

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 8/1 $\frac{3}{4}$ d. 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".

***CHLORHEXIDINE** was discovered in the I.C.I. Research Laboratories. It represented a major breakthrough in the field of antiseptics, and was selected from many hundreds of compounds specially synthesised as antibacterial agents. Since its introduction seven years ago, this powerful antibacterial agent of an entirely new chemical type has already been the subject of more than 60 published papers in the medical and veterinary press in this country alone. It is described in the British Pharmacopoeia.

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Lancet (1957), i, 862



Ph. 179

ST. BARTHOLOMEW'S HOSPITAL JOURNAL



Vol. LXVI, No. 5

MAY, 1962

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.

Engagements

- BUNTING-BOOTH.—The engagement is announced between Dr. Charles Frederic Bunting and Mrs. Jean Booth.
- DOBSON-DAVY.—The engagement is announced between Dr. John L. C. Dobson and Sheila M. Davy.
- HUDSON-HAMILTON.—The engagement is announced between Dr. Michael J. K. Hudson and Anne Hamilton.
- KINGSLEY-PANTER.—The engagement is announced between Dr. Derek P. E. Kingsley and Susan M. Panter.

Marriages

- CUTHBERT-SANGER.—On 25th April, Dr. Dan Martin Cuthbert to Antoinette Madeline (Toni) Sanger.
- GRAY-HOYTE.—On 28th April, Denis John Percira Gray to Jill Margaret Hoyte.
- HURDING-HARDING.—On 21st April, Roger Frederick Hurdling to Joy Elizabeth Harding.
- LEHMANN-WILLIAMS.—On 28th April, Dr. Nigel John Paul Lehmann to Julia Jane Williams.

Births

- CHURCH.—On 4th April, in Brown's Town, Jamaica, to Joan (née Bee) and Dr. Robin B. Church, a daughter (Ruth Elizabeth).
- HALL-SMITH.—On 3rd April, to Hilda (née Stoddart) and Dr. Michael Hall-Smith, a son (Matthew Jonathan).
- HAYES.—On 1st May, to Susan (née Morbey) and Dr. Martin Hayes, a third son.
- HOVENDEN.—On 2nd April, to Anne and Dr. Brian Hovenden, a son (Mark Richard).
- JUNIPER.—On 1st May, to Jane (née Griffiths) and Dr. Colin Juniper, a daughter (Susan).
- NERNEY.—On 9th April, to Patricia (née Bunn) and Dr. J. M. Nerney, a son (Michael Coombes).
- PRYS ROBERTS.—On 1st May, to Linda (née Bickerstaff) and Dr. Cedric Prys Roberts, a daughter (Kathryn Rachel).
- SCOTT.—On 1st April, to Rosemary, wife of Dr. Humphrey Scott, a daughter (Amanda).
- STEPHENSON.—On 1st May, to Carolyn (née Garnham), wife of Dr. Charles Stephenson, the gift of a son (Justinian Charles).
- WELLS.—On 2nd April, to Rachel (née Rymer) and Dr. A. L. Wells, a daughter, sister for Jenny, David and Jonathan.
- WOOD.—On 13th April, to Margaret (née Addison) and Christopher Wood, a daughter.

Deaths

- EGERTON.—On 3rd April, Dr. Bertram Howard Egerton, M.B., B.S., D.A. Qualified 1943.
- HUTTON.—On 30th March, Dr. W. A. Hutton, aged 57. Qualified 1927.
- WELCH.—On 12th March, Dr. Thomas Burges Welch, aged 81. Qualified 1914.

Appointments

Royal College of Physicians of London

The following were elected to the Fellowship: C. S. Nicol, T. A. J. Pranker, A. G. Spencer.

The following, having satisfied the censors' board, were elected to Membership: R. L. Hewer, Joyce Hinton, T. S. Matthews.

Change of Address

Dr. H. P. H. Ivens,
Goulburn Medical Clinic,
McKell Place,
Goulburn,
N.S.W., Australia.

Calendar

JUNE

- Fri. 1—8.30 p.m. View Day Ball at Hurlingham Country Club.
- Sat. 2—Athletic Club sports day at Foxbury, Chislehurst.
On duty: Prof. E. F. Scowen
Prof. G. W. Taylor
Mr. H. Jackson Burrows
Dr. G. H. Ellis
- Thurs. 7—Abernethian Society: Prof. Burns (Oxford Univ.), "The Cause of Cardiac Fibrillation".
- Sat. 9—On duty: Dr. R. Bodley Scott
Mr. Alan Hunt
Mr. J. N. Aston
Dr. R. W. Ballantine
- Sat. 16—Cricket Club Dance at College Hall
On duty: Dr. E. R. Cullinan
Mr. C. Naunton Morgan
Mr. W. D. Coltart
Dr. Ian Jackson
- Sat. 23—On duty: Dr. G. W. Hayward
Mr. A. W. Badcnock
Mr. J. N. Aston
Dr. T. B. Boulton
- Sat. 30—On duty: Dr. A. W. Spence
Mr. F. G. Tuckwell
Mr. W. D. Coltart
Mr. F. T. Evans
- Physician Accoucheur on duty for the month of June is Mr. D. Fraser.

Fifty years ago

"We are quite sure that all present and past St. Bartholomew's men will hear with much regret of the resignation of Dr. Lewis Jones, the head of the Electrical Department, after upwards of a service of twenty years to the Hospital.

"The department contains a consulting room, two treatment rooms, two X-ray rooms, a switch room, an electric bath room, a photographic dark room and a waiting hall. One of the noteworthy alterations that has been made in the equipment is that for both diagnosis and treatment the alternating and direct currents are now taken straight from the street mains, thus doing away with the inconvenience and trouble of accumulators and cells. The electric bath room is a most spacious apartment containing two large full-length baths for adults and two smaller ones for infants. It also contains the four cell Schnee bath. All of these baths are connected up with both direct and alternating current mains. One of the treatment rooms contains the Wimshurst machine, the high frequency apparatus, four arm baths (the latter being capable of administering the sinusoidal current), also our latest instrument—the diathermic apparatus, which is now extensively employed by the surgeons for treating malignant ulcers.

"Various new methods of electrical treatment are now in use in the department, notably that of 'ionisation', for which the current of the mains comes in very conveniently as large milliamperages are required.

"The X-ray department has now become so important that the two rooms where the work is done have been found totally inadequate. The number of skiagrams taken in 1896 were 91, in 1911 they had amounted to 4,760, and this exclusive of screen examinations, which themselves number 500 or 600 yearly. These facts point to the desirability of a separate department altogether for X-ray work, thus severing it from the electro-therapeutical.

"All St. Bartholomew's men may be justly proud of the Electrical Department, for it is not only the oldest, but it is unquestionably the first of all the electrical departments in London. Indeed, most of the London hospitals have sought its advice when about to fit up a department of their own.

"Dr. Lewis Jones, its late chief, may be said to be the father of medical electricity."

Last Month

It was with mixed feelings that we learnt of the examiners' decision to rob us of our literary idol whose piercing comments, month after month, disturbed the cloistered calm of Charterhouse. April saw the aftermath of his journalistic prowess, with the appearance of

a rash of parodies in the men's cloakroom. Imitation, as the proverb goes, is the sincerest form of flattery. Need any more be said?

The Charterhouse term made a false start before Easter, and a real one on Easter Tuesday. We found windows in the new building and leaves on the trees; the hope that many of us entertained for more room in the refectory following the Exam, has proved abortive. While on the subject of exams, anyone worrying about the volume of formulae so beloved of the Biochemists, let him take hope from what we overheard from one of the successful 2nd MB candidates: "I only wrote one formula in the whole paper." We enquired which. "Acetic acid; I was showing off."

Those interested enough to read about the activities of the Students' Union will have seen from last month's report in the Journal, that more efforts are being made to reduce the price and improve the quality of refectory food. Charterhouse students, disgruntled with recent price rises, are hoping for some improvement in service at lunchtime. Higher prices could be borne more easily if the present polite chatter were replaced by a real attempt to deal with the often impatient queue.

C.J.K. and A.R.B.

Miss K. L. Hyde, B.A., F.H.A.

Miss Hyde was for many years the Secretary of the Alexandra Hospital, which was closely associated with Barts', and became in 1948 a member of the Barts' Teaching Group. Founded in 1867 for the treatment of Hip Disease in Children, it had long outgrown its original purpose, and become a long-stay hospital for children with tuberculous and general orthopaedic conditions.

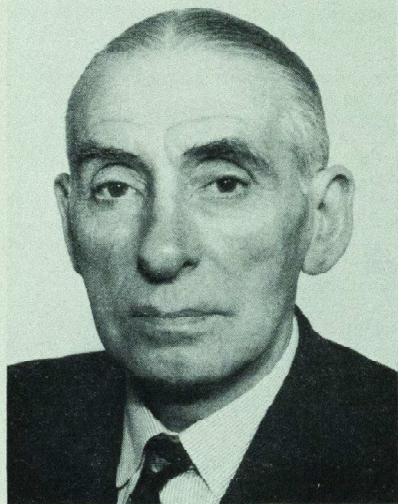
She joined the clerical staff in 1920, when it was at Queen Square, almost next to the Examination Hall, and just before it moved to Swanley. She became the Secretary in 1938, and organised the emergency evacuation to an 18th-century mansion near Luton, where it remained till it closed in 1958. She served the Hospital devotedly, and her administration was second to none.

She both taught and examined for the Institute of Hospital Administrators, and some of the most distinguished members of the profession were at one time pupils of hers. She retired in 1958 to Southwold, and died on 6th April after a distressing but mercifully brief illness.

H.L.

NORMAN K. HARRISON

A Profile



In April, quietly—for that is his habit—Mr. Norman K. Harrison, a man who has done much to help almost all departments in the Hospital and College, left us.

His first contacts with Bart's were during the last war when, as a freelance photographer in Fleet Street specialising in medical stories, he visited the hospital on several occasions. When Charterhouse was damaged by enemy action he was asked by the Medical College to photograph the bomb damage. These were his introductions to our activities and as a result he was invited in October, 1946, to meet Professor Geoffrey Hadfield, then Professor of Pathology, and discuss the starting of a photographic department. On 1st February, 1947, he opened the Department of Medical Photography. The budget within which he had to work was minimal, the equipment meagre, and the premises in which his Department was housed were not such as would rouse enthusiasm in anyone's breast, but, undeterred by difficulties, and without complaint, he set himself to fulfil the demands and requests which rapidly descended on him. From these beginnings, sustained by his ability and his

refusal to be daunted either by shortages of material in the early days, or by difficult patients or the impossible demands sometimes made by "customers" who in those times had little idea of the limitations of his equipment, he successfully persevered so that the Department now has a staff of six and the quality of its work and teaching are widely recognised.

Not infrequently artistic ability does not go hand in hand with administrative competence, but one great feature of the Department which Mr. Harrison built is the efficiency with which records are kept and photographs taken several years ago are produced on demand. Further, although the lay-out and design of exhibits are nowadays supposed to be specialised matters requiring training somewhat different from that of a photographer, Mr. Harrison has always been willing to design the presentation of photographic material for demonstrations and exhibitions in ways which have put the experts in these matters on their mettle.

Besides the routine work and the teaching which had to be done, Mr. Harrison was very active outside the Hospital and few persons have done more to promote the knowledge of the proper integration of a medical photographic department within hospital activities. Some years ago, with Mrs. Rodney Maingot he helped to create the Medical Group within the Royal Photographic Society and has served almost continuously on its committee and is at present its deputy chairman. He helped to found the Medical Group of the Institute of British Photographers, was its chairman for three years, and organised its six London conferences of medical photography. For three years he has been an examiner in this subject for the Institute's final examination. At present he is a Vice-President of the Royal Photographic Society and a member of its Council; also he is a Fellow of the Institute of British Photographers and of the Royal Society of Arts. Not content with making his mark in these activities, some ten years ago, with seven other medical photographers all connected with London teaching hospitals or medical institutes, he founded the London School of Medical Photography and acted as the honorary secretary for several years; the purpose of this School is to help in the training of students for their final examinations.

A prolific writer, Mr. Harrison has for the last fifteen years published a regular monthly feature on medical photography in a photographic journal; he has written a standard text-book, "Press Photography in Practice", and has found time to contribute a chapter to another standard work "Medical Photography in Practice" and to write many articles and technical papers for professional journals.

One of the advantages of his retirement may

be that he will now have more time for his literary work; nevertheless all his friends hope that he and Mrs. Harrison will enjoy some leisure in their home at Clacton on Sea in Essex, and that from time to time he will come and see us and visit the Department which he so competently built, and which, we are informed, is now passing into the keeping of his successor, Mr. W. D. Tredinnick, to whom we wish all success in his new appointment.

R.M.B.M.

MR. JOHN GOODDY



of dedication are not always coupled with administrative ability, and the Hospital is fortunate in having chosen as the new Clerk a man who clearly embodies these characteristics.

Mr. John Goody was appointed Clerk to the Governors of St. Bartholomew's Hospital in succession to Mr. Carus Wilson on 26th April, 1962. He has been Deputy Clerk to the Governors since 1951.

Mr. Goody was born in London on 28th March, 1913, and was educated at Stowe School.

Prior to the last war he was for some years in charge of an executive department of the Savoy group of hotels, and afterwards became the first London agent of the Waldorf Astoria Hotel of New York, during which time he visited America on a number of occasions.

At the time of Munich Mr. Goody joined the Territorial Army and served as an Infantry Officer with the Royal Sussex Regiment. The Regiment was actively engaged in Europe at the beginning of the war and Mr. Goody returned to England via the Dunkirk beaches. He saw service with the Eighth Army in Africa and Italy and received the Territorial Decoration and an award from the Italian Ministry of War for services in connection with the organisation of supplies to the Italian Partisans.

On demobilisation from the Army after six years' service, Mr. Goody was selected for the first course on Hospital Administration offered by the King Edward Hospital Fund for London, and during this course he spent some time working at St. Bartholomew's and also at St. George's.

In May, 1948, Mr. Goody was appointed Assistant Clerk to the Governors and in 1951 became Deputy Clerk. His first hospital appointment coincided with the introduction of the National Health Service, and in consequence he has been associated with the Health

To all who regard St. Bartholomew's not only as a place in which to work, but as an institution whose great traditions are worth preserving, the appointment of Clerk to the Governors is of special interest.

The Clerk in his capacity of chief administrative officer of the hospital has the responsibility of ensuring that the high standards for which Bart's is justly famous are maintained. The qualities of loyalty, integrity and a spirit

Service since its inception, and has been actively concerned in solving many of the problems that arose in the initial stages. In addition to the complications created by the introduction of the National Health Service, the problems of the rehabilitation of the hospital at the end of the war were of the greatest concern to the administration: Mr. Goody was closely associated with the completion of the Queen Elizabeth Block and the new Nurses' Home, and was largely responsible for the smooth return from Hill End Hospital of the Special Departments to Bart's in 1961.

During his period as Deputy Clerk to the Governors Mr. Goody spent some time in visiting other hospitals and medical centres, and he is very aware of the need to be familiar with new advances in hospital management.

John Goody, who lives with his wife and two children at Blackheath, is a man of quiet tastes. His interests are mainly in the field of art; he is an artist of some merit, and modestly admits to having one work hung in a London exhibition. He enjoys nothing better than browsing round old antique shops looking for bargains. His interest in the arts should ensure that the hospital's unique historical, architectural and artistic tradition will be preserved and enhanced.

It is inevitable that in the changing pattern of hospital service individuals will have to conform to the policies laid down by the Ministry of Health, but I am sure that Mr. Goody will do his utmost to see that during his term of office Bart's continues to maintain its position in the forefront of medical knowledge and patient care.

I think it can truly be said of John Goody that he really cares for Bart's. I am sure that Bart's wishes him well in his new appointment.
C.E.M.

P. B. P. Mellows

Percival Baden Powell Mellows, who qualified at Bart's L.M.S.S.A. in 1926, was a "character" of the nineteen twenties. I was sorry to see his death reported in your recent issue. The following true stories will be remembered by most Bart's men of his vintage.

When President, or secretary, of the Students' Union, he was asked to join members of the Senior staff as representing the Students' Union, to meet a number of very important American surgeons at Euston Station when they arrived from Liverpool to visit Bart's. He arrived at the station in Top Hat,

Morning coat and with a large button hole; the senior staff wearing lounge suits. He was apparently taken for the senior surgeon and kept the bluff going till after the welcoming luncheon.

On another occasion the late Lord Horder (then Sir Thomas) asked him after due discussion of a case what he thought the diagnosis was. "Sarcoma of the stomach" was Mellows' reply. Horder, somewhat surprised, said that he would leave discussion until later. However, 14 days later a P.M. revealed that it was a sarcoma of the stomach to everyone's surprise. Horder asked Mellows what prompted him to make such a brilliant diagnosis to which Mellows replied, "I dreamt it".

On another occasion during an examination he was shown a "Lung in a bottle" and was asked what he thought of the specimen. Mellows replied "a LEFT FEMALE LUNG". "Quite right," said the examiner, "a left lung, but why female?" "Just to start an argument," Mellows answered.

The last occasion that I saw him, I think, was when touch judging for the 1st XV in 1929 at Plymouth. Out of the stand came a magnificent figure swinging onto the field, Bowler hat, huge overcoat with an Astrakhan collar, silver-headed cane and an enormous cigar, to talk to the Bart's XV—Percy Mellows, Deputy Medical Officer of Health for Plymouth. This was the post he obtained by bluff as the advertisement for the post clearly stated that only those with an M.B. and D.P.H. need apply. Mellows had only L.M.S.S.A., but he got the job and then the D.P.H. four years later!!

He then went to Peru, I believe, as a newspaper correspondent, then to Rhodesia as Medical Officer in charge of Mines.

It is always sad when a "character" passes on, but his memory will always bring many laughs to his contemporaries. (Why his parents christened him Baden Powell I do not know!)
J.B.B.

The Abernethian Society

On 12th April, a lecture on "John Hunter's Museum" was given by Miss Jessie Dobson, the present curator of the museum. As we hope that an article on this subject will appear in a later Journal, I will give only a brief report here.

Miss Dobson traced the history of museums in general up to Hunter's time. She then gave an account of his life and the way in which he built up the museum. Finally, she told of

the subsequent development of the museum until its partial destruction by a bomb in 1941 and the building of its fourth and latest home which is shortly to be opened to the public.

She pointed out that the museum was the first museum in which the specimens were arranged in an orderly fashion so as to tell a story. The various series of specimens are virtually self-explanatory.

