth, but the process did not involve the occasional civilised tap. Instead they had perfected a continuous thumb-twitch, operated with the hand poised above the ash-tray, which caused a steady fall-out of ash round and about the ash-tray. The sixth dispensed with the ash-tray and dropped ash anywhere, usually on the trousers of the seventh, who made this a mutual trick and used the floor for his finished product—maybe with five in and a near miss he considered the ash-tray full. The fifth and sixth were women, and although their friends had undoubtedly told them about Breeze they hadn't told them about the stuff thrown up by volcanoes. All this does not annoy you?" He finished.

"No, but perhaps I am conditioned."

"It's your profession."

"So?"

"It may not be the B.M.A.'s concern, but possibly some plump and pretty sixteen-year-old would object to her virgin tummy being prodded by a nicotine-stained finger."

"They metamorphose when they cross over to the hospital."

"Oh, I see. It's a pity you are so unconcerned. How about a remark or two in next month's journal if you have nothing better to write about?"

"That's impossible," I said. "It's not a subject I ought to mention, being a non-smoker!"

S. C-S.

LETTERS TO THE EDITOR

Bart's Skin

Dear Sir,

Barts' men visiting Spain may be interested to learn, according to Baedeker, that the relics in the Cathedral of Oviedo include, not only a piece of the staff of Moses, fragments of the True Cross, the Crown of Thorns, the sepulchre of Lazarus, a sandal and leather wallet of St. Peter, and some crumbs left over from the feeding of the five thousand, but also the skin of St. Bartholomew.

Yours sincerely,

Alex E. Roche.

The Bleep System

Dear Sir,

The bleep system has one severe disadvantage. It is readily sabotaged by being left unanswered.

At Colchester it seems to work well as a rule. But there have been complaints that one member of the staff was difficult to get. Can it be that his training at Bart's included evasive action for bleeps?

Yours faithfully,

R. D. Reid.

Doctor Shortage Solved

Dear Sir,

Recently, many letters have appeared in the National Press deploring the shortage of doctors in Britain. Many points have been raised in these letters, but I have yet to see mentioned the question of female doctors. At Bart's there are now ninety female students out of a total student population of six hundred and ten, yet a recent letter in the B.M.J. from a lady doctor states that out of twenty-five of her female contemporaries at Medical College, twenty-one are now no longer in practice, a wastage of 84 per cent.!

Surely the problem of the shortage of doctors, therefore, can be greatly reduced by returning to the old system of all-male medical colleges. Cannot the Royal Free meet the demands of the various welfare, child guidance, and family planning clinics?

If the young ladies entering our medical college each year are truly interested in medicine, then they could well become nurses instead. They would then be helping to solve one problem rather than creating another.

Yours sincerely,

Alexander P. Ross.

Medical Education

Dear Sir,

The correspondence in the November issue between one of our senior students and the Sub-Dean constitutes something more than a wrangle over value for money in tuition fees, and reveals attitudes of mind touching on the age-old problem of teaching versus learning.

From the Staff point of view I imagine that most of my colleagues regard themselves as having a primary responsibility to their patients according to the terms of the original foundation of the hospital. As teachers in the Medical School they are not content to stuff the student with facts to be regurgitated in fair order on examination day. They enjoy the stimulus of the irresponsible senior student who is a sound critic and a valuable member of our medical hierarchy. They gladly contribute to the training of a "good doctor" and secretly hope that a few individuals, influenced and stimulated by friendly contact or example, may outstrip them at full medical manhood. The teachers can then rest in their graves or their retirement in the satisfaction of a secondary job well done.

Harold Wilson taught on his mistakes in the hope that those who followed him might be forewarned. His influence on the present generation of Bart's surgeons is common knowledge.

The student's position as a financial parasite is a sensitive one and always has been. He is loath to take advice even from those whose memory is green in relation to their own earlier development. Pathology, for instance, tends to be pigeonholed by the student who realizes in his final year, or later, that this subject is the key to the whole matter. Medicine can be summed up as a knowledge of herbal remedies and surgery requires a defensive knowledge of anatomy with a roomy incision. What one can do for the patient in both respects is limited by considerations of pathology underlying the signs and symptoms.

With a modicum of intelligence and application based on a sense of vocation, the student need not worry about examinations designed only to protect the public. No one expects success in a competitive half-mile without some training over shorter and longer distances. At the same time it is distinctly unusual in my experience for a student to take the elementary precaution of writing a few papers under examination conditions before his Finals.

Yours sincerely,

Donald Fraser.

"Last Month"

Dear Sir,

I should like to draw attention to some of the comments of your Charterhouse representative, S. C-S., in his article, "Last Month", which appeared in the December edition of the "Journal".

In common with many, I thought his reference to the "stodgier qualities" of Ball Committees to be in particularly bad taste. Your correspondent can have little idea of the enormous amount of work involved in organising a View Day Ball and this type of offensive remark is poor thanks indeed for those who serve on Ball Committees.

His article also contained other improper and tactless remarks, the nature of which, one was surprised to find in the "Journal".

This article typifies the usual tone of "Last Month", and I feel that S. C-S. would be discharging his duties as Charterhouse representative in a more responsible way if he wrote more general and less offensive reports.

Yours faithfully,

Nicholas D. Whyatt.
Hon. Sec. Students' Union.

SPORTS NEWS

Rugby Club

C. J. Smart and P. M. Perry in action in the Cup Match.

1st XV v. Trojans. Won 13-0.
23rd December.

In an icy wind with the ground freezing during the game, the Hospital avenged defeats in winning by two goals and a try to nil. In spite of pressing hard in the early part of the game, Bart's did not score until well into the second half when a break by Stevens sent Shearer away to pass to Knox who scored. Encouraged, the Hospital increased the tempo of the game and Sidebottom and Niven each carved out a try, the latter converting both. By dint of an unrelenting attack on the home side's fly half, Halls had the Trojan's backs virtually paralysed in attack in the second half and the Bart's defence was never seriously tested.

HOSPITALS CUP MATCH

1st Round
1st XV v. King's College Hospital. Won 33-3.
11th January

The match was singularly one-sided for a Cup match with the Bart's backs playing a major offensive part, and it must have sown some hope in the hearts of the enthusiastic Bart's supporters as regards coming rounds. Undoubtedly the main feature of the game was Gurry's incredible supremacy in the tight. For the winner's backs, supplied adequately also from the line-out and loose, it was a field day, with Sidebottom (3), Jeffreys (2) and Perry (2) scoring tries. Niven converted three and kicked two penalty goals.

Bart's kicked off against a strong wind on the second ground at Richmond and at half time were 11-0 up. Intelligent use of the long kick by the K.C.H. halves, however, won them their share of territorial advantage in the 1st half, but in the second half with the wind behind them, after an initial duller period which only brought two penalties, Bart's scored two further goals and two tries to win by 3 goals, 4 tries and 2 penalty goals to a try. This try was scored by the K.C.H. captain, following some poor Bart's felling. Chesney and Letchworth at half back played extremely well and the back row of Jennings, Smart and Halls looked a very strong unit.

Team: P. A. R. Niven, R. V. Jeffreys, J. E. Stevens, E. Sidebottom, P. M. Perry, A. T. Letchworth, D. Chesney, J. W. Hamilton, B. H. Curry, A. J. S. Knox, D. J. Delany, M. M. Orr, M. C. Jennings (capt.), C. J. Smart, G. J. Halls.

1st XV v. Taunton. Lost 23-0. 13th January

With heavy rain, sleet and frost on the Friday night, great credit must be given to the Taunton groundsman for getting the ground sufficiently dry to play on. Even so it was very wet and it soon became obvious that local knowledge counted for much. Three points down at half time, Bart's looked as if they might hold their opponents, but after a miss-kick had given them their second try, Taunton, with their hard running fast backs and heavy mobile forwards, gained confidence and clinched the game very firmly, adding another win to their already impressive record. For the Hospital, Jeffreys brought off some fine tackles and Halls was always dangerous. Gilmore and Smart played well in the loose.

Soccer Club

St. Bartholomew's Hospital v. Guy's Hospital.
League Match Wednesday, 10th Jan.
Result: Won 3-1.

Guy's had an undefeated record in League matches and before the match we hardly expected to break their fine run. For the first ten minutes or so, Guy's pressed hard and moved the ball both intelligently and quickly; but, perhaps against the run of play, P. Herbert then drew their goalkeeper out of position and drove home a well-placed shot. A corner-kick was soon afterwards awarded to Guy's and their inside forward headed home a useful cross. However, Bart's continued to hold Guy's and deserved a late first-half goal scored by Iregbulem. The second half was a grim struggle, with the Bart's defence fighting off desperately all their opponents' moves. Both Perriss in goal, and Savege, the Bart's captain, were prominent; indeed, the whole defence gave a spirited display. The forwards again combined well late in the game and showed they could take their chances by scoring a third goal just before the final whistle.

Team: B. Perriss, B. D. Hore, G. Haig, J. Pemberton, N. Offen, P. B. Savege (capt)., H. Phillips, P. Herbert, L. Iregbulem, E. Manson, J. Jailler.

St. Bartholomew's Hospital v.
Old Cholmeleians.
Saturday, 13th January
Result: Won 2-0.

Although Bart's had won their last seven games in succession the Old Cholmeleians were determined to end this success. The game was fast throughout and Bart's had to make every effort to gain the upper hand. Few shots were aimed at either goal for most of the first half, but then Herbert scored with an excellent left-footed shot from thirty yards out, drawing applause from all the players on the field. Savege, an Old Cholmelcian himself, played another admirable game at centre-half and Haig, Vartan, Howes and Offen all combined well to break up the Cholmeleian attacks.

In the second half Bart's played somewhat casually for a side trying to preserve a record, and were lucky to have Jailler in good position to score our second goal from a square pass by Manson. Although the Cholmeleians switched their men in the forward line the defence continued to move quickly to the ball and managed not to concede a goal.

Team: B. W. Perriss, G. Haig, C. Vartan, N. Offen, P. B. Savege (capt.), A. Howes, R. Merry, E. Manson, P. Herbert, J. Pemberton, J. Jailler.

BOOK REVIEWS

A New System of Anatomy by Sir Solly Zuckerman. Pp. 579, figs. 540. Oxford University Press, 1961. 75s.

This new practical anatomy manual has evolved from typescript dissection notes used in the Anatomy Department at Birmingham University Medical School, and provides dissection instructions with accompanying topographical description. Its main concern is with those gross features which can be displayed by the student and theoretical and functional considerations are only briefly dealt with. However, an appendix provides a short account of the lymphatic system. The author has aimed at pruning unnecessary detail, but the still considerable size of the book testifies to the difficulty of deciding on what to eliminate, if any sort of coherent picture of the body is to emerge. The text, in fact, follows a fairly traditional pattern. Some of the dissection procedures appear to be an improvement on those more generally adopted, viz. the dissection of the pelvis and the early removal and sagittal sectioning of the head and neck.

The unique feature of the book is the method of illustration. In effect, an atlas of fine dissections accompanies the text; many of the plates are large and this has resulted in a book which is rather unwieldy as a dissecting room companion. In a number of atlases the accuracy of the final plastic drawing is ensured by tracing a photograph of an actual specimen. Here the approach is different: the photograph remains as the basis of the illustration, with a varying amount of retouching to emphasise contrast. No colour is used. The aim is to present the specimen more or less as the student sees it in the dissecting room and a realistically cadaveric appearance has certainly been achieved. Myological features are well shown, but the illustrations of bones are hazy and lack detail, and in some complicated regions the retouching which has been necessary to clarify certain features has sometimes militated against anatomical accuracy. The choice of the specimens illustrated is in some cases rather unfortunate, e.g., the peritoneal reflections of the posterior abdominal wall are illustrated in a subject with the duodenum wholly to the left of the inferior vena cava. The manual is designed for the Birmingham course, which involves less dissecting time than in many other schools; it should, however, provide a clear and concise guide for such a course. It would be less useful to individual students working in departments where the sequence and mode of dissection is other than that followed in this book. O.J.L.

Illustrated Guide for Theatre Nurses by H. M. Matthias. M. J. Penfold, S. Fry. Published Butterworths. 17s. 6d.

This is an invaluable book for any nurse, student or qualified, contemplating theatre work. Illustrations portray clearly modern basic theatre technique and principles, showing possible errors of the inexperienced, from the unscrubbed member of the team to the assisting nurse. Most elementary aspects of a theatre nurse's duties are included in this short book from trolley setting to the application of the final dressing. The text is brief and to the point, accentuating some potentially dangerous and not uncommon errors. This is an original book in this field and should be made available to every student nurse. A.M.

Modern Dictionary for Nurses by L. T. Morton and J. Johnston Abraham. Heinemann. 6s.

This new dictionary appears as a paper back in an attractive daffodil-yellow cover that would make it difficult to mislay. It does not carry the advertisements that detract from the professional appearance of so many dictionaries for nurses.

The choice of words for definition is eminently sensible. No bizarre or archaic term is included, and each is one that a nurse might well want to look up. The names of some organizations are most usefully included, so owners of this book will perhaps at last be able to distinguish between the General Nursing Council, and the Royal College of Nursing. A new and welcome point is that a little information is given about the owners of all the proper names mentioned.

The space devoted to appendices in a dictionary is in general out of proportion to their usefulness. Perhaps the average customer finds it difficult to judge the dictionary itself, but feels that the number of appendices indicates value for money. Urine tests are now seldom performed except in accordance with the instructions attached to a proprietary reagent; preparations for X-rays vary widely, and it is doubtful if anyone ever referred to the instructions in a dictionary when required to perform artificial respiration. The real function of an appendix is to supply factual information not always carried in the head—conversion of weights and measures; normal values for blood constituents and commonly performed tests; antidotes to poisons, and perhaps toxic reactions to drugs.

W.E.H.,

Psychology for Nurses by Jennifer M. Jarvis, B.A., Dip.Psych., and John Gibson, M.D., D.P.M. Published by Blackwell Scientific Publications. 15s.

The difficulty that many encounter in the study of psychology is the vagueness and apparently subjective nature of its content. The main tenets of Freudian psychology when stated briefly and baldly in an elementary textbook sound unconvincing. Student nurses not infrequently ask, "How do we know this is true?"

This book, by two physicians of St. Lawrence's Hospital, Caterham, provides a corrective to this point of view by showing how much of psychology is factual and capable of verification. There are good sections on scientific method; intelligence and the tests used in its estimation; and on learning, remembering and forgetting, with some useful advice to students. The chapter on physical factors in psychology, which includes a first-class account of the functioning of the brain, is simple yet illuminating. The section on the treatment of the subnormal is excellent, and full of practical sensible advice. The discussions on the role of psychology in education, industry and society are well worth reading by a wider audience than the nurses named in the title.

The reader does not at once become absorbed because the style is level and the matter, especially in the early chapters, somewhat condensed; but once launched one reads with increasing appreciation. Whether the attractively-coloured paper back, which is only glued in place, will prove adequate for its purpose it is hard to say. W.E.H.

Appraisal of Current Concepts in Anaesthesiology. Edited by John Adriani. The C. V. Mosby Co., pp. 267. 58s.

The aim of Professor Adriani and his thirty collaborators from the Charity Hospital, New Orleans, is to present a "digest" of recent work to help the trainee and his seniors in their attempt to sift wheat from chaff in topical writing. The accent falls on clinical work and the first chapter, "Heart sounds during anaesthesia", is valuable for the advice "in spite of improvements in monitoring devices, reliance upon the five senses still holds first place". This needs emphasis to-day when elaborate equipment tends to deflect attention from the most valuable monitor, the patient.

The field covered is wide, but the most useful for the inexperienced are the articles on extracorporeal circulation and on hypothermia, which are presented lucidly and in some detail. "Shock" deserves special mention. American reluctance to use relaxants is obvious and it is strange that the authors do not appreciate the great value of light anaesthesia combined with relaxants in preventing shock during major surgery. There is a great deal of practical information on almost every page, but diagrams would help in making the text clearer, as in the chapter on endobronchial anaesthesia.

There are particularly good sections on infant resuscitation and on anaesthesia in children. Practical to a degree, they avoid an irritating tendency on other pages to present too many views as to anaesthetic management. Since, however, the volume is concerned with appraisal of modern ideas this is perhaps unavoidable.

This is a book to refer to rather than to read right through, and will be instructive to all postgraduates. The index and bibliography are good, but the price may make it a book to borrow rather than to buy. R.A.B.

The Ship Would Not Travel Due West by David Lewis. Temple Press, Ltd. 21s.

Dr. David Lewis, third man back in the 1960 single-handed transatlantic race, was born in England, grew up in New Zealand and is now a G.P. in East Ham. His book relates the story of the race and of his return in two stages. The first accompanied to St. Johns, Newfoundland, and the second single-handed retracing the "Sea Kings Road" from Newfoundland to the ancient Viking islands of Hjetland, which today we call Shetland.

Three hours 30 minutes after the start the lower starboard crosstree failed and the mast snapped cleanly 12 feet above the deck. Many would have abandoned the race at this stage, but two days later Dr. Lewis was back in the race, a new section scarph-jointed into the mast and held by glue alone.

Six weeks later a Canadian frigate damaged the lower port crosstree, while the crew took photographs! A furious Dr. Lewis had effected a temporary repair within half-an-hour!

Later trials included shortage of water, a providential escape off the coast of Nova Scotia, a fractured skull, an encounter with tropical storm "Brenda", and the humiliation when nearly at the finish of running aground during a tricky passage through the Nantucket and Vineyard sounds.

Dr. Lewis writes fluently, enlivening the story with numerous anecdotes about previous Atlantic crossings under sail or oars. The first recorded single-handed race was West to East between two open sailing dinghies in 1891! One completely capsized and was picked up 600 miles from Europe.

The reason (Excuse!) for this review is that Dr. Lewis took advantage of this opportunity to study man in isolation under conditions of stress. In collaboration with the Medical Research Council and advisers on both sides of the Atlantic, a daily questionnaire was devised in order to study changes in mood, sleep rhythm and food and water intake, and on arrival he, Hasler and Howells, 2nd and 4th, were investigated by members of the U.S. space research team.

Unfortunately, the results of these investigations are not available in the book; there are, however, some brief observations on meal times, weight loss, solitude and hallucinations and it is interesting to note that these three averaged 6-7 hours of sleep per night.

Amongst the numerous appendices covering the boat itself, steering gear, the other complications and the research project there is one more serious than it sounds entitled "The Treatment of Sea Serpent Stings and other Ailments".

R.C.B.

Aids to Surgical Nursing by Katherine F. Armstrong, S.R.N., S.C.M., D.M., and Norma Jamieson, M.A., S.R.N., S.T.D. Published by Ballière, Tindall & Cox Ltd. 12s. 6d.

Publishers appear to have decided that paper backs have a medical future, and it is easy to see why. This is a 500-page book with 137 illustrations, and the new edition is published at 12s. 6d. Textbooks in these days of rapid change are soon outdated, but at this price a nurse could invest in each new edition without strain. There are disadvantages, of course; such a large book in this binding needs one or preferably two hands to hold it open, and one could hardly expect it to last long in a much-used library.

This big book is the work of two nurses, and they can be proud of their achievement in compiling this mass of information on so many branches of surgical nursing. The style is clear and simple without being condescending. No mention is made in the preface of assistance from surgeons, and one feels that some advice might have produced some alterations in the text. The heart-lung machine (page 486), is not used to give anaesthetics. It is by no means general custom to keep the arm abducted to a right angle (page 325) after breast amputation. Nor would the radiotherapist agree that the use of DXR is "comparatively modern, and statistics to determine the ultimate value for malignant growths are not yet available". Intramedullary nails should be mentioned as a method of internal fixation of bone.

It is not to be expected that everyone would agree with all details in a book of this size, and everyone would wish to congratulate the authors on the amount of factual information they have so well marshalled. In the next edition, the publishers should consider changing some of the plates (e.g. intravenous and subcutaneous infusion, pages 80 and 77; dressing technique, page 53). They are cluttered and look old fashioned. May I also appeal to them to remove Fig. 25, of our "blitz" baby. It has embarrassed nurses of this hospital for 20 years, and in every new edition we turn first to see if this historic photograph is still retained.

W.E.H.

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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Editorial

During the past few weeks the news that about one third of the total output of the Medical Schools in the British Isles each year has emigrated to the Commonwealth or the United States of America, appears to have caused only passing comment. The reports in the recent B.M.J. give an analysis of the countries to which these people are going.

In October, 1960, this Journal published the results of a Student Questionnaire which had been circulated in 1957. In the section dealing with emigration, it was found that two-thirds of the students were considering emigration seriously at that time. Their reasons amounted to dissatisfaction with the National Health Service financially, professionally and idealistically.

Since those emigrating are mainly those whose experience of the Health Service is confined to student and pre-registration years, the aim of any Government which is going to tackle this problem must be to make the Health Service much more attractive in every way.

Keeping these people in this country would be the beginning of the end of difficulties in Hospital staffing and in finding sufficient places in medical schools. Perhaps we will have to wait until the Common market for these problems to be resolved ?

The research library of the Institute of Experimental Medicine and Surgery of the University of Montreal has suffered extensive losses by fire. They have, therefore, asked us if any readers of this Journal have reprints of their work, especially those dealing with Endocrinology and Stress, would they send them to the Institute of Experimental Medicine and Surgery, University of Montreal, P.O. Box 6128, Montreal 26, Canada.

Since their mailing list was also destroyed, they will be able to send reprints of their own publications only to those people who write for them.