Miss Dobson, and later Mr. Thornton, who kindly gave a vote of thanks, mentioned several links between the museum and Bart's. William Clift, the first Conservator, was a close friend of John Abernethy. Richard Owen, who followed him was a Bart's man and Sir James Paget was for a time engaged in revising the catalogue.

On 3rd May the Society was particularly pleased to present a symposium on the kidney in which four members of the Staff kindly took part. Professor Scowen took the chair; the panel was composed of Dr. Simon, Dr. Spencer and Mr. Badenoch.

Dr. Simon spoke of advances in two fields, diagnostic technique and the interpretation of X-ray findings. He mentioned several new diagnostic methods, tomography, by which the size and shape of the kidney can be defined, cinematography (shown by the use of the image intensifier), by which ureteric reflux can be demonstrated, and aortography, by which renal artery stenosis or obstruction can be diagnosed. It is now well-known that such radiological changes as clubbing of the calices, a reduction in the width of the cortex and irregularity of the surface of the kidney indicate pyelonephritis. The "medullary sponge" kidney, in which feathery outgrowths from the calices are seen on pyelography, is also the result of infection.

Dr. Spencer then spoke of the use of ureteric catheterization, isotopic methods and renal biopsy in diagnosis, and of the use of the artificial kidney in treatment. When the renal artery is stenosed, ureteric catheterization shows that the affected kidney produces urine more slowly and with a lower sodium concentration than the good kidney. In the rather uncommon condition of unilateral pyelonephritis, the rate of excretion is again reduced on the affected side, but the sodium concentration is normal. Catheterization is important in the diagnosis of these conditions as early operation frequently relieves the hypertension which they cause. A poorly functioning kidney can also be diagnosed, with much less internal interference, by injecting radioactive Diodrast and

estimating its excretion from each kidney by means of Geiger counters placed over the loins.

Renal biopsy is particularly useful in the elucidation of obscure cases presenting with haematuria, proteinuria and the nephrotic syndrome. Dr. Spencer showed sections from blocks obtained by this method which had showed various diagnoses—of amyloid disease, disseminated lupus erythematosus, membranous nephritis and pyelonephritis—to be made. This method is also used in deciding when to stop the repeated dialysis of a patient with persistent anuria.

In various conditions the artificial kidney is used to restore the composition of the blood to normal. In cases of anuria, as after an incompatible blood transfusion, it raises the serum sodium and bicarbonate and lowers the blood urea and serum potassium, magnesium, phosphate and sulphate. Phenols, cresols and other substances have recently been found in the dialysate. In cases of poisoning it can quickly remove the offending substance and in the future it will probably be used more and more for this purpose.

Mr. Badenoch spoke last and dealt with the subject of chronic urinary retention. In far too many cases of chronic prostatism the condition is not diagnosed until retention has occurred. The patient may complain of urinary symptoms but often chronic retention is only discovered when a patient enters hospital for the treatment of some other condition, such as a cerebro-vascular accident. A good clinical examination is essential though the size of the prostate is no indication of the degree of retention. The blood urea should then be estimated and an intravenous pyelogram done if it is not too high. This occasionally shows that the brunt of the obstruction has been taken by a diverticulum.

It was once thought that slow decompression should be used in the relief of chronic retention. This is not necessary provided that once the bladder is emptied it is kept empty. Prostatectomy can be performed as an emergency operation provided that a catheter has not been passed and that there is only a mild degree of damage to the upper urinary tract. When damage is more severe, the bladder must be drained. Advances in fluid and electrolyte control, chemotherapy, anaesthesia and physiotherapy have contributed much to the development of modern prostatic surgery.

Questions followed and Mr. John Goldman proposed a vote of thanks.
M.H.B.

RICHARD II & WAT TYLER IN SMITHFIELD

By George Graham

The final scenes of the great revolt of 1381 took place on Saturday afternoon, June 15th, in Smithfield (in front of the Augustinian Priory and Hospital of St. Bartholomew), where a market for horses was held on Fridays. Smithfield was then much larger than it is now but unfortunately there is no map earlier than 1560-70, so that its exact extent cannot be stated.

Saturday morning had been exciting as the mob had gone to Westminster Abbey in the morning and dragged Richard Inworth, the Master of the Marshalsea Prison, from the shrine of St. Edward, taken him back to Cheapside and there beheaded him at 3 p.m. King Richard and some of his lords, who all wore armour under their clothes, had ridden from the Wardrobe in Baynard's Castle (this was near Blackfriars Station) to Westminster Abbey, where the King made his prayers and was confessed. The party then rode back to Smithfield. The incidents, which were followed by the death of Wat Tyler, could not have taken long, and there are six accounts of what happened, which differ considerably. The most detailed is that given in the "Anonimale Chronicle" of St. Mary's Abbey, York, and since the statement is made that Tyler was put to bed in the hospital, I will give it first and then discuss some of the differences in the other accounts, and how the writer of the Anonimale Chronicle collected and arranged his information. A copy of the original text written in Anglo-French in a manuscript found by G. M. Trevelyan in 1898, was translated by Sir Charles Oman and was referred to by Sir Norman Moore in his history of the hospital.

"When the King and his train arrived there they turned into the Eastern meadow in front of St. Bartholomew's Priory, which is a house of Augustinian canons, and the commoners arrayed themselves on the west side in great battles. At this moment the Mayor of London, William Walworth, came up and the King bade him go to the commons and make their chieftain come to him. And when he was summoned by the Mayor, by the name of Wat Tighler of Maidstone, he came to the King with great confidence, mounted on a little horse, that the commons might see him. And

he dismounted, holding in his hand a dagger which he had taken from another man, and when he had dismounted he half bent his knee, and then took the King by the hand, and shook his arm forcibly and roughly, saying to him, 'Brother, be of good comfort and joyful, for you shall have, in the fortnight that is to come, praise from the commons even more than you have yet had, and we shall be good companions', and the King said to Walter, 'Why will you not go back to your own country?' But the other answered, with a great oath, that neither he nor his fellows would depart until they had got their charter such as they wished to have it, and had certain points rehearsed, and added to their charter which they wished to demand. And he said in a threatening fashion that the lords of the realm would rue it bitterly if these points were not settled to their pleasure. Then the King asked him what were the points which he wished to have revised, and he should have them freely, without contradiction, written out and sealed. Thereupon the said Walter rehearsed the points which were to be demanded; and he asked that there should be no law within the realm save the law of Winchester, and that from henceforth there should be no outlawry in any process of law, and that no lord should have lordship save civilly, and that there should be equality among all people save only the King, and that the goods of Holy Church should not remain in the hands of the religious nor of parsons and vicars, and other Churchmen; but that clergy already in possession should have a sufficient sustenance from the endowments, and the rest of the goods should be divided among the people of the parish. And he demanded that there should be only one bishop in England and only one prelate, and that all lands and tenements now held by them should be confiscated, and divided among the commons, only reserving for them a reasonable sustenance. And he demanded that there should be no more villeins in England and no serfdom or villeinage, but that all men should be free and of one condition. To this the King gave an easy answer, and said that he should have all that he could fairly grant, reserving only for himself the regality of the crown. And then he bade him go back to his home, without

making further delay.

"During all this time that the King was speaking, no lord or counsellor dared or wished to give answer to the commons in any place save the King himself. Presently Wat Tighler, in the presence of the King, sent for a flagon of water to rinse his mouth, because of the great heat that he was in, and when it was brought he rinsed his mouth in a very rude and disgusting fashion before the King's face. And then he made them bring him a jug of beer, drank a great draught, and then in the presence of the King, climbed on his horse again. At this time a certain valet from Kent, who was among the King's retinue, asked that the said Walter, the chief of the commons, might be pointed out to him. And when he saw him, he said aloud that he knew him for the greatest thief and robber in all Kent. Wat heard these words and bade him come out to him, wagging his head at him in sign of malice; but the valet refused to approach, for fear he had of the mob. But at last the lords made him go out to him, to see what he (Watt) would do before the King. And when Watt saw him he ordered one of his followers, who was riding behind him carrying his banner displayed, to dismount and behead the said valet. But the valet answered that he had done nothing worthy of death, for what he said was true, and he would not deny it, but he could not lawfully make debate in the presence of his liege lord, without leave except in his own defence: but that he could do without reproof; for if he was struck he would strike back again. And for these words Watt tried to strike him with his dagger, and would have slain him in the King's presence; but because he strove so to do, the Mayor of London, William Walworth, reasoned with the said Watt for his violent behaviour and despite, done in the King's presence, and arrested him. And because he arrested him, the said Watt stabbed the Mayor with his dagger in the stomach in great wrath. But, as it pleased God, the Mayor was wearing armour and took no harm, but like a hardy and vigorous man drew his cutlass and struck back at the said Watt, and gave him a deep cut on the neck and then a great cut on the head. And during this scuffle one of the King's household drew his sword and ran Watt two or three times through the body, mortally wounding him. And he spurred his horse, crying to the commons to avenge him, and the horse carried him some fourscore paces and then he fell to the ground half dead. And when the commons saw him fall, and knew not how far

certain it was, they began to bend their bows and to shoot, wherefore the King himself spurred his horse and rode out to them, commanding them that they should all come to him to Clerkenwell Fields.

"Meanwhile the Mayor of London rode as hastily as he could back to the City, and commanded those who were in charge of the twenty-four wards to make proclamation round their wards, that every man should arm himself as quickly as he could, and come to the King in St. John's Fields, where were the commons, to aid the King, for he was in great trouble and necessity. But at this time most of the knights and squires of the King's household and many others, for fear that they had of this affray, left their lord and went each one his way. And afterwards, when the King had reached the open fields, he made the commons array themselves on the west side of the fields. And presently the aldermen came to him in a body, bringing with them their wardens and wards arrayed in bands, a fine company of well-armed folks in great strength. And they enveloped the commons like sheep within a pen, and after that the Mayor had set the wardens of the city on their way to the King, he returned with a company of lances to Smithfield, to make an end of the captain of the commons. And when he came to Smithfield he found not there the said captain, Watt Tighler, at which he marvelled much, and asked what was become of the traitor. And it was told him that he had been carried by some of the commons to the hospital for poor folks by St. Bartholomew's and was put to bed in the chamber of the master of the hospital. And the Mayor went thither and found him, and had him carried out to the middle of Smithfield, in the presence of his fellows, and there beheaded. And thus ended his wretched life. But the Mayor had his head set on a pole and borne before him to the King, who still abode in the Fields. And when the King saw the head he had it brought near him to abash the commons, and thanked the Mayor greatly for what he had done. And when the commons saw their chieftain, Watt Tyler, was dead in such a manner, they fell to the ground there among the wheat, like beaten men, imploring the King for mercy for their misdeeds. And the King benevolently granted them mercy, and most of them took to flight. But the King ordained two knights to conduct the rest of them, namely the Kentishmen, through London, and over London Bridge, without doing them harm, so that each of them could go to

his own home."

The other five chronicles agree about the place and day of the meeting but the nature of the demands differ. Knighton, an Augustinian Canon of Leicester, says that free warren for poor as well as for the rich everywhere in the kingdom of farms, in water and ponds. This was a demand that everyone could hunt or fish anywhere. Higden says that the relaxation of villeinage was demanded. Walsingham in the St. Albans' Chronicle, gives the text of the charter which had been granted at Mile End the day before, which is as follows: Richard by the grace of God, King of England & France & lord of Ireland, to all bailiffs & faithful men to whom these letters shall come, greeting. Know that by our special favour we have freed all & single our liege and subjects & others of the county of Hertford & have taken them out of bondage & we make them quit by these letters & we pardon our lieges & subjects of all treasons, transgressions, extortions, committed by them or anyone of them & outlawries if anyone of them have perpetrated & we grant our peace to them. As testimony we have issued our letters patent. My witness, 15 June in the fourth year of our reign. The French historian, Sir John Froissart, was not in England in 1381 and wrote his history about 1386. He quotes Tyler as saying to the King "the peasants will not depart without thy letters".

The fracas in which Tyler was wounded and perhaps killed outright is more or less the same in all accounts but only the Anonimale Chronicle says his horse galloped away. Knighton, who was a canon of the Augustinian Abbey Leicester, says that Tyler was "rudely drawn by his hands and feet into the church of the Augustinian Priory of St. Bartholomew, which was at hand". Mr. E. A. Webb, who compiled the Records of St. Bartholomew's Priory, Smithfield, found no reference to this and thinks the hospital was meant. All the other records say that he was knocked down from his horse, after having been stabbed and pierced through his body. None of them mention that Wat's head was cut off and shown to the peasants or that it was later placed on London Bridge (McKissack).

Thus, except for Knighton's statement, there is no confirmation for Tyler's admission to the Priory or hospital. Mrs. Whitteridge tells me "that there is no reference whatsoever in the records of the hospital to the famous meeting of Richard with the rebels at Smithfield. Nor is there any mention anywhere of Wat Tyler.

We have no domestic records for this period. Our only mediaeval documents relate to our properties and contain almost no information about the mediaeval hospital".

The Anonimale Chronicle

The statement that Wat Tyler was taken into the hospital depends on the Anonimale Chronicle and the question may well be asked how reliable a chronicle written or compiled by a Benedictine monk in St. Mary's Abbey, York, can be, seeing that the description reads like that of an eye witness.

Much research has been done since G. M. Trevelyan in 1898 found the manuscript in the British Museum, indexed under the Stow Mss. 1047. This was written late in the 16th century in or soon after 1592 and is in the handwriting of Francis Thynne, Stow's friend, and it purports to be "out of an anonimale chronicle in the Abbey of St. Marie's in York." Trevelyan says it is not based on any of the other chronicles yet it agrees with them and with the better evidence of the indictments of the rebels quite as much as they agree with each other. Trevelyan considered that accounts of the peasants' revolt were accurate and used them in his book, *England in the Age of Wycliffe*.

Oman says, "If the literary merit of the Anonimale Chronicle is nil, its historical value is enormous. It contains far more detailed facts about the rising (1381) than any other single chronicle and a large proportion of them are unrecorded elsewhere. It is clearly the work of a contemporary and in some parts of an eye witness". He said, "I have followed it so closely in certain sections of my narrative that I thought it well to append it in the appendix".

George Kriehn reviewed the different chronicles in 1901-2 and concluded that the writer of Anonimale was not a copyist who had access to documents but in all probability, a man who had actually heard the articles at Mile End pronounced.

Professor Galbraith found the original manuscript, which was in the possession of Sir William Ingilby, Bart at Ripley Castle, Yorkshire, and published the text in 1927 with a long introduction and notes. The manuscript has a note in the margin in Stow's handwriting and the copy which Trevelyan found was made from it. Galbraith has considered all the evidence direct and indirect about the author and the way in which he collected his information. The manuscript is written in such a way that information received from outside sources is

woven into the narrative which makes it very difficult to detect the sources of the information. He considers that behind almost every entry there seems to be a document of some sort which has now disappeared and the "conclusion seems unavoidable that original composition was the compiler's last resort". Thus, details of the battles in France with the lists of casualties are found in the text. These were included in the news-letters from France and the details are correct. Again a letter from the Black Prince to his wife, the text of which is known appears in the chronicle as part of the monk's own observations. The accounts of the Good Parliament of 1376 are very full and accurate and again the details of the peasant revolt are more detailed than any other account. Galbraith thinks that the accounts have been lifted entirely by the compiler from some other book.

Further parts of the chronicle show "remarkable acquaintance with the details of the administration; the names of law officers are correct and also of the Treasury officials. It would seem, therefore, that the Monk at York resembled the Editor of a modern newspaper in that he had access to reports of various correspondents but unlike a modern editor he did not use headings or new paragraphs or say "from our own correspondent", but incorporated them all into his text, as though they were his own observations. Galbraith says he is best judged by his selection of material which is, generally speaking, good. But it would not be difficult to make a long list of his inaccuracies and positive blunders.

But he says "one is more disposed to accept the Anonimale Chronicle account (of Smithfield) perhaps the finest literary passage in the whole work, owing to his accurate description of the King's visit to Westminster which immediately preceded it".

Who sent the reports of the Good Parliament and the Peasants' Revolt to the Monk of York, or Who was the London correspondent?

Professor A. F. Pollard from a study of internal evidence suggests that the London correspondent was John Scardeburgh, who held a prebend in the chapel of St. Mary of the Holy Angels in York in 1387. He was also Common Clerk in Parliament, London coroner and deputy to the successive Chief Butlers of England, John Slegh and Thomas Chaucer. Scardeburgh, with his connection with York and his post in London, had ample opportunities to observe current events in London and to be an eye witness or in close touch with eye

witnesses. But if he was at Smithfield, what was a prebendary of York and the clerk to the commons doing in the King's party, wearing armour under his clothes! but clerics on occasion took a very active part in military matters. Thus Henry Despenser, Bishop of Norwich, played a very prominent part in saving the monks of Peterborough Abbey and squashing the rebellion in Norwich.

However, there is not and cannot be any proof that Scardeburgh wrote the parts of the Anonimale Chronicle dealing with the Peasants' Revolt. In conclusion, the statement that Wat Tyler was admitted to the hospital rests on one chronicle only, with a possible reference in another. However, so much of the material in this chronicle is accurate that this fact may well be true.

I hope, therefore, that many when they walk through Smithfield will sometimes remember that on Saturday, 15th June, 1381, some time after 3 p.m., the final scenes in London of the Peasants' Great Revolt took place just in front of the hospital and that Wat Tyler was beheaded just outside its gates and that King Richard the second displayed great bravery for a boy of 15 when he "rode out" to the peasants who "began to bend their bows and shoot" commanding them that they should all come to him to Clerkenwell Fields.

I have to thank my sister, Rose Graham, C.B.E., D.Litt., F.S.A., for her great assistance in finding the reference and for translating the Latin texts.

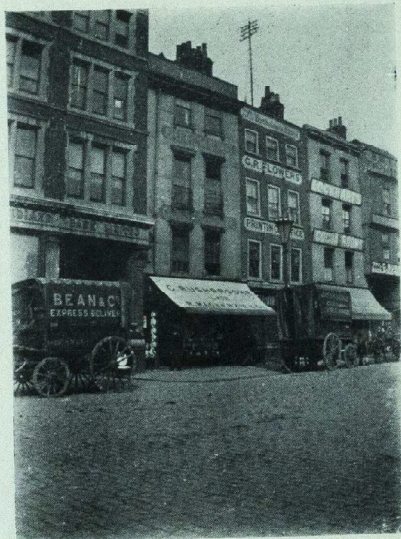
George Graham.

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THE LATE "DR. MACKENZIE" AN APPRECIATION

By Humphry Ward and John Ind



Few will remember the days when Dr. Mackenzie was a revered and household name amongst the folks in Clerkenwell and down the City Road. For this is how the Midder Clerks on the District were known over 60 years ago if they were "lucky enough" to be "on" at Mackenzies. Others less fortunate did their month at a nearby maternity home where midwives were numerous and responsibilities few.