Engagements

OLIVER—CROSTON.—The engagement is announced between Dr. Keith Robert Oliver and Barbara Mary Croston.

TAIT—RAWLISON.—The engagement is announced between Dr. James A. Tait and Jacqueline F. Rawlison.

Marriages

RUOSS—DAVIES.—On February 24, Christopher Fredrick Ruoss to Vallery Ann Davies.

THOMAS—TOBITT.—On March 3rd Michael John Glyn Thomas to Diana Elizabeth Tobitt.

Births

BAKER.—On January 29th, to Glenys (née Hutchinson) and Dr. Alan Baker a son (John Charles).

BENCH.—On February 3rd, at B.M.H. Singapore, to Jacqueline (née Wilson) and John Bench, a daughter (Lucinda), a sister for Matthew.

BUSFIELD.—On January 26th, to Rita (née Barnett) and Dr. Malcolm Busfield, a daughter (Julia Ruth).

CAMERON.—On February 19th, to Veronica, wife of Dr. Donald Cameron, a second son.

CHURCH.—On February 9th, in Uganda, to Rhoda, wife of Dr. J. C. T. Church, a brother for Jonathan (Martin Richard Tracey).

FARROW.—On February 15, to Ann and Lewis Farrow, a daughter (Sarah Caroline), sister for Kate.

HAYTER.—On January 30, to Joyce (née Miller), wife of Dr. Russell Hayter, a son (Robert Clive Mansfield), brother for Charles and Sally.

JONES.—On February 9th, to June (nee Armstrong) and Dr. John M. Jones, a third son (William).

MARKER.—On Jan. 27, to Helen (née Meldrum) and Dr. Roy Marker, a son (Duncan Philip), brother to Ian.

NICHOLS.—On February 5th, to Margaret (née Alyar) and Dr. John B. Nichols, a son (Mark Alistair).

NORMAN-TAYLOR.—On January 22nd, at Noumea, New Caledonia, to Andree, wife of Dr. W. Norman-Taylor, a son.

STOREY.—On January 23, to Mary (née Grimmett) and Dr. Victor Storey, a daughter (Katharine Amanda), sister for Jane and Gerard.

WALKER.—On Feb. 1st, to Shirley, wife of Dr. Kenneth Walker, a daughter (Suzanne).

WELLS.—On February 1st, to Gillian (née Turton) and David Wells, a son.

Deaths

DOTTRIDGE.—On January 24th, Dr. Cecil Dottridge. Qualified 1910.

STRUGNELL.—On February 3rd, Surgeon Rear Admiral Lionel Frederick Strugnell, C.B., aged 69. Qualified 1915.

WHITE.—On December 29, in Dunedin, James Renfrew White, F.R.C.S., aged 73. Qualified 1914.

Appointments

Mr. H. J. Seddon will spend February and March in India on an advisory visit arranged by the British Council.

Royal College of Surgeons

At a meeting of the council on February 8, Mr. Guy Blackburn was admitted to the Court of Examiners.

University of Birmingham

The honorary degree of D.Litt. is to be conferred on Sir Geoffrey Keynes.

Change of Address

Dr. & Mrs. John Holmes,
The Twitten,
Broad Oak,
Brede,
Nr. Rye,
Sussex. Brede 263.

Dr. Norman H. Walker,
Suite 711 (7th Floor) West Walk,
405, West Street,
Durban.

Calendar

APRIL

Sat.	7—On duty:	Dr. A. W. Spence Mr. E. G. Tuckwell Dr. I. Jackson
Sat.	14—On duty:	Prof. E. F. Scowen Prof. G. W. Taylor Dr. T. B. Boulton
Sat.	21—On duty:	Dr. R. Bodley Scott Mr. A. H. Hunt Mr. F. T. Evans
Wed	25—Rugger Club Annual Dinner at the Charterhouse Grill	
Sat.	28—On duty:	Dr. G. W. Hayward Mr. A. W. Badenoch Dr. R. Ballantine

Wessex Rahere Club

The Spring Dinner of the above club will take place at Sofroni's Restaurant, Torquay, on Saturday, April 14th, under the chairmanship of Dr. Peter Monks, of Torquay. It is hoped that a member of the staff will be present as Guest of Honour. Further details will be circulated or can be obtained by any Barts. graduates, who are not already members, from the Hon. Secretary, Mr. A. Daunt Bateman, F.R.C.S., 11, Circus, Bath.

Fifty years ago

"It is a very pleasant duty this month to congratulate Dr. Archibald Garrod on his election as physician to the Hospital, and equally to congratulate the Hospital and Medical School. The eminent son of an eminent father, Dr. Garrod is the third of his family to possess the Fellowship of the Royal Society, and his distinguished career is too well known to be described in these columns. We wish Dr. Garrod the best of health in his new appointment, which will surely bring the highest renown to St. Bartholomew's.

Things we have never seen:—

1. Any Houseman admitting that his job is lighter than that of any other Houseman.

2. A Junior H.S. complaining that he has not enough work to do in the Surgery.

3. A Senior H.S. refusing to go out to an operation in private.

4. An Ophthalmic H.S. dying of over-work.

5. A Resident Anaesthetist sitting up at night in the Surgery waiting for work.

6. A Dresser directing Mr. Watkin's attention to the fact that he has arrived in the Surgery at 9.14.

7. An out-patient returning to inform his doctor that he is better.

8. Sister Surgery sitting down and doing nothing.

9. The Steward perturbed, nonplussed, or melancholy.

10. "A police case" after 12 midnight of any importance."

The Abernethian Society

On February 1st Dr. N. M. Goodman, Deputy Chief Medical Officer at the Ministry of Health, gave a lecture entitled, "The National Health Service—what next?" He began by pointing out that the National Health Service was the product of evolution rather than revolution. Its origin could be traced back to the Elizabethan Poor Law which placed the responsibility for the relief of the sick and the poor on the parish. Developments were few until Lloyd George's National Health Insurance Act of 1911 and Chamberlain's Local Government Act of 1929 which finally made a distinction between the sick and the poor. It was on these foundations that the comprehensive National Health Service Act of 1948 was laid.

Dr. Goodman then considered the different sections of the service in turn. In the Local Authority Preventive Service the most important new feature is the development of the team, consisting of nurses and social workers which is at the service of the local doctor.

In the General Medical Service several trends encouraged by the Government are becoming apparent. General practitioners are steadily becoming more evenly spread over the country, their practices are, on the whole, getting smaller, and more and more of them are working in partnership. Dr. Goodman considered that the very first objective should be a further reduction in the maximum number of patients allowed to each doctor. At the moment it is 3,500. He thought that "personal doctoring" should be considered a speciality and that hospital consultants should consider calling in a patient's local doctor for consultation when they require information only he can give. General practitioners should have free access to hospitals in order to keep their knowledge up to date, but their use of the hospitals can only be a limited one.

Considering the hospitals, Dr. Goodman summarised the recently published building plan. In 1975 it is expected that fewer beds will be needed per thousand inhabitants and this is mainly because more mentally sick patients will be treated as out-patients. As the plan is based on District General Hospitals of 600 to 800 beds each, about 1,200 of the smaller hospitals will be closed and their staff will have to be prepared to move to the new hospitals.

There are several new developments in medicine which present challenges and, at the same time, pitfalls. More and more the doctor is finding himself the leader of a team which often contains non-medically qualified staff and he needs qualities which only education and experience can give. He must not allow the technical excellence of the team to cut him off from the patient. Moreover he is called on to take his part in administration and he must not shirk his duty. If he does, all the power may pass out of his hands and into the hands of laymen. It is up to the doctors to make the Health Service work.

M.H.B.

THE LERICHE SYNDROME

By T. A. Boxall

The term Leriche Syndrome is used to describe the symptom complex arising from localised obliteration of the aortic bifurcation. The Syndrome is encountered most frequently in middle aged men, but we have recently treated two young women who displayed the features of this interesting clinical entity.

CASE REPORT I.

The patient was an otherwise healthy young woman of 34 years, by occupation a part time clerk, in addition to being a mother and housewife.

She complained of a two year history of exercise pain experienced in both legs in the calf, thigh and buttock, at first evoked by bicycling, but subsequently on walking. Prior to admission the claudication distance was reduced to 300 yards. There was no complaint of rest pain or leg muscle weariness. Control of micturition and defaecation was normal. She gave no history of any relevant previous disease.

Clinical examination showed no abnormality except in the cardio-vascular system. The radial pulse was regular. Blood pressure 120/80. Heart size and sounds were normal. Examination of the abdomen revealed a harsh systolic bruit over the terminal aorta conducted distally into both common iliac arteries, the right more than the left. The lower limbs showed good nutrition of skin and muscles with no obvious wasting. The distal part of both legs and the feet were pale, but skin temperature was clinically normal. Examination for pulses showed a weak femoral only, on both sides, with none palpable distally.

On these physical findings a clinical diagnosis was made of incomplete obliteration of the terminal aorta, and on the 9th November, 1961, the patient was admitted for investigation and consideration of surgical treatment. The electrocardiogram was normal and W.R. negative. Fasting blood sugar was 102 mgm. per cent. Serum cholesterol was raised to 314 mgm. per cent. A translumbar aortogram (figure 1) showed the aorta to be narrowed from the level of the lower border of the body of the 12th thoracic vertebra, and almost completely blocked at its bifurcation. The common iliac arteries were a little narrowed. The arteries appeared normal, and there was a good nephrogram on both sides. An intravenous pyelogram was also normal. In view of the relatively well localised occlusive disease sited mainly in the aorta below the level of the renal arteries, this case was manifestly an ideal one for surgery.

Accordingly, on the 1st December, 1961, Professor G. W. Taylor performed the following operation. A left paramedian incision was made, from xiphisternum to pubis. The abdominal aorta was found to be narrowed along all its length, and to be atherosclerotic below the level of the renal arteries. A hard plaque completely occluding the lumen was palpable above the aortic bifurcation, and the atheromatous change extended distally to the bifurcation of the common iliac arteries. Clamps were placed across the aorta (below the level of the renal arteries) and common iliac, lumbar and inferior mesenteric arteries. The aorta and common iliac arteries were opened and endarterectomy performed. To widen the opened vessels, a patch of woven Teflon was inserted into the anterior surface of the aorta and common iliacs (figure 2). Bilateral lumbar ganglionectomy was also performed. No systemic heparin was used, but frequent use throughout the operation was made of heparinised saline, to flush out the vessels involved.

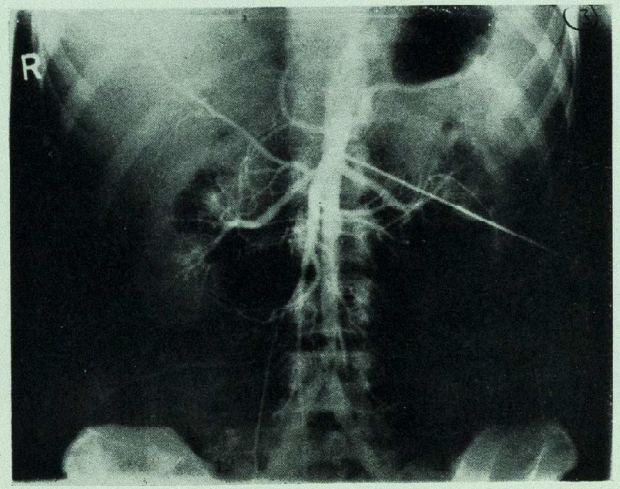
Post-operatively the patient made an uneventful recovery. Both feet were warm and all pulses palpable. She subsequently was discharged well on the 20th December, 1961.

CASE REPORT II.

The second patient was a childless woman of 39 years, a housewife and a civil servant.

She enjoyed normal health until a year before her admission to hospital. During the year, she had noticed the typical features of intermittent claudication in the right leg, experienced in the calf, thigh and buttock. This had gradually worsened and latterly she could only walk for 300 yards before being forced to stop. In addition she often noticed both her lower limbs became easily and unnaturally tired. Her feet were cold, and after exercise she experienced paraesthesiae. There was no history of disturbance of micturition and menstrual periods were normal. She had had no significant previous history.

Clinical examination of the cardio-vascular system revealed a regular pulse and normal blood pressure and heart. Per abdomen there were no masses, but a harsh systolic murmur was audible on auscultation over the level of the aortic bifurcation and conducted into both iliac arteries. Both lower limbs were well nourished, but the feet were pale and cold. Both femoral pulses were palpable but weak and were associated with a systolic bruit. There was slight postural colour change of the toes.



This Translumber Aortogram demonstrates the gradual narrowing of the abdominal aorta to a point of almost complete occlusion at the bifurcation

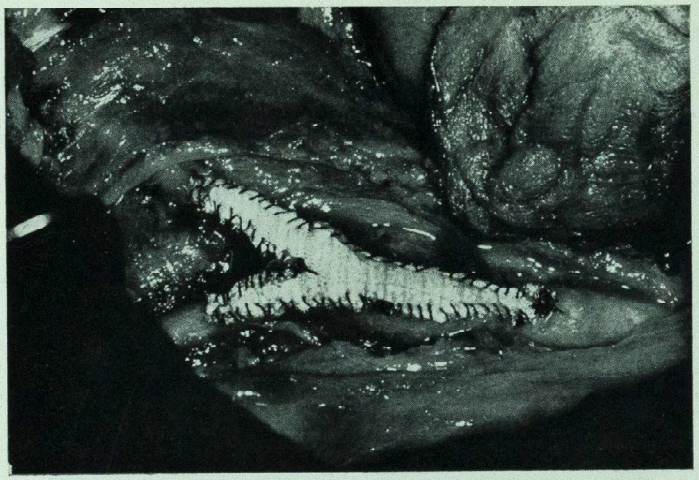
A translumbar aortogram showed a picture similar to that of Case I. The abdominal aorta was narrowed, particularly at the level of the bifurcation, and the common iliac arteries were also narrow. Electrocardiogram was normal, the W.R. negative and fasting blood sugar 86 mgm. per cent. The blood urea was 46 mgm. per cent. and the urine normal. The serum cholesterol showed a rise to 325 mgm. per cent.

Using a long left paramedian incision, the abdominal aorta was explored by Professor G. W. Taylor. This confirmed the narrowing and presence of atheromatous thickening of the walls of the aorta and iliac arteries. These vessels were then subjected to thromboendarterectomy, after suitable clamping—the aorta being isolated below the origin of the renal arteries. To widen the opened vessels a Teflon patch was inserted in a similar manner to that of Case I. Bilateral lumbar ganglionectomy was also performed. Post-operatively the patient made a good recovery. The feet became warm and of good colour and the pulses were now palpable.

Graham (1) 1914 was the first to discuss obliterative disease of the distal aorta, and made a distinction between aortic thrombosis and embolism. Other writers subsequently reported cases, including Leriche in 1923 (2) and again in 1940 (3) and 1948 (4). He laid down certain diagnostic criteria whose fulfilment he felt to be essential before a case might be termed a true Leriche Syndrome.

His classical description was of a disease insidious in onset and slow in progression—usually having been present some 5—10 years before diagnosis. He found it occurred predominantly in males of the age group 40—60. Cases usually presented with a complaint of extreme lower limb fatigue rather than true claudication. Impotence was a frequent feature. The physical signs in his cases were pallor and coldness of both lower limbs, associated global

atrophy but no evidence of skin nutritional change. The pulses in the lower limbs were absent. He believed the disease to be due to atheromatous changes in the common iliac arteries which spread proximally to involve the aortic bifurcation.



Operation photograph shows aortic bifurcation at the conclusion of the operation: (aorta to the right; common iliacs to the left). Woven Teflon patch in situ acting as a gusset to widen the aorta and common iliac arteries.

Subsequent writers have tended to be less adherent to the rigid diagnostic criteria laid down by Leriche. In particular, intermittent claudication is frequently a symptom, up to the buttock level, whereas impotence is only occasionally recorded. Thus Shepherd and Warren (5) found eight cases with this symptom in a series of 45, and Theis (6) only one impotent man out of 29. DeBakey et al (7) attempted to distinguish two types of thrombotic disease of the aortic bifurcation. They describe a classical Leriche group with usually a well localised diseased segment, completely obstructed, and a second group of older patients with widespread atherosclerosis and distal nutritional changes, due to an incomplete obstruction of the terminal aorta. Global atrophy of the limbs is not often a feature and as Theis (6) has remarked, is probably indicative of chronic circulatory insufficiency and will therefore be apparent in the insidious cases, as originally described by Leriche.

Various suggestions have been made as to the underlying pathology of this condition. Atherosclerosis is usually the cause, and may be associated with hypercholesterolaemia. Milanes et al (8) have put forward suggestions as to other possible causes, including arteritis, syphilis, retroperitoneal inflammatory processes and abdominal radiotherapy. Elkin and Cooper (9) also suggest as an aetiological factor, a congenital narrowing of the aorta. Basu (11) in a recent report of 10 cases of occlusive disease of the thoracic and abdominal aorta believes on clinical and histological grounds that the essential pathology is one of rheumatic arteritis. The histology of the two cases whose reports have been given was in fact of typical atheromatous changes.

Leriche (2), (3) and (4) originally suggested that the best treatment ideally, was to replace the diseased aortic segment with a graft, but that such a procedure was not technically feasible. He therefore suggested as a practical alternative, the excision of the obliterated vessels to stop the spread of thrombosis, and to perform simultaneously a high bilateral lumbar ganglionectomy. Alternatively, he held, in poor risk cases, the ganglionectomy only should be performed. This was at first the standard method of treatment, the aortic or aorto-iliac segment was but infrequently excised. The current surgical treatment for this disease is either thromboendarterectomy, or alternatively inserting a graft, as a bypass or in place of the aorta. Thus in DeBakey's series (10) of over 400 cases, approximately 100 were treated by each of four different methods: (i) Thromboendarterectomy, (ii) Excision and graft, (iii) Bypass, or (iv) Excision and graft, with bypass. The graft used in these cases was either arterial homograft or a synthetic prosthesis, knitted dacron being the material of choice. With these different methods, equal success was found, and in only 8 cases was reocclusion discovered in a five-year follow-up study. Others have found these figures difficult to duplicate, although occlusive disease of the terminal aorta is particularly suitable for treatment by direct arterial surgery.

It is of interest to notice that although the name Leriche Syndrome is now often used more widely than the original description defined, the method of management initially advocated by Leriche is widely practised, and with good results.

I should like to express my thanks to Professor G. W. Taylor for permission to publish details of the patients under his care, and also my appreciation of his help in preparing this article.

Thanks are also due to the Photographic Department for their assistance in preparing the illustrations.

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BART'S SKI CLUB AT ZÜRS

This year we were a party of 34 of whom the majority were of the fair sex.

We left Victoria station after lunch on Saturday, January 13th, and arrived back at tea-time on Monday, January 29th, after a delay of 24 hours during which we were cut off by an avalanche.

When we left London the party was divisible into three factions: male, female and married. When we arrived back the party was one mixed group—in more senses than one. For such a success we must heartily thank our secretaries Richard Bergel and Tessa Lopez—putting senior before beauty.

Zürs is a small village with about 100 inhabitants. During the winter months it contains some 2,000 or 3,000 people. It is set high —about 7,000 ft. up in the Arlberg range of mountains so we expected to find plenty of snow. We were not disappointed because when we arrived about 24 hours after leaving London there were so many people from other resorts that it was nearly impossible to find room to ski. It was a pity that later on in the week the main ski runs were worn down to the rocks and travelling at speed over rocks can be uncomfortable even for experienced fallers.

The majority of the party were either beginners or had only been once before so that some of the lower classes were made up almost entirely of members of the Bart's party. This had its advantages—that we could be taught in one language and that we got on together well enough to start pushing each other over and to run over each others skis. The situation also had the disadvantage that we were meeting no new faces and also did not have the opportunity to knock somebody off balance in a rival party.

By the end of the first week most of us had moved at least two classes and many of those in the lower classes had proved for themselves that they could not begin to ski before they knew how to fall and get up efficiently with-

out falling down again. This particular situation may be called the first year maxim.

In comparison to the first year maxim, the second year one is more subtle. Having come to the conclusion that you can stand up and even move on skis then you soon reach another conclusion. The faster you are travelling then the fewer times you fall—this must not count those people who find it necessary to fall because they are going uncomfortably fast towards a precipice; although I can appreciate their feelings, you might say it would be more fun to take it as a jump and decide what to do next when you are in a position to at the bottom.

The second year maxim may be explained in the following somewhat paradoxical way: the faster you are going the less time you have to make mistakes, of course there are certain occasions when somebody else's skis are wrapped firmly round you when it is difficult not to fall one way or the other. It was interesting to note that while we were out there I saw 10 girls wrap their skis round men and no men performing the manoeuvre at all, maybe this is a female characteristic or maybe I was watching more girls than men—you never can tell.

It was most unfortunate that one of the best skiers in the party should fall and break her leg on the first Thursday of the holiday. It was unfortunate for two reasons: on the following Sunday she would have been very close to winning the visitors award in the Zürs "He and She" race which would have given the party more prestige than it had hitherto enjoyed; the second reason was that she could no longer do the twist as effectively in plaster as she had done without plaster.

The first week's skiing had been excellent although there were icy and rocky patches to show for it. The sun had shone solidly the whole week and quite a few of us were getting a very good tan. On the Sunday of the first week the morning was taken up by some very kind and helpful guiding of the second season group by the experts down one of the longer, more difficult runs—there was gluwein halfway down by way of consolation to the fallers. Another girl in the party fell and tore ligaments in her knee that morning—this was also a great pity but at least it was not her ankle so she could dance quite well.