The original Mr. Mackenzie was a Smithfield butcher of ill-repute who's specific ambition was the supervision of a shop, situated between St. Bartholomew's the Great and Cloth Fair. Researches do not reveal whether the Hospital at any time purchased victuals from so near at hand. The upper three floors of this shop were acquired by the Hospital for the headquarters of the District Maternity Unit and it was here that the clerks lived and ate during their appointment. A side door, off Cloth Fair was their entrance and a barrel of beer greeted them before a steep climb upstairs. At night, the caretaker, summoned by a pull-

wire bell, was responsible for taking all the particulars from the callers by candlelight and then waking the clerks in their small rooms above and sending them on their way.

With the completion of the new buildings at the Hospital in 1905, Mackenzies became redundant and was handed over to the house-breakers to make way for a new bank; the National and Provincial.

For the pitiless Council condemns it,
That noble old house in the Square,
The home of the midnight physician,
The pride and the joy of Cloth Fair. . . .

Oh, weep with me, mothers of Smithfield,
For a life that is ebbing out fast;
The life of the ancient "Mackenzies",
A life of a glorious past.

This was the nostalgic lament of one (K.M.W.) who surely never inhabited Mackenzies. For others, the move to the Hospital was a welcome change and one such, records in the "Journal"; "The last breakfasts

were eaten in the noisy room and during the day the whole establishment removed to the new quarters in what was once the Warden's house of Christ's Hospital. We are glad to relate that much of the old furniture was left behind, although 'Mrs. Brown' is still with us, having, it is understood, insisted on a pantechicon for conveyance to her new home."

Who "Mrs. Brown" was we are unable to discover but certainly those at Mackenzies were looked after by a man named Herbert. Perhaps his surname was Brown and this was his wife.

A vivid description of life on the District is furnished by Dr. Sidney Vosper who served his month during the last days of Mackenzies.

"The District, in those days, was infected with flees, bugs and lice, and Mackenzies was no exception. We were often kept awake at night from irritation by these insects, and even the wallpaper in my bedroom cracked with these bugs.

I well remember when I had to visit my uncle; Mr. Percy Jakins, surgeon to the Central London Throat and Ear Hospital at Gray's Inn Road. On these visits to Mr. Jakins, who resided at 120 Harley Street, I was not allowed in the house and only spoke to him on the doorstep. After I had finished my final month's clerking I had to go to St. Marybone baths to be deloused. All my clothing was burned and new clothes issued."

Another old Bart's Man recalls that one was constantly attacking the bugs with chloroform from a drop bottle and also remembers that they wore no gloves but washed their hands and rinsed them in Hydrarg. Biniodide.

The remarkable discovery in 1901, of the journal of one, Dr. Blood, Assistant Accoucher to St. Bartholomew's Hospital from 1609 until his untimely death in 1616, provides a graphic account of conditions at Mackenzies in those early days. This journal was found in an old chest during alterations to Mackenzies but the Hospital suppressed its publication and it was

not until 1920 that extracts were first published in the "Journal".

"Now concerning y^e matters relating in thys JOURNAL, let itt be plaine to alle from y^e firste that they are bvt a plaine tale of svch thinges as passed in ovr time at Bartelmey's and no fancifvll discovrse on things OBSTERICK; for thatte is foriegn to ovr purpose and very hatefvll to alle goode District Clerkes.

Avgvst y^e Est. 1610. . . . Did meete at Mackenzies in great force. Alle mightie busy purging away y^e heape of old mucke. Did hear how one, seeking in a darke Cupboard did drawe forth an old Ham wrapt in news sheets, wth some doe say was layd by for provision in ye warre but now gone foule and stank abominably."

The lack of puerperal sepsis under conditions such as these is perhaps, somewhat surprising, the practise was to treat a rise in temperature on the third day by vaginal douching with Hydrarg. Perchlor.; "The pyrexia usually cleared up."

We must conclude that fifty years ago, Dr. Mackenzie was a man of many parts. Almoner, Cleaner, a Saint Christopher to all manner of animal minutae, and Accoucher. There was much poverty on the district; often milk had to be bought with money provided by the Samaritan Fund. Mothers and children had to be bathed by the clerks and many of the deliveries were by candlelight. The Clerks were issued with black "Midder Bags" and these were an immediate passport to even the toughest areas of the City.

Dr. Mackenzie was the friend of all and the "mothers of Smithfield" may justly weep for him but perhaps the death of "Mackenzies" was an occasion for rejoicing.

The authors would like to thank Dr. S. Vosper, Dr. M. Donaldson, and Dr. A. Cuverton for their kind help in providing material for this article and the Archivist for allowing them to see the original journal of Dr. Revlynn Blood.

JUNIOR OSLER CLUB

On 30th April the Junior Osler Club held a tenth anniversary meeting in the Charterhouse Square library. Mr. Thornton, one of the founder members and the first President of the Club, told us something of its early life. The Club was formed as a student group for the study of the historical and literary aspects

of medicine. Normally, we listen to and discuss papers written by the members. During the last decade students have not been consistently creative in their literary endeavours and the club has had its ups and downs. We hope that the presence of three wives at this meeting is a sign of a growing creative en-

thusiasm among students.

The first paper, read by Colin Brewer, was titled "Some Aspects of the History of Smallpox and its Prevention". It seems that smallpox has been a topical subject for many years.

In Exodus it is told that the Lord commanded Moses and his brother Aaron to sprinkle the ashes of the furnace and it would become "a boil breaking forth with blains upon man and upon beast throughout all the lands of Egypt". Hippocrates noticed that some fevers were associated with pox which was "dreadful to behold", but neither he nor Galen differentiated smallpox from other forms.

In England by the Xth Century smallpox was differentiated from varicella. One method of treatment was to prick the pustule with a thorn and introduce a drop of one year old alderberry wine. Treatment and prevention of smallpox by inoculation of pus was first described in India in 1500 B.C. In 1774 Benjamin Finsby, a Dorset cattle dealer, inoculated his wife and children with pus from a cowpox pustule. Subsequent inflammation of his wife's arm soon dissuaded him from further attempts at inoculation. It was the work of Jenner four years later which laid the firm foundations for vaccination against smallpox.

The second paper, by Trevor Hudson, was on Thomas Sydenham. He lived at a time when close observation and the collection of facts based on observation were challenging

the classical theories of anatomy, alchemy and medicine.

Sydenham believed that the advancement of medicine should be built upon a history of the disease in question which was both graphic and natural. Many of his clinical descriptions are valid when read today. He suffered with gout and his classical description of it is therefore tinged with the enthusiasm of personal experience. As for treatment, he believed that Nature should be permitted to do her own work, requiring nothing of the Physician but to "regulate her when she is exorbitant and to fortify her when she is too weak".

He did much to promote the use of quinine in England and said of it, "If only I were as sure of the permanence of the effect as I am of the harmless character of Peruvian Bark, I should look upon it as the Prince of Medicines".

Another of his favourite treatments was to keep the patient in the fresh air, for this he prescribed riding. He once sent a patient who was making little progress, on a journey to Scotland to consult a fictitious physician. When the patient returned feeling fit but furious, Sydenham was satisfied that he had done what he could for the patient.

The next meeting of the Club will be held on Monday, 4th June. A. M. J. Ward will read a paper on the "Flying Ambulance" and P. Byles one on "The Life and Foibles of Louis XIV". F.P.

EXTRACTS FROM THE ANNUAL REPORT OF THE MEDICAL COLLEGE COUNCIL FOR THE YEAR ENDED JULY 31st. 1961

STUDENT ACTIVITIES

The distance between College and home or "digs", aggravated by a deterioration in travelling conditions, has already been referred to in relation to the students' academic work. It is almost more marked by the way it limits a student's participation in extra-curricular activities. Nevertheless, the clubs have thrived on enthusiasm in spite of the limitation of their amenities. It is disappointing to find students, whose school activities and sporting record has been outstanding, falling out of such pursuits as

soon as they join the College. It may well be that the reduction of pressure on the academic side by the removal of Pharmacology from the pre-clinical course will do something to stop this wastage.

During the past year the President's keen interest in the problems and plans of the College has been a stimulus and encouragement to those who share the satisfaction and the frustration of administrative co-ordination. His personal support in the College's application for financial assistance in its building programme has made it possible to go ahead with

the construction of new accommodation for the linear accelerator at Charterhouse Square. The Wellcome Trust has very generously promised a contribution up to £55,000 towards this structure.

THE ACADEMIC PROGRAMME

Travelling from home or distant lodgings to the centre of London continues to be a major source of stress and expense to many students and the provision of greatly increased residential accommodation is urgent. The Library has been kept open in the evening, and this amenity has been greatly appreciated and advantage has been taken of it by students and staff. It has been necessary to extend the refectory hours and provide suppers to make it possible for "commuting" students to stay.

Undergraduate teaching in Regional Board Hospitals has been extended. The North Middlesex, Whipps Cross, and Harold Wood Hospitals each receive students for resident two week periods in their final year, principally for experience in acute medical conditions. In addition, for Obstetric training, students are sent to Peterborough, St. Helier, Redhill, Rochford, North Middlesex and Thorpe Combe Hospitals for a resident month. The closing of the District Midwifery Service based on St. Bartholomew's Hospital has been a grievous loss to student experience, not only for the loss of obstetric experience but because it gave many an opportunity of seeing domiciliary practice and some of the problems of social medicine.

Parties of students have visited the Plastic Surgery Centre at East Grinstead, the Department of Rehabilitation and Daily Living at Winchester, and the Chailey Heritage Hospital and School for long stay paediatric and orthopaedic cases. Teaching of Psychological Medicine has been extended to Goodmayes, Halliwell, Warlingham Park, Bethlem Royal, and Maudsley Hospitals. Party visits have been arranged to General Practice for students to be shown the community medical services and integration into rural medicine. These have been organised by the Adviser in General Practice, Dr. T. O. McKane.

On qualification our students find little difficulty or delay in being appointed to good pre-registration house posts. A recent survey has shown that almost all obtain posts in large hospitals, and many hold both medical and surgical posts in the same hospital. The College is, however, concerned that more opportunity for continued education should be given during

this pre-registration year. At St. Bartholomew's this could only be achieved by the creation of additional posts, thus allowing a reduction in the work load carried by these young graduates.

The College receives many requests to provide men and women for assistantships, trainee assistantships and partnerships in General Practice and for locums. The shortage of Bart's men to meet these demands is remarkable, but it is probably a simple reflection of the general shortage of medical manpower. Termination of National Service has already produced a change in the pattern of post-graduate training, in that graduates are now being appointed to junior tutorial posts and demonstratorships within two years of qualification.

DEVELOPMENT

Three major items of planning have demanded attention during this year. The preparation of the quinquennial development policy for the University had to be completed in the first quarter. Public utterance has already recently been made elsewhere in the University concerning the stultifying effect of this system of five-year plans. Not until the end of any quinquennium is realistic knowledge available concerning grants that may be expected in the following five years. Planning in the Medical College is further confused by the restrictive effect of the National Health Service. The acceptance of the erroneous recommendations of the Willink Report that the output of medical graduates should be limited has resulted in non-development in size of teaching hospitals generally, and has placed their associated Colleges low in the list of priorities when it comes to the use of public money. The reduced clinical entry of the late 1950's has aggravated the shortage of medical manpower in the country. Unfortunately the Ministry of Health's call for a ten-year hospital development plan did not come until much later in the year. How much can be achieved in expansion of clinical and research facilities at the Hospital will necessarily determine the nature and extent of College development. Far-reaching Hospital plans have been submitted and have included a complete revision of student amenities and teaching accommodation on the Hospital site.

The third direction of planning has been towards curriculum revision. Students in the pre-clinical entry in October embarked on the

Second M.B. Course from which Pharmacology has now been excluded. The purpose of this change is to lighten the load of the first five terms of University life. This has only been done at the expense of the clinical course since there has been no agreement to reduce the content of the syllabus in anatomy, physiology and biochemistry. The pharmacology course will now be combined with elementary pathology in the sixth term and introductory clinical tuition. To include in the clinical course an adequate amount of the ever growing fund of medical knowledge, particularly in the field of psychiatric and environmental medicine, is a problem incapable of an adequate solution. With the abolition of National Service, post-graduate education can, however, now be planned realistically to develop a student's abilities in the direction of his chosen professional path.

The Department of Scientific and Industrial Research have generously made a grant of £60,000 for the provision of a special new linear accelerator for research purposes. The installation of this will enable much of the basic

research at present carried out on the Hospital accelerator to be transferred to Charterhouse Square, allowing more time for therapy with the Hospital equipment.

The building of the Library block in Charterhouse Square commenced in April, the contract having been awarded to Messrs. Dove Bros. It is hoped that the main building will have been completed by October, 1962, but at a late stage of planning it was decided to proceed with the foundations for the further extension to complete the lower ground floor and ground floor as a special building for the linear accelerator and associated laboratories. This step was made possible by the generosity of the Wellcome Trust, already referred to in this report. Appreciation is due to the Court department of the University for their patience and co-operation in the handling of this last-minute change of plan. By this move the Physics Department and its research activities will now be centralised, and the old Physics tower will be available temporarily for other purposes.

THE SORCERER

Following the finish of the copyright of Gilbert and Sullivan's operas recently, their works are looked forward to being heard more frequently. One such instance was the Hospital Opera Group's concert performance of *The Sorcerer*, performed at the Hall of Gresham College on March 29th.

The Sorcerer is one of the more rarely performed Gilbert and Sullivan operas, and in consequence is less well-known. A warm welcome was given to Brian Richards who returned to conduct and direct the performance. Under his guidance the chorus—of the ever-attractive girls who had doffed their starched uniforms for a delightful array of colour, and a rather more sparse than usual team of elegant males—had evidently been training well and were enjoying themselves. They were well-supported by the orchestra—playing together for the first time and with but a single rehearsal. Special mention must be made of the brass section who made their able presence heard throughout the evening!

John Creightmore departed from his usual stand with the soloists and narrated the continuo. He was admirably suited to the dry

humour this entailed—did we detect some Teutonic flavour somewhere?

As with many amateur performances there was a regrettable lack of platform technique amongst the soloists; couldn't they be positioned so as to be able to see the conductor without turning away from the audience? Nancy Crane as the village *pew opener*, Sally Clarke as Constance, Anne Shelton as Alice and Priscilla Willoughby as Lady Sangazure were admirably cast and sang well. I particularly enjoyed the duet between Lady Sangazure and Sir Marmaduke Pointdextre—Patrick Kingsley. William Jory made a splendid Dr. Davy as did Harold Ward as the Notary. Basil Middleton as Alexis made a good match with Aline. Christopher Hood excelled himself as the *Sorcerer*—a change to *hear* his voice on this occasion.

The performance was well-supported and there can be no one who went away from Gresham College with any doubt that they had had a most enjoyable evening. Let us hope that the *Sorcerer* is not the last of the Opera Group's entertainments. C.N.S.

LETTERS TO THE EDITOR

STUDENT MARRIAGE

Dear Sir,

I agree with very little of last month's editorial and that part of it with which I am in accord is irrelevant to the main issue of "Student Marriage". As a young and impecunious bachelor, dependent upon state and parent for my very existence here, I see student-marriage as an intolerable situation, full of obligations which cannot be honoured by one of my sex and state.

The circumstances are hardly ideal for "the normal partnership between man and wife to develop" when one or both partners are studying hard for finals. With the accompanying strain which this entails, surely the embryo of this marriage is liable to severe developmental abnormalities. I do not think an immediate post-qualification marriage can be ideal, but at least the brief interludes of married bliss allowed must indeed be bliss for both participants and the prospect of a family life is not necessarily so very distant.

One of our own consultant gynaecologists remarked very recently that marriage serves for the protection of children (needless to say, procreation is an essential precursor). As one in my circumstances cannot contemplate raising a family with security, the very idea of marriage is unjustifiable.

Perhaps I am old-fashioned in my outlook, but I consider that a husband should be in a position to provide his wife with the basic comforts and security to which she is entitled, in return for her ability to give him a family and the companionship and support which he requires. This is not accomplished when either the husband relies on financial support from his wife or each partner is independent of the other.

The psychological stability gained by marriage is one of the many assets gained by a man which should be balanced by the material security he can give to his wife. Unless the latter is forthcoming, he is "in the red" right from the start.

No sir, if marriage is to be a high ideal and a career in its own right it should be treated as something more than an adjunct to our studies.

Yours faithfully,

PETER K. LEAVER.

Dear Sir,

It was with particular interest that I read the Editorial in last month's "Journal", on Medical Student Marriage. This is a very contro-

versial subject as I personally discovered when I was married last year.

At the time, my husband was at the beginning of his final clinical year, and in my opinion this is a far better period in which to be married than immediately after qualification.

It is a full-time job for even the most brilliant student to cope adequately with Finals and so to have to consider wedding plans, housing and financial problems at the same time, must, I think, cause a deterioration in examination performance.

Another consideration is the marriage itself. This must stand a better chance of success, too, if:—

1. The partner has not been under the severe strain of examinations for several months; and

2. He or she doesn't have to go away to do house jobs immediately after the honeymoon.

Finally, a comment on the phrase, "A good marriage should stimulate rather than stultify work..." The records will show that the three other students who married during their final clinical year, with my husband, all passed at the first attempt, the L.R.C.P., M.R.C.S., diploma and the M.B., B.S. degree this spring; and also, one student was awarded Honours in the degree examinations!

Yours faithfully,

JACQUELINE MARSH.

CHLOROFORM AND BART'S

Dear Sir,

In an article on the "Development of (the) Department of Anaesthetics" (*Journal*, 63, 1959, pp. 13-18), I suggested that chloroform was first used in this Hospital ten days after Simpson read his paper to the Medico-Chirurgical Society at Edinburgh on November 10th, 1847. A recent book by the late W. Stanley Sykes, *Essays on the first hundred years of anaesthesia*, Vol. 2, 1961, contains an interesting chapter on "Chloroform before Simpson" (pp. 168-177). This suggests that Michael Cudmore Furnell (1829-1888), when a student at Bart's, introduced chloric ether to the notice of Holmes Coote and Sir William Lawrence, and that it was used in this Hospital, probably in May, 1847, some months before Simpson's experiments. Chloric ether is apparently synonymous with chloroform, which suggests that Furnell was responsible for the

initial discovery of the anaesthetic properties of chloroform, but that the re-discovery and dissemination of the knowledge was due to Sir James Young Simpson.

W. Stanley Sykes presents fully-documented proof of Furnell's discovery, and of the use made of it in this Hospital, and the biography of Furnell in *Plarr's Lives of the Fellows of the Royal College of Surgeons of England* (Vol. 1, 1930, pp. 426-427), also mentions his use of chloroform under the name chloric ether.

It is not to be expected that Sir James Young Simpson will be deprived of the honour of being credited with the introduction of the use of chloroform as an anaesthetic, but Michael Cudmore Furnell, a Bart's man, should receive recognition for his earlier experiments, and it should also be recorded that chloroform was used in St. Bartholomew's Hospital some months before Simpson gave his knowledge to the world.

John L. Thornton,
Librarian.

SPORTS NEWS

Table Tennis Club

With the increase in the size and activity of the club, the end of the league competitions, and the absence of any report for some years, it is time to show some written evidence of our existence.

In 1955 and 1956, the club was a thriving concern with the first team in the first division of the University League. It then suffered the fate of the Gods until B. Hore started the club up again in 1959. In 1960, a team was entered in the third division of the League, and came sixth out of ten. In 1961, it moved up to second place, and was promoted to the Second Division.

This year two teams were entered, one for the Second Division and a second team, with the object of trying out new players, in the Third Division. The latter was not very successful, losing most of its matches, but the first team held its own quite well in the higher division. The results were:—

Date	Opponents	Result
Tues. 24th Oct., '61	Woolwich III	Lost 1-9
Mon. 30th Oct.	Guys I	Lost 3-7
Mon. 6th Nov.	QEC I	Won 6-4
Mon. 13th Nov.	Royal Vets I	Won 6-4
Mon. 14th Nov.	Q.M.C. II	Won 10-0
Fri. 17th Nov.	U.C. III	Lost 0-10
Wed. 22nd Nov.	Woolwich V	Won 7-3
Tues. 5th Dec.	Kings III	Lost 4-6
Thurs. 18th Jan., '62	IC III	Lost 1-9
Tues. 23rd Jan.	U.C. IV	Won 9-1
Tues. 6th Feb.	Battersea IV	Lost 0-10

The following members played:— J. Miller (Captain); J. D. Hardy (Secretary); M. Freeth; M. Crosse; A. Edleston; B. Hore; E. Shinebourne; B. Perris; T. Carden; F. Pope;

A. Brown; R. Farrow; B. Goldman; K. Davies; G. Campkin.

The star performers were M. Crosse, who with a spin service won nearly all his matches, and J. Miller, who with a relentless powerful attack, won most of his.

The other main events of the season were the Carribee Cup Competition, the Inter-Hospitals Dr. Francis Cup Competition (still in progress), and, for the first time, a mixed doubles competition. Bart's were knocked out of the first two in the first round by the Regent Street Polytechnic and King's Hospital, respectively.

On Thursday, 8th February, nine pairs competed for a bottle of sherry, which was eventually won by B. Goldhill and Miss J. Pennington, after a close struggle in the final with M. Franks and Miss J. M. Hardy. Apart from Miss J. M. Hardy, who entered through being a cousin of the Secretary, the other three finalists are all preclinical members, which is a hopeful sign for the future.

New players are always welcome, and it is hoped when the season starts again in October, more players will come along to the Tuesday evening sessions.

Swimming Club

Last term Bart's entered two teams in the U.L.U. water polo league. The first team in Division One had a moderate season, the second team in Division Three had only nine matches of which four were cancelled—mostly because of the difficulty in raising a team, and the other two were lost.

The first team plays very well on occasion, but can produce some appalling polo at other

times. A record of Played 10, Won 3, Lost 7, suggests more of the latter—perhaps slightly unjustifiably. Tactics like passes often go astray and both result in many lost chances. Even when a combination of luck and skill gives the side a shot at goal, the result is too often a complete miss or a rebound from the post.

All this adds up to the desperate need of the team to have better facilities for training at Water Polo as opposed to pure swimming, at which the club is very strong and at which most of the keen members train regularly. As the club cannot afford the expense of hiring an outside pool, water polo is left high and dry—quite literally—and any training must be done with a ball in the gym, which is a poor substitute for the real thing. It is undoubtedly fair to say that if the water polo team could train regularly together, it could be the supreme club of the University and even begin to think of competing against the all-powerful London clubs. For the moment the club and the Hospital it represents, must be content with penultimate position in the League, beaten by St. Mary's Imperial College and others.

Cricket

Saturday, 28th April, at Mill Hill.
v. U.C.H. Won by 8 wickets.

The season opened on a dull afternoon, with most Bart's fielders wishing they had super-numerary sweaters. B. J. Stoodley and J. R. Harrison opened the bowling for Bart's on an evenly-paced wicket. Stoodley, bowling unpleasantly fast and accurately, removed the opening batsmen without too much effort. Meanwhile, Harrison, bowling uphill, showed his accustomed gusto, spirit and lack of length. However, he was not unduly perturbed when a U.C.H. batsman dispatched his half-volley for 6 over his head and almost into the nearby airfield. C. J. Smart, a newcomer to the club, showed great promise as a possible successor to P. A. R. Niven. His bowling figures flatter a little but indicate the difficulty U.C.H. were having in applying bat to ball.

R. V. Jeffreys and R. T. G. Merry carried on where they left off last season, when Bart's innings started after tea. These two familiar figures scored 70 out of 93 in a very competent fashion. So, once again Bart's "tail" was spared the embarrassment of having to bat. U.C.H. 92 (Smart 5 for 30). Bart's 96 for 2 (Jeffreys 39; Merry 31).

Sunday, 29th April at Chislehurst.

v. London House. Won by 6 wickets.

Bart's won this game with 4 minutes to spare mainly due to the batting efforts of J. A. Harvey and E. Sidebottom.

That 340 runs were scored in 4½ hours' play is a tribute to Mr. Lauric White's preparation of the wicket, which was as "plum" as ever.

London House set the Hospital 175 runs to get in 110 minutes. After 1 hour Bart's were 71 for 3 with Sidebottom and Harvey together. These two attacked the bowling vigorously and Bart's were home and dry.

London House 174 for 5 declared (J. R. Harrison 3 for 46).
Bart's 175 for 4 wickets (J. A. Harvey 61; E. Sidebottom 53 n.o.).

Saturday, 5th May at Osterley.

v. The Indian Gymkhana.

Bart's were asked to bowl on a soft wicket with rain falling continuously. The Indian batsmen batted as though on their accustomed mat, and proceeded to dispatch Bart's bowlers to most parts of the ground, to the delight of their vociferous 2nd XI playing adjacently. The fast bowlers found much difficulty with their footholds, consequently J. A. Harvey and D. J. Delany shared much of the bowling. Further, some gross fielding errors attributed to the slippery ball or the "night before" enabled the opposition to score 228 for 5 wickets.

Bart's batted in even worse conditions and the game was abandoned when the score was 61 for 1.

Indian Gymkhana 228 for 5 declared.

Bart's 61 for 1 (R. S. A. Thomas 20 n.o.).

Sunday, 6th May at Chislehurst.

v. Putney Eccentrics. Match Drawn.

Bart's were put into bat on a soft wicket and R. T. G. Merry and R. S. A. Thomas looked confident. However, Thomas was soon out trying to force the pace. Merry continued to bat well and was joined by J. A. Harvey who did not find form until he changed his bat. At 1 p.m. Bart's were 55 for 4. However, H. Phillips and J. A. Harvey put on 30 in the half-hour before lunch. After lunch two quick wickets put C. P. Vartan and C. J. Smart together, who proceeded to thrash the bowling with remarkable ease.

Bart's fielding, with its usual descriptive nonchalance in some quarters and supreme confidence in others accounted for a number of the opposition wickets. However, one cannot help feeling that Putney could have won

this game easily had they attacked the bowling earlier.
Bart's 185 (J. A. Harvey 43; H. Phillips 29; C. P. Vartan 28).
Putney Eccentrics 158 for 7 wickets.

Saturday, 12th May at Wimbledon.
v. Wimbledon C.C. Won by 62 runs.

The Hospital were asked to bat on a difficult wicket and within a very short time were 26 for 3 wickets. However, R. S. A. Thomas and J. A. Harvey batted resolutely and avoided a farcical score.

D. J. Delany gave the opposition 110 minutes to score the 140 needed to win. P. A. R. Niven bowled well and Wimbledon lost their last 8 wickets for 23; Nissen took the last wicket in the last over, despite thinking that there was still 15 minutes left for play and wondering why the rest of the team were running to their positions between overs.
Bart's 139 (R. S. A. Thomas 31; J. A. Harvey 27; C. J. Smart 29).

Sunday, 13th May at Hampstead.
v. Hampstead C.C. Lost by 40 runs.

Hampstead batted first on a very slow wicket and their opening batsmen put on 46 very valuable runs in the first 45 minutes. C. J. Smart bowled throughout the Hampstead innings and took 6 for 43 in 24 overs—a very controlled piece of bowling.

Bart's were set 145 runs to make in almost 3 hours. When the score was 28 for 5 wickets all seemed lost, but J. A. Harvey and E. Sidebottom took the score steadily to 72. Then followed another collapse and left C. J. Smart and J. R. Harrison to survive for 45 minutes. Harrison tried every way he knew to do so, even to getting the sightscreen moved fractionally. However, his wicket fell, much to the relief of the H.C.C. and the gentlemen of the "Long Room" at 7.15, to a remarkable catch at short leg.
Hampstead 144 (C. J. Smart 6 for 43).
Bart's 104 (J. A. Harvey 26).

Cup Win for Bart's

Once again—for the fifth consecutive time—we won the United Hospitals' Bridge Cup.

This year the competition took the form of a pairs' event. It took place in College Hall on Monday, 7th May, with the participation of pairs from the following medical schools: London, St. Thomas's, King's, Middlesex, and Bart's.

The top Bart's pairs, Archi Warr and John Harvey (172 points), Fergus Pope and George Gardos (170 points), played exceedingly well and took the first two places well ahead of the London's first pair who finished third with 150 points. Special mention should be made of the Bart's third pair: Elliot Shinebourne and Malcolm Ernst, who played very well in the second half and finished sixth, and of Philip Stanley, who organised the competition and ran it smoothly and efficiently. With all our three pairs in the first six the superiority of Bart's was well-demonstrated, so the Cup is here to stay for another year.

There were a number of interesting hands. The following deal demonstrates how a pre-emptive bid can keep the opposition out of a game-contract.

S Q 8 5 4 3 2
H A 6 5
D Q 6 4
C 3

S	K	J	10	N	S	A	9	7
H	K	10	8	4	H	Q	J	9
D	A	8	7	W	E	D	K	
C	K	6	2	S		C	J	5

S 6
H —
D J 10 9 5 3 2
C A J 10 9 8 7

Game all.
Dealcr South.

Sitting South, Fergus Pope opened the bidding with a well-judged 3 diamonds bid. This is a pre-emptive bid showing a long suit and little high card strength. It makes it difficult for the opponents to find their best suit safely at a low level. 3 diamonds is a better bid than 3 clubs because the clubs can be bid in the next round, giving partner a choice at the same level. In the event, the opening 3 diamonds bid was passed out and was subsequently made, giving the Bart's first pair the only positive score among the N-S pairs. West cannot be blamed for not risking a bid vulnerable at the 3 level with his 14 points, but I think East should have bid 3 hearts despite having more losers than winners in his hand, for partner is likely to have high card support in a situation where opponents pre-empt.

At all the other tables South did not preempt and East and West had no difficulty in reaching 4 hearts, which can be made comfortably.
G.G.

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

BOOK REVIEWS

Clinical Pharmacology by D. R. Laurence. 2nd Edition. J. & A. Churchill, Ltd. Price 36s. Pp. 511.

Students of today find a study of pharmacology particularly frustrating because of the rapidity of growth of knowledge in this field. Dr. Laurence's book is of immense value to students because of its clarity, excellent bibliography and up-to-date information on drugs in current use. The bibliography appearing at the end of each chapter provides easily accessible and carefully selected references to modern therapeutics. The book covers a wide range but does not degenerate into being a simple catalogue of drugs. It is a work with a careful selection of drugs commonly in use and is a well-written text with many amusing anecdotes. The new edition has improved on the first edition without changing its easy style and further tables of comparison of drugs have been included of the type that has already proved so useful in the first

edition. Up-to-date tables of reference in the section on drugs in mental disorders, for instance, provide recent information on this rapidly expanding field of pharmacology. An identification chart of insulin preparations is a useful new addition in the chapter on diabetes mellitus and the oral hypoglycaemic agents are discussed more fully. The layout of the book is good although the section on principles of drug action and standardisation would, perhaps, have been better placed at the beginning rather than at the end of the book.

This book gives the student a sound basis for the understanding of the use of drugs in the treatment of disease. Drugs which are commonly in use form the backbone of a well-integrated text. This new edition of *Clinical Pharmacology* has been eagerly awaited. The first edition has already proved to be an extremely well-thumbed book in the student library and the second edition will no doubt prove to be even more popular. D.C.

Haemoglobin Colloquium by H. Lehmann and K. Betke. Published by Georg Thieme, Stuttgart. Pp. 113.

The study of the haemoglobin molecule and of abnormalities of haemoglobin formation have become such a rewarding aspect of medical research in recent years that a special session of the 8th European Congress of Haematology, held in Vienna in August, 1961, was devoted to it. The papers read at this meeting by 27 leading workers have now been published as a separate volume edited by Dr. H. Lehmann and Dr. K. Betke.

As is to be expected, a book of this kind is intended mainly for the expert familiar with the field rather than the undergraduate reader. Its aim is to cover recent advances in selected topics and this it does admirably. There are excellent sections on the structure of the haemoglobin molecule and its variants, and on Thalassaemia and the persistence of foetal haemoglobin. Amongst the outstanding papers is one by Dr. Braunitzer, from Germany, on the detailed chemical configuration of the globin in normal adult haemoglobin.

P.O.J.

Pye's Surgical Handicraft, 18th Edition, Volume 1 by Hamilton Bailey. John Wright and Sons, Ltd. Pp. 460. 40s.

"It has been shrunk" was one initial comment. In one way this is true—the outline size has been reduced to fit the pocket by splitting the book into two volumes: the publishers have avoided putting this fact on the cover though it is on the title-page. As a result of this division the book is remodelled and the arrangement is particularly

welcome, emergencies in resuscitation and poisoning being conveniently situated at each end of the book.

The many advances in treatment and management, over the six years since the previous edition, are shown, with the references, to have been selectively absorbed; trends of thought from overseas are also incorporated, thanks to the dispersement of the proof-readers and the foothold Pye's has acquired in the United States.

The text itself is excellent, the few comments needed concern omissions: in the treatment of burns, no mention is made of the "rule of nines"—for the inexperienced this is easier to remember than the $\frac{1}{4}$ percentage figures shown on the charts depicted. Further, some aspects of management in regard to dressing of burns is not in accord with our teaching.

There is a brief section on post-operative prophylactic antibiotic therapy. No set advice is tendered, though, mathematically, the accompanying block diagram is impressive and disapproval assumed.

The need for the human touch, in the section on preparation for operation, is very welcome.

Perhaps this is the place to offer advice to be passed from one year's students to another. Those on the Introductory Course are well advised to read the first five chapters and the one on wound treatment; first timers, to read about the milieu interieur and complications of operations; those on out-patients and anaesthetics, to read about plasters and bandages and perioperative treatment respectively; second timers should read the chapters on Management of It would then have been read before Finals and, if possible, again before housejobs.

From the day you qualify . . .

THE MEDICAL DEFENCE UNION

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Secretary: PHILLIP H. ADDISON, M.R.C.S., L.R.C.P.

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Telephone: EUSton 4244/7

This is one of the books that should rank along with the Bible at every houseman's side. It must be in ready reach the whole time, especially to rectify the occasional bad habit.

The key to the value of this superb book is given in a paragraph in the prostatectomy section: "Unless all these preliminary precautions are attended to meticulously, perhaps at the expense of time that is scheduled for recreation, the conscientious house surgeon will not sleep peacefully at night."

B.I.S.

A Short History of Medicine by F. N. L. Poynter and K. D. Keele (*Science in Society*, No. 2). Mills & Boon, London, 1961. Pp. 160. Price 17s. 6d.

Medicine has a very long history, and a large amount of literature is devoted to its elucidation. There are several large general histories of medicine, and a few shorter texts, the best of which is certainly Sir William Osler's *The Evolution of Modern Medicine*, first published in 1921. To encompass a large amount of information within a small space is one of the most difficult tasks facing any author. To choose the correct subjects and events in the history of medicine, and to present them in a small book intended for the general reader, is to attempt the impossible. Yet the authors of this well-produced volume in the series *Science in Society* have succeeded in producing a fascinating sketch of the development of medicine from primitive mythology to modern times, with a glimpse at possible future developments.

Skilfully planned, written in simple language, and with lists of books for future reading at the ends of chapters, this book will serve as an introduction to a wider study of a most fascinating subject. It should be of value to medical students, nurses, and to any medical man who has not had the opportunity of gaining a knowledge of the history of his profession. Readers will not find a better guide as an elementary "helicopter survey", coming down at suitable intervals to take a closer look at specific periods and subjects, yet giving the sensation of a vast, fascinating flight that we enjoyed taking in the company of these two authors. J.L.T.

Aids to Psychology for Nurses by A. Altschul, B.A. (Lond.), S.R.N., R.M.N. Ballière, Tincall & Cox.

Miss Altschul is a distinguished teacher, and a book by her on a subject about which she has thought so deeply is most welcome.

One must admire first of all the way in which she has deployed her material under headings which at once suggest its relevance to nursing problems. In "Psychology and the Patient" she describes the development of the personality from infancy to old age, and indicates without undue technicality the psychological theories that have tried to explain this pattern. Under the section on "Psychology and the Nurse" she includes intelligence and its measurement, learning processes, industrial psychology and personality assessment. The final part in "Psychology and the Hospital" alludes to social psychology, group morale, status and leadership.

The technical terms used in psychology are introduced at intervals through the text, and the reader learns the meaning of such terms as repression,

identification and projection in connection with the circumstances of patient and nurse.

It is possible to read this book with pleasure as well as with profit. The long and perceptive passage on visiting the hospital, the section on communicating with the blind, the deaf and the aphasic, and that on chronic illness; these and many other chapters are the result of much thoughtful experience in the mental field, and nurses in general hospitals will be glad to read them. W.E.H.

A Guide to the Nervous System by John Gibson, M.D., D.P.M. Faber & Faber. Price 12s. 6d.

The difficulties involved in writing a book of this kind are great. The amount that the average student nurse finds it necessary to know about the nervous system is not extensive, and if the author keeps this aim in sight his book will be a short one, with its price disproportionately high as compared with a complete textbook. If, on the other hand, he writes a book of economic size, it may be unduly expanded with unnecessary material.