On the Sunday afternoon the Zürs "He and She" competitions took place; this was only for the rather more expert of us so there were only three entries from our party. Notably it must be mentioned that one surgical registrar won a very useful prize—which registrar and which prize I shall leave you to guess, but the prize itself was a quarter bottle of brandy.

On Monday morning and most of Monday afternoon the innovation of falling grades to the Barts scale was being explained and developed. It should be mentioned before explaining and devising them that any fall can cause a broken limb or torn ligament if you are not relaxed on your skis.

The grading of falls is as follows:

Grade I fall has two parts—(a) the famous standing fall in which the beginner falls flat on his back or side from a stationary standing position and (b) in which the skier is moving and falls neatly on his behind preferably leaving a well-defined patch of snow on his trousers when he gets up.

Grade II fall is one in which the skier is moving fairly fast more or less out of control; when he gets up snow should not only be covering his back but should also be cooling him down because it has passed inside his anorak or other covering garment. This grade is by far the commonest fall and can be subdivided according to the speed of the fall or to the degree of loss of control or to the amount of snow passed up his back.

Grade III falls are fairly spectacular and they are a little less easy to perform during a class. The skier has to be going fairly fast and having fallen must be in such a position that he cannot get up without removing at least one of his skis. This can happen for two reasons—one is when the skis are pointing vertically out of the ground while the skier is lying horizontal, and the other is when the skier is pointing vertically out of the ground with the skis strewn around him.

Grade IV falls are similar to the Grade III but have a poor prognosis owing to rocks—suggestion if insured—it is less expensive to break your leg than to break your ski—try it sometime.

This was Monday and during the afternoon class there was one good Grade III fall and one fairly serious Grade II which finally decided for Robertson what he would be doing for the rest of the holiday. It had snowed all that day and it turned out that it was going to snow for the rest of the week. The skiing conditions were never so nice again and consequently I shall stop talking of skiing and instead talk of the hotel and the sociability of the party.

We took the place in the hotel of a party of forty which was arranged by the Army Christian Union. It was clear from the beginning that the sociability of the Barts party was going to be rather different from that of the Army party.

The only bad points about the Edelweiss Hotel were the band and the dancing room, but as one seldom dances in ones own hotel this did not matter at all. The cuisine in the hotel was very good, the staff were very eager to please and soon got used to us arriving down to breakfast just in time to rush off for the morning school at 10 a.m. The rooms in the hotel were very pleasant indeed although the floorboards did creak late at night, I understand. The hotel was also conveniently situated opposite where the ski school gathered so one could sum up and say "the Edelweiss Hotel did us well." Half a minute's walk outside the hotel led us to the best place for dancing and drinking, this was a spacious and well-designed salon which was contained in the hotel whose inmates were mostly English speaking.

Having arrived at Zürs the party seemed to liven up the village and it was rare for our party not to be followed around by quite a number of different people—I flatter the party—it was the girls in the party who were attracting other people's attentions because they were the liveliest in the village—perhaps I am flattering the girls.

It was not long before a few people started playing bridge in the true Abernethian Room style, however, it was lucky that not everybody knew how to play and the social instincts of the card-playing members won in the end every evening.

I will say, by way of summary, to those who have not already found it out for themselves, that skiing is different, it is really exhilarating and it is not all that expensive if you go in a party. Although it might sound dangerous to some and seem dangerous to others why not try it out for yourself. I would add that no good skier finds it dangerous if he relaxes when he is skiing. If you are not on holiday for relaxation, why are you on holiday?

This framed caricature of John Abernethy was presented to the Medical College by Dr. Patrick J. Lawther, to commemorate 15 years association of the Air Pollution Research Unit with the College and Medical Unit.

A CASE OF STILL'S DISEASE

By A. J. B. Missen

INTRODUCTION

In 1897 Still described a syndrome of polyarthritis, lymphadenopathy and splenic enlargement seen characteristically in children. There has been considerable controversy as to whether this is a separate disease entity or a particular manifestation of rheumatoid arthritis. Although the latter view is now generally held (Ellis, Cecil and Loeb), Still claimed that the syndrome was distinct from the more typical form of rheumatoid arthritis sometimes seen in children and Langley, pointing out that the syndrome *is* seen in adults (Felty's Syndrome), considers that Still's disease is a separate entity "of unknown but probably infective aetiology."

The disease is characterised by painful swelling of the joints. The onset may be abrupt with high fever, much pain, sweating and tachycardia, or insidious with fusiform swelling and stiffness of the joints of the fingers, hands and wrists. The disease process is remittent but each exacerbation usually results in greater disablement. The E.S.R. is raised during an attack and there may be a marked leucocytosis. Muscle wasting is a striking feature, contractures and deformities tend to occur unless guarded against by splintage and bony ankyloses are common in late cases. Involvement of the transverse ligament of the atlas may result in a bizarre pattern of neurological symptoms and the upper cervical vertebrae are frequently ankylosed.

Generalised retardation of growth is common, but apart from the consequences of missing school the patient it not usually mentally retarded and may seem precocious in relation to size and appearance. X-rays show generalised rarefaction of bone, pitting of articular cartilages and ankyloses. In long standing cases a mild anaemia is common.

CASE HISTORY

Denise G., who is now 20, contracted her disease at the age of three when her wrists and ankles became painful and swollen. At the same time the glands in her neck became enlarged and her abdomen distended (? due to splenic enlargement). Three months elapsed before a diagnosis was made and treatment started. During this period all her joints became involved and severe muscle wasting became apparent. At this time she was unable to do anything for herself. Following diagnosis treatment was commenced with calcium aspirin and vitamin C. Physiotherapy and heat treatment were also advised.

At the age of five Denise developed attacks of petit mal which are attributed to injuries received at birth (misapplied forceps). These attacks which are commonly precipitated by sudden loud noises consist of stamping, crying out, twitching and, if she is standing, falling to the ground. Attacks are commoner premenstrually and well controlled by phenobarbitone and mysoline.

Despite intensive physiotherapy skeletal deformities began to develop at about the age of eight. Two years later she was referred to U.C.H. for treatment with cortisone. A marked improvement in mobility resulted but she developed a "moon facies" and fractured an ankle as a result of concomitant osteoporosis The disease then entered an inactive phase with relative freedom from joint pain but considerable residual deformity. The patient has been on intermittent steroids since this time. Butazolidine has been tried but is not well tolerated.

Recently the patients ankles have started to swell and become painful an walking. She was admitted to Bart's in February, 1961, for further intensive physiotherapy.

EXAMINATION

Denise is small for her age, has a small head with receding chin and multiple skeletal deformities. She has a dysarthria due to her micrognathia and her mental age is currently estimated at eight. The salient findings are:—

Heart.—Slightly enlarged. A soft basal systolic ejection murmur.

Abdomen.—A small mass, probably spleen, palpable in the left hypochondrium.

Neck.—Moderate limitation of all movements.

Back.—Dorsal scoliosis to the left, lumbar scoliosis to the right. Moderate limitation of all movements.

Shoulders.—Abduction 90°. Flexion and extension—less than 90°.

Elbows.—Fixed deformity. 10—20° movement in mid arc.

Wrists.—Fixed flexion deformity. 10—20° movement.

Hands.—Typical rheumatoid deformity.

Hips.—All movements limited by pain.

Knees.—Mild limitation only.

Ankles.—Swollen. 5—10° movement only.

The following results of laboratory investigations at Barts are of interest: The patient is anaemic (Hb. 66 per cent.) but the cells are normochromic. There is marked proteinuria (Esbach 2.3 G/litre). The serum proteins show an increase in alpha 2 (d2) globulins and a decrease in gamma (γ) globulins and albumen. Plain X-ray of the abdomen confirms the splenic enlargement and suggests left renal enlargement. There is general reduction of the joint spaces, bilateral ankylosis of the carpus and the second to fifth cervical vertebrae. There is some erosion of the articular cartilages.

The clinical and laboratory findings support a diagnosis of an early nephrotic syndrome secondary to amyloidosis which is a classical complication of long-standing Still's disease. If correct the diagnosis is of grave prognostic significance.

EDUCATION

The main problem in this field has been the mental retardation. Although willing and initially interested Denise soon tires of a given subject and further progress is slow. At the age of five she was sent to a convent school where she received sympathetic handling from the nuns who taught her to read well. When she was seven Denise was seen by a child psychologist from the County Education Authority who assessed her mental age and recommended speech therapy, which improved her dysarthria so that she can now make herself readily understood.

Attendance at a school for physically handicaped children in Walthamstow from 7 to 16 seems to have conferred little benefit apart from on-the-spot treatment for her rheumatic condition.

At the age of 17 Denise spent three months away from home at the Queen Elizabeth school for the physically handicapped, Leatherhead, but the experiment was not a success. She has had no further formal education.

OCCUPATIONS

The patient's mental as well as physical handicaps have imposed limitations. She enjoys reading newspapers and magazines but cannot cope with full-length books. Classical music on the wireless gives great pleasure and her parents play records for her in the evenings. She enjoys television but her mother exercises careful control of the quantity and quality of the programmes she may view. Her other main occupation in the home is knitting. She is a happy and contended person who seems able to enjoy the conversation of others in the room.

While at school in Walthamstow Denise joined an orchestra for physically handicapped children in which she utilises her excellent sense of rhythm to play drums. She clearly enjoys working with other children in this way and regularly attends the weekly rehearsals.

IMPACT ON THE FAMILY AND THE ROLE OF THE G.P.

The impact of such an incapacitating disease on the family is necessarily great, demanding much readjustment. In this case the mental retardation precluding a useful role in either family or community life was a further severe blow.

Although the patient's father professes a philosophical acceptance of the situation he was serving with the R.A.F. at the time and the initial burden of readjustment fell on the mother, who admits that only in the last few years has she become completely reconciled to the situation.

Once the G.P. had made the diagnosis and it had been confirmed by a consultant her role in the management of the case was twofold: (*a*) the co-ordination of treatment by hospital, physio, speech and occupational therapists, etc., and (*b*) support and encouragement to the patient's family.

REHABILITATION

Apart from enabling Denise to attend the school at Walthamstow the local authorities have been able to do little. An Everest-Jennings wheel chair was supplied by the N.H.S. five years ago and has been useful for moving Denise outside the house. Recently the local health authorities have arranged for a health visitor to call regularly and she has organised the provision of a rubber mat fitted with suckers which reduces the risk of Denise capsizing in the bath, a comb holder which allows her to try to do her own hair, and a manually operated grab for picking up small objects which fall to the floor.

The interests stimulated by the occupational therapists and the director of the orchestra have contributed greatly to her happiness and maintained what mobility remains in her arms.

In the early days of the patient's illness Mrs. G. leaned heavily on the G.P. and her unfailing interest and advice have always been a source of great comfort.

From the outset Mr. and Mrs. G. decided that their life would have to be remodelled to suit the patient's needs. Her initial helplessness required full time supervision and later, when the arthritis became quiescent the development of the petit mal made it impossible to leave Denise for any length of time. Mrs. G. resigned her job as a private secretary and managed to find an outlet for her energies in domestic work, the local Women's Institute and amateur theatricals. Mr. G. on demobilisation returned to his job as a surveyor with his family firm and being self-employed has been able to assist his wife in sudden emergencies and to provide transport for visits to clinics and specialists.

Despite the fact that Denise has to be washed, dressed and carried up and downstairs, the family has tried to keep her life normal within its limitations, thus Denise accompanies her parents if they both leave the house, holidays are planned to make the most of the car, and she goes shopping with her mother. Lately her parents have taken her to a number of evening functions where her poise, her dexterity with knife and fork and her valiant attempts to dance with her father make her socially acceptable.

Bathing, the use of the lavatory and period times all require assistance and in these and other supervisory chores Mrs. G. receives considerable help from her younger daughter who after an awkward period of "Denise doesn't, why should I?" has assumed much of the responsibility for her sister's well-being at home.

Before the advent of the N.H.S. the patient's illness put a considerable burden on the family exchequer in the shape of consultant and hospital fees. The position is now much easier but in the last analysis Denise will always remain a financial liability to her family.

SUMMARY

Still's disease results in severe disability requiring prolonged treatment and adequate rehabilitation. The present case presented extra problems on account of mental retardation. The patient is fortunate in having intelligent and capable parents with adequate financial resources who could provide good home conditions and undertake much of the burden of management. The role of the G.P. has been administrative and supportive. Had the patient's background been less fortunate (e.g. a mother who for financial reasons could not give up her job) the G.P.'s responsibilities would have been heavier and greater demands would have been necessary on voluntary bodies and the ancilliary services now provided by the N.H.S. and local authorities.

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Footnote.—The G.P. who made the initial diagnosis of this case was a pupil of G. F. Still.

My thanks are due to Dr. H. Wykeham Balme under whose care the patient was admitted to this hospital, and to the College of General Practitioners, for permission to publish this case report.

MAN AND SUPERMAN

Congratulations are indeed due to the Amateur Dramatic Society for their production of "Man and Superman"—We all know that Shaw is "difficult," though perhaps this play is less so than many. However, taken as a whole, this was an excellent production, and an enjoyable way of spending an evening.

Before attempting assessment of the play, a word about Gloucester Hall. We are all indebted to Matron for lending the hall, and on behalf of all concerned, I extend our sincere thanks.

After many years we have at last a stage at Bart's, but what a pity it is that this fine production should have proved the design to be inadequate for satisfactory production of plays. The stage is clearly in the wrong place, and not deep enough and, although one should not expect too much from a hall designed for many purposes, there is no doubt that it is not an acceptable replacement for the Cripplegate Theatre. In addition, with a longish play and two scenes changes, a bar might have eased our sat-on aches. (A brisk trot to the *Hand and Shears* seemed essential by the second interval.)

The play was well produced by Nick Loughman. His greatest difficulty undoubtedly resulted from being without the natural dominance of the up-stage. Without this, characters of necessity had to be positioned more or less in straight lines. In a wordy play with little action, this was particularly obstrusive, and the ladies, wearing trains, must have noticed us ducking in the front row, every time they turned up-stage.

The stage management and scenery were excellent (unfortunatelly the "cast" thus involved are too numerous for individual mention). The sky scene in Act II was particularly notable. Lighting in this scene was especially well handled, and the experts involved should be commended on the use of the somewhat rationed equipment.

Make-up was of the impeccable standard we have come to associate with Bert. Unfortunately, costumes were disappointing, and there were certain minor incongruities. One could not help gaping at the striped nylon 'sixties socks revealed by some of the male characters.

How difficult it is to be fair to the individual performers—but it is truthful to say that they were all remarkably good. Simon Philips and George Dunn certainly started us off convincingly. I was quite taken in by the affronted pomposity of the former and the clear honey toned diction of the latter, exuding from his poetic innocence! Mike Stewardson managed his enormous part with obvious enjoyment to himself, which he happily conveyed to the audience. The speed of the play draws momentum principally from this character, and he can be certain that we were as breathless as he was speechless with the pace of it, at times. The sense of timing was excellent, his performance being fairly described by a professionally trained actress as "with it." The minor male parts played by Ron Stern, Mike Franks and John Graham Pole were all amusing—of perhaps particular merit was Ron Stern's Henry.

And the ladies—well you know how it is: Judy Bell, battling bravely with a rather too cumbersome train, looked gorgeous, but was unable to convey fully the mischievous coquettry of which she was convicted in the last Act. Pat Wells, Gillie Percival and Brenda Bean all gave good performances, but Rachel Fisher gave us the most polished female characterisation of the evening, and somehow seemed to wear all the nicest dresses.

Casual scanning of any guide to professional entertainment assures us that Shaw is back, and there is no doubt that our contribution has not hindered his return. One is sure that the cast enjoyed their evening as much as we enjoyed watching them and, after all, surely this is the stuff of amateur dramatics.

T.R.

LAST MONTH

Last month was February. The February Journal contained news of the View Day Ball which is to be held at the Hurlingham Club—an excellent site. This Journal also contained a lively correspondence page including a pertinent letter from Mr. A. P. Ross. During the same month Gloucester Hall contained an excellently produced Bernard Shaw, the preclinical refectory contained the same food at a new '62 price of thirty pennies a cheap meal, our library contained many busy students and the Hon. Sec. Students' Union had difficulty in containing himself at all.

Last month was the one that comes after January, but before March and usually has twenty-eight days only. . . The February Journal did not reveal the whisper abroad that Mr. Stodgy Quality had courted and captured Miss Flair and that she is to ensure that the Hurlingham do is classy rather than clumsy. Mr. S. Q. and his henchmen should be congratulated. So often do we forget the enormous amount of work involved in organising a View Day Ball with or without Miss F., that I wonder if a single free Ball ticket is not paltry pay for the Mr. S. Qs. of the hospital who are, after all, an essential matrix of life. . . Mr. Ross is not beloved of the women students; they dance devotion to medicine — ("Only the nurses go into it to grab hubbies")—and believe it is too early to determine just how many women doctors leave the profession permanently — perchance they contrive a trip up the aisle. . . Man and Superman, shown to the hospital on the third Tuesday and Wednesday of February, was flawless as amateur dramatics

go and would have been envied by many a repertory company. . . The preclinical students hope that the extra 3d. on lunch-time meals will cover College Hall's little inefficiences. (Why, after nearly two years, is there no permanent full-time male cloak-room attendant? Why pay two men to do the work that old John used to do on his own?) That our refectory runs at a loss is remarkable; its food is not expensive nor yet cheap by canteen standards and it has the happy advantage of catering for pretty constant numbers over clearly defined seasons—a restaurant manager's sweet dream. . . The fading of February potentiated the panic in the face of Professor Cave's "Ides". Our librarian's enthusiasm was dampened on finding a student's mislaid revision schedule which allocated the last two weeks to anatomy, two days to physiology and two hours to biochemistry. . . The Hon. Sec. Students' Union, by now hot under the collar and white about the gills, was desperately seeking some way to sublimate insulted sincerity.

Last month was the shortest in the year. Occasional crawling cabs do not know Hurlingham which is a stiff five mile walk from Green Park. The woman students' stop press statement: "When women do not return to medicine after breathing space for breeding time it is their hubbies' fault." Since the Gloucester Hall production was largely a preclinical effort, the Dramatic Society would appear to have a bright future. Some months ago refectory tea went down a penny a cup. Finally our librarian was angry; some cads were not returning her books by ten o'clock the next week let alone the next day The Hon. Sec. Students' Union, by now relaxed, having written his mind to the February Journal, sighed contentedly, sure that he had done his duty. S.C.-S.

SPORTS NEWS

Viewpoint

January and February are months during which the majority of people do their hardest to cultivate that all too common syndrome—Telsorderm—television radiation, gluteal pressure sores and dermatitis artefacta. However, there is a minority who rally forth as a form of inspiration for the laziness and cowardice of this majority.

The Cross Country Club must take pride of place, for they have just won the United Hospitals Cup for the second year running; and in addition have also won the Hyde Park and Regent's Park races. They are to be congratulated on these fine performances, which will be reported in greater detail in the next Journal.

The Football XI continued their good season by reaching the semi-final of the U.H. Cup. Unfortunately injury deprived them of their captain and secretary, and they lost, gallantly, to St. Mary's.

The 1st XV beat Westminster easily in the first round, but against Guys in the second round were unable to reproduce the same attacking style of play which would have carried them through.

The Hockey XI also won their first round easily; but then came up against a very strong, and unbeaten, St. Thomas' team. They fought very gallantly and the game was much more equal than the score would suggest.

The general impression, then, of these and other sports, is one of an all-round improvement and it is to be hoped that this will be continued.

Rugby Club

A XV v Guys—Lost 3—0.

The Bart's A team who have had quite a good season were unfortunately handicapped in the backs where injuries had considerably reduced their strength. In the forwards, however, seldom did the Guys pack look as if it had control of the game, and the Bart's forwards played exceedingly well. Perhaps Cooke's falling and the dash of Bates, Gilmore and Reville in the loose were worthy of special note. Behind them, Ross, a great source of strength, together with Dorrell, played well. The Guys' score was a try.

Team: J. P. M. Davies, M. Rolfe, I. Dansell, D. S. Browne, M. O. Freeth, E. D. Dorrell, A. P. Ross (capt.), J. A. Harvey M. C. Reville, O. J. A. Gilmore, B. R. H. Duran, T. Bates, T. D. V. Cooke, R. J. Shearer, C. M. Cripps.

1st XV v O.M.T.s—Lost 14—8.

It was a somewhat weakened side that Jennings led on to the field against the O.M.T.s. However, the Bart's XV quickly got under way and at one point were 8—3 up due to some sure kicking by Harvey and a try by Jennings following an interception. As the second half wore, however, the home side made up the deficit and went on to win by six points. Chesney gave a very polished display at scrum half and Rolfe and Jeffreys played well on the wings.

Team: P. A. R. Niven, R. V. Jeffreys, E. Sidebottom, R. J. White, M. Rolfe, A. T. Letchworth, D. Chesney, J. A. Harvey, B. H. Gurry, A. J. S. Knox, M. M. Orr, B. R. H. Duran, M. C. Jennings (capt.), C. J. Smart, G. J. Halls.

1st XV v Sutton—Won 8—5.

This was a game which was very fast and full of incidents where the full penalty was paid for mistakes. In the first half, playing up the hill, Jennings and Ross broke away to score a very good try for Bart's. However, shortly after a breakaway by Sutton brought them five points and another was only just stopped by some good covering and an excellent tackle by Stevens. In the second half, playing with the slope, Bart's had it all their own way with Gurry in fine form in the tight and Chesney and Letchworth working well together. Even so it was only after some time when Jeffreys took a pass from Smart going very hard for the line that the hospital got their winning points.