This book is of small format (large crown octavo) and excluding the preliminaries has 97 pages. Physiology occupies 10 pages, and although student nurses are the only named group of potential readers, there is no application of the facts to the nursing situation. The sense organs have not been included.

Dr. Gibson's style is simple and clear, and in general so is his presentation. Some processes, however, cannot be described in very simple terms without becoming incomprehensible; for instance, the account of chemical transmitters on page 90. The material is factually accurate, the diagrams are attractive, and the book opens easily. It is to be hoped that there is an audience other than student nurses in view for this nice little book, since it is difficult to feel that a large number of nurses need it in addition to a general textbook of anatomy and physiology. W.E.H.

Illustrated Obstetrics for Midwives by J. M. Holmes, M.D., M.B., B.S. (London.), M.R.C.O.G. Butterworths. Price 15s.

A book consisting chiefly of photographs, as this one does, must satisfy three requirements.

1. The subject must be one that lends itself to this method of presentation. Midwifery is undoubtedly such a subject.
2. The author must be able to visualise his subject. Mr. Holmes has selected the informative moment for photography with the eye of a real teacher in some of the pictures, especially in the series of actual deliveries.

Not all the pictures are equally enlightening: a picture of a vulval shave (fig. 12) or a rectal infusion (fig. 14) is not very useful, and few midwives would like to see Higginson's syringe being used with the nozzle unprotected (fig. 13).

3. The photographs must be of at least average technical quality. Unfortunately these cannot be described otherwise than as poor. A very large number are of the soot and whitewash variety that all amateur photographers sadly recognise. There is no detail visible either in shadows or in highlights. The brightening of the highlights is most displeasing, and outlining in black should not be necessary in a sharply focussed, well exposed and correctly processed photograph. W.E.H.

ST. BARTHOLOMEW'S HOSPITAL JOURNAL



Vol. LXVI, No. 6

JUNE, 1962

Editorial

At this time of the year the hospital enters its summer recess, with as many people as possible trying to take holidays during July and August. Perhaps it is unfortunate that in many departments staff changes take place on the first of July and the first of January. As a result the maximum number of people are learning new jobs over these periods, with the confusion that this incurs. Presumably this system involves the least amount of administrative work and the greatest opportunity for everyone to know everyone else by the end of the six months.

A staggering of House appointments could offer some improvement of this arrangement. If half the present appointments became available on the first of October and the first of April, then at the beginning of each quarter

the new people would be absorbed more gently into the hospital routine. Such a system would, incidentally, cater for a large minority of people whose examination results are not available in time for the present six-monthly appointments and could avoid the exasperating six months' wait until the next selection.

Into a system like this student locums might well be incorporated, whereby a senior student could hold most of the responsibilities of qualification for a few weeks before they are thrust upon him entirely. Similar schemes have been adopted already by a number of teaching hospitals and been welcomed enthusiastically by the students. These locum posts, held for one month perhaps, could well become an integral part of the existing clinical course.

By now the bi-annual reshuffle of staff will have sorted itself out and its consequent confusion forgotten—until next January.

Engagements

- BARNES—DAWKINS.**—The engagement is announced between Nicholas Delano Barnes and Joanna Dawkins.
- GREEN—MINNS.**—The engagement is announced between John William Green and Sheila Alice Minns.
- HOBSON—CROUCHER.**—The engagement is announced from BULLING, between Dr. John H. Hobson and Evelyn M. Croucher.
- MILLER—COTTER.**—The engagement is announced between Dr. Allan J. Miller and Denise A. Cotter.
- NANSON—WOOD.**—The engagement is announced between David John Nanson and Eileen Margaret Wood.
- SCOTT—SUTCLIFFE.**—The engagement is announced between Dr. Geoffrey L. Scott and Dr. A. Jane Sutcliffe.
- THOMAS—HAVILL.**—The engagement is announced between Dr. A. Keith Thomas and Lana D. Havill.

Marriage

- DUMUGHN—ROBERTSON.**—On 19th May, Dr. Derek Barry Dumughn to Dr. Margaret Elspeth Robertson.
- NEWTON—MILLIS.**—On 12th May, John Richard Newton to Elisabeth Ann Willmott Millis.
- PRICE—JOHNS.**—On 28th April, at St. Bartholomew-the-Less, Dr. Richard N. W. Price to Glenys Mary Johns.
- SUGDEN—MOODY.**—On 26th May, Kenneth John Sugden to Anne Moody.

Births

- CHALSTREY.**—On 27th May, to Aileen and John Chalstrey, a son.
- COOLE.**—On 30th May, to Prilla (née Lehmann), wife of Dr. Colin Coole, a daughter (Jacqueline Monica), sister for Helen.
- ELLIS.**—On 26th May, to Judith (née Ingham), wife of Dr. C. Ellis, a daughter (Catherine Lucy).
- HASLAM.**—On 3rd June, to Shirley (née Jefferies) and Dr. Michael Haslam, a daughter.
- JACKMAN.**—On 17th May, to Kathleen and Dr. Clive Jackman, a son (Simon Charles Greenwood), brother for Jeremy and Nicholas.
- LANGHAM.**—On 2nd June, to Ann (née Edwards) and Dr. David Langham, a daughter (Alison Ann).
- OSTLERE.**—On 28th May, to Mary (née Patten) and Gordon Ostlere, a daughter (Lucy Sinclair).
- TAYLOR.**—On 31st May, to Pamela (née Wright) and Dr. John Taylor, a daughter (Jane Adrienne), sister for Julie.
- TRAPNELL.**—On 28th May, to Elizabeth (née Gray) and Dr. David Trapnell, a son (Philip Hallam), a brother for Simon.
- TREHARNE.**—On 23rd May, to Hermione, wife of Dr. Philip Treharne, a son (Timothy Philip).

Deaths

- FAWCETT.**—On 22nd May, Lt.-Col. R. E. M. Fawcett, T.D., M.B., B.S., aged 53. Qualified 1930.

- SUTHERLAND.**—On 23rd May, Donald McKay Sutherland, F.R.C.S., aged 68. Qualified 1917.
- VERE NICOLL.**—On 9th June, Charles Vere Nicoll, M.R.C.S., L.R.C.P., aged 81. Qualified 1903.
- WEBER.**—On 2nd June, Dr. Frederick Parkes Weber, aged 99. Qualified 1889.

Change of Address

- D. E. Heald,
6, Shagbrook, Reigate Heath, Surrey.
- Dr. and Mrs. G. G. Holmes,
"Barrans", Bury Green, Little Hadham, Herts.
Tel. No. Bishop's Stortford 259.
- N. S. Painter, F.R.C.S.,
35, Billing Road, Northampton.

Appointments

- Birthday Honours**
The list of honours published on 2nd June contains the following Bart's men:—
Louis Anselm Halsey McShine, M.B.,
F.R.C.S.E.—C.B.E.
Basil Montagu Phillips, M.R.C.S.—M.V.O.
(4th Class)

University of London

The following have been recognised as teachers of the University in the subjects indicated.
Dr. A. E. Jones (Radiotherapy); and Mr. I. P. Todd (Surgery).

Royal College of Surgeons of England

Mr. C. Naunton Morgan has been appointed one of the two Sir Arthur Sims Commonwealth travelling professors for 1963. He will visit Canada and the West Indies.

Dr. Ian Jackson, D.A., M.R.C.S., has been elected a Fellow in the Faculty of Anaesthetists without examination.

Dr. Susan G. Cotton has been awarded the Begley Prize, for highest marks in surgery in the Conjoint Exams.

Royal College of Obstetricians and Gynaecologists

At a meeting on 26th May, the following were admitted to Fellowship:—

A. P. Bentall, C. Naunton Morgan.
The following have been awarded the D.Obst.:
B. R. Collier; David Godwin; D. A. Lammiman; A. W. Matthews; N. J. Maurice-Smith; David Rhys-Phillips; D. A. Richards; A. T. Seaton; D. E. Sibson; D. J. Tooby.

Society of Apothecaries

The newly-established diploma in medical jurisprudence (D.M.J.), *honoris causa*, has been awarded (in pathology) to Dr. Donald Teare, and (in clinical medical jurisprudence) to Dr. Robert Hunt Cooke. Dr. Hunt Cooke has also been appointed one of the four examiners for this diploma.

Diploma in Child Health (D.C.H.)
D. Rhys-Phillips.

Diploma in Psychological Medicine (D.P.M.)
James Griffith Edwards.

Association of Police Surgeons

At the eleventh annual general meeting, Dr. R. H. Cooke was elected president for the year 1962-3.

The following have been appointed members of the Board of Governors of St. Bartholomew's Hospital: Dr. E. R. Cullinan; Mr. O. S. Tubbs; Mr. J. Beattie*; Mr. D. F. Ellison Nash*.
*New members.

Mr. A. W. Badenoch has been re-appointed to the Board of Governors of St. Peter's, St. Paul's and St. Philip's Hospitals.

Prof. D. Hubble has been appointed to the Birmingham Regional Hospital Board.

Dr. and Mrs. Terry Glanvill have been appointed Mayor and Mayoress of Honiton, Devon, for the year 1961-62.

UNIVERSITY OF LONDON

Final M.B., B.S., Examination April 1962

HONOURS

Cotton, S. G. (Distinguished in Obstetrics and Gynaecology)
Johnson, M. S. (Distinguished in Surgery)
Marsh, B. T. (Distinguished in Surgery)

PASS

Adnitt, P. I.
Amponsah, F. I.
Bascombe, M. J.
Beecham, H. A.
Bhagat, B. B.
Bloom, R. A.
Brunner, P.
Burbridge, N. J.
Collins, P.
Cupitt, A.
Deys, C. M.
Edwards, H.
En-Nimri, S. A.
Gardos, G.
Gau, G. S.
Jackson, G. B.
Kark, A. M. R.
Khadjeh-Nouri, D.
Kicly, F. A. M.
Knight, E.
Lewis, J. M.
Lewis, M. G.
Martin, R.
Merry, R. T. G.
Metcalfe, B. J.
Miller, R. G.
Moynagh, P. D.
Renn, G. W. T.
Riddle, P. N.
Robertson, M. E.
Stanley, R. B.
Stevens, J. E.
Sutcliffe, A. J.
Thomas, A. K.
Vartan, A. E.
Welch, D. M.
Winter, J. M.
Zeegen, R.

SUPPLEMENTARY PASS LIST

Part I

Balfour, A. J.
Bergel, R. C.
Blake-James, R. B.
Bootes, J. A. H.
Brooks, B. G. B.
Britz, M.
Butler, P. W. P.
Colin-Jones, D. G.
Dacie, J. E.
Davies, N. M.
Healey, J.
Hore, R. D.
Howell, F. A.
Marsh, A. R.
Orr, M. M.
Patrick, P. L.
Perriss, B. W.
Perry, P. M.
Robinson, L.
Ross, A. P. J.
Rushman, G. B.
Russell, A. L.
Sandhu, M. S.
Sharp, G. T.
Shearer, R. J.
Snyth, N. W.

Howells, D. B. M.
Hutchinson, D. B. A.
Ind, J. E.
Iregbulem, L. M.
Joy, P. J.
Langley, P. S.
Manchester, K.

Terry, A.
Tomlinson, R. J.
Turner, G. M.
Waller, A. S.
Watkin, B. C.
Wilson, A. I.

Part II

Harvey, J. A.
Howells, D. B. M.
James, J. E. A.

Ladd, G. H. V.
Sharp, G. T.

Part III

Banky, E. J.
Diamond, J. G.
Howes, A. C.

James, J. E. A.
Kingsbury, A. W.
Newton, J. R.

Part IV

Ernst, E. M. C.
Howells, D. B. M.
Howes, A. C.
James, J. E. A.

Kingsbury, A. W.
Newton, J. R.
Sharp, G. T.
Tomlinson, R. J.

CONJOINT BOARD

Final Examination April 1962

PATHOLOGY

Warr, A. C.
Pollock, A. M.
Harvey, J. A.
Ward, R. H. T.
Britz, M.
Balfour, A. J.
Butler, P. W. P.
Davies, N. M.
Hore, B. D.
Ind, J. E.
Rushman, G. B.
Turner, G. M.
Colin-Jones, D. G.
Dacie, J. E.
Joy, P. J.
Langley, P. S.
Shearer, R. J.
Waller, A. S.
Davies, R. K.
Howell, F. A.
Iregbulem, L. M.
Patuck, F. L.
Terry, A.
Wilson, A. I.

MEDICINE

Warr, A. C.
Robertson, M. F.
Thomas, A. K.
Edwards, H.
Stanley, R. B.
Sutcliffe, A. J.
Metcalfe, B. J.
Ward, A. M.
Renn, G. W.
Marsh, B. T.
Johnson, M. S.
James, J. E. A.
Collins, P.
Pollock, A. M.
Harvey, J. A.
Cotton, S. G.

SURGERY

Thomas, A. K.
Edwards, H.
Stanley, R. B.
Sutcliffe, A. J.
Metcalfe, D. J.
Burbridge, N. J.
Stevens, J. E.
Bhagat, B. B.
Warr, A. C.
Ward, R. H. T.
Bloom, R. A.
Newton, J. R.
Howells, D. B. M.
James, J. E. A.
Tomlinson, R. J.
Miller, R. G.
Knight, E.
Green, G. S.
Gardos, G.
En-Nimri, S. A.
Cotton, S. G.
Martin, R.
Khadjeh Nouri, D.
Becham, H. A.

MIDWIFERY

Stanley, R. B.
Sutcliffe, A. J.
Metcalf, B. J.
Renn, G. W.
Marsh, B. T.
Johnson, M. S.
Howells, D. B. M.
Collins, P.
Adnitt, P. I.

Winter, J. M.
Miller, R. G.
Knight, E.
Green, G. S.
En-Nimri, S. A.
Diamond, J. G.
Kark, A. M. R.
Stoodley, B. J.

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

Robertson, M. E.	Bhagat, B. B.
Thomas, A. K.	Bloom, R. A.
Edwards, H.	Miller, R. C.
Stanley, R. B.	Knight, E.
Sutcliffe, A. J.	Green, G. S.
Metcalf, B. J.	En-Nimri, S. A.
Renn, G. W.	Martin, R.
Marsh, B. T.	Khadieh Nouri, D.
Johnson, M. S.	Beecham, H. A.
Collins, P.	Adnitt, P. I.
Cotton, S. G.	Kark, A. M. R.
Burbridge, N. J.	Stoodley, B. J.
Stevens, J. E.	

Mental Health Research Fund Travelling Fellowship in Psychiatry

It is with great pleasure that we announce that Michael Hession, B.A. (Cantab.) has been awarded the first prize of £100 and a Travelling Fellowship offered for a thesis on "The Role of Parental Attitudes in the Development of the Personality of the Child" by the Mental Health Research Fund. Unfortunately it is not often that we have the opportunity to welcome such successes in the columns of our Journal and we would like to take the opportunity of expressing our pride that such an honour should go to a Bart's student.

The Mental Health Research Fund awards annually to medical students and doctors in their pre-registration year, three Monetary Prizes and a Travelling Fellowship as the result of an essay competition on a subject relating to mental health, and a subsequent interview. Applicants gaining the top three places in the essay competition are given prizes of £100, £50 and £25 respectively.

The Travelling Fellowship, tenable in a psychiatric or other department abroad for up to six months, is awarded as the result of an

interview combined with consideration of the candidate's undergraduate record. Persons interviewed are chosen from the top ten in the essay competition. The Fellowship is normally taken up at the end of the pre-registration year or, in the event of it being awarded to a medical student, may be taken up after qualification.

The subject for the essay this year is "Discuss the significance of Personality in the Genesis and Symptomatology of Psychiatric Disorders".

The Panel of Examiners consists of two members of the Research Committee of the Mental Health Research Fund and one member of the Association of Teachers of Psychiatry in Undergraduate Medical Schools.

Essays should be sent, before 1st March, 1963, to the Secretary, Research Committee, Mental Health Research Fund, 38, Wigmore Street, London, W.1, from whom further details must be obtained.

Fifty years ago

"With the object of liquidating a debt on St. Bartholomew's Hospital due to the bankers, amounting to £57,000, a distinguished company of some 170 gentlemen dined together in the Egyptian Hall of the Mansion House on Wednesday evening, June 5th, at the invitation of the Right Hon. the Lord Mayor (Sir Thomas Boor Crosby, M.D.).

"The Treasurer said that in former days when he was chief administrator at Middlesex Hospital, he frequently had to respond for the needs of that institution, but never before, to his knowledge, had it been necessary to ask the citizens of London to assemble at a dinner in aid of St. Bartholomew's Hospital. The hospitals should be maintained as charities rather than that they should become State hospitals, however well they might be likely to be managed. He also had the great ambition that, in course of time, a proper home would be provided for the hospital nurses.

"Gifts from a number of sources were quoted and Lord Sandhurst had that day communicated with the owner of the winner of the Derby and had been promised 50 guineas. The sum of £1,378 with £170 subscriptions had been collected at the dinner, making a grand total of £33,000."

HOUSE APPOINTMENTS—1st July to 31st Dec. 1962

Consultant Staff		House Officers	Male	Female
DR. E. R. CULLINAN		Miss S. K. Weeks	Rahere	Colston
Dr. K. O. Black		P. B. Christian		
DR. A. W. SPENCE		P. J. Watkins	Dalziel	Annie Zunz
Dr. N. C. Oswald		K. E. Gray		
DR. R. BODLEY SCOTT		K. M. Waddell	Harvey	Luke
Dr. W. E. Gibb		T. J. Fowler		
DR. G. W. HAYWARD		R. J. M. Irvine	Smithfield	Mary
Dr. H. W. Balme		D. L. Nairac		
PROFESSOR SCOWEN		J. C. Crawhall	Stanmore	Garrod
Dr. A. G. Spencer		J. E. Stevens		
MR. C. NAUNTON MORGAN		L. R. Thomas	Waring	Abernethy
Mr. D. F. Ellison Nash		Miss A. M. Sinclair		
MR. A. H. HUNT		J. E. L. Sales	Fleet Street	Harmsworth
Mr. J. O. Robinson		A. K. Thomas		
MR. A. W. BADENOC		D. B. Dumughn	Bowlby	Heath Harrison
Mr. Ian P. Todd		H. A. Beecham		
MR. E. G. TUCKWELL		W. J. Jory	Rees Mogg	Paget
Mr. M. A. Birnstingl		P. W. A. Mansell		
PROFESSOR TAYLOR		C. A. Hood	Percivall Pott	Lawrence
Mr. B. N. Catchpole		H. White		
DR. K. O. BLACK		B. J. Stoodley	CASUALTY HOUSE PHYSICIAN	
MR. J. O. ROBINSON		D. T. Marsh	CASUALTY HOUSE SURGEON	
CHILDREN'S DEPARTMENT				
DR. C. F. HARRIS		Miss V. M. Jones		Lucas
Dr. A. W. Franklin		A. J. Miller		Kenton
E.N.T. DEPARTMENT				
MR. CAPPS	Mr. Hogg	A. P. Joseph		Henry Butlin
Mr. Cope	Mr. McNab Jones	Mrs. G. S. Gau		
EYE DEPARTMENT				
MR. H. B. STALLARD		A. C. Bird		Radcliffe
Mr. J. H. Dobree				
GYNAECOLOGY AND OBSTETRICS DEPARTMENT				
MR. JOHN BEATLIE		J. A. Bonn	(O)	Martha
Mr. Donald Fraser		A. R. Geach	(O)	Elizabeth
Mr. J. Howkins		Miss S. G. Cotton		
		Junior H/S	(G)	Sandhurst
Mr. G. L. Bourne			(G)	Pitcairn
			(G)	Harley
DENTAL DEPARTMENT				
MR. HANKEY	Mr. Cowan	Miss A. Peters	Fleet Street	Harmsworth
Mr. Cambrook	Mr. Schofield			
ORTHOPAEDIC DEPARTMENT				
MR. H. JACKSON BURROWS		R. G. Miller	Hogarth	James Gibbs
Mr. W. D. Coltart		A. J. B. Missen		
Mr. J. N. Aston		P. D. Moynagh		
		(Fractures)		Henry
DEPARTMENT OF THORACIC SURGERY				
MR. O. S. TUBBS		Miss M. W. Childe		Vicary
Mr. I. M. Hill		W. S. Shand		
DEPARTMENT OF NEUROLOGICAL SURGERY				
MR. J. E. A. O'CONNELL		G. L. Scott		W. G. Grace
Mr. R. Campbell Connolly		J. D. Abell		
SKIN DEPARTMENT AND SPECIAL TREATMENT CENTRE				
DR. R. M. B. MacKENNA		P. R. H. Evison	Smithfield	Mary
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
		Miss S. M. Watkins		Radcliffe
DR. W. L. LINFORD REES			Dalziel	Annie Zunz
Dr. C. M. B. Pare				

Calendar

JULY

Thurs. 5th—Special University Lecture in Medicine, 5.30 p.m. Physiology Theatre. "Studies in Leukokinetics". Prof. M. M. Wintrobe, M.D., Ph.D.

Fri.-Sun., 6th-8th—Alpine Club; weekend in Snowdonia.

Sat. 7th—On duty: Prof. E. F. Scowen
Prof. G. W. Taylor
Mr. M. Jackson
Burrows
Mr. R. A. Bowen

Wed.-Fri., 11th-13th — B.M.S.A. Tropical Medicine Conference at the London School of Hygiene and Tropical Medicine.

Sat. 14th—On duty: Dr. R. Bodley Scott
Mr. Alan Hunt
Mr. J. N. Aston
Mr. G. H. Ellis

Sat. 21st—On duty: Dr. E. R. Cullinan
Mr. C. Naunton
Morgan
Mr. W. D. Coltart
Mr. R. W. Ballantine

Sat. 28th—On duty: Dr. Graham Hayward
Mr. A. W. Badenoch
Mr. J. W. Aston
Mr. Ian Jackson

The Tercentenary View Day Ball Friday, 1st June, 1962

This was the party that was going to outshine all previous View Day Balls. However dubious the historical evidence of this year in fact being the tercentenary of the institution of formal teaching, it provided a good excuse for a ball more spectacular, more lavish, and more expensive than any former occasion. The

preparations were tremendous. For months the tycoons of the Student's Union had been cultivating impresario-like tendencies, appearing in the Hospital in ever widening pin stripes and dangling heavier and heavier gold fobs. Their efforts were well rewarded for this was a really magnificent evening.

In spite of a distinctly chilly night, the lawns, the coloured lights, and the numerous rooms of the Hurlingham Club provided an atmosphere far more suitable for the occasion than the oppressive, rococo decor of most London hotels. Everything had been planned on a grand scale. A landau and a horse-drawn bus conveyed shivering ladies up the drive while their escorts gallantly followed in their cars with the windows closed and the heaters on. The Pearly King and Queen were there to hand out those elegant little beribboned programmes, which are always slightly nostalgic, and which now serve so little useful purpose. "Oh, Henry, I have only got the fifth, seventeenth and twenty-eighth Twist left free."

Bill Saville's orchestra, George Brown's band, Russ Henderson's steel band and the Castle City jazz band kept the two dance floors near capacity. The third floor down by the river had to be abandoned owing to the arctic conditions. Pipers of the Royal Caledonian School of Music played most ably for the reels, and Peter Reeves and Brian Blackburn performed a witty and popular cabaret. The dinner turned out to be a rather meagre buffet supper, much to the mortification of the organisers and to the chagrin of the gourmets. However, had they ventured outside onto the lawns their appetites must have surely been assuaged by the most succulent slices from the roast ox. The brazier underneath the spit had been lit at seven-thirty that morning, and had been presided over by the Maitre Rotisseur, Mr. George Short.

Owing to the generosity of a very large number of firms the Tombola offered innumerable prizes, including a ski-ing holiday for two, and a trip in one of the Queens. It was manned by a bevy of starlets and did a roaring trade, resulting in £250 profit going to the Fund for Leukaemia Research.

It would be impossible to make individual mention of all the large number of people who had worked very hard to make this dance a success, but we are especially grateful to the Senior and Junior Ball Committees. A.M.P.



Mr. George Short and his staff (left)

The noble voluntary carvers (left centre)

The "Pearlies" (right centre)



A general view of the barbecue in progress.



The Treasurer and Mrs. Perrin and their party



Mr. and Mrs. Tuckwell's table (above)

Mrs. Robinson, a member of the Senior committee (left)

ALTERATIONS in the CASUALTY DEPT.

The present Out-patient and Casualty Block, which cost £121,375 to build, was opened in 1907. In 1908 the total number of first attendances in the Casualty Department was 120,670 compared with 33,074 in 1961.

The Surgery on the ground floor was designed to cope with the *melée* which waited patiently, often for hours, outside the "boxes". It cared for the many patients who could not afford to attend the surgeries of "panel" and private doctors. The introduction of the National Health Service in 1948 produced a dramatic fall in the number of attendances. The firm "boxes" began to clear half-way through the morning and for several hours of the day valuable space was not being utilised. Some of this space was allocated to the specialised Clinics which grew in number. Minor alterations were made to the Out-patient floors, but little or nothing was done to the casualty floor. It became a receptacle for departments, both medical and administrative, which had outgrown their previous accommodation or which had sprung up overnight. The Surgery became a neglected part of the Hospital in which little interest and virtually no supervision was forthcoming. All who had worked in it realised that it was falling far short of the standards of a modern accident or casualty service. Rumours of the promise of a new building floated around the Hospital, and it thus seemed pointless and indeed impossible to do anything about a floor, which had been designed to cater for the large numbers of people who used to pour in every morning. Minor and sometimes major troubles arose within the department, which had become a neglected orphan. Hopes for a new building waxed and waned, until finally a White Paper made it apparent that this could not be realised for at least another ten years. Things could be left to slide no longer. A surgeon-in-charge of Casualty was re-appointed, and a working party set up to try to improve the present situation, and at the same time plan for the future of this department in a new building.

The Bart's Casualty Department must inevitably differ from the majority of other Casualty Departments, or accident services as they have now been designated. We still serve,

to some extent, as a general practitioner service to the "casuals" who work in the City, leaving their homes too early to attend their own doctor's surgery, and returning when the evening surgery is finished. These "casuals" form a great bulk of attendances, and accidents are comparatively few in number compared with many other hospitals. The present Casualty Department, and indeed the new one, must cater for the particular needs of the district, which is at present mainly non-residential, but it must be remembered that, with the rebuilding of the Barbican, a new residential population will come into being.

The present facilities are totally inadequate to deal efficiently with these problems. A re-organisation of our thoughts and practices is well overdue, but this in no way indicates a complete revolution in administration.

It is envisaged that the new Casualty Department will run independently of the Out-patient Clinics. Patients arriving at the Hospital without appointments will be directed to the Casualty Department. They form two main groups, those who walk in as "casuals", and those who arrive by ambulance. Both groups will be seen by the Senior Surgical Casualty Registrar (sorting officer) who will sort them on arrival and direct the ambulant patients to either the medical or surgical casualty officers, refer them to their own doctor, or make a suitable appointment in the Out-patient Clinic. The non-ambulant patients in the main will be dealt with as emergencies. During the day the Casualty Registrar will take all emergency telephone calls and will arrange as quickly as possible for the Senior or Junior House Officer on duty to admit the patient.

There is little new about these principles, but it is putting them into effective practice which is paramount. Facilities for the proper management of accidents and septic cases is the most urgent requirement. The present minor operation theatre is a converted "box", where it is difficult and at times impossible to carry out operations efficiently and safely under general anaesthesia. There is a total absence of space set aside for the treatment of major accidents.

Plans have been submitted for the conver-

sion of the area around the casualty entrance into a modern minor operating suite with a combined recovery and resuscitation room. Such alterations would allow for the adequate treatment of minor and major accidents with the centralisation of all necessary equipment at one end of the surgery. The presence of a Senior Registrar in charge affords supervision of treatment, and the teaching of minor procedures which are invaluable and essential in general practice.

These are the beginnings, much has to be

INTRODUCTION TO THE "CAESAR"

J. Harrington Pusey

It was one of those early April evenings when the breath freezes on your lips and every star shines brightly in the sky. Further up the hill we could hear the occasional bleat of an ewe calling her lambs. Earlier, as we had driven round the flock we had seen most of the lambs asleep on their mothers' backs, protected from the cold ground.

Now in our headlights we could see a young ewe in labour. It was her first and she looked as though it would be a short one. We stopped to wait. Her contractions were frequent but she soon became distressed and no progress was obvious. Father went and examined her. When he had finished he announced that there was a lamb lying transversely across the pelvis; we would need the Vet.

Down we went to the nearest phone box and sent a hasty message, then back to wait. How long it seemed! At every passing car we looked up hopefully but none was the one for which we were waiting. An owl hooted derisively at us, the sheep moved restlessly, would he never come? At last a pair of headlights turned into the field and came bouncing across the grass towards us. Drawing up alongside the Land Rover he got out and a hasty consultation and examination followed. He confirmed the diagnosis and announced that there was a second, live twin behind the presenting lamb. If we did a Caesarian section it might be possible to save the ewe and the one twin.

Quickly we loaded her into the back of the Rover and drove back to the farm. In a few

moments the stable was converted into an operating theatre. An old wooden table and a one hundred watt bulb on an extension lead were all the additional equipment needed. Hot water in dairy buckets and an old, but clean, sheet served for lotion and sterile towelling. While the vet unpacked his instruments from a sterile brown paper parcel we shaved the patient. Usually it's fairly easy to shear a sheep, but when they are in labour it's a slightly different matter.

Eventually we were ready. Having administered a massive dose of pentothal via the jugular vein, we started. A left transverse incision through the abdominal wall, dividing it in layers. A brief attempt at tying off the worst bleeders, then on through the peritoneum. Now a pause to rinse bare hands and to put in a pack. Quickly into the uterus and the living second twin was delivered, the cord ligatured and cut. Next the offending first twin and then the placenta were delivered. Carefully he sewed up, the ewe protested as he finished the peritoneum and was nearly wide awake by the time the dressing was on.

At last we had finished. We lifted her down and laid her on the clean straw, her lamb beside her. As he packed up his instruments the Vet. turned to me and said, "How about doing veterinary medicine?" But my mind was already made up. Lister and Semmelweis had always been my heroes and besides, it had been awfully cold on the hillside.

J.O.R.

A VISIT TO A "PAIN CLINIC"

by Malcolm Donaldson

Pain is the one thing feared by every type of animal including human beings. It is much worse for people because they have the power of anticipation, which is very limited in the lower animals, but can be brought about, for example, by the sight of a whip. There are two curious aspects concerning pain, one the difficulty of describing it, and the other the difficulty of re-creating it mentally when it has ceased. Much of pain is short in duration and this may explain why so little research has been carried out in this country on the subject until the last ten years. Of course, in the majority of cases, cure of the disease brings about cessation of pain, but unfortunately, not all diseases are curable and the victims suffer for months or even years.

About fifteen years ago a committee was formed to investigate pain and its treatment, particularly in Cancer, with Professor Adrian (now Lord Adrian) as chairman and containing many distinguished neurologists and anatomists. The B.E.C.C. was asked to back it, indeed it was to have been a sub-committee of the Clinical Committee which existed in those days. Unfortunately, the campaign turned the whole thing down as it was not considered to be "Cancer Research". The Medical Research Council did take up the subject and formed a small unit in the National Hospital, Queen's Square, and much good work has been done by Drs. Carmichael and Nathan.

More recently splendid work has been carried out in Manchester by Dr. Maher at a special clinic run by the Regional Hospital Board. He has made a special study of intrathecal therapy and articles have appeared by him in the "Lancet" (23.4.1960). It seems that there are three types of nerve fibres, of which the first, the A fibres, are connected with nerve endings for touch, heat, cold, pain, and motor impulses. Destruction of the A fibres relieves pain, but interferes with the other functions.

B fibres are preganglionic efferents.

C fibres conduct impulses for pain. Destruction of C fibres alone relieves pain with only very mild cutaneous analgesia.

An injection of Phenol has an immediate effect on all three types of fibres, but if the correct dose is given the effect on the A and B fibres gradually passes off, leaving only the

C fibres functionless, i.e. all pain is abolished with little other effect.

The actual injection of Phenol is easy, but to decide exactly at what level to inject requires experience and can be estimated from anatomical charts. Sometimes the level is tested out by injecting a simple analgesic such as nupercain. This reminds one of the old story of the patient who complained at being asked to pay five guineas for a simple prick. The doctor made out a new account, "Material for injection, five shillings, knowledge of where to put it, five pounds".

For many years small doses of X-rays have been given to relieve pain and often successfully, but if it fails then treatment by Phenol is often more difficult. The reason for this is not known. Recurrence of pain may occur if the growth extends outside the area treated or sometimes if there is a marked change within the treated area, such as the fracture of a bone. The latter is spoken of as "Incident Pain".

During my visit I saw 9 cases, seven of which were completely relieved of pain. Treatment is not always so successful. In one of these X-rays revealed that the sacrum was completely separated from the lumbar vertebrae by growth but the patient had no pain. These patients, some of whom were again able to sit up in chairs, or even to walk, found it difficult to express their gratitude to Dr. Maher for this relief.

To anyone who has not experienced severe pain, it is difficult to realize how much relief of constant pain means to the sufferer. The nearest the author has come to severe pain was an attack of sciatica lasting about three months. During this time sleep was often disturbed and mild doses of opiates had to be taken before starting on a list of operations. The attack was cured by a week of X-rays given by Dr. Finzi. I shall never forget that day.

The object of this short article is to call attention to the splendid work being done by the Pain Relief Centre run by the Regional Hospital Board with Dr. Maher in charge.

Surely every Regional Hospital Board should have such a centre to which medical people can go to learn the technique and be able afterwards to treat the patients in their area.

AUSTIN FLINT

by C. G. Stephenson

It is a popular concept of ward-round or examination technique when asked "This is Jones' sign, who was Jones?" to reply by guessing the nationality and then adding, "late 19th Century, Sir!" The object of this article is to give the reader some more certain information and to emphasize the great progress which has been made in Medicine in the last hundred years and some of the things which remain unexplained now.

Austin Flint was born in Petersham, Mass., in 1912, the 4th in succession of medical parcentage. At 21 he graduated at Harvard where he had studied under Jacob Bigelow and others. He evacuated to Boston and then to Buffalo and continued to make many moves, being in turn professor at Chicago at 32 and at 42 at Buffalo. His last post was as Physician to the Belle Vue Hospital in New York City and he came to London in 1881 for the International Medical Congress. He later became president of the American Medical Association.

His publications were many and covered wide fields of medicine.

His "Principles and Practice of Medicine", published in 1881, extends to more than 1,000 pages. It makes interesting reading, especially for the originality of thought which he shows by not accepting many of the views held by his contemporaries.

The popularly held view of septicaemia was that it was the reaction of the body to a soluble substance liberated by decomposed fluids; he questions whether these fluids—separated from bacteria—would retain their noxious properties. He observed that the blood of septicaemic animals was much more violent in its action (on other animals) than putrid fluids themselves. He gives a clear account of the clinical picture of septicaemia and discusses points of difference to pyaemia. His description of the sequelae of pyaemia, particularly following parturition, is a forceful reminder of the state of affairs which persisted for the next fifty years until prontosil appeared in 1936.

In the treatment of gout Flint deprecated blood letting, emetics and mercurialization, and did not agree with Sydenham (himself "gouty") and Trousseau, that the acute attack should not be treated but allowed to run its

course. He praised colchicine although he could not explain its action, and passed on the recommendation of Trousseau for tobacco fumigations in the intervals between attacks and the "hot water cure". The latter consisted of the taking of "six or seven ounces of hot water, as hot as can be borne, every quarter of an hour until forty-eight portions have been taken"; Flint had noticed this to be effective for acute attacks!

The Section on Rheumatoid Arthritis begins with a clear account of the manifestations of the disease which, unchanged, could grace any contemporary volume. Of the aetiology, Flint supports the proposal of Mitchell from the earlier part of the Century that an affection of the spinal cord was the cause of the joint disruption, stating that the symmetry of the lesions and the profound muscular wasting suggested this. In regard to treatment he says that rest while effusion into the joint persists, followed by passive motion, friction, shampooing and electricity, were important and that "salicylic acid is quite unavailing".

His views on scurvy are entirely acceptable today; he stressed the importance of the potato in preventing the disease "especially when taken raw". He knew no dehydrogenases, but his conclusion inferring the detriment of cooking illustrates for us today, in the era of specialisation and laboratorial dominance, how accurately clinical observation can guide our ideas. For military campaigns, when conventional anti-scorbutic foods were not available he recommends the dandelion, prickly pear and sorrel.

"Haemophilia" was thought to be due to paralysis of the vasomotor nerves and haemorrhagic tendencies were often seen at birth. There is no suggestion that the adult haemorrhagic tendency was strictly confined to males although very much commoner in them. The controversy about the status of Addisonian Anaemia is discussed. Some said it was merely a more severe form of simple anaemia and Flint states that many patients dying after long having been anaemic but otherwise symptomless were found at autopsy to have a carcinoma of the stomach. In many of these patients the red cell count had shown great reduction, sometimes to one fifth of the normal, and that these

were often larger cells; but he thought they should not be regarded in retrospect as pernicious as the changes were "in proportion to the cause". Those readers practised in dialectic will see that this particular conclusion of Flint's is not valid and obscured knowledge; the elucidation of Addison's Anaemia was postponed and it remained untreatable until 1925.