Team: P. A. R. Niven, R. V. Jeffreys, E. Sidebottom, J. E. Stevens, M. Rolfe, A. T. Letchworth, D. Chesney, J. W. Hamilton, B. H. Gurry, A. J. L. Knox, D. J. Delany, M. M. Orr, A. P. Ross, C. J. Smart, M. C. Jennings (capt.).

1st XV v Metropolitan Police—Lost 11—3.

The heavier Police pack paved the way for this victory although it was not until after half time that there was any score. Orr jumped very well in the lineouts and tackled well in the loose, and Chesney, although injured, was unsuppressed at scrum-half. Stevens kicked the hospital points with a penalty. Again speed and penetration in the backs were sadly lacking in the hospital team.

Team: P. A. R. Niven, R. V. Jeffreys, E. Sidebottom, J. E. Stevens, M. Rolfe, A. T. Letchworth, D. Chesney, O. J. A. Gilmore, B. H. Gurry, A. J. S. Knox, D. J. Delaney, M. M. Orr, A. P. Ross, C. J. Smart, G. J. Halls

1st XV v Taunton—Lost 23—0.

The ground at Taunton, always heavy, today was under water in places, contrasting with the dry conditions of two days before in the Cup match at Richmond. In contrast also were the comparatively weak K.C.H. team and the highly successful Taunton XV and Bart's obviously found difficulty in adjusting themselves. Although the score was only 3—0 at half-time to the home side, in the second half the hard running Taunton backs given plenty of the ball by their heavy forwards and aided, it must be confessed, by some luck and knowledge of local conditions, added another 20 points. Jeffreys made some very fine tackles and Halls was unlucky not to score on one occasion.

Team: P. A. R. Niven, R. V. Jeffreys, J. E. Stevens, E. Sidebottom, P. M. Perry, A. T. Letchworth, D. Chesney, O. J. A. Gilmore, D. H. Curry, A. J. S. Knux, D. J. Delany, M. M. Urr, M. C. Jennings (capt.), C. J. Smart, S. J. Halls.

1st XV v Cheltenham—Lost 8—0.

In spite of the early kick-off (10 a.m.) this game proved to be one abounding in open and enjoyable football. The Hospital were a trifle unlucky to lose, for they contained Cheltenham in the first-half when the visitors had the advantage territorially, and it was not until the second half, when Bart's were pressing hard, that the West Country side scored with a penalty goal and a goal on too of their infrequent sallies into the Hospital half. Hamilton and Delany both had good games, but outside there was little penetration and the game savoured somewhat of our early season games when we seemed to find scoring so difficult.

Team: P. A. R. Niven, R. V. Jeffreys, R. J. White, J. E. Stevens, E. Sidebottom, A. T. Letchworth, D. Chesney, J. W. Hamilton, D. H. Gurry, A. J. S. Knox, D. J. Delany, M. M. Orr, M. C. Jennings (capt.), C. J. Smart, C. J. Halls.

1st XV v O. Paulines—Lost 3—0

Five days before the Cup match , Bart's, while playing adequately, showed little of the unexpected flairs of brilliance which win cup matches. Perhaps the XV was saving itself for the more important encounter. This was a dull game where the packs were equally matched, and both sets of backs uninspired. The Paulines' try came from a set scrum and a missed tackle, giving the Bart's back row no time to cover. This trio Jennings, Smart and Halls has developed into a solid and powerful unit both in defence and attack.

Team: P. A. R. Niven, R. V. Jeffreys, J. E. Stevens, R. J. White, E. Sidebottom, A. T. Letchworth, D. Chesney, J. W. Hamilton, B. H. Gurry, A. J. S. Knox, B. R. H. Doran, M. M. Orr, M. C. Jennings (capt.), C. J. Smart, G J. Halls.

Cup Match

1st XV v Guys—Lost 7—0.

Although aided by a strong, cold wind blowing straight down the pitch at Richmond, Barts failed to score in the first-half—sometimes very narrowly—in spite of some good lineout work by Orr and a capable and plucky display by Chesney; and as they kicked off into this wind in the second half, the less optimistic of their supporters must have felt that they had missed their opportunity. This proved to be the case for towards the end of the second half Guys kicked a penalty, dropped a goal and then scored a try, winning perhaps by a greater margin than they deserved.

Gurry hooked well against a heavier pack and most effective front row and played with fire in the loose, and Smart, covering superbly saved many dangerous situations. Jennings, captaining from stand side, played well and Niven's hands were always safe.

This game was won and lost in the forwards where Guys had the edge, for neither sets of backs were allowed much room or scope.

Team: P. A. R. Niven, R. V. Jeffreys, I. E. Stevens, E. Sidebottom, P. M. Perry, A. T. Letchworth, D. Chesney, D. J. A. Gilmore, B. H. Gurry, A. J. S. Knox, D. J. Delany, M. M. Orr, M. C. Jennings (capt.), C. J. Smart, G. J. Halls.

Soccer Club

Cup Match

St. Barts 1st XI v St. Mary's 1st XI, Cup Semi-final, February 14th, at Honor Oak Park. Lost 1—3.

The semi-final of the Hospital's Cup was played at Guy's ground on a cold and very windy day. Barts fielded a considerably weakened eleven due to injuries.

The game opened quietly, with the wind slightly in Bart's favour. After 10 minutes, Barts had taken the lead. Iregbulem followed up a loose ball in the Mary's penalty area and easily beat their goalkeeper with a powerful shot. Although Barts did not relax, Mary's showed more control and speed; only poor finishing prevented them from scoring before they did. Their first goal was an unfortunate affair; a Barts inside forward had come back to help the defence, but his return pass to the goalkeeper went astray and the Mary's centre-forward seized on the chance to score.

After the interval, Mary's increased their earlier pressure. However, in defence, M. Hudson and D. Delaney acquitted themselves well in the difficult conditions, whilst two of the Barts forwards were badly handicapped by injuries. Hard as Jailler tried to spur his men on, Mary's continued to play the better football. A misunderstanding by the half-backs gave Mary's inside-left an opportunity to put them into the lead. Although one or two Barts attacks looked promising, they could not penetrate the last line of defence, and too often tried to score with long shots.

Just before full-time, Mary's centre-half, who had dominated their defence, scored direct from a free-kick.

Team: B. W. Perris; J. Jailler (capt.), D. Delaney; M. Hudson, B. D. Hore, N. Offen; H. Phillips, E. Manson, L. Iregbulem, P. Herbert, N. Davies.

Barts 1st XI v Hospital Porters, January 27th —Won 4—1.

A match we just had to win and by luck, rather than skill, we managed to do this. The match was memorable to most spectators for an incident on the Barts' goal-line! Before we had opened the scoring, the Porters had worked the ball to our penalty area and virtually scored with a quick shot. The goalkeeper was prostrate and helpless, the defence out of position. The only sign of action was their centre-forward rushing in to merely touch the ball over the line. Incredibly, he chose to miss-kick the ball to our grateful centre-half, who cleared safely.

P. Kingsley was an inspiration on the right-wing; he used his speed to round the left-back and shot well with both feet. It was such a shot that led to the first goal for Barts: although their goalkeeper managed to parry the shot, Offen gave him no chance.

Savege and Hudson made some fine mid-field moves for Barts and P. Ball and T. Guthrie tackled well against the lively opposition. However, the defence muddled somewhat in the second half and allowed one of the Italian porters to score at ease. Again Kingsley helped Barts to take the lead. His accurate cross found Jailler, who scored with a fine overhead volley. The Porters appeared to lose heart, and shortly before the whistle Kingsley himself beat the goalkeeper.

Team: B. Perris; P. Ball, T. Guthrie; A. Howes, P. B. Savege (capt.), J. Pemberton; N. Offen, J. Jailler, J. Mansfield, M. Hudson, P. Kingsley.

St. Barts 1st XI v Middlesex Hospital, January 20th—Won 4—1.

This Middlesex side had held St. Mary's to three draws in the quarter-final of the Hospitals' Cup and indeed Mary's have now gone on to reach the final; yet Bart's were never in difficulties and presented another very useful team effort considering one of our men was put out of the match early on with a knee injury. We led by two goals at half-time; but soon after the interval Middlesex improved and produced several dangerous raids. Eventually, a long through pass caught the full-back out of position and the Middlesex outside-right used his speed well, and beat Perris with a low shot.

Bart's responded well to their captain's call for greater urgency and Davies increased our lead further with a very well-taken goal from close range. Bart's now looked by far the stronger team and continued to use the ball intelligently, resulting in a fourth goal scored by Jailler.

Team: B. Perris; C. Vartan, G. Haig; B. D. Hore, J. Pemberton, N. Offen; P. B. Savege (capt.), E. Manson, J. Jailler, L. Iregbulem, P. Herbert, N. Davies.

St. Barts v Royal Dental Hospital, December 13th—Won 2—1.

At the last Soccer Club Dinner, one of the speakers referred to a better draw in this year's Cup competition. His confidence was somewhat illogically bared upon, as yet, unknown Freshers and the record of not having won a Cup match for seven years.

On December 13th, at Chislehurst, that same speaker moaned faintly as he miskicked for the third time in as many minutes at the beginning of the Cup game against a strong Royal Dental Hospital side. However, the defence rallied round superbly, and throughout the game were to tackle fiercely and distribute the ball thoughtfully. Outstanding amid a series of fine performances was that of Perviss in goal.

The game was hard fought, with the R.D.H. side perhaps more talented, but certainly less determined and less intelligent in their play. Our first goal came when Herbert worried their goalkeeper into dropping the ball at Manson's feet, and the second was a sound individual effort from Manson. The forward line as a whole played well together and worked hard—none harder than the 'A' XV place-kicker, who was trying to establish himself as a star at soccer, too.

Towards the end, when we were hanging grimly or to our 2—1 lead, our centre-half was startled to find the outside-left covering behind him, but this exemplified the efforts of the whole team.

Team: B. W. Perviss; G. Haig, C. Vartan; N. D. Offen, P. B. Savege (capt.), M. Hudson; J. A. Harvey, E. D. Manson, P Herbert, L. Iregbulem, H. Phillips.

Hockey Club

CUP 1961—62

1st Round (Nov. 22nd.) v. Middlesex Hospital (away). Won 8—2.

Kingsley 3, Thomas 2, Caine 1, Jeffreys 1, Glover 1.

We took on the Middlesex team with a certain element of apprehension, induced by Laurie White who had been studying their progress this season, through his back window. Nevertheless, within eight minutes of the bully-off we were 2—0 up. Thomas having early put the first in off a short corner, and Kingsley the second soon after.

A minute later the Middlesex forwards made an unexpected debut into our half, caught our defence off guard and off form and the score was 2—1. Two minutes later some defaulting Middlesex defender gave Thomas the opportunity to put another short corner into the back of the net. But yet again their forwards rallied and the Bart's defence failed to meet it and five goals had been scored in less than 15 minutes.

We maintained our one goal lead in a rather shambolic manner until 20 minutes from time, when suddenly the forwards found their form and we were 8—2 up with 10 minutes left to play. Jeffreys and Caine led the revival with a goal apiece. Glover netted another and Kingsley following up well into the circle got the remaining two.

The half-back line backed the forwards up well, but the full-backs seldom hit form, chiefly due to lack of necessity, perhaps.

Team: S. Phillips, W. Pagan, C. Flower, R. Courtenay Evans (capt.), S. Thomas, T. Billington, P. Caine, R. Jeffreys, P. Kingsley, H. de Silva.

CUP 2nd round.

7th Feb. v. St. Thomas' Hospital (home). Lost 1—5. De Silva.

St. Thomas' came to Chislehurst with a crack team, an unbeaten record and several supporters, Bart's, on the other hand, had not played a match since before Christmas owing to cancelled fixtures. We had several reserves playing and our only supporter, to whom we

are very grateful, was Mr. Jeyes, the president of the club. The Rugger Club, training nearby, apparently looked upon our cause as hopeless from the start and could offer virtually nothing in the way of support from the touchline.

In spite of the apparent odds against us we were well away at the whistle and for the first quarter of an hour, we definitely had the better of the play. Tragically we missed an open goal after 10 minutes; with their goalkeeper out of position our shot was misshot and trickled wide.

Stephen Thomas was playing a magnificent game at centre-half, and Jeffreys, moved to left-half to mark their very penetrating ex-Cambridge Blue wing, fulfilled his task admirably. But after the initial shake up St. Thomas' began to settle down, and in spite of some desperate defending, we finally conceded a short corner. The initial shot was well saved by Phillips, but his clearing kick unfortunately went onto the stick of an oncoming forward and they were one up.

After half time we once again settled down better than they did and after 10 minutes de Silva scored for us after a long wide in their circle. This apparently seemed to galvanise St. Thomas' into action and they scored again directly from the bully-off.

From then on they settled down, and we had to concentrate on defence more and more. The full-backs, Flower and Frank played hard and effectively, especially the former's clearances. But unfortunately we conceded two more corners, both of which found their way to the back of our net.

In spite of some good solo attempts by Dunn and Townsend, we seldom seriously looked like scoring again. But nevertheless the final score of 5—1 was not at all a fair summary of the game.

Team: S. Phillips, A. Frank, C. Flower, R. Courteney Evans (capt.), S. Thomas, R. Jeffreys, O. Townsend, G. Dunn, P. Kingsley, D. Glover, H. de Silva.

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

BOOK REVIEWS

Introduction to Animal Virology by A. P. Waterson. Cambridge University Press. 22s. 6d. Pp. 90.

Dr. Waterson's new book sets out to explain in simple terms the fundamental facts of our recent knowledge of viruses and their behaviour. The rapid increase in our knowledge of these agents in recent years has mainly been due to the introduction of tissue culture methods. By means of these techniques it is now possible to isolate most of the viruses which infect man and also to produce protective vaccines against them. These tissue cul-

ture techniques have also been used to elucidate the remarkable mechanism of virus replication in cells.

The study of this process is of considerable value not only for the development of better diagnostic techniques but also in research on anti-viral compounds, genetics and cancer. Dr. Waterson's book is primarily written for those who are commencing work in any of these fields. The early chapters deal with the techniques used in studying the virus particle itself and its activity. This section is accompanied by some excellent electron photomicrographs of viruses which have been taken in the laboratory at Cambridge. The next chapters are an up-to-date account of how viruses multiply in cells. Other chapters are devoted to viral genetics and the "cancer" viruses. The final chapter, "Viruses and Disease," is inadequate for clinical students.

This small, well-written book can be strongly recommended to students with interests in the modern scientific aspects of Medicine, but the student, whose interests are dominantly clinical, would be better advised to receive his introduction to virology by means of the conventional text books of Bacteriology.

Medical Physiology, 11th Edition. Edited by Philip Bard (1961). C. V. Mosby Co. (in Britain Henry Kimpton). Pp. 1339. 508 illustrations. £6 3s. 6d.

This valuable reference textbook appears 6 years after its predecessor and differs from it in having 6 new contributors and about one hundred less pages. This commendable abbreviation is the result of omitting sections on the more biochemical subjects of nutrition and special aspects of metabolism. The book aims "to present that part of physiology which is of special concern to the medical student, the practitioner of medicine, and the medical scientist *in terms of the experimental inquiries that have led to our present state of knowledge*" (my italics). This is an ambitious task because these people will require differing amounts of information. However, the sixteen contributors have combined to produce a book which succeeds in the main, especially in presentation of experimental evidence. Nine sections contain or are succeeded by comprehensive reference lists derived from many sources. This arrangement improves on the previous collection of all references at the end of the book.

It is easy to carp at the balance between the various topics since it is inevitable that discrepancies will occur in a book of this kind. Thus the opening seventeen pages on Blood and its coagulation give scanty treatment to their subject whereas the section of respiration is too long and detailed, although it concludes with three excellent chapters on the applied physiology of abnormal respiration, anoxia and altitude and the harmful effects of oxygen, nitrogen, carbon dioxide and carbon monoxide. Chapters dealing with the physiology of muscular exercise and the regulation of body temperature are to be recommended. Fluids and the kidney are treated well, as are the endocrines.

The standard of production is high—but so is the cost and this will prevent many readers owning a copy of this book. However, it should be available in libraries because many can benefit from parts of it. The 2nd M.B. student who has time to read will find it an interesting supplement to his other books and it can be a valuable introduction to many subjects (and to references) for B.Sc. students, teachers and research workers in physiology. J.A.M.

Human Behaviour in Illness. Psychology and interpersonal relationships by Lynn Gillis, M.D., D.P.M. Faber and Faber, 1962. 214 pages. Price 16/-d.

There is no doubt that this is an excellent little book. It is aimed primarily at the nursing profession but at the same time provides a good introduction to psychiatry for medical students, say in the pre-clinical years. In essence the book sets out to explain normal human behaviour in psychological terms; starting with the constitutional endowment of intelligence, specific abilities and temperaments, it shows how these become modified by upbringing and other environmental factors, the role of conscious and unconscious emotions on behaviour and the mechanisms by which normal people adapt to life in general. The final chapters deal with the psychological effect of physical illness and lastly a review of the various types of mental illness and how the generaly trained nurse should approach these patients.

In any book there are bound to be good and bad patches. The first six chapters, the one entitled "Coping with Life" and the final chapter on mental illness are well worth reading. The two chapters entitled "Growing up Emotionally" are a good synopsis of the Freudian school of psychology but it should be realised that, for instance, the specific effect of over strict toilet training as distinct from the general parental attitude, is not generally accepted. Finally, it is a pity that the section on psychosomatic illness is the weakest part of the book.

The book is clear and makes easy reading and can be recommended for a rainy week-end. C.M.B.P.

Home Treatment in Injury and Osteoarthritis by W. E. Tucker.

This book forms the background to a series of pamphlets which the author has devised for his patients, on home treatment and home exercises.

It fills a real need, and comes at a time when the shortage of physiotherapists makes it urgent to encourage any method of reducing Out-patient attendances. This book stresses the necessity of the patient making every effort to help himself by performing suitable excercises, etc., at home.

We are all only too familiar with the attitude of so many patients in the Welfare State, who think that it is up to the Health Service to *carry* them along the road to recovery as passengers and are surprised if they are expected to make a real effort themselves.

This book lays great stress on an "active, alerted posture" in the self cure of many minor aches and pains. All the exercises are clear, simple and well illustrated. A small criticism: One would question that it is normal for the weight of the body to be carried on the *outer* border of the foot. Fortunately, even if told to walk in this way, patients rarely do.

Mr. Tucker has done a great service to the public by publishing this little book, and many patients should benefit from it. L.W.

Speech Disorders. Sir Russell Brain, Bt., D.M., F.R.C.P. pp. 184. Price 42s. London, Butterworths, 1961.

This is the best account of disorders of speech which has appeared for many years. The description of the various types of aphasia, apraxia and agnosia is clear and not unduly complicated. The book, however, contains much more than a series of descriptions of clinical syndromes; there are excellent chapters on the development of speech in the child, on the neurology of language and on the history of theories about aphasia. The author develops his own views on the nature of speech based on the thesis "that the key to the understanding of speech and its pathology is a physiological one, physiology being the link between the anatomy of the brain, in terms of which we describe lesions, and psychology, in terms of which we apprehend speech disorders". J.W.A.T.

A Select Bibliography of Medical Biography compiled by John L. Thornton, Audrey J. Monk and Elaine S. Brooke. London, Library Association, 1961. Pp. 112. 27s. 6d.

This valuable contribution to medical bibliography, compiled by the librarians of the College, will be welcomed by all historians of the subject.

A slender volume, it is divided into two sections, the first being a list of over 50 collective biographies. The second, the main body of the work, is a list of over 700 individual biographies arranged alphabetically by biographee. Entries are confined to books in English published in the nineteenth and twentieth centuries. The authors have not attempted the impossible task of including every known medical man and woman, but have concentrated on those persons who have made an outstanding contribution to the profession. Consequently, there is mention of several other eminent characters who have influenced the development of medicine, such as Florence Nightingale, Louis Pasteur, Röntgen, John Locke and Claude Bernard. Entries range from Galen and Hippocrates to Sir Archibald McIndoe, the majority being followed by a brief explanatory description of the biographee. Included are seven excellently produced plates, which, although of no consequence to the text, add considerably to the attractive presentation of the book.

This is a most useful reference tool for any medical historian, though the price may well discourage its purchase by the student. Nevertheless, the wealth of information inside its covers makes it worthy of a permanent place in the historical literature of medicine. S.R.M.

Literary Competition

During recent years few contributions have gained access to the journal solely on their literary merit. The Publications Committee therefore have decided to hold a competition for articles of literary value which would be suitable for inclusion in a hospital journal. The contributions must be original and may be on any subject, serious or humurous, fact or fiction, and may take the form of a short story.

Entries should be addressed to the Publications Committee and sent to the Editor to reach him before June 1st, 1962.

There will be a prize of five guineas for the winning entry.

ST. BARTHOLOMEW'S HOSPITAL JOURNAL

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APRIL, 1962

Editorial

IT IS FREQUENTLY SAID that the professional classes marry at a later age than others since they do not start earning until qualification. However, during the last few years, there appears to be an increasing tendency for medical students to get married during their clinical course. Indeed it appears that there are more marrying in this period than at the immediate post-qualification time.

In these days, when one or sometimes both partners is maintained on a grant, it would seem that there is much to be said for a senior student indulging in such a liaison. There is time in these last few years of studying to form a more stable, mature and responsible attitude to life and a career, and to allow the normal partnership between husband and wife to develop. Marriage on qualification, a more accepted time, results in a life of intermittent separation during the pre-registration period; hardly the way to commence a lifetime association. Since marriage in certain branches of medicine, particularly general practice, is almost as important a qualification as the medical degree held, or as being the owner of a car, it must surely be better to enter them in a long established marital state rather than attempting to start both at the same time.

Medical student marriage, now apparently tolerated, must soon become accepted as a normal circumstance and necessary provision made. Residential married quarters should become the rule in hospitals instead of the exception for the newly qualified.

A good marriage should stimulate rather than stultify work and let us hope that student marriage is here to stay.

During the last few months we have been advertising a Literary Competition in this journal. We should like to make it clear that it is open to all the readers of the journal whether they be practitioners or specialists, nurses or students. We hope that as many readers as possible will shed forth a little light from under their bushels.

Engagements

GURRY—CARLYLE.—The engagement is announced between Brian Harvey Curry and Jean Kinton Carlyle.

HINDSON—BROWNBRIDGE.—The engagement is announced between Capt. Colin Hindson, R.A.M.C., and Valerie Brownbridge.

MERRY—PERKINS.—The engagement is announced between Robert T. G. Merry and Gillian I. K. Perkins.

RECORDON—MARKHAM.—The engagement is announced between Dr. John Pier Recordon and Gillian Ann Markham.

UPJOHN—WARRANDER.—The engagement is announced between Dr. Clive Henry Critchett Upjohn and Dr. Anna Warrander.

WRIGHT—GABELL.—The engagement is announced between Anthony Wright and Susan Gabell.

Marriage

HOBDAY—REID.—On February 17th, in Salisbury, South Rhodesia, Dr. George Radenhurst Hobday to Sally Reid.

Births

BROWSE.—On March 6th, to Jeanne (née Menaje) and Norman Browse, F.R.C.S., a son.

CATNACH.—On March 21st, to Margaret and Dr. Thomas Catnach, a son (James Thomas).

CLARKE.—On February 25th, to Elizabeth Kyle (Kyeen) (née Colhoun) and Dr. Richard Clarke, a daughter (Anne Elizabeth Jessop).

EVANS.—On March 1, to Elizabeth (née Glascodine) and Dr. John Evans, a daughter.

JONES.—On February 22nd, to Hilary, wife of Dr. Brian Jones, a son (Stephen Ernest).

LAURENT.—On March 27th, to Maureen (née Kilbey) and Dr. J. M. Laurent, a daughter (Claire Elizabeth), sister to Richard and Stephen.

MURRELL.—On March 31st, to Janet (née Young) and Dr. John Murrell, a son.

PETTAVEL.—On February 21st, to Diana, wife of Dr. John Pettavel, a daughter.

TAYLOR.—On March 2nd, to Ann (née Willison) and Dr. Roy Taylor, a third daughter (Jennifer Mary).

Deaths

ATTLEE.—On February 27th, Wilfred Henry Waller Attlee, M.D., aged 85. Qualified 1900.

BARROW.—On March 10th, Dr. Richard Murray Barrow. Qualified 1911.

BULL.—On February 28th, Dr. Leslie James Forman Bull. Qualified 1916.

PASCALL.—On March 5th, Dr. Donovan Blaise Pascall, aged 72. Qualified 1912.

SPARKS.—On March 14th, Dr. John Victor Sparks, aged 64. Qualified 1923.

WAKEFORD.—On March 16th, Victor David Collins Wakeford, M.B., B.S. Qualified 1912.

Hunterian Lecture

Professor G. W. Taylor delivered the Hunterian Lecture at the Royal College of Surgeons in Lincoln's Inn Fields, London, W.C.2, on Tuesday, 3rd April, 1962. His subject was: "Arterial Grafting for Gangrene."

Appointments

Professor G. W. Taylor has been appointed honorary consultant in vascular surgery to the Army.

Dr. H. Lehmann has been awarded the Rivers Memorial Medal of the Royal Anthropological Institute for his field research on the distribution of abnormal haemoglobins on an anthropological basis.

Dr. Michael J. Clarke-Williams, 35, of the East Suffolk Hospital, Ipswich, is to be Mayor of the Borough of Eye, Suffolk, for 1962-63. He will be Eye's youngest-ever mayor.

University of London

Dr. J. F. Fowler has been appointed to a readership in physics at St. Bartholomew's Hospital Medical College.

Dr. H. W. Bunjé and Dr. N. A. Thorne have been elected to the Standing Committee of Convocation to represent Medicine for a period of three years.

Royal College of Surgeons of England

Margaret J. Witts — F.R.C.S.

Faculty of Anaesthetists.—Mr. Frankis Evans has been re-elected to the board.

Dr. K. Hugh Jones.—Consultant Paediatrician, Mount Vernon Hospital and Harrow Hospital.

Dr. P. O. Jones.—Consultant Pathologist in administrative charge, Sefton General Hospital, Liverpool.

Dr. J. M. S. Knott.—Consulant Physician in general medicine, Portsmouth Hospital Group.

Mr. P. Timmis.—Consultant Ear, Nose and Throat Surgeon, West Herts. Hospital.

Dr. D. H. Trapnell.—Consultant Radiologist, Westminster Hospital.

Mr. T. M. Young.—Consultant Anaesthetist, North Manchester Group of Hospitals (joint appointment with United Manchester Hospitals).

Change of Address

Dr. D. E. Lawrence,
Ridgecroft, Leighton Crescent,
Bleadon Hill, Weston-super-Mare, Somerset.

Scholarships and Prizes

1962

Brackenbury Scholarship in Medicine: Not awarded

Brackenbury Scholarship in Surgery: A. K. Thomas

Prox. Access. S. G. Cotton (Miss)

Walsham Prize: S. G. Cotton (Miss)

Prox. Access. F. K. Hammond

Willett Medal: S. G. Cotton (Miss)

Burrows Prize: P. I. Adnitt

Skynner Prize: P. A. Bacon

Kirkes Scholarship & Gold Medal: J. O. de W. Waller

Roxburgh Prize: C. D. R. Flower

Matthews Duncan Prize (Medal not awarded): S. G. Cotton (Miss)

aeq.

F. A. Howell (Miss)

Calendar

MAY

Sat. 5—On Duty: Dr. G. W. Hayward, Mr. A. W. Badenoch, Dr. A. W. Ballantine
Boat Club Dance, College Hall.

Sat. 12—On Duty: Dr. A. W. Spence, Mr. E. G. Tuckwell, Dr. I. Jackson

Thurs. 17—Abernethian Soc. 5.45 p.m. Physiology Theatre. "Whither General Practice". Dr. Bamford.

Sat. 19—On Duty: Prof. E. F. Scowen, Prof. G. W. Taylor, Dr. T. B. Boulton
Soccer Club Dance, College Hall.

Sat. 26—On Duty: Dr. R. Bodley Scott, Mr. A. H. Hunt, Mr. F. T. Evans

Tues. 29—Christian Union Meeting 5.45 p.m. Recreation Room, College Hall.

Fifty years ago

An account of an experience with the Howling Dervishes by Dr. A. F. Sladden, appears in the April issue of the Journal. This is not, as we shall see, however, an excruciating attack of some painful disease of the bowel.

"At Benghazi in the Cyrenaica province of Tripoli, I was enabled to be a spectator at one of the meetings of the Moslem confraternity known as the Howling Dervishes.

"They form a special sect, existing in most towns of Moslem Africa; but it is said that their influence is diminishing, and that spectacles such as we witnessed will soon be rare.

"Having removed our shoes, we were taken round to a good coign of vantage close to the performers. Here, squatting in a circle in the centre of the mosque, were the Dervishes, sixteen in number, and with them an old bearded priest dignified in his stately robes, all quite undisturbed at the unusual presence of a "Nazrani", as the Arabs term Christians. Of the members of the orchestra, one had a framework carrying four small tom toms, while in the background a big cheerful-faced Sudanese negro had control of a large drum; otherwise the instruments of the band were all similar, about ten tambourines in all.

"Led by the priest chanting in a monotone short passages from the Koran, the Dervishes replied in chorus accompanying the response with a curious swaying movement of the body and head forwards to right and to left, with each swing of the head giving forth a hoarse grunt. Continuously the circle of Dervishes bent their bodies at ever-increasing speed till the muscle of one's back and neck acted in sympathy.

"The vigour of the members of the circle varied greatly, but four young Dervishes seemed by far the most energetic—indeed some of the older men were very perfunctory in their performance; perhaps these had won their spurs in earlier campaigns. Possibly a rheumatic diathesis may have been to blame.

"The tambourine players lost their placid expression, and as excitement quickened spun the instruments in the air only to catch them again and renew the incessant pounding of the parchment. Faster and faster swung and howled the circle of fanatics till one had serious fears for the necks of the enthusiastic juniors. With eyes bulging, necks swollen, and foam flying from their mouths, their muscles still continued to respond to the demand made upon them, but at last one could detect slight slowing of the speed and at this sign of fatigue the whole circle ceased suddenly, many collapsing on the floor. After a moment's rest they had re-started. The movements were the same but more violent, and many of the performers appeared demented. Such prolonged vibration of the whole brain must surely cause at least some temporary impairment of its normal condition and action.

"Trembling with fatigue and excitement the two youngest ones crawled on their knees to the priest, and crouched like whimpering dogs before an angry master, while he produced from a basket pieces of broken glass, two or three inches square, and fed them both. They chewed up this food hungrily and swallowed it. The foam from their mouths was unstained with blood and no ill-effect could be noticed except a straining during swallowing.

"The glass-eaters, refreshed by their meal, were as active as ever when eventually another climax came their colleagues removed from them nearly all their clothes, untwisted the long matted hair, and gradually got control of them and bore them to the ground. A kind of cramp seemed to set in, and this was relieved by kneading the muscles; the victim was then seated on the floor with arms stretched out to touch the ankles, while the colleague stood for a moment on the shoulders; then raising the exhausted Dervish bodily from the ground, he swung him round rapidly three or four times, and the work of restoration was complete."

MR. CARUS WILSON

An adequate survey and appreciation of what Carus Wilson has done for Bart's would involve writing a history of the Hospital for nearly forty years. His period of service has seen Bart's come to the end of over 800 years as a voluntary hospital, and its smooth transition to being a key hospital in the State service. For this successful change two men are mainly responsible: Sir George Aylwen and Carus Wilson, his lieutenant and administrator.

It is interesting to have seen it all, starting with meeting the slim, fair-haired young barrister in the Clerk's office in July, 1925, when he became assistant to Mr. Thomas Hayes. At that time the entire administrative staff, including those in the Steward's office, numbered about a dozen, while the control rested in the hands of the Treasurer and Almoners and the Quarterly Court of Governors. The routine was so well established that the Hospital appeared to run almost without effort, and the only major problems were financial. It is true that changes were hard to bring about, and many re-building schemes and plans were considered and rejected before the outlines of the new blocks to the south of the square were decided on. Those for the Surgical Block were already well advanced in 1925, but Carus Wilson was a close observer of all the final details.

About this time an appeal for funds was launched, and to initiate this an advertising stunt in the form of a flashing beacon was erected on the top of the new block. H.R.H. the Prince of Wales, then President of the Hospital, pressed a button in the Great Hall, lighting not only the beacon but also a miniature one on the table in front of him. The revolving light flashed repeatedly into H.R.H.'s eyes, to his very evident annoyance. The platform party was in consternation, but Carus Wilson was watching and with great promptness he stepped forward and found and turned off the switch.

By the time the Medical Block was ready for opening in 1937, Mr. Hayes was 75 and had held office for over 30 years. He resigned, and the Treasurer, Lord Stanmore, decided to resign at the same time. Sir George (then Mr.) Aylwen was elected Treasurer and Carus Wilson was appointed Acting Clerk, becoming Clerk a year later.

There is no doubt that the double change was of great benefit to the Hospital. The new Treasurer brought great ability, not only financial to the administration, and the new Clerk, while thoroughly versed in the traditions and customs of the Hospital, brought an alert and up-to-date outlook to its running. He was much more approachable than his predecessor, and could be readily consulted even by fairly junior members of the medical staff. Perhaps for this reason he was particularly well-informed of everything that happened in the Hospital. In his two years of office before the war he made many administrative changes, and had time in 1938 to work out with the late Sir Girling Ball detailed plans for the evacuation of Bart's and the establishment of the sector hospitals, so that on the days before 3rd September, 1939, all worked without a hitch.

Carus Wilson remained at Bart's with a skeleton staff and a greatly reduced number of beds. He visited Hill End frequently, doing his best to ameliorate the conditions under which the nursing staff lived, but he was always back at Bart's before the evening raids began. His quarters were part of Isolation Ward at the top of the Medical Block, which choice indicated not only a desire for privacy but a high degree of courage. At times of intense enemy activity he could usually be found in a room near the Control Centre, playing cards. He never took a holiday, only occasional weekends, and this habit of weekends persisted after the war. He then enjoyed odd days off at Wimbledon, Lords, or sometimes Ascot.

I do not think that Carus Wilson was ever keen on the National Health Service, though when it came he did his utmost to make the transition as easy as possible for everyone. He had become a traditionalist, unwilling readily to surrender things which time had shown were good, and above all good for the patients. In the early years there were constant battles with the finance department of the Ministry because Barts' patients cost more to feed than others. He always wanted the best for the patients—food, staffing, equipment and everything else. "The best is just good enough" might have been his motto.

Even more difficult for him to bear were the frustrating delays (sometimes lasting for months) in getting replies or decisions from the Ministry. However, he turned these to good account by adopting the same method himself. Sometimes he forgot, and applied it to communications from the Medical Council, engendering a certain amount of irritation. Perhaps he just did not like writing letters to people who passed his door daily, but whatever the reason a visit to his office always put things right. Few know the persistent efforts he made, with the full support of the Treasurer, to obtain better salaries and wages for all grades of hospital staff.

The Queen Elizabeth II Block and the first stage of the fine new Nurses' Home are the outstanding monuments to his work. The determination of Sir George Aylwen and Carus Wilson to bring Bart's again "under one roof" involved many years of negotiation and planning before the buildings were finally opened last year by Her Majesty. Although others caught glimpses of what was involved, only these two men knew the whole, and Carus had every detail at his finger tips. Those still languishing at Hill End thought that these two buildings took a very long time to complete, but it is safe to say that they represented a major triumph for Bart's.

Everyone who knows Carus Wilson will wish him many happy years of retirement, which we hope will be fully occupied. To leave Bart's is a wrench to anyone who has worked there even a few years. Carus Wilson has given the best part of his life unreservedly to Bart's, and Bart's men and women, past and present, are grateful.

R.H.

Those who have known, and worked with, Mr. Carus Wilson for a much longer time than have I are so much better qualified to write a tribute to him on his retirement from the post of Clerk to the Governors. But I do not wish to let this occasion pass without a brief record and acknowledgment of my own debt to him for his help and advice during the two years in which I have been Treasurer of St. Bartholomew's Hospital.

Coming, as I did, to this post with no previous knowledge of the organisation and traditions of the Hospital, I have been able to benefit from Mr. Carus Wilson's long and detailed knowledge of events and personalities and have continued to be amazed by it. He has so clearly lived for the Hospital and its good without regard for his own time or other interests.

In wishing him well in the retirement which he has so fully earned, I realise the gap which will be left in the memories of so many patients and of the staff, past and present, of every kind and grade.

M.W.P.

Literary Competition

During recent years few contributions have gained access to the journal solely on their literary merit. The Publications Committee therefore have decided to hold a competition for articles of literary value which would be suitable for inclusion in a hospital journal. The contributions must be original and may be on any subject, serious or humorous, fact or fiction, and may take the form of a short story.

Entries should be addressed to the Publications Committee and sent to the Editor to reach him before 1st June, 1962.

There will be a prize of five guineas for the winning entry.

THE EARLY TREATMENT OF TRAUMATIC PARAPLEGIA

By Dr. J. J. Walsh

INTRODUCTION

Towards the end of the last War, England gave a lead to the world by setting up at Stoke Mandeville Hospital under the direction of Dr. L. Guttmann, a special unit for the investigation and treatment of spinal cord injuries, and since that time a very great deal of progress has been made in overcoming the many and varied problems associated with traumatic paraplegia. What were previously considered to be hopeless cripples with a very limited life span, can now be rehabilitated to an active, independent existence and can take their places as fully employed members of society with the expectation of a normal, useful working life.

AETIOLOGY

With the increased traffic congestion in this country, the road accident has become the biggest single source of traumatic paraplegics, while Industry, particularly coal-mining, building and ship-loading continues to supply a large number of cases annually. It is not perhaps sufficiently widely appreciated that sport is another important source and swimming, particularly diving, is responsible for a large percentage of those tragic cases—the tetraplegics—while gymnastics, especially with parallel bars and the horse, supply a smaller but fairly consistent number of cases. Surprisingly, the traditionally "rough" games appear rarely to result in damage to the spinal cord. Out of 1,349 traumatic cases, in a series of 2,000 patients admitted to the National Spinal Injuries Centre, only two were injured at rugby football, one at soccer and not one resulted from the gentle art of boxing. Plane crashes, gunshot wounds and a variety of accidental falls in the home and elsewhere, account for most of the remaining cases.

PATHOLOGY

Immediately after an accident causing complete traumatic paraplegia, the patient has got not only paralysis of all muscles supplied from the cord below the level of the lesion, and a loss of all modalities of sensation in that area, but also impairment of function in the autonomic nervous system below the lesion. This means that vaso-motor control is affected, as well as the tone of smooth muscles in other viscera and, of course, the higher the level of injury the greater the extent of body involvement. It should be remembered that an accident sufficiently severe to fracture-dislocate the spine may well cause injury to other parts of the body and in practice the initial treatment of traumatic paraplegia frequently includes treatment of head and chest injuries, damage to abdominal organs or fractures of long bones. Not infrequently, two or more such additional injuries are present in the same paraplegic patient and may necessitate modification of the routine treatment of the paraplegia. The development of surgical shock is common in uncomplicated traumatic paraplegia, especially in high lesions and naturally, even more common when other coincident severe injuries are present. Certain other dangerous complications are liable to occur unless adequate prophylactic treatment is given, for example, neurogenic intestinal ileus and, especially in cervical lesions, chest complications.

TREATMENT

FIRST AID

Traumatic paraplegia is a relatively rare condition in the experience of most first-aid workers. There is little doubt that incorrect handling at the site of the accident may aggravate the spinal injury and may even convert a lesion, potentially able to recover, into a permanently complete one. It is important therefore, that all of us should take the opportunity when it arises, of emphasising to first-aid workers the kind of case which may have spinal cord damage, and the treatment indicated. A conscious casualty will usually indicate enough to make the rescuer aware of a probable cord injury, but I feel justified in recommending that any patient found unconscious at the site of a serious accident should be treated as a spinal cord injury until proved otherwise.

Whenever circumstances allow, such cases should not be moved until sufficient help is available to ensure the minimum danger of further damage at the site of injury. In practice, at least three adults are required for this and they should avoid any flexion movement of the spine. The patient should be lifted or rolled "in one piece". A conscious patient is best placed on his back with a support such as a pillow or rolled garment under the fracture site, e.g., the lumbar curve in the common dorso-lumbar fracture, or under the neck in a cervical injury, as recommended by Guttmann[1]. In the latter case one person should give his whole attention to holding the head steady during movement. If the patient is unconscious then positioning on the side with the spine in mild extension is the safest position.

While blankets and rugs to maintain warmth are important, more concentrated heating such as hot water bottles or heat cradles should be completely eschewed because of the very imminent danger of burns in the insensitive areas. At this stage and later in hospital, morphia should not be given as it increases the malfunction of the autonomic system. For severe pain, physeptone or pethylorfan are much more suitable, but all habit-forming drugs should be avoided as far as possible.

In hospital the minimum of handling and waiting in casualty or out-patient department should be ensured unless a properly equipped resuscitation unit is available. A full neurological examination and confirmatory X-rays including, where indicated, other sites of skeletal injury, should next be done if the patient's condition allows it. Any signs of shock, particularly a fall in blood pressure, should immediately be combatted by a transfusion of whole blood. Whilst awaiting the results of cross-matching tests an infusion of normal saline or dextrose in saline is indicated in increasing shock, but large quantities of such fluids are to be avoided because of the period of fluid retention which commonly follows traumatic paraplegia. For similar reasons infusions of large molecule polysaccharides such as Dextran should not be given. A number of cases admitted to us after Dextran infusions have exhibited a marked hypertension for several days, making blood transfusion very difficult in patients badly in need of whole blood.