Flint's interests were not confined to clinical matters and he seems to have been respected also as a forensic pathologist and physiologist.

In July 1862, he published a Paper in the American Journal of Medical Sciences "On Cardiac Murmurs". It is to be found in the Journal between an article suggesting that Fungi are the cause of Measles, and another on Smallpox by Dickson.

The article was written at a time when any person pronounced as having organic heart disease was invariably dead within two years. The diagnosis was made very late when congestive failure was severe.

Flint pays special attention to what he describes as the mitral Direct Murmur, this is the mitral sound at auricular systole which he had heard in a few patients mainly—as autopsies had shown him—in association with "adhesion of the mitral curtains at their sides forming the buttonhole slit". He describes two

cases in whom the Mitral Direct as well as the aortic regurgitant murmur had been heard in life in which the mitral valve was perfectly normal at autopsy.

He then goes on to explain the mechanism of this: that the regurgitant stream of blood through the incompetent aortic valve causes the mitral valve "curtains" to be floated away from the ventricular walls with consequent partial closure of the mitral orifice and that this is present at the time of auricular systole.

Several guiding points about the diagnosis of the Austin Flint Murmur are necessary. Firstly one can never be sure until an autopsy is seen that there is no mitral lesion. Secondly that the Flint mechanism can cause an early Diastolic "rumble", but that this should not be referred to as a Flint murmur as he was at pains to emphasise that the passive filling phase of the ventricles in the cycle cannot cause a murmur; this is known to be untrue and it is remarkable that such a physician as he did not hear the mid-diastolic rumble as so many patients seen had rheumatic heart disease.

It has been well said that as far as qualifying examinations in medicine are concerned, anyone making a diagnosis of Austin Flint Murmur should fail the exam, and perhaps these few words will help to show why.

JUNIOR OSLER SOCIETY

The Junior Osler Society met at 8 p.m. on Monday, 4th June in the Charterhouse Library. Fergus Pope read the minutes of the last meeting and introduced the speakers.

Peter Byles read a paper entitled "Louis XIVth, his life, health and doctors", and began by considering the family history. His father was dismissed rather peremptorily as an unpleasant little figure who had little to do with the young Louis. His mother Anne, a pious woman of Spanish descent, had much more to do with the formation of his character and "gave him the physique which stood up to nearly 80 years of his own abuse of it and the care of his physicians".

Louis' education was discussed and this brought the talk to the stage where "Louis

first became dimly aware that girls were intended for some other purpose than playfellows". His early amours must have been more than innocent romances, since Mme. Venel one night palpated the bed of Louis' beloved to ensure she was alone. Unfortunately she put her finger into the girl's mouth and nearly had it bitten off.

After his marriage to Maria Thérèse, Louis devoted his life to affairs of state, and satisfying the vast appetites which he indulged to the full. Mistress followed mistress to add to the intrigues of the court at Versailles. Later his life was to take a turn when Mme. de Maintenon reformed him—a most edifying task.

Louis seen in his unreal environment of

fawning courtiers did well to keep his feet upon the ground.

Medicine in the day of Louis XIV came under heavy fire from all quarters. Quotations from Molière and Dumasnil were read. The three main modes of treatment in vogue in those days were bleeding, purging and clystering (enema).

Louis' eating, drinking, sexual, working and sleeping life was discussed — the conclusion being that he must have had a remarkable constitution to have survived so many years of it. He also suffered over 2,000 purges and 48 venesections during his life.

A medical history, "Le Journal de la santé du Roi", was kept by his chief physicians: Vallot, D'acquain and Fagon. Louis had several "close calls". He survived smallpox at the age of 9, typhoid fever at the age of 20 — for which he was successfully treated with antimony. This drug, however, was used very empirically thereafter and its abuse probably caused many deaths. When Louis was 48 his medical history reached a climax, for this year his malaria was finally cured by the use of quinine—a new drug in Europe, and also the famous operation for fistula in ano was performed. Félix's operation, which consisted of laying the royal fistula open and allowing it to granulate up, proved successful. This had a great effect on the status of surgery. Louis died at the age of 73 from a gangrenous left leg following arteriosclerosis.

We must not judge his far from exemplary life too harshly for Louis was very much the product of the environment of his day. This also goes for his physicians for they lived according to their lights and applied their principles in good faith.

After coffee had been served, Tony Ward delivered a paper entitled "The Flying Ambulances". Having assured us that this had nothing to do with aeroplanes, he proceeded to describe the state and development of the medical services of Napoleon's armies during the wars from 1792 to 1815.

Napoleon's thirteen armies totalling over 150,000 troops were very short of officers owing to the guillotine, so that the ordered fighting line tactics were replaced by successive attacks in column. Though highly successful, these tactics involved a high wastage of manpower. The disease rate was also high. Dysentery, Typhus, Malaria and Scabies claiming a heavy death roll.

The French revolution had involved the dis-

bandment of the base and field hospitals. The resultant chaos was in no way alleviated by the formation of a medical corps of 1,400 in 1790, raised by 1794 to 4,000.

At the outbreak of war in 1792, the situation was critical. The medical service lacked even the bare essentials. There was a shortage of bandages, medicines, beds, transport and field hospitals. Wounded would lie in the field until well after the battle, to be transported in unsprung wagons to hospitals far to the rear.

A steady flow of newly-trained surgeons came from medical schools on the pattern of "Les Invalides". Most of them remain unknown but three names stand out: Desgnettes, a physician, Percy and Larrey, both surgeons.

It was Larrey who first decided that a more mobile form of ambulance should be constructed so that the wounded could be attended to during the battle rather than 24-36 hours later. The "ambulance volante" was born, which, though not perfect, already proved a great comfort to the troops. Percy developed his own parallel system with sprung carts combined with litter bearers.

The English army of the time could not boast of such an efficient service, only having a "flying ambulance" when there was transport available.

Mr. Ward illustrated the development of the ambulance vehicles by circulating sketches usually complete with gruesomely mutilated soldiers in situ. But this was only a foretaste of what was to come.

With a flourish, a wicked-looking bayonet was produced and gingerly passed around. Ward gave a very graphic account of the action at Benevente fought against Moore's rear guard of cavalry. They wielded a heavy sabre much to the consternation of the French surgeons who found the wounds very deep and difficult to heal. "I saw French arms sliced off, clean and neat, like Berlin sausages." One of these murderous weapons was then passed around for examination.

Four of the wounds received at Benevente were described in detail which demonstrated not only the cutting power of the English swords but the skill of the casualty surgeons.

Many questions followed, the first being a demand for an explanation on why a musket ball in one of Ward's exhibits was lodged on the posterior aspect of a sternum. We were assured that the owner of that sternum was no coward but was forming the rear of a defensive "square".

P.B.

SPORTS NEWS

Viewpoint and Editorial

Preclinical sportsmen, under the leadership of G. Dunn, intend to start up a new activity — namely Basketball. Already about two score people have said they would be very keen to play but alas! like so many other clubs they will come up against a perennial snag. The snag, of course, is our Charterhouse "gymnasium", which thankfully does not suffer from being too small, but in all other departments is wretched. The lighting by day and artificially is poor by any standards; the floor space is cluttered with scenery and a whole host of odds and ends; moreover the state of the "gym." is indescribable. It is in a filthy condition and the atmosphere is laden with dust! Every sporting club that uses the "gym." has complained bitterly about the shocking state they find it in, and several clubs are equally dissatisfied with the changing facilities. The building is undoubtedly old, and there is rumour that it is to be demolished and replaced by a new one in the not too distant future. Yet the Fencing Club is too embarrassed to challenge visitors at Charterhouse simply because our gymnasium is unfit and unclean! Can the floor be cleared? Can the "gym." be cleaned and painted? With a little Students' Union support many have volunteered to help clean and varnish or paint the inside, and this could easily be done. The removal of scenery presents a problem of space. Where can the scenery go? Perhaps the balcony of the gym.; surely somewhere other than the floor of the gym. Imagine the Squash courts filled with scenery! Why

should so many other sports clubs be deprived of room to train or play under cover. Can the lighting be improved? By cleaning and painting the gym. in a lighter colour (or even white) there could be a considerable improvement; at the moment the lighting can only be described as dim! Additionally, a certain amount of equipment would be useful to most Clubs for their adequate training. If the gym. is not to be rebuilt very soon, would it not be possible for the Sportsmen at Bart's, Clinical and Pre-clinical, to get together with the help of the Students' Union and help modify, redecorate and clean what can only be described as a disgraceful and inadequate Bart's gymnasium.

We congratulate R. S. A. Thomas on being selected to play for the United Hospitals' cricket team against Aldershot Services, and his election to the post of Secretary of the United Hospitals' Hockey Club.

Once again the Athletics Club and Laurie White had gone to a great deal of hard work to provide the foundations for a most enjoyable afternoon's entertainment, but yet again the support was meagre. I refer, of course, to Sports Day. Every year mention is made of ideal facilities enjoyed by a mere handful of the Students and even fewer nurses. The Athletics Committee do not intend to ignore the hard work put into arranging Sports Day. Next year, in all probability, Sports Day will fall on a Wednesday instead of the weekend, and it is hoped that many more students will take the opportunity of taking part and making the occasion an even greater success.

G.H.

ATHLETIC CLUB Sports Day, 2nd June

In spite of a poor attendance, an aftermath perhaps of the gay revelries of the night before, Sports Day produced some close competition and a number of good performances, among which C. J. Richards' 306 ft. for "Throwing the Cricket Ball", a new record for this comparatively recently introduced event, stood out. The inter-year competition was won easily by the 1st time Clerks and Dressers. The pro-

gramme ran through smoothly under R. J. Shearer's guidance with G. Haig at the microphone and the invaluable assistance of the Judges and the Starter, Dr. Francis, who was also President for Sports Day. Dr. Lindop presented the Cups and Prizes and the Prize-giving was followed, after a suitable refreshment period, by an excellent Dance in the Middlesex Pavilion.

Event	Time/distance	Winner	Cup
100 yds.	10.3 secs.	M. O. Freeth	Bowlby Cup
220 yds.	23.5 secs.	M. O. Freeth	Griffiths Cup
440 yds.	54.4 secs.	D. Tunstall-Pedoe	Mr. Harrison Cripps Cup
880 yds.	2 mins. 4.2 secs.	D. Tunstall-Pedoe	Mr. John Hosford Cup
1 mile	4 mins. 35 secs.	T. Foxton	Mr. Morley Fletcher Cup
3 miles	15 mins. 45.4 secs.	N. Pott	
Long Jump	19 feet 6 ins.	D. Goodall	Edgar Hartley Kettle Cup
High Jump	5 ft. 3 ins.	S. G. Harris	Mr. Reginald Vick Cup
Triple Jump	40 ft. 1 in.	D. Goodall	
Hurdles 120 yds.	19.0 secs.	D. Williams	R. N. Ash Cup
Javelin	147 ft. 7 ins.	C. J. Richards	
Discus	99 ft. 2 ins.	T. Herbert	B. N. Ash Cup
Shot	37 ft. 1 in.	T. Herbert	B. N. Ash Cup
Cricket Ball Relay	306 ft. 0 ins. (record)	C. J. Richards	
Kent Hughes Cup		1st time Clerks & Dressers	
Presidents Cup		P. Littlewood	
Tug of War		D. Tunstall-Pedoe	
		Preclinical	

UNITED HOSPITALS RIFLE CLUB

Small-bore Matches, 1961-1962.

The 1961-1962 season is notable in that it has seen a great increase in the size of the fixture list, the addition of a number of long range matches, and a new record score, both for the team and for the individual. Although the majority of the team has been made up from St. Bartholomew's, Westminster, and Guy's Hospitals, representatives from St. Thomas', The London, St. George's, and King's College Hospitals have also been selected.

Short Range Matches:

v. Bank of England (away)	Won 1575-1573 (Record score)
v. Cambridge University (away)	Lost 1542-1557
v. Oxford University (home)	Won 1172-1132
v. London University (away)	Lost 1568-1578
v. Bank of England (home)	Won 1542-1533
v. Polytechnic (away)	Lost 1553-1557
v. Oxford University (away)	Lost 958-961
v. St. Nicholas (home)	Won 1561-1541
v. Kensington (away)	Lost 1537-1550
v. Twyford League (away)	Lost 1935-1964
v. Guinness (away)	Won 1167-1151

Home matches were shot on the ranges at St. Bartholomew's and St. Thomas' Hospitals. In the match v. London University M. Thomson (Guy's) set up a new record for the Individual score in a U.H. Match with a score of 200 ex. 200.

Short Range Matches: 2nd VIII:

v. Cambridge University (away)	Lost 1493-1514
v. Oxford University	Cancelled

Long Range Matches:

v. Wimbledon Park (away)	Lost 2245-2246
v. St. Nicholas (away)	Lost 2950-3044

Standing and Kneeling Matches:

v. Oxford University (away)	Lost 512- 655
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Pistol Matches:

v. Bank of England (away)	Lost 203- 169
v. Cambridge University (away)	Lost 377- 397

Short Range Averages:

J. E. Jellis (West.)	1869	98.36
M. Thomson (Guy's)	1767	98.16
A. M. Ward (Bart's)	2157	98.04
F. J. R. Hardy (Bart's)	1171	97.59
R. W. Taylor (West.)	2048	97.52
P. L. Jordan (Guy's)	2038	97.04
A. J. B. Missen (Bart's)	388	97.00
G. Deane (West.)	772	96.50
H. R. Petty (Bart's)	1059	96.28
S. R. Morison (Bart's)	382	95.50
G. J. A. McIntosh (West.)	382	95.50
A. J. Austin (Bart's)	1336	95.49

The following have also shot for the various teams: C. Derry (King's); F. Bilton, J. Richards (London); A. J. Hawks, M. Joy (St. Thomas'); P. Glenn, D. Band (St. George's); D. Elliott, J. Hay-Heddle, A. J. Handley (Westminster); K. S. Wise, P. F. Tatham,

and M. Church (St. Bartholomew's). Team Colours have been awarded to the following for their performances over the season: J. E. Jellis, R. W. Taylor, G. Deane (Westminster); M. Thomson, P. L. Jordan (Guy's); A. M. Ward, F. J. R. Hardy, and A. J. Austin (St. Bartholomew's).

Cricket Club

19th May, 1962.

v. Jackdaws. Won by 127 runs.

Bart's won this game fairly easily against a weak opposition. Having been asked to bat, R. S. A. Thomas and D. J. Delany put on 56 for the first wicket before Delany was caught trying to hit the opposing bowler out of sight. Thomas continued to bat well and his personal score reached 90. He was ably supported by some fine attacking batting by C. P. Vartan who scored 45 very quick runs with strokes at which any golfer would have been more than proud. Bart's declared at 226 for 7.

Jackdaws' batting was very unimpressive. C. J. Smart and D. J. Delany did most of the damage, the latter turning the ball considerably—even to the extent of bowling the opposing captain round his legs. The opposition's innings terminated after they had scored 99.

Bart's 226 (R. S. A. Thomas 90; C. P. Vartan 45 not out).
Jackdaws 99 (C. J. Smart 4 for 18).

v. Romany C.C. Lost by 68 runs. Chislehurst.

Romany fielded a very strong batting side and scored 233 for 5 before declaring. The Hospital bowling and fielding was admirable considering the favour the wicket showed to the batting side.

The Bart's innings was notable for two reasons: the brilliance of R. S. A. Thomas and the complete lack of imagination on the part of the other 10 players. Thomas batted throughout and remained undefeated with 113 whilst his colleagues were scoring 41 between them at the other end. Any reason for this collapse would be hard to elucidate. However, if any one player had shown a fraction of the concentration shown by Thomas we would easily have won this game.

Romany 233 for 5 declared.
Bart's 165 (R. S. A. Thomas 113 not out).

Chislehurst. Cup Match.

v. Charing Cross Hospital. Won by 180 runs.

This was certainly Bart's day. A. C. Warr and R. S. A. Thomas opened the Hospital innings very confidently. However, Warr was soon out attempting to hook a very bad ball and catching a top edge. J. A. Harvey joined Thomas when the score was 19 and proceeded to take the score to 187 at lunch. Thomas again batted magnificently and performed the all too rare feat of scoring 100 before lunch. At the other end, Harvey was batting in his usual solid and thoughtful fashion. After lunch D. J. Delany joined Harvey and the runs really began to flow. Harvey reached his highest personal score for Bart's, 145, and Delany showed some of his form of last season in scoring 44 in 50 minutes. Bart's innings ended with the score of 342 for 5 which is the highest score made by the Hospital for many a season.

The Charing Cross batting offered little resistance to the bowling of D. J. Delany and J. R. Harrison.
Bart's 342 for 5 (Thomas 105; Harvey 145; Delany 44).
Charing Cross 160.

Chislehurst.

v. Streatham Wanderers. Abandoned.

Honours were shared in this game between R. S. A. Thomas and the rain. Thomas again scored a century and remained unbeaten, and the rain made a very short job of Streatham's innings.

Opening the batting for Bart's, Thomas hooked and drove his way to a century in 95 minutes and E. Sidebottom batted very enterprisingly to score 74 after D. Delany was caught.

The rain became unbearable after tea and the match was abandoned.
Bart's 224 for 2 (R. S. A. Thomas 124 not out; E. Sidebottom 74).
Streatham Wanderers 31 for 0.

Chislehurst.

v. Queen's College, Cambridge. Lost by 7 wkts.

Batting first on a beautiful wicket Bart's scored 261 for 4 declared. R. T. G. Merry (80) and R. S. A. Thomas (68) put on 123 for the first wicket before Thomas got an outside edge for the first time in 3 weeks (not through want of trying). Phillips got his customary score (not through want of trying). But then Harvey came in to exert his usual steady influence on the game and the score

mounted slowly until Merry was well caught and was soon followed into the pavilion by Delany. However, Vartan immediately started to thrash about him and Harvey also opened out, carrying Bart's to the very respectable score of 261 for 4 (Harvey 68 not out, Vartan 34 not out).

Two Queen's wickets fell before tea, one to a good catch by Merry, but several other chances were offered and not accepted. After tea the picture changed completely and two batsmen got going, hammering the Bart's bowling to all corners of the ground, both scoring centuries in the process. They won the match by 7 wickets and 20 minutes to spare. If only we could hold our catches! Bart's 261 for 4 (Merry 80; Harvey 68; Thomas 68).