Once a firm diagnosis of paraplegia has been made and any necessary anti-shock treatment instituted, a decision must be made as to the patient's disposal. When the patient is fully conscious and in good general condition, an immediate transfer to the nearest spinal injuries centre is the most satisfactory method of disposal. Such a centre has the necessary equipment, departmental facilities and above all, adequate numbers of staff, all experienced in what is a very specialised type of work. Modern transport, especially air transport for the cervical lesion and those with multiple injuries, has made such early transfers not only feasible, but

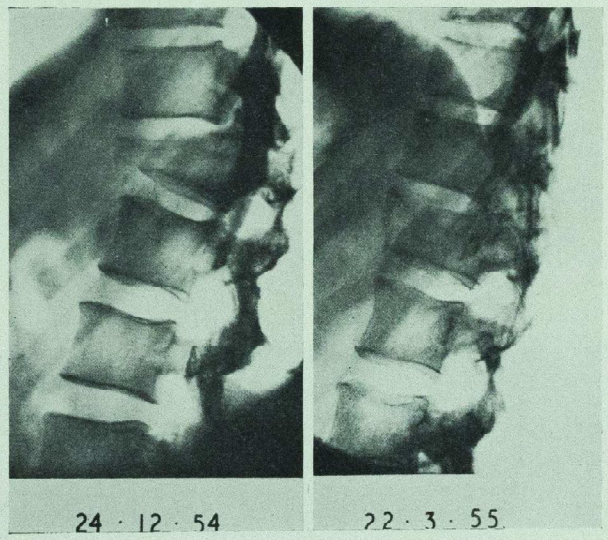

Fig. 1a: Fracture dislocation of L.V.2 before reduction.

Fig. 1b: Same case three months after postural reduction. From Guttman (4).

safely feasible, especially in a country as small as Britain. In addition, whole blood transfusion during the journey for those cases with mild shock has proved invaluable, not only in preventing deterioration but in improving the patient's condition during the journey. During such a journey, correct positioning on pillows, together with firm support under the fracture site will not only prevent pressure sores, but will frequently initiate, and sometimes even complete, the postural reduction of a fracture dislocation during the journey.

HOSPITAL TREATMENT

A carefully organised regime of treatment is necessary if the various complications of paraplegia are to be avoided, especially in the all-important early weeks after onset when the patient's resistance to infection and pressure is at a low ebb.

DEFINITIVE TREATMENT OF THE FRACTURE DISLOCATION

In traumatic paraplegia, the damage to the spinal cord is sustained in the very great majority of cases at the moment of injury. If the cord is severely crushed surgery cannot restore function; if the cord is merely concussed or contused, recovery is possible but surgical interference may do further damage to the oedematous nerve tissue. From our experience in the National Spinal Injuries Centre (Guttman 2 & 3) we consider that exploratory operation is only justified in the very rare case where deterioration of the neurological condition is occurring as a result of increasing pressure, as from a haematoma. After reduction, internal fixation of the fractured spine by plates or wire is contra-indicated, not only because it is unnecessary, but because it is harmful. Such an operation must do further damage to those already bruised back muscles which will be so useful to the patient in bridging the gap between the normal and paralysed parts of the body. Furthermore, a percentage of plating operations are followed by wound breakdown, a large number require removal at a later date because of pain, impairment of mobility or pressure on overlying skin and finally, the presence of a plate does not give license to treat the patient with any less nursing care. Extension force applied through the medium of pillows and a firm roll under the fracture site improves the position in all but a small percentage of cases. Reduction is sometimes achieved in a few hours but in other cases may take several days, during which reduction is gradually effected with minimum danger of further damage to the cord. (See Figure 1.)

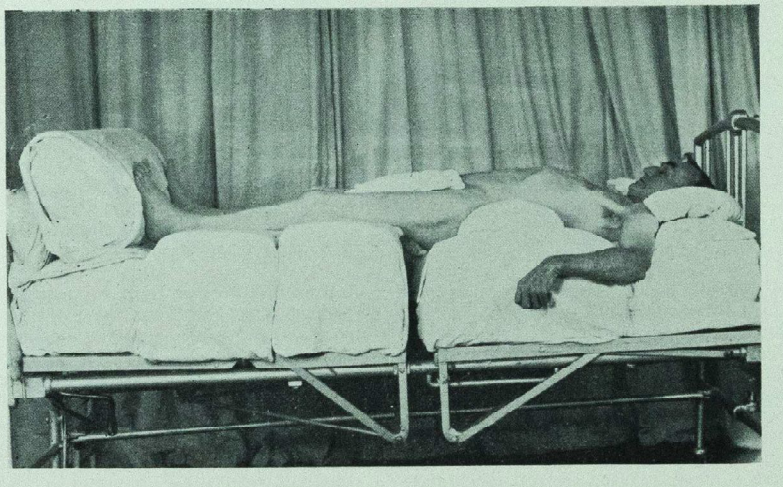

Fig. 2a: Correct supine position to safeguard pressure points and also achieve postural reduction of a lumbar fracture dislocation. From Guttman (2).

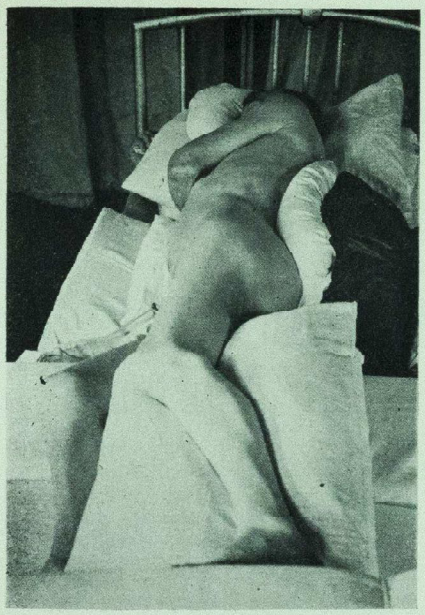

Fig. 2b: Side position—note avoidance of pressure between knees and maintenance of hyperextension with padded sandbag. From Guttman (2).

In cervical dislocations, treatment on the same principles, using a roll under the neck, effects reduction in a large number of cases. In the remainder, application of skull calipers and weight extension is necessary. In this connection traction by means of a head harness is to be deprecated as it is extremely uncomfortable for the patient, and by no means as effective as caliper traction. Of the several types of caliper in use, the Cones ice-tong caliper is the most suitable and the small Crutchfields tongs the least satisfactory, as it frequently pulls out of the skull in a patient being turned regularly.

The period of bedrest required would vary within limits according to the type and site of fracture dislocation, but on average a cervical fracture dislocation requires twelve to fourteen weeks in bed, followed by the wearing of a light plastic collar for a further four to six weeks after the patient gets up. In the upper and mid-thoracic fracture dislocations which tend to be inherently stable, six to eight weeks may be a sufficient period, particularly in a lesion which remains complete. In the common dorso-lumbar fracture dislocation, particularly with wedging or comminution of the vertebral body, anything from twelve to sixteen weeks bed-rest may be required, followed by the wearing of a light anterior plastic cast for some weeks after the patient gets up. Each case must be considered on its own merits and regular X-ray pictures will help in assessing satisfactory union.

NURSING TECHNIQUES

Correct positioning and frequent changes of position are vital basic requirements for preventing pressure sores and also contractures. In practice we have found that the use of packs, preferably of foam rubber, so arranged as to prevent pressure on prominent bony points, is comfortable for the patient and convenient for the nursing staff (see Figure 2). Additional pillows are required to ensure that pressure points are kept free of pressure—for example, under the calves in the supine position to keep heels free, and between and under the legs in the side position to keep ankles and knees clear of pressure. Furthermore, the patient's position must be changed regularly night and day, to allow adequate circulation in the soft tissues, unavoidably compressed by the patient's weight. Each turn must be carried out gently by four, or preferably five, specially trained people under the direction of the Ward Sister or her deputy, and the patient must be so handled that movement, particularly flexion, at the fracture site is avoided (see Figure 3). Routinely, three positions are used — supine and both side positions—and in the majority of cases two hours in each position is the maximum for the first few weeks after injury. Occasionally, in elderly or debilitated patients, even more frequent turning is indicated by local areas of redness which do not disappear within half an hour of relieving pressure. Careful avoidance of creases in sheets and pillow-slips and all contact with hard objects such as bed-cradles or unpadded foot-boards is also necessary. With this regime the traditional alcohol or spirit rubbing and powdering are quite unnecessary, but correct nursing care of the skin with frequent washing, thorough drying and careful attention to nails and callosities is very necessary.

CARE OF THE BOWEL

Hypotonia of the bowel is a common result of traumatic paraplegia. Less frequently but by no means rarely, intestinal ileus occurs. Except where internal injuries have caused a peritonitis this is always a neurogenic ileus, and

as such it will respond to intramuscular Prostigmine, which is best given before the ileus is fully developed.

Routinely, an aperient is given on the third or fourth night after injury followed by suppositories next morning; if this does not provoke a bowel action, digital rectal stimulation is indicated and sometimes enemas are required for a week or so. As soon as possible the bowel should be trained to empty daily, or every other day, at the same time and in response to the same stimuli. A typical routine consists of a nightly aperient followed next morning by two glycerine suppositories inserted shortly after a warm drink, such as tea.

CARE OF THE BLADDER

The treatment of the urinary tract in the first few weeks after injury is perhaps the most important aspect of treatment, particularly with regard to the patient's life expectation. An infection of the bladder in the first one to two weeks after injury, when the patient's general condition and tissue resistance to infection are at a very low ebb, may well result in bilateral pyelonephritis and a life expectation of ten to fifteen years. On the other hand, if by correct treatment, infection is avoided, the average paraplegic's life expectation may not be materially affected.

The regime which we have found most effective, and which is carried out on all new lesions, is as follows:

In the great majority of cases no action need be taken in the first twenty-four hours after injury. At the end of this period intermittent catheterisation with a smooth plastic catheter of reasonably small bore, e.g. 8 E, is carried out by the Medical Officer in charge of the case. This, and all subsequent catheterisations must be done with the same scrupulous asepsis as for a lumbar puncture or any other surgical operation. The Medical Officer is scrubbed and gloved and is assisted by a specially-trained nurse or orderly. The instruments and catheter are reserved for the individual patient and carefully sterilised shortly before catheterisation. The patient is towelled and the penis held in a sterile swab while the external meatus is carefully cleansed with several swabs soaked in a suitable antiseptic and picked up with sterile forceps. This forceps is then discarded and whilst avoiding any contamination of the urethral meatus the catheter is picked up with a fresh sterile forceps, and lubricated by being drawn through a lubricant held on a sterile swab by two Cheatle forceps in the hands of the Assistant. The distal end of the catheter is then held in a forceps by the Assistant whilst the catheter is introduced by the Medical Officer, using the sterile forceps. So long as the urine is sterile, no bladder washout is done and the catheter is removed as soon as the bladder is empty. With this routine the majority of cases can be kept sterile for several weeks and, in many cases, throughout their treatment. Regular catheter specimens of urine are sent to the Laboratory, and if at any time evidence of infection is found, suitable local and systemic treatment is immediately instituted and is almost always successful in rendering the urine sterile again. Occasionally a clinical infection does occur after two or three weeks catheterisation, and in such cases indwelling catheter treatment with bladder washouts, and in some cases tidal drainage, is commenced. The good results obtained by this non-touch technique of catheterisation in such notoriously infection-prone cases as paraplegics, strongly indicate, in my opinion, that such a technique should be adopted for all catheterisations of all types of patient.

For the first few days after injury there is frequently fluid retention and two catheterisations in twenty-four hours may be sufficient. In a large number of cases, particularly higher lesions, a marked diuresis suddenly occurs after some days and four catheterisations in twenty-four hours may be required to prevent overdistension of the bladder. Once the fluid balance has been established, then three catheterisations per day combined with limitation of fluids during the night is satisfactory in most cases.

From the beginning, daily attempts to express the bladder by supra-pubic manual pressure, or in cord lesions where an automatic bladder is expected to develop, by suitably stimulating certain areas, will sooner or later result in micturition. The temptation to stop catheterising once the patient begins to pass must be resisted, as we have found that at this stage bladder-emptying is not complete, and if catheterisation is stopped infection very frequently occurs. Only when the residual urine is very small, i.e. one to two ounces, is it safe to stop all catheterisation. At this stage the patient must be trained to empty his bladder either by passive expression or by ensuring automatic detrusor action. In a number of cases suitable bladder training will result in the patient being able to keep dry, by regular emptying, without the aid of a urinal. In other cases, particularly those with hypertonic bladders, some type of day-urinal is required for the male. In the female there is no urinal which is satisfactory for a paraplegic incontinent patient, and if bladder training is unsuccessful the patient must be trained to rely on suitable pads and rubber pants, with frequent changing and cleansing. On such a regime skin lesions do not occur nor is the patient socially offensive.

PHYSIOTHERAPY

In the immediate post-traumatic phase the physiotherapists aims are firstly to prevent chest complications, particularly in the higher lesions, secondly to prevent contractures, thirdly to maintain satisfactory muscle tone in the non-paralysed muscles and fourthly to encourage voluntary power in those muscles which are paretic, and in those where return of function may be expected.

In a cervical lesion particularly, early, adequate and frequent physiotherapy is of the utmost importance to prevent hypostatic pneumonia. Treatment should consist of training the patient to breathe as deeply as possible with particular emphasis on using the accessory muscles of respiration, and also assisting the patient to clear the bronchial tree of secretions by forced expiration and the assistance of gravity, which is achieved by carrying out the treatment with the patient in a head down position by blocking the foot of the bed. Even where some hypostatic pneumonia is already present it can be adequately cleared by this method of treatment assisted by the use of a sucker.

In our opinion a tracheostomy is indicated (a) where the level of lesion is such that artificial respiration is necessary, or (b) where coincident chest injuries make adequate physiotherapy impossible. In the common traumatic lesion below C.6 without chest complications, a tracheostomy is not required, though in practice it is sometimes done as a precaution. Provided adequate physiotherapy is given, such a precaution is unnecessary.

As a general rule, a full range of passive movements should be carried out in all paralysed joints at least once a day. Local fractures or sprains will, of course, modify this basic treatment and in this connection it is well to remember that in a flexion injury of the lumbar spine full flexion of the hip should not be done for some weeks, as such a movement tends to flatten the normal lumbar curve and may compress the fractured vertebra. The joints in the non-paralysed limbs must also be exercised daily by the patient, and it is important that within a week or two of injury he should be doing resistance exercises using springs, at frequent intervals throughout the day; this exercise initiates muscle building of the upper limbs, which forms such an important part of the rehabilitation, and by means of which the patient can compensate for his paralysed muscles in the movements of everyday life including walking. In cervical lesions where the arms are also paralysed it is particularly important to prevent contracture in the elbows, an occurrence which even to-day is all too common. A cervical lesion with voluntary power in his biceps and a paralysed triceps should invariably lie with his elbows extended, unless using his hands or fingers as in feeding himself. As well as preventing contracture, this regime also encourages return of voluntary movement in the triceps by avoiding overstretching of this muscle.

In incomplete lesions where some muscles have retained a little power, every encouragement must be given in maintaining and building up muscle tone and power. Half-hourly exercises by the patient throughout the day as well as electrical stimulation of the muscles at least once a day is most important. With regard to electrical treatment, the type of current, whether faradic or galvanic, is not important. That type of current should be used which gives a powerful contraction of the muscle with the minimal current and therefore discomfort, to the patient. Furthermore, the number of contractions to each muscle should be numbered in hundreds and not in tens or twenties. As well as those muscles which have some voluntary power from the beginning, electrical treatment should also be given to important muscle groups in which one may reasonably expect recovery at a later stage; for example, in an L.1 lesion electrical therapy to the quadriceps is justified for some weeks. Similarly, in a lesion below C.5 electro-therapy to the wrist and finger extensors and triceps is also indicated. When a lesion of the cord results in increasing spasticity as it so often does, then electro-therapy should be discontinued as it frequently intensifies the spasticity.

OCCUPATIONAL THERAPY

From the point of view of the physical well-being of the patient, early and persistent encouragement to carry out work involving both mental and physical effort is of the utmost importance. This not only maintains a satisfactory functioning of the psychosomatic system, but is very helpful in preventing mental apathy or depression. In this connection other outside interests which will occupy the patient's mind are to be encouraged and for this reason some

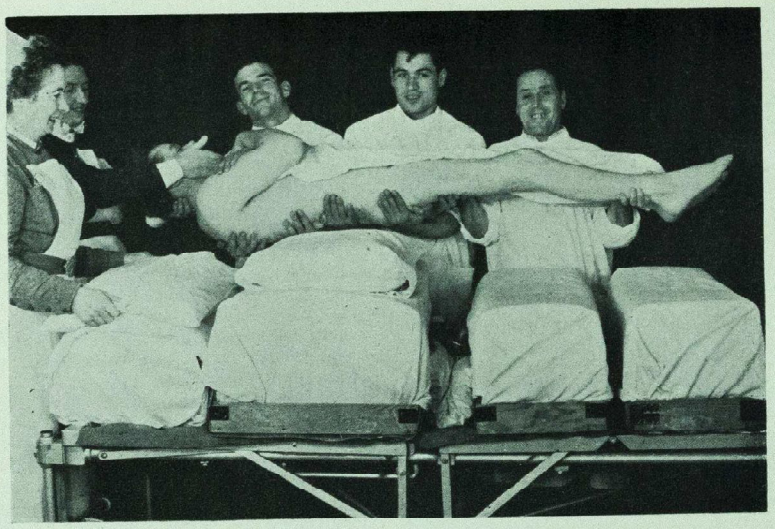

Fig. 3: Correct method of supporting patient during a turn—note manual support under the dorso-lumbar fracture dislocation.

relaxation of a strict ward routine is to be recommended, for example frequent visits from relatives and friends as well as radio and television programmes.

WELFARE

An important adjunct for maintaining good morale is an early visit from the Almoner. Advice to the patient's family on allowances, etc., is a basic necessity in many cases, but as well as this, it is important to remember that patients with a permanent paraplegia will require special living accommodation and suitable employment after they leave hospital. The earlier work starts on these two problems the better, in order that one may ensure that at the end of the patient's rehabilitation there will be no avoidable delays in getting the patient back to a suitable home, in a suitable job, to take his place once more as a useful member of society.

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The Bart's Golfing Society

Summer Meeting

The next meeting will be held at the Berkshire Golf Club, Ascot, on Wednesday, 13th June, 1962.

The competitions will be held in the afternoon as usual, but many members have expressed their desire to play in the morning as well. It is, therefore, hoped that as many members as possible will turn up for a full day's golf. It is suggested that those wishing to make a day of it should be prepared to tee-off between 9.30 and 10 a.m. There should be little delay as the Club has two courses.

Central Sterile Supply

In 1958, the Nuffield Provincial Hospitals Trust published a survey on sterilizing practice in hospitals. This report drew attention to the unsatisfactory standards of sterility in most hospitals in this country and the need to define responsibility for carrying out routine sterilization.

For many years in other countries, particularly the United States and Canada, sterilization has been done centrally under adequate supervision. The natural outcome of this system is that the packing of supplies should come under the same supervision to ensure that articles are presented in a sterilizable form. These conditions make the foundation for a central sterile supply department.

The purpose of a C.S.S.D. is to supply wards, departments and operating theatres of the hospital with complete, STERILE equipment ready for immediate use. The exceptions are theatre instruments and bowls which may be dealt with in the theatre suite. The aims of a C.S.S.D. are safety in care and preparation of equipment, economy by control of supplies and efficiency in providing an opportunity for professional staff to concentrate directly on the care of the patient.

There are many advantages in such a department apart from improved methods and technique of sterilization. There is a saving of medical and nursing time in preparation for treatments, a reduction in human error and more adequate maintenance of equipment. Another valuable outcome may well be an improvement in practical teaching. It is a short-sighted policy to pack and sterilize efficiently if the packs are not handled correctly by the user. Mis-use of packs leads to loss and damage of instruments and this is immediately apparent at the check point in the department. A certain amount of standardisation must result from centralised packing, this should mean that students will become familiar with the right tools for the job.

The central sterile supply department consists of receiving, sorting and cleaning areas; packing stations for ward and theatre material; glove and syringe areas. The sterilisers are located within the department and there is a sterile store and a bulk store for unsterile goods.

The actual sterilization process is done by steam under pressure—an autoclave—for dressings, towels, rubber, bowls and most instruments. Hot air oven or infra-red belt is used for syringes, needles and special types of equipment. The water boiler is not now considered adequate for anything but decontamination. It is to be hoped that boilers will disappear from the hospital together with the dressing drum which, unless used and maintained conscientiously, provides a great risk.

Equipment is supplied in pack form. There may be a composite pack containing all items needed to carry out a definite procedure. Supplementary packs to supply extra materials to the basic or separately packed items to provide a choice to the operator. There is a definite trend towards disposable products, with the cost of labour steadily rising, advantage must be taken of anything produced cheaply enough to be thrown away after use. For this reason and because it is a better bacteriological barrier, paper is being used in ward packs in place of cloth. At this early stage the paper available is not ideal for many reasons but improvement will come in time.

After use, the equipment is returned to the department where it is cleaned, sorted, packed and sterilized ready for re-issue. There is no cleaning or sterilization carried out in the ward. The staff of C.S.S.D. collect and deliver themselves so that contract is maintained between user and supplier.

At Bart's a trial scheme has been in operation for over a year from a wooden hut at the base of the George V theatres. Seven wards and most of the theatres are supplied. A new department is being made and will occupy the basement area from the dining rooms to the Curator's department. Until the building is completed, towards the end of this year, it will be impossible to extend the service.

S.M.A.

The Rivers Medal

It was with pleasure that we noted that Dr. Herman Lehmann, senior lecturer in Chemical Pathology at Bart's, has been awarded the Rivers Memorial Medal, 1962, by the Royal Anthropological Institute for field research on the distribution of abnormal haemoglobins on an anthropological basis. Stimulated by ignorance as to who or what "Rivers" embodied, a little local research was undertaken which revealed the following facts:

William Halse Rivers Rivers was born in 1864. His early education was at Tonbridge and he then came to Bart's. After qualification he turned to psychopathology and became a lecturer in physiological and experimental psychology at Cambridge.