Queen's 262 for 3.

v. Parkfield. Lost by 42 runs. Chislehurst.

Parkfield scored 183 for 9 declared and it seemed that this was a score well within our capabilities. How wrong we were! R. S. A. Thomas (38) and D. J. Delany (35) apart, Bart's batting was quite uninspired and the Hospital were all out for 141. Parkfield 183 for 9 (Harrison 4 for 38). Bart's 141.

Men's Lawn Tennis Club

The season started with several evenings of trials including trips to Wembley to play by floodlight; the Club is grateful to Mr. D. Fraser whose generosity allowed us to do this.

The team has been strengthened by the play of A. Edelston and E. Carden this year. The 1st VI match record at the time of writing is:—

Played—10. Won—7. Lost—3.
Individual matches: Won—57. Against—31.
The Second Team have played 4, Won 3 and Lost 1.

We enjoyed a tour of Cambridge to start the season, playing Queen's, Caius and Clare Colleges. Things went badly at Queen's where two thirds of the team were apparently lost en route, only arriving in time for tea!

The following day we played much better to beat Caius College. Our final match against Clare was narrowly lost 4-5. The result hinged on a final 22 game set between the second

Since this time we have lost 1-8 to a strong Imperial College team, and convincingly beaten West Heath, Bank of England, London House, King's College Hospital and St. Mary's Hospital Clubs.

We are also happily through to the second round of the U.H. Cup Draw. Having beaten the Charing Cross Hospital 6-3, we are shortly to play University College Hospital.

The Hospital Singles Tournament was held at Chislehurst during the weekend 26th-27th May. The weather was poor on the Saturday but fourteen people appeared. It was encouraging to see the number of new faces from Charterhouse Square. The final was won by A. Edelston who beat S. Kohli.

The mixed doubles tournament held on July 3rd in blazing sunshine was not attended as well as had been hoped. Six and a half (!) pairs enjoyed themselves whilst D. Latham and Miss D. Layton won the highly coveted prize of a box of tennis balls. The runners-up, with only two games less than the winners, were R. Stern and Miss A. Beeson.

As always the courts at Chislehurst are playing superbly well, our pride and the envy of visiting teams. Our very warm thanks are due to Laurie and Mrs. White.

Ladies' Lawn Tennis

This year the club has got off to a very muddy start, rain thwarting us on innumerable occasions. The net result is that 7 1st VI matches have been cancelled, 2 interrupted by rain, and only 3 matches completed. The 5 matches so far arranged for the 2nd VI have all been cancelled. This is particularly sad because we were very pleased to see many new faces from Charterhouse at the tennis trials, several of whom were very willing to play, although none of outstanding calibre.

Our first match against Guy's was a U.H. cup match which we played in persistent drizzle, the balls getting heavier and heavier as they became waterlogged, and eventually the ground feeling like seaweed underfoot. Yet everyone battled on through countless deuces until we conceded a 5-2 victory to the opposition.

Team: D. Layton; J. Sykes; A. Vartan; E. Clements; S. Hereward; E. Webb.

We had a close and exciting match against

the Royal Dental as far as it went; being abandoned at tea time very reluctantly because of rain, at a score of 1-2 against us.

Team: D. Layton; J. Sykes; A. Moore; E. Johnson; E. Foster; S. Hereward.

The weather was still not giving us any encouragement when we went up to Cambridge for our annual tour during the last weekend in May. We were also depleted in strength and numbers being without P. Aldis and J. Clarke who were away doing midwifery, but were very pleased to include 2 newcomers from Charterhouse, thus bringing our total force up to 5. Our opponents kindly provided the sixth player so that we had a reasonable game. However, on Friday, Newnham were in the throes of exams so we only played one set against each couple and hardly felt we had settled down to the game before it was over with a 3-6 defeat. The same score was the result on Saturday against Girton, but this was a really enjoyable game and much more evenly matched. Torrential rain dominated the scene on Sunday and so our match against Homerton did not take place.

Team: D. Layton; J. Sykes; E. Webb; S. Macdonald; E. Foster.

By this time we were beginning to feel that the tennis season should begin in earnest and managed a very comfortable win against U.C.H. with a score of 8-1, although the first couple had to fight hard in a very close match against their opposite numbers before eventually wearing them out. E. Webb and S. Macdonald are developing into a very useful part

nership, and S. Hereward is invaluable as a consistently reliable player, especially at the net.

Team: J. Clarke; J. Sykes; E. Webb; S. Macdonald; S. Hereward; S. James.

Fencing Club

Retrospect 1961-62

Last season has been one of our best for some years, the 1st Fencing Team winning 5 out of 6 matches. This 1st Team is supported by I. Cole (Captain), N. Richards (Chairman) and M. Franks. Our 2nd Team, when functioning, includes T. Dutt (Treasurer), M. Freeth (Secretary) and T. Davies.

We have now also formed a women's team, and with further practice and training they should be able to hold their own. Michael Franks has recently joined our ranks from the London University Foil and Epée Team, and he is also champion of the Men's Novices Foil Championship of Great Britain, 1960.

Again we were very fortunate in having the most renowned Professor of Fencing in the Fencing world, Professor Léon Bertrand.

Unfortunately, we have been considerably handicapped by the unenthusiastic facilities presented by the Charterhouse gymnasium, which we feel is of no credit whatsoever to Bart's unless it is radically improved.

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

BOOK REVIEWS

Taber's Cyclopedic Medical Dictionary: A Digest of Medical Subjects, by Clarence Wilbur Taber. Ninth edition, 1962. Blackwell Scientific Publications, Oxford. 54s.

This rapid-reference medical dictionary has obviously achieved great popularity, over one million copies having been sold in twenty-one years. Despite the above imprint, it is printed and produced in the United States, a fact which must be considered both for spelling and use of nomenclature. Having become aware of these differences, and appreciating the possible complications, one can take full advantage of this compact, comprehensive encyclopaedic work, which is remarkably cheap for an American production.

Latin derivations of terms are given, full definitions and explanations, synonyms and cross-references, and there are numerous illustrations. Unfortunately, these are not well-produced, and many of them serve no useful purpose. Among other features, appendixes are devoted to the metric system; weights and measures; physical constants of elements; physiological standards; symbols; abbreviations; a glossary of Latin medical words; muscles, with their action, origin, insertion and innervation; joints; nerves; veins; anatomical and physiological emergencies; poisons and poisoning; and standard phrases in five languages.

This book will prove useful to medical students, nurses and all interested in first-aid, bearing in mind its American bias. There is nothing comparable of British origin, but this might well serve as a model, for there is room for a cheap dictionary of this nature. It is a *vade mecum* of medical knowledge, packed with useful information, more readable than most dictionaries, and worth thumbing through at random. The enquiring mind will be rewarded on every page.

J.L.T.

Lung Function Tests, by B. H. Bass, M.D., M.R.C.P.(Lond.) H. K. Lewis and Co., 2nd Ed., 1962. Pp. xii plus 84. Price 8s. 6d. net.

This small book aims at introducing the senior student and physician to the principles and clinical applications of Pulmonary Physiology, subjects which were formerly to be found more in textbooks and technical papers than in an easily accessible form as in this book. The use of Lung Function Tests in assessing the extent of disease in patients before and after surgery, and in objectively monitoring progress under treatment, has only recently become widespread in general hospitals. The author's interest in the subject derived from the teaching of Dr. Gaensler and his colleagues of the American Thoracic Society in Boston. In this volume he succeeds in presenting the important aspects of the field simply, with the aid of a few clear diagrams, and with a welcome lack of technical jargon in a style which makes for easy understanding.

Simple procedures, such as the use of the Spirometer in ventilation tests which can easily be carried out in hospital, are described in detail. This particular chapter has a summary at the end, a feature which might have been used throughout with advantage. The assessment of Residual Volume and Diffusion is too complex for routine use at present, and is discussed and described so as to give the reader an idea of the principles involved. The chapter on the use of Fluoroscopy is valuable as it covers the subject briefly and simply and could be read with advantage by students wanting to learn the essentials quickly.

In the new edition a method of estimating Arterial pCO₂ at the bedside is described, the chapter on estimating Diffusion Capacity is expanded as this is a subject of increasing clinical

importance, and references for those stimulated to further reading are provided at the end of each chapter. Tables of normal values are now included at the end of the book. This is a useful and cheap introduction to a subject of increasing importance.

R.P.K.J.

Diseases of Infancy and Childhood by Sir Wilfred Sheldon, K.C.V.O., M.D., F.R.C.P., 681 pp. 8th Edition. J. & A. Churchill Ltd. 56s.

The study of children is a short course in undergraduate training, but nevertheless an extremely important one in view of the large part diseases of children play in general practice. It is such a rapidly expanding field that the student of today has a great deal more to learn than ever before and it is difficult to appreciate the important principles in a subject with such overwhelming scope.

Sir Wilfred Sheldon has produced a well-written, concise and interesting book in which the principles of diagnosis and treatment of the more important childhood diseases are carefully laid out, uncluttered with detail. As the scope of paediatrics is wide so is his treatment of the subject. The last edition appeared in 1955, and as a tribute to the rapid progress being made in the study of biochemical disorders, sections on the aminoacidurias and haemoglobinopathies have been included, and text on further branches of medical biochemistry and endocrinology have been expanded in accordance with

their increasing importance. This gives the student insight and encouragement to read further in these subjects.

The section on the treatment of diabetes mellitus is of particular value, and the chapter on functional disorders includes many important topics which are the very stuff of general practice; such as head banging, thumb sucking, refusal of food, nail biting, breath-holding attacks, night terrors, habit spasms and educational problems. The pages on incontinence and masturbation provide answers to the problems of parent-child relationship arising from these conditions.

The author has made good use of visual aids in the teaching of childhood diseases. There are 8 coloured plates and 254 illustrations, well-integrated with the text.

One would have thought that the first chapter on the examination of children could have been expanded somewhat, at the expense of pruning the last chapter on the rare complaint of congenital syphilis. However in general, the book provides a well-balanced text on paediatric practice, and will be an extremely useful addition to the student's personal library.

D.C.

Books and Periodicals for Medical Libraries in Hospitals. Revised edition. London, Library Association, 1962. Pp. 16. 5s.

This pamphlet lists a selection of the best text-

books and periodicals to be included in hospital medical libraries. The section devoted to books, giving alternative titles, is arranged under subject headings, giving the latest information available of edition, price and publisher (including several entries dated 1962). American books are suitably indicated. The periodical section is also arranged under subjects and gives details of price and regularity of publication.

A sub-committee of the Medical Group of the Library Association has revised this list (first published in 1952), and has given some hints on the formation of medical libraries in hospitals. This should be invaluable to any member of the medical or lay staff of a hospital who is given the job of forming or revising a medical collection.

E.S.B.

Lecture Notes on Diseases of the Ear, Nose and Throat by Miles Foxen. Blackwell Scientific Publications, Ltd. 18s. 6d.

This small book is intended by its author to serve the needs of undergraduate students, house officers and general practitioners. In spite of a modest title it does manage to include almost everything that an undergraduate student might need to supplement the practical instruction which he receives during training in the E.N.T. Department. The book is excellently produced and there are numerous well-chosen illustrations to clarify the text which has been kept commendably concise. It does not displace larger textbooks for those who wish for detailed information, and since operations

have been largely excluded it is perhaps not adequate to meet all the needs of a house surgeon. The reviewer has found little to disagree with in the text, although in one section the author recommends that vasoconstrictor drops should be used intranasally for acute infections, whilst in another section he quite rightly stresses the ill effects therefrom. With this very minor criticism the reviewer can highly recommend this volume for the use of students during their E.N.T. course and to those who wish to revise their knowledge of this subject prior to taking their qualifying examination.

J.C.H.

Lecture Notes on Obstetrics by Frank Musgrove, M.D., F.R.C.O.G., D.A. Blackwell Scientific Publications, Oxford. 25s. net.

This little book will surely find its way into the pockets of senior medical students in all teaching hospitals. It is based on lecture notes at the student level, compiled by a successful lecturer, and, although it is dogmatic of necessity, the author has managed to introduce a flavour which illustrates a wide personal experience of the current practice of midwifery.

It is not meant to replace a text book in obstetrics. It will be used by the student as a "Bible" in the anxious weeks before his examinations.

The final chapter on "Useful Information" is most valuable and in this chapter will be found well-organised facts which crop up, particularly in viva voce, at every qualifying examination.

D.B.F.

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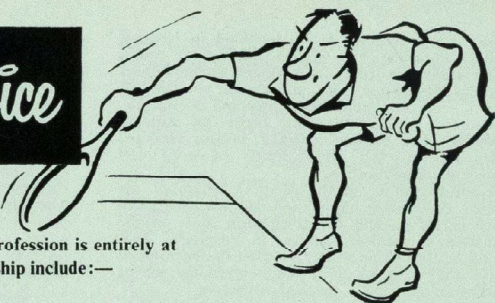
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Vol. LXVI, No. 7



JULY, 1962



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Editorial

Computers are finding a place in a wide variety of subjects ranging from medical research and economics to the theory of music. There are many who think that machines of this sort are already playing too great a part in our lives and the question has been raised as to whether machines may one day take over from their masters to completely rule and even ruin our lives. It should not be thought that this question is asked only by those who are not fully conversant with the theory of computers.

At one time it was considered impossible for a machine to "out-think" its maker. This is now known to be untrue for it is possible to design computers to improve with experience. This type of computer can quickly reach a point at which the machine's experience is vastly superior to that of the programmer. Learning machines have great advantages over humans for they work fast, they do not make careless mistakes and they can improve their skills without limit. The best examples of such machines are provided by computers which play games. In the case of a non-

learning machine the programmer can fix the circuits so that when a player makes a certain move the machine will answer in a way in which the programmer thinks best. In the case of the learning computer, however, the computer will answer no: what the programmer thinks best, but what the machine has learnt from experience will win the game. The programmer must provide the machine with all possible moves at each turn and a randomising device. Should the machine win then it is rewarded by allowing it to prefer those moves which won the game, conversely, if the machine loses then it is penalised by disallowing moves which caused the loss of the game. Obviously the more games the machine plays the better it will become. There will come a time when the human player can no longer beat the machine because the computer has an answer to all the player's tricks. This process of learning would take a very long time in a game of chess, for instance, because each game takes so long. There is a way out of this difficulty by making two machines and allowing them to play very rapidly against each other so that hundreds of games may be played each minute. It would not be long

before not only would the machines be capable of playing a very adequate game of chess, but they would be better at it than any human could hope to be. Machines of this sort have already been made to play draughts.

These machines open up interesting and very useful ranges of application. It has been suggested that economic problems could be dealt with in this way so that a more realistic appraisal of the future may be made than has hitherto been possible. The computer would use experiences of the past which a human economist could not hope to store. The machines would become better with years of experience and increasing numbers of factors could be taken into consideration. Simpler computers have already been constructed to provide "games" which teams of businessmen may use to increase their prowess in conducting company affairs. Even aesthetic subjects such as music and art have their objective side. Quantitative entities such as pitch and time are susceptible to mathematical analysis. At one end of the scale one has complete chaos such as random music, and at the other absolute

silence. Random music has every choice of pitch and timing, absolute silence has only one choice. The machine is able to tell just how chaotic a particular piece of music is. In this way the degree of disorder and the rules used by composers in the past may be analysed. By simply reversing the process the computer will then compose pieces of music in the style of a given composer. The pieces formed are usually comparable with some of the more mediocre compositions of the composers being studied, but they are, nevertheless, recognisable as his style. As might be expected, they lack the highly original flair of the great works.

Computers of many types are proving to be of great value to medicine. The more straightforward computers have been used already in the statistical assessment of experiments in medical research. Firms developing computers are giving earnest consideration to problems of medical application. They will, without doubt, be used a great deal in the future and, used properly, will be of immense value to the patient.

Engagements

- PAGE—DEEKS.—The engagement is announced between Dr. John Patrick Anthony Page and Dr. Carolyn Jane Deeks.
 RICHARDS—PHILLIPS.—The engagement is announced between Dr. David Anthony Richards and Sally Elizabeth Phillips.
 ROBINSON—WYCHERLEY.—The engagement is announced between Dr. John Sherborne Robinson and Mary Bruce Wycherley.
 SURMAN—COTTON.—The engagement is announced between Michael F. Surman and Dr. Susan Gillian Cotton.

Marriages

- DEAN—GODFREY-EVANS.—On 13th June, Dr. Deryck Dean to Bronwen Godfrey-Evans.
 STURTON—CLOUSTON.—On 23rd June, at St. John's Cathedral, Hongkong, Dr. Stephen Douglas Sturton to Dr. Olive Gwendolin Clouston.

Birth

- COURTENAY.—On 15th June, to Alison (née Pepys) and Peter Courtenay, a son (Michael Peter).

Deaths

- MAXWELL.—On 11th June, James Maxwell, M.D., F.R.C.P. Qualified 1923.
 WHITING.—On 12th June, Edgar William Whiting, M.B., B.S. Qualified 1913.

Appointments

- University of London*
 Dr. W. G. Spector, senior lecturer in pathology in University College Hospital Medical School, has been appointed to the Chair of Pathology at St. Bartholomew's Hospital Medical College, from 1st October, 1962.
University of Cambridge
 On 16th June, the degree of M.Chir. was conferred on R. V. Fiddian (by proxy).
Royal College of Surgeons of England
 Diplomas of fellowship (F.R.C.S.) have been granted to: T. A. Boxall; Ian McColl; M. W. Sleight; G. D. Stainsby.
Royal Society of Medicine
 Sir James Paterson Ross has been elected to the honorary fellowship of the Society.

Change of Address

- Dr. George Graham,
 49a, Acacia Road,
 London, N.W.8.
 Primrose 8930.

Medical News

The Chair of Pathology

Dr. W. G. Spector, senior lecturer in Pathology in University College Hospital Medical School, has been appointed to the Chair of Pathology at St. Bartholomew's Hospital Medical School.

Dr. Spector, who is 37 years of age, was educated at the City of London School and Queen's College, Cambridge. He qualified from U.C.H. in 1947 and took the M.R.C.P. the following year. After holding house appointments in U.C.H. he was awarded a Beit fellowship in the Department of Morbid Anatomy at U.C.H. Medical School. In 1956, with a Rockefeller fellowship he visited the Walter and Eliza Hall Institute, Melbourne. He was appointed to a lectureship at U.C.H. in 1953 and promoted to senior lecturer in 1960. His publications include papers on endogenous mechanisms in inflammation and vascular permeability and since 1951 he has collaborated with obstetricians and paediatricians at U.C.H. in studying the causes of perinatal mortality.

Literary