In 1898, Rivers went with two of his pupils on an anthropological expedition, led by A. C. Haddon, to the Torres Straits. Rivers was in charge of the psychological side of the expedition and obtained valuable results using a genealogical method of investigation, and it was this that started him on his life's work and he became an enthusiastic ethnologist. 1902 saw him studying the Todas Indians in Southern India and he published his findings in book form in 1906. His greatest work was "The History of Melanesian Society," research on which was inaugurated in 1908. When the book was published, Rivers' views were beginning to differ from the fashionable ethnological doctrines of the day, and in the last eight years of his life, he became more and more interested in the effects of cultural migration and diffusion on the development of civilisation as opposed to the theory of "simple" evolution of society.

During World War I, Rivers returned to psychopathology and worked for some time at the Maghull Military Hospital, studying the mental effects of stress and strain brought about by trench warfare. He was fascinated by the similarity of methods used in diagnosing the psychical disabilities of the soldiers and those used in his investigations of the Melanesians. He was also critically interested in Freudian methods of psychoanalysis but differed in his ideas on principles and practice.

Towards the end of his life, Rivers began to amass material for a treatise on Primitive Medicine and gave several lectures on this subject. Unfortunately he died at Cambridge in 1922 before this could be published.

His papers were collected together and edited and three books, "Psychology and Politics", "Medicine, Magic and Religion" and "Social Organisation" were published in 1923 and 1924, a valuable legacy from one who devoted his life to the study of ethnology—"The science of races, their relations to one another and their characteristics".

A.V.N.

References:
Encyclopaedia Britannica.
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Medicine, Magic and Religion. Rivers.
Social Organisation. Rivers.

Students' Union Report

During the last two months we have seen quite a lot of action, the results of which one hopes will be apparent soon.

The Senior and Junior Committees have been hard at work on the View Day Ball. Judging from the number of large parcels arriving at the Hospital, the Tombola is going to be very successful indeed.

The College Authorities have now agreed to proceed with the refurnishing and redecorating of the Hospital Abernethian Room. They have also agreed to our request, prompted by preclinical pressure, for a three-week trial period of lunch-time opening of the bar at Charterhouse Square. As the Union has agreed to pay the barman's wages for this period, it is most desirable that the promised support should be forthcoming. On the very detailed suggestions of the Bar Sub-Committee of Mr. T. J. Powles, the Publicity Officer, the Council has asked permission to take over the entire running of this bar for a trial period of one year.

The College Authorities are also considering our proposal that the Pathology Museum be opened in the evenings for the last few weeks before each Final Examination. In the past, full time evening opening has been abandoned due to lack of student support.

Recently a survey was conducted on the reactions of 130 clinical students to the proposal that they should wear name-tags on their lapels, 78 per cent. of students were against the proposal, 4.5 per cent. favoured it, and the remaining 17.5 per cent. were prepared to wear their names if the teaching staff did likewise.

Many students have expressed strong disapproval of the recent increases in prices of Refectory food. We have, therefore, conducted a further survey of students' views on the particular dishes now available, and asked for suggestions for their improvement where possible. We hope to be able to act on the results of this survey. It is, perhaps, timely to remark that the Union cannot hope to take any effective steps without the co-operation of students in surveys of this kind. It is no good just moaning!

N.D.W.

The Abernethian Society

On 1st February a clinico-pathological conference was held under the chairmanship of Dr. F. R. Cullinan.

The case history, that of a Jewish lady suffering from scleroderma, was presented by Mr. Derek Cadle, the clerk of the case. The condition presented itself in the third decade as Raynaud's disease. After 10 years, sclerodermatous thickening of the skin of hands and face became apparent and the diagnosis was made. At the age of 45 the patient came to Bart's complaining of recurrent attacks of vomiting and diarrhoea. Chronic infection of the fingers was beginning to be troublesome. Six years later constipation became her complaint and four years after this, huskiness and difficulty in swallowing. During the last year of her life, in addition to the foregoing symptoms, she was troubled by a persistent cough and dyspnoea. She finally died, at the age of 56, with severe constipation leading to complete obstruction. Treatment was symptomatic throughout except that she was given Oxamin for eighteen months. This appeared to produce considerable improvement but was withdrawn from the market by the manufacturers.

Dr. Cullinan then described the slow recognition of the disease and referred to a series of fourteen patients, all with histories very similar to this one.

Next Dr. Kemp Harper showed X-rays of one patient. Those of the colon showed progressive diverticulum formation and, in an early film, a change like that seen in ulcerative colitis. Loss of muscle accounted for the diverticula and the constipation which led eventually to obstruction. X-rays of the fingers showed absorption of the terminal phalanges and subcutaneous calcification; those of the lung showed consolidation and effusion, perhaps due to overspill from the atonic oesophagus; those of the teeth showing thickening of the periodontal membrane. Dr. Kemp Harper had a series of 45 cases all treated at Bart's.

Dr. Stansfeld then described the post mortem findings. The body was thin but not wasted and showed some distension of the abdomen. There were sclerotic skin changes on face, hands, legs, chest wall and abdomen, and oedema of the legs. Histologically the basic changes found were a coarsening and increase in amount of collagen, and an intimal proliferation in the smaller arteries. These changes were accompanied in the fingers by almost complete loss of the terminal phalanges and in the oesophagus and colon by loss of smooth muscle. Myocardial fibrosis was present. The lungs showed fibrosis, cyst formation and hyperplasia and downgrowth of bronchiolar epithelium. Many of the cysts contained mucus and were probably derived from terminal bronchioles. Moreover, the left lung contained a number of nodules of an unusual form of adeno-carcinoma, the growth of which originated in the cysts or alveoli. Secondaries were present in the liver. Five cases where scleroderma associated with this type of growth had been described in the journals. The lungs showed evidence of massive obstruction with inhaled vomit.

The questions which followed revealed considerable deficiencies in the present understanding and treatment of scleroderma.

On 1st March, Dr. A. R. Currie of the Imperial Cancer Research Fund gave a lecture on "Hormones and Cancer".

Cancer research was a vast and expanding field and though the endocrine aspect was but a small part, it was nevertheless far too much to deal with in a single lecture. He proposed, therefore, to talk about two lines of research in which he was particularly interested.

The hormone sensitivity of cancers presents a subject for research which is particularly important for the clinician. Only half the cases of breast cancer respond to hormone therapy and it would be extremely useful to be able to tell in advance which were going to do so. It has recently been discovered that the ratio of the urinary secretion of androgens to that of corticosteroids may be some guide. If this is high the cancer is more likely to respond to treatment. It may be that a low ratio predisposes to cancer.

Pathological studies should shed some light on the subject. A technique of "organ culture" has lately been developed and cultures of mouse prostate show obvious and characteristic histological changes when oestrogen or testosterone is added to the medium. This technique should soon be applied to cancers.

Many animal studies have been made. Mammary cancer caused by dimethyl benzanthrene in rats frequently regresses when the ovaries are removed. When it does regress, the dose of oestrogen needed to maintain it can be discovered. It has also been found that hypophysectomy will prevent the development of this type of cancer unless oestrogen, progesterone and growth hormones are administered.

The second half of the lecture Dr. Currie

devoted to the anterior pituitary, pointing out that there was still a great deal to be learnt about its essential structure and function. He was particularly interested in the histology and new staining methods. With regard to the function of the basophil cells, for instance, these show similar changes, hyalization and vacuolation of the cytoplasm and distortion of the nuclei, both in Cushing's syndrome and with cortisone therapy. When, as should shortly happen, the structure of adrenocorticotrophic hormone is elucidated, it should be possible to find a specific stain for it and show more precisely the function of the basophils in adrenal control.

Another hopeful line of research is the estimation of desoxyribonucleic acid in individual cells of the pituitary. Prints of the cut surface of the gland are made on a cover slip and this stained for D.N.A. by the Feulgen method. The estimation of the quantity of D.N.A. in each cell is made photometrically. This method shows that 0.5 per cent. of cells in the normal pituitary are in the process of dividing. In Sheehan's syndrome, however, no evidence of regeneration is found. Perhaps the remaining cells are too busy secreting.

Dr. Currie emphasised the fact that hormonal studies were only likely to prove useful in a minority of forms of cancer.

Questions followed and Dr. A. E. Jones kindly proposed a vote of thanks.

M.H.B.

The Augustine Society

On 26th March the Rev. Chad Varah talked to the Society about the work of the Samaritans. This work started over eight years ago and it was prompted by Mr. Varah's firm belief that of those who committed suicide, a large proportion needed wise "counselling" rather than psychiatric treatment. This has since been proved. Under half those committing suicide are in need of a psychiatrist and of these half have actually received treatment before killing themselves. This emphasises the need for a "counsellor".

It became apparent, however, that a third ingredient was necessary to help these unfortunates. After a time a number of people, including some ex-clients, offered to help in the work, settled down in the outer vestry and busied themselves in various fairly useless activities, such as making tea and knitting. Curious things then began to happen. He began to find patients much more at their ease because of the friendliness and encouragement they had received outside. More than this, he discovered that when he was too busy to see anyone else, these "useless people" were dealing very effectively with clients' problems. Most surprising of all, a number of clients, mostly suffering from endogenous depression, whom he had failed to persuade to submit to psychiatric treatment, had been persuaded to do so by his helpers. Whereas he had failed by appealing to their reason, his helpers, their kindness getting through to the client on an emotional level, succeeded. This third ingredient, then, can best be called "befriending" and it is now perhaps the major part of the Samaritans' work.

Almost half those asking for help present a serious and immediate suicide risk. Some of these are endogenous depressives or early schizophrenics, others have specific problems, marital, sexual or spiritual. But for very many of them their situation is aggravated by loneliness and this must be considered a "killer disease" of our modern urban society. Besides aggravating specific problems, loneliness produces a vicious circle in which the person's increasing oddness cuts him off more and more from his fellows. This is a circle which can only be broken by the undemanding tolerant friendship of one who finds it easy to make friends. The lay helpers can give this sort of friendship far more easily and sincerely than the counsellor. Whereas he is a man of a certain age with a limited number of interests, there are lay people of both sexes, all ages and widely varied interests, who can meet the clients on their own ground. The lay helpers often prepare the ground for the counsellor and consolidate his work as well. They thus have a function very similar to that of the nursing staff of a hospital in relation to the doctors.

As for the nature of the counselling, "non-directive therapy" has only limited application. While listening is, of course, a very important part of the counsellors' job, many of the clients need to be given definite directions as to what they should do and they need to be given them by someone they trust and respect.

In answer to one of the many questions which followed, Mr. Varah said that wherever he went he found psychiatrists who were enthusiastic and ready to help. This, surely, both vindicates his methods and heartens those who are alarmed at the apparent godlessness of psychiatry today.

M.H.B.

LETTERS TO THE EDITOR

General Practice

Dear Sir,

There has been much controversy in recent years over medical education for family doctors. The Recommendations as to the Medical Curriculum, published by the General Medical Council in 1956, was strongly in favour of students being given considerably more opportunity to study their subject in the context of General Practice, leaving a clear opening for experiment by Medical Colleges in this direction. Family doctors themselves, particularly through the College of General Practitioners, have been only too keen to help in any way required. The British Medical Students Association has recently issued a report in which it asks for greater opportunity for students to study medicine from the Family Doctor point of view, including practical experience. Lastly the British Medical Association has set up a sub-committee to find out just how much teaching of this nature is really being carried out by the medical colleges.

Meanwhile it does not seem to be generally realised that this medical college provides the opportunity about which there is so much discussion. The following programme has been arranged for this year :—

Friday, 11th May, at 12 noon. "What is General Practice." Dr. T. O. McKane.

Friday, 18th May, at 1 p.m. Visit to Dr. Dimock's Practice at Hoddesdon, Herts. "Clinical aspect of General Practice."

Wednesday, 11th July, at 1 p.m. Visit to Dr. McKane's Practice at Dunmow. "Co-operation with public health services and hospital services in a rural practice."

Wednesday, 29th August, at 9 a.m. Visit to Harlow New Town. "Co-operation with public health and hospital services in a new town."

Arrangements can be made at any time for a student to be attached to a General Practitioner for periods up to two weeks. This gives an opportunity to enter a case history in the Public Welfare Foundation Prize offered by the College of General Practitioners annually. (There are six prizes of £40 each.)

The Adviser is available to help students with any problems concerning these subjects, by appointment through Miss Jarvis in the Sub-Dean's office.

T. O. McKane,
Adviser in General Practice.

Exam Practice

Dear Sir,

Although agreeing, on the whole, with the views expressed by Mr. Fraser in the February Journal, I must protest at his statement that it is "unusual for a student to take the elementary precaution of writing a few papers under examination conditions before his finals".

A rough survey of those of us taking Final M.B. in April indicates that about seventy per cent. are also taking Conjoint and whilst most people do Conjoint as an insurance against failing M.B., they usually welcome the examination practice it affords. It is difficult to see how else we could practise under examination conditions; writing examination questions forms an essential part of the revision course but this can never be quite the same as the real thing. Moreover, a fair selection of us also "practised" on the Hospital Scholarship examinations in February.

Yours sincerely,
Susan Cotton.

SPORTS NEWS

Cross Country Club

The curious visitor, glancing at the case of cups in the Library at Bart's might imagine that the Cross Country Club had swept aside their powerful challenges in every match. He would be wrong. It is true that a fine array of silver has spouted up as background to William Harvey's bust, but what our visitor could not have known was the weakness of some of the vanquished teams and the absence of the three cups which would have crowned our success. This is not to belittle the hard work put in by all the runners, but an attempt to put into perspective our best season for many years. Let us stand back and cast the jaundiced eye over the results.

September saw most of the team gasping to

the top of Ben Nevis and sliding down to Fort William. We were 5th of the 24 teams, a creditable position, though at the finish we were grateful for the measures of resuscitation provided by the St. John's Ambulance Section of the local girls' school. It was brought home that some solid training would be needed before we made our debut in the London Season.

The milestones have been the five meetings of the London University League, Division I, to which we were promoted last March. The first was run at track racing speed over a bone dry Parliament Hill Fields. The result set the pattern for the remaining matches. Imperial College packed 5 men into the first 21 places and trailing far behind was a tight little group made up of University College, King's College, Barts and the London School of Economics. We could obviously look forward to some hard-fought races to decide second place in the League.

All the teams foregathered at Barnet ten days later and Bart's tanked over the familiar United Hospitals course while our rivals floundered in the mud. Though still far behind Imperial College, we had crept ahead of the other teams in the table. In tieing for first place, Littlewood was timed at 29 mins. 16 secs., which beat the previous course record. It was a very powerful piece of running.

The flatlands of Mitcham Common were the next venue and on their home ground King's College took a temporary revenge. They overtook us on aggregate scores and there remained the Queen Mary College Race, 7½ miles of sticky Essex clay and the fast grassy course at Petersham. Could we win by a wide enough span on the mud to carry us over the final match? Our training was aimed to build up strength and stamina rather than speed. We had plodded through the paddy fields and ground up the sandy horsetracks on Hampstead Heath instead of striding for long fast intervals along the road. This policy was dictated by our prime objective, the Hospitals' Championships which are run over the heavy Barnet course. As it happened, it also paid dividends in the League, for we showed our challengers a mud-clogged pair of heels on the plough and started the final match in an almost invincible position. We need not have worried for the whole of the Bart's team ran well and beat even Imperial College, though most of their team were harbouring strength for their road relay. In the final tally we finished a poor second to Imperial College with a comfortable lead over King's.

It is interesting that in all the races our first three men scored 751 points to Imperial College's 713; our fourth and fifth 243 to their 403. Perhaps this is what one expects when an aspiring giant killer misses with his stone.

London University League Division 1, 1961-2.

		Points
1.	Imperial College	1,116
2.	St. Bartholomew's Hospital	994
3.	King's College	937

10 Colleges ran in the league.

On the pattern of the league matches there were two highlights, the University Championships in December and the Hospitals' Championship in February. The former were run on Wimbledon Common, a fast, flat course where it was not surprising that we were beaten into third place by Imperial College and University College. We were rewarded for our efforts with the cup for colleges with less than 500 students, the first time that the trophy had found its way to Bart's.

University of London Championships, Sat., 9th December, 1961.

		Points
1.	Imperial College	39
2.	University College	72
3.	St. Bartholomew's Hospital	147
4.	King's College	165

13 teams competed.

The Hospitals' Championships were the climax of the season. We were strong favourites and it seemed that we would only be beaten by a string of injuries or over-confidence leading us to neglect our training. On the day we were encouraged by the example of our President, Mr. Stallard, as he ran to the far side of the course to cheer us on ("I run my house surgeons up the stairs to preserve their coronary arteries and down again for the sake of their livers"). By the top of Cockfosters Hill, a little beyond half-way round, Bart's held positions 1, 3 and 4 and the outcome appeared safe. The result was a triumph for the whole team. It may seem unimportant to battle for 25th place when the winner has finished three minutes earlier, but points so gained are vital for the team result and far harder to earn since there is not the incentive to individual glory which often spurs on the leaders.

Inter Hospitals Championships, held at Barnet.

		Points
1.	St. Bartholomew's Hospital	35
2.	Guys	56
3.	St. Thomas's	72

7 teams competed.

Individual Bart's Placings

1.	P. Littlewood	29 mins.	49 secs.
2.	N. Pott	30 mins.	14 secs.
4.	T. Foxton	32 mins.	05 secs.
13.	A. Lewis	34 mins.	20 secs.
15.	R. Pickard	34 mins.	30 secs.
20.	R. Saunders	35 mins.	05 secs.
22.	F. Hardy	35 mins.	22 secs.

In the latter part of the season we began to compete on the road. We raced round Hyde Park and we raced round Regent's Park, adding twice to our collection of silverware in disappointingly weak fields. The hollow image of our prowess was shattered when we finished 30th of the 77 teams in Imperial College's Hyde Park Relay. This competition is open to any college or university in the country; we were eligible for the small colleges cup but finished only 9th behind a string of Oxbridge teams. In a relay it is harder to compensate for the slower runners and we had concentrated too little on speed training. But these are poor excuses and we must learn from our mistakes.

As captain Littlewood had an outstanding season. He never fell below 2nd place in a league match, won the Hospitals Championships and came 4th in the University Championships. He ran in every London University match and has been elected captain of the University Club for next season. In Bart's matches he has been followed home by Foxton and Pott and this trio were ably supported by a stalwart band of harriers — Lewis, Pickard, Hardy, Saunders and Phipps. The whole team has put in a lot of very hard training on Hampstead Heath, a policy which paid heavy dividends and will have laid sound foundation for next season. If time for running can be found in the shadow of exams, we can look forward to another successful year.

Rugby Club

1st XV v. O. Askeans. Lost 8-5

After a run of away games it was very pleasant to be playing at Chislehurst once more, where the Askeans beat the Hospital by a goal and a penalty goal to a goal. The Askeans were the first to score from a well-placed kick to the wing, and they followed this with a penalty goal in the second half.

Niven scored for the Hospital after Bart's had heeled from the loose, 10 yards from the Askean line. Stevens converted.

Team: E. D. Dorrell, J. E. Stevens, R. V. Jeffreys, P. A. R. Niven, E. Sidebottom, A. T. Letchworth, A. P. Ross, O. J. A. Gilmore, B. H. Gurry, A. J. S. Knox, D. J. Delany, M. M. Orr, M. C. Jennings (capt.), T. Bates, C. J. Smart.

1st XV v. Streatham. Lost 11-3

Lining up with a slightly depleted side the Hospital played well in this game, and it was not until near the end that Streatham clinched the game with a try. After kicking a penalty in the opening minutes Streatham, taking advantage of a Hospital error, added a further five points to their score. However, Halls and Smart both of whom played admirably throughout, broke clear on the Streatham 25 for the latter to score. For the next 40 minutes Bart's pressed strongly and must surely have won had they had a reliable kicker, for they had five penalties awarded within reasonable limits. However, it was Streatham who scored finally some five minutes before the whistle.

Team: P. A. R. Niven, M. Rolfe, R. V. Jeffreys, J. E. Stevens, E. Sidebottom, A. T. Letchworth, D. Chesney, O. J. A. Gilmore, B. H. Gurry, A. J. S. Knox, D. J. Delany, M. M. Orr, M. C. Jennings (capt.), C. J. Smart, C. J. Halls.

1st XV v. Aldershot Services. Won 8-6

A dull first half brought only injury to Stevens, the Hospital centre, who had to retire and a very lucky escape by the Service when Orr must have been very close to scoring after a Hospital pushover. In the second half, Aldershot were soon 6 points up, but Bart's, with seven forwards, fought back and Cripps crossed the line for Niven to convert. From then on the Hospital backs came fully into the game with Dorrell playing as soundly at fly-half as he had at full-back, and Ross deputising more than adequately in the latter position. It was Jeffreys who got the winning try, taking the ball at full speed near the line from a kick ahead.

Team: E. D. Dorrell, E. Sidebottom, P. A. R. Niven (capt.), J. E. Stevens, M. Rolfe, R. V. Jeffreys, D. Chesney, O. J. A. Gilmore, B. A. Gurry, A. J. S. Knox, D. J. Delany, M. M. Orr, A. P. Ross, C. J. Smart, C. M. Cripps.

United Hospitals Seven-a-side

Bart's entered two teams for these sevens, the first losing 3-0 to London Hospital I, the eventual winners, in the second round; and the second winning the loser's plate having lost to Thomas's I in the first round. The competition was most efficiently run by Charing Cross Hospital.

1st XV v. Loughborough Colleges. Lost 16-0

Bart's fielded a side strong in experience if not in fitness for this, the final match of a comparatively successful season. Only the seven-a-side competitions remain.

The match began well for the Hospital with forward rushes and astute kicking carrying the game well into Loughborough territory. However, mistimed and dropped passes resulted in a failure on the part of Bart's to score, and the opportunity was missed. In the last 20 minutes it was the visitors who took their chances although the Hospital remained unsubdued. Dorrell, at full back, fielded admirably and the back row looked well in attack, but there were gaps close to the scrum. However, the pitch was perfect and the game open, fast and enjoyable.

Team: E. D. Dorrell, M. Rolfe, R. V. Jeffreys, P. A. R. Niven (capt.), S. G. Harris, A. T. Letchworth, D. Chesney, J. W. Hamilton, B. H. Gurry, A. J. S Knox, D J. Delany, C. J. Smart, A. P. Ross, A. W. MacKenzie, G. J. Halls.

Soccer Club

Soccer Season Retrospect

				Goals	
P	W	D	L	F	A
30	11	6	13	80	72

The season was rather a see-saw affair; initial losses being balanced by sustained mid-season successes, followed by some further disappointments. The development of sound teamwork, allied to greater spirit than in previous seasons, led to this being a useful and successful one. The main causes of the later failures were injuries and impending examinations which called for considerable changes from our best formation.

We were very lucky to have such an admirable convert to goalkeeper as B. Perriss, who many times thrilled us by fine saves, and at all times was dependable. Regular defenders were G. Haig, B. Hore, C. Vartan, P. Savege and A. Howes, who all worked up a good understanding and at most times played very safely. N. Offen, M. Hudson and J. Pemberton bore most of the wing-half duties very capably, assisted from time to time by P. Ball and T. Guthrie.

The forward line was the strongest unit in the side, P. Herbert proving well able to bring out the best in L. Iregbulem, H. Phillips, E. Manson, J. Jailler and N. Davies. P. Stanley played whenever anyone could not appear.

It has been a most enjoyable season's football and the results, as a whole, are the best for quite some years. We were unfortunate to have a weakened team for our semi-final match in the Hospital's Cup. We lost to St. Mary's, who succeeded again in the Final. The major factor in the successes we had was due to improved teamwork and an aggressive spirit which often dominated our opponents.

Women's Lacrosse Club

University of London Intercollegiate Lacrosse Tournament. 17th March. Won.

Although Bart's have played very few lacrosse matches this season, we won this tournament fairly easily, with the help of some of the members of the physiotherapy department playing for us.

Bart's started with what turned out to be the toughest draw against Royal Holloway College, and we won this game 3-2.

Against Bedford the team was a little lazy, and should have scored more than 4 goals and not allowed Bedford any.

We met Guys, our greatest rivals at a good stage in the afternoon, the team having had time to get used to each other, and beat them 5-0.

By the end of the last game against Queen Elizabeth College, the lack of fitness of the team was showing, but we still held them to 3-1.

The games were all very open. J. Pitt consistently won the draw out to J. Millard at left attack, and then good spacing and quick and varied movements by the attacks repeatedly ended in success, all shooting their share of goals.

The defences marked closely and did some good long clearing straight back to the attacks, keeping the ball well out of the other team's territory. S. Ellis as goal made it very hard for the opponents to break through.

Unfortunately the captain, J. Clarke, who had worked so hard to organise the team, was unable to play and to receive the cup.

Team: S. Ellis, T. Anderson, P. Aldis, R. Benison, J. Pitt, J. Millard, D. Layton (capt.), S. Langley, S. Williams, J. Bruce, A. Glue.

Scores

1.	v. Royal Holloway College	Won 3-2
2.	v. Bedford College	Won 4-1
3.	v. Guy's Hospital	Won 5-0
4.	v. Queen Elizabeth College	Won 3-1

BOOK REVIEWS

Modern Trends in Anaesthesia, 2. Aspects of Hydrogen Ion Regulation and Biochemistry in Anaesthesia. Edited by Frankis T. Evans and T. Cecil Gray. Butterworth. Pp. 219 plus vii. 60s.

This volume is the second in the Modern Trends series devoted to anaesthesia and the first to reflect the new policy of the publishers, which is to use the whole work to deal exclusively with a single topical aspect instead of making a broad review of a particular speciality.

The subject chosen, the biochemical aspects of anaesthesia, is illustrative of the expanding scope of the modern anaesthetists work, but it would be a pity if this book were not read and used for reference by surgeons and others who are concerned with the care of patients during surgery and in the pre- and post- operative periods. The work contains much information which would not otherwise be readily available at the present time, even by a wide perusal of the current literature of several specialities. The list of contributors is impressive and includes anaesthetists, biochemists, and physicians who are the acknowledged British experts in their particular subjects.

It is an undoubted fact that a large part of the enormous progress in the speciality of anaesthesia in the last two decades has been devoted to the development of techniques which facilitate and, in many cases make possible, operative procedures which were mere figments of the surgical imagination a quarter of a century ago. In no field is this more true than in the development of thoracic surgery in general and in cardiac surgery in particular. The use of hypothermia, the cardiac by-pass and induced cardiac arrest lead by their very nature to profound biochemical changes. The well-written chapters by Dr. David Brooks and Dr. Richard Jones devoted to the nature, prevention, detection and treatment of these changes are, therefore, particularly welcome at the present stage in the development of these procedures.

Dr. Nunn contributes erudite and exhaustive monograms on the nomenclature and presentation of hydrogen ion regulation data and the effects of hypercapnia. The study of the latter chapter, in conjunction with the carefully written account of hyperventilation by Dr. John Robinson, leaves one in little doubt as to the dangers of the acidosis of underventilation when compared with the theoretical disadvantages, and possible beneficial effects, of the mild alkalosis of overventilation.

Professor Woolmer has written a useful chapter on the measurement of pH and P CO_2 and Dr. Geddes ties up some important loose ends concerned with adrenocorticosteroids, parenteral nutrition, and the biochemistry of rapid blood transfusion.

The last chapter is a scholarly account of the cholinesterases by Dr. Lehmann and Dr. Liddell. This does much to summarise and correlate the vast amount of practical and theoretical work which has been done on these important enzymes during recent years.

The Foreword clearly indicates that this book does not set out to be a comprehensive text-book on anaesthetic biochemistry, and several of what are now the more routine aspects of the subject, electrolyte and fluid balance for example, are intentionally omitted; it is, however, remarkable how much important and up-to-the-minute information has been collected together by the editors. A chapter on the effects of electrolytic disturbances on the action of relaxant drugs might have been a useful addition.

The index is adequate and there is a useful reference and bibliographic section at the conclusion of each chapter; occasionally, however, work referred to in the text, e.g., that of Bronsted and Sorensen in the first chapter, does not appear in the list of references. The reviewer did not discover any misprints and only one error in proof reading was noted.

The binding is of a good standard though the anaesthetic bibliophil may regret that the book is not uniform with the earlier volume on anaesthetics in the series. The price is high but, when the specialised nature of the content is taken into account, it may not be considered unreasonable.

T.B.B.

Treves' Surgical Applied Anatomy revised by Lambert Charles Rogers (pp. 598, text-figures 202, 35s.). Cassell, 14th Ed., 1961.

This book has a long history of popularity. It was first published in 1883 with the fifth and last edition by Treves appearing in 1911. Since then, the book has been revised and brought up-to-date by Sir Arthur Keith, Professor C. C. Choyce and Lambert Charles Rogers.

The contents of the book have a two fold theme. Firstly, the book is a summary of surgical procedure with illustrations showing anatomical landmarks and regional anatomy. Secondly, the text is so arranged that the anatomy of each part can be revised in relation to the operative technique discussed. The position and relationship of the main anatomical structures are listed in summary which make revision very easy. Anatomical anomalies are accompanied with the relevant embryological information. The occurrence of the variations in the branches of vessels and positions of organs, viz., the variation of the branches of the internal iliac vein or the positions of the appendix.

The anatomical figures are well reproduced; but some of the nomenclature is not in current use. This, however, does not in any way hinder the reader from the knowledge which the book has to offer.

The book is written in a clear concise style relished by examiners and has a nose to tail order. Students for final M.B. will find this book a helpful aid for revision and all students of surgery may find it a useful handbook.

G.G.

The Human Amnion and Chorion by Gordon L. Bourne, F.R.C.S., M.R.C.O.G., Lloyd-Luke, London. 45s.

Professor Jeffcoate in the foreward writes "Most obstetricians, for many centuries, have paid no more attention to foetal membranes than the care of a parturient woman demands. They have been content to note whether the bag of forewaters is ruptured or intact and, after delivery, to see if any portion of the membranes is retained in the uterus." He points out that until recently few have considered the functions of the membranes before labour, and that they, for the most part, have accepted old traditional beliefs.

The functions and structures of the foetal membranes during pregnancy are now recognised by most obstetricians to be of fundamental importance to the future well-being of the foetus not only from the mechanical but also from the nutritional aspect. The author of this monograph has collected together material from widely different sources and has correlated this with very considerable contributions he himself has made, especially on the amnion.

Details are given of the Development and Structure of the Amnion and Chorion, including their Ultrastructure, as seen by the Electronmicroscope.

Chapters are also devoted to Twinning, Nuclear Sex-chromatin, Circulation of Amniotic fluid and Meconium transport to mention only a few.

The format of the book is pleasing, the illustrations are well arranged, reproduced and described. Both the author and the publishers must be congratulated. The book should be read by every obstetrician and by all others interested in foetal physiology. It can be recommended without reservation.

W.J.H.

Modern Medicine for Nurses (Fifth Edition) by Patria Asher, M.D. Published by Messrs. William Heinemann. 30s.

This new edition is considerably larger than the last, and has been extensively revised. Dr. Asher's style is simple, never ambiguous or obscure, but occasionally colloquial. She favours the practical and humane solution to any problem and this occasionally leads her to attack methods no longer in existence. There cannot, for instance, be many medical textbooks that recommend greeting the new patient with a brisk purge.

The tone and attitude of previous editions is unaltered; Dr. Asher gives the impression that she cares deeply about people, and her descriptions of clinical conditions frequently include a story. She offers good practical advice on many topics, for instance, she reminds nurses that aphasic patients can understand all that is said to them. Among the useful and important sections should be noticed those on the mechanism of heart failure; the nursing of the unconscious patient; the use and dangers of steroid therapy; and the discussion of the causes and management of stroke.

In the next edition a more consistent use of metric dosage might be considered.

W.E.H.

Fundamentals of Acid-Base Regulation by James R. Robinson. Published by Blackwell. 9s. 6d.

There can be but a very few students who have never experienced any difficulty in understanding "acid-base balance". For the rest of us, this book comes as a clear light on the mysterious behaviour of the body's aviais and catiais. It is not an easy book to read: every sentence of its 73 pages is packed with information and explanation. However, a few hours of concentrated study will reward the reader with a much clearer understanding of this difficult subject. S.M.W.

Nurses Handbook of Current Drugs by R. D. Tonkin. Published by Messrs. William Heinemann. 21s.

This is a beautiful book, the format of which should give both publisher and printer cause for pride. Pharmacology is a difficult subject for nurses, and when it is presented in the dense heavy visual form in which we so often receive it, its mere appearance is discouraging. It is possible to look at these pages with pleasure in the shape of the typescript—page 203, for instance.

The book is extra-wide, to allow for marginal titles, in bold type. Beneath these in italic are the proprietary names, and opposite are the doses, in English as well as metric where this system is still in use. The same type is used in the index, which thus provides a convenient reference-list of synonyms.

The author is not a pharmacist but a physician, and is able to tell his readers many clinical details about the effects of the drugs he describes. For instance, he recognises that the barbiturates when used to induce sleep in the elderly often cause nocturnal confusion, a fact better known to the night nurse than to many doctors.

There are many sections that one would like to praise—those on the antibiotics, diuretics, tranquillizers, and adrenocortical hormones especially. The chapter on aperients is well classified and full of clinical sense. The cytotoxic drugs are beginning to form an important group, and the number described is an impressive indication of the work being done in this field.

Size must have been a limiting factor in deciding what material to include, but most nurses would like an account of the action of the synthetic morphine substitutes, of which only pethidine is described. No additional space would be needed to include an indication of those drugs which are controlled by the D.D.A. and Poisons Act.

In the Preface, Dr. Tonkin, in speaking of the problems of naming drugs, says ". . . the obvious course of using the proper chemical name is negated due to the unmanageable polysyllaby of the majority of these names". Had he borne in mind the depressing effect of polysyllaby, he might have avoided such an impenetrable sentence as this. "Nevertheless, ammonium chloride remains valuable as a potentiating agent when employed concurrently with mercurials which are thereby rendered maximally effective." Sometimes points of great clinical interest and importance to the nurse have their impact lessened by this style, e.g. "A low plasma potassium sensitizes the myocardium to the action of digitalis, and this is the explanation of the potentiating effects of the benzothiazide diuretics."

This book will be in constant use in many nursing school libraries, and sister tutors will be glad to refer to it. Medical students would learn a lot from it of practical interest during their clinical years. W.E.H.

Modern Textbook of Paediatrics for Nurses by T. E. Oppé. Published by William Heinemann. 21s.

The changing scope of paediatrics is well illustrated by the contents of Dr. Oppé's book, in which the sections on hereditary conditions and congenital malformations are together nearly as large as that on infections.

The book handles well, and opens invitingly to show good paper, a well-planned page in attractive type, and some excellent if rather widely-spaced photographs. Dr. Oppé's approach is made clear in his first chapter, when he says, "The study of the child is inseparable from the study of the family. The sick child in hospital transfers his dependency from the family unit to that of the hospital environment." He intends writing about children, and not only about their diseases.

The section on heredity and disease is especially welcome because until now there has been very little in textbooks that a nurse could understand on the new advances in these subjects. Nurses are often required to test the urine of the newborn for phenylketonuria, and here at last is a short comprehensive account of this condition and its mode of inheritance.

The way in which symptoms are produced by inborn errors of metabolism is illustrated by the unlikely but highly successful device of describing an imaginary disease. This ability to produce a simple but sensible parallel to explain a complex problem is a hall mark of the real teacher, and it certainly gave this reader a moment of illumination.

The chapter on infections is good, especially the part on childhood tuberculosis. Social aspects of paediatrics; intelligence testing; collagen diseases; accidents and treatment of poisoning; hypersensitivity; psychosomatic diseases, these are some of the chapter headings, and they indicate the unusual and successful plan that Dr. Oppé has adopted. It is certainly an advance on the method of assigning diseases to organs or systems, so that eczema appears only as a disease of the skin.

Dr. Oppé says that his book is an attempt to write down the content of his lectures and one would much like to hear him teach. One defect of this plan, however, is that he drops without explanation terms that in a lecture might be elucidated at question time. Moro reflex (page 16) and kernicterus (page 38) are examples. The meaning of irreducible, incarcerated and strangulated (page 111) is left undefined.

The author has not attempted to include any nursing techniques, and indeed, would have been precluded from doing so by consideration of space. All the book can be read with profit, and also with real pleasure. W.E.H.

Essentials of Cardiology by S. G. Owen and J. Vallance-Owen. 1961. Lloyd-Luke.

This well-written work is a concise account of present-day ideas about cardiology. It commences with fundamental principles—physical signs, electrocardiography and heart failure. Descriptions of the main disease syndromes follow, and a chapter on digitalis and quinidine is included.

Care is taken to explain the physiological basis of abnormal findings and the genesis of the electrocardiogram is dealt with in great detail. It is a pity that formal X-ray plates were not used as illustrations instead of the line diagrams which replace them.

This book will form a valuable addition to both undergraduate and postgraduate readings in cardiology. D.W.

The Newly Born Infant by Andrew Bogdan. Tutorial System Publications. 3s. 6d.

The author's suggestion that the lay-out of this booklet with text on the left and a blank page on the right could be used by those concerned in the teaching of students and nurses in planning their own tutorials, is unlikely to be met with widespread acclaim. Those students who like to mutilate textbooks will find the writing space useful. Others might prefer to read fuller accounts of the subject in standard text-books which the author has made no claim to replace. Pupil midwives will find the booklet helpful but the dogmatic statements in it might conflict with what they see in practice.

S.M.

Hereditary Genius by Francis Galton, with a foreword by Professor C. D. Darlington, F.R.S. The Fontana Library, Collins & Sons, Ltd., London. Pp 446. Price 8s. 6d.

The Fontana library is an excellent series of paperbacks in which so far have appeared amongst others Lord Acton's lectures on modern history and, in two volumes, H. A. L. Fisher's History of Europe. Now this classical work of Francis Galton has been published. Francis Galton was a younger cousin of Charles Darwin, and perhaps, in years to come it will be asked legitimately whether in some aspects he has not reached an equally high level. He was an intensely original man, never afraid to embark on something utterly new, never afraid of being possibly ridiculous or considered unusual. Perhaps inheritance of an ample fortune allowed him this freedom. As Professor Darlington puts it in his introduction, no environment had challenged him. An infant prodigy, he was able to read fluently at the age of two. He studied medicine and mathematics at various Universities and was famous at the age of 28 for his explorations in South West Africa. Perhaps the most profound scientific concept we owe to Galton is not his spectacular work on probability curves, on prediction of the weather and introduction of isobar maps, or his identifying of single individuals by fingerprints, but his recognition that there are two types of twins: those who are alike as are brothers, or brothers and sisters and those which are actually identical. Darwin had suggested that the latter very similar twins had become so because of almost identical surrounding in utero. It was Galton who proposed the idea that there were uniovular and non-uniovular twins. This allowed him to study in the uniovular twins the influence of the environment on genetical heritage. The present book deals with another of his new ideas, the concept that human gifts can be determined genetically. His Quaker background and the views of the 19th century altogether indicated that all beings were equal and that it was a matter of one's own effort to achieve the heights in any subject one wanted to. Galton explains that individuals and their families differ in their mental abilities and that these common characters in families vary in proportion to closeness of descent. If one takes outstanding men in different walks of life, be it proficiency in rowing or becoming eminent as a judge, one finds that other outstanding men with similar proficiencies may be found more frequently amongst their relations than in the population as a whole, and that this frequency diminishes the further one moves away in terms of relationship. Only a quarter of the fathers of his eminent judges were also eminent and only 7.5 of their grandfathers and 0.5 per cent. of their great-grandfathers, and similar results were seen in such men's descendants. Much of Galton's work would have been greatly assisted had he known of Mendel's discovery of the nature of human inheritance. However, this book is not only of historical interest, but may still provide food for thought. Certainly Galton's study of numerous British families and their special gifts makes most interesting reading.

H.L.

LAST MONTH

On 13th March twenty-one of the seventy-five 2nd M.B. students, having bought their way to the tune of eleven pounds each, began the harrowing business of sitting in the great hall of Northampton College of Technology for twenty-seven hours apiece only to be told by the sub-dean sixteen days later that in the June heat they could sit on their bottoms for another twenty-seven hours at 8/1¾d. an hour. I do wish them all every success on that occasion and, if it is helpful, an unseductive summer.

Many of us, except the most hardened smokers, found this great hall as pleasing a place as any in which to take 2nd M.B. papers. However, some invigilators were quick to stamp out the cigarette-lust. Now this poses a ticklish problem; I would certainly sit these addicts at the back, but where should one draw the line? Is it cheating to smoke in so far as it is cheating to feed a racehorse (or for that matter a footballer) caffeine before a race? Are supposed stimulants of the intellect a cheat anyway? Come to that, what constitutes a stimulant of this nature? What about the girl who incessantly sucked Polo peppermints, the chap who intermittently chewed the writing end of his Bic biro . . . who made frequent recourse to a hip flask of neat whisky . . . who had a four-leaf clover on his desk . . . who had a copy of the prayer book on his desk . . . who sat close to his beloved? Are these not stimulants? Let them smoke—with ashtrays.

By next month I hope to have found someone else in Charterhouse Square to write about April and subsequent Last Months. In the meantime, I must thank readers of this column for reading it, especially the umbrage-takers who are one's best publicity—unpaid at that. I can assure them that every effort will be made to secure a successor who will write more general and less offensive reports! They might do well to note the words of Alastair Snodgrass to his brother Antony, "Touchiness was ever a clear indication of titchiness".

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Editorial

In recent years there has been an increasing trend for students to spend some part of their clinical course at one of the peripheral hospitals. In the case of obstetrics this is largely due to the limitations in the capacity of these units in teaching hospitals to provide sufficient material for an increased number of students.

This farming out of students is generally considered by the students themselves to be of considerable value. It enables them to work in a hospital that is not geared for teaching and to take on a degree of responsibility not available in their own hospital where there is usually a more generous supply of staff.

In these circumstances the student becomes an integral part of a team which affords some introduction to what lies in wait for him in the next few years.

This system could well be extended, for at present the short periods for which these appointments are held are barely long enough for learning a new routine before the student is back in his own hospital.

In the future these appointments could well be held for three months and responsibilities of patient care increased to take some of the load off the permanent staff. The prescribing of the more simple and common forms of treatment could well come under the jurisdiction of a final year student for the mutual benefit of hospital, patient and student.

In these general hospitals the student could then play a bigger rôle where the pattern of medicine is of a more routine kind than the more exotic of the larger London hospitals.

This month we publish an appreciation of Mr. Harrison, who has recently retired from the Department of Medical Photography. This Journal would also like to express its thanks to him and his department for their ready assistance in providing many of the pictures we publish. We take this opportunity to wish Mr. Harrison a long and happy retirement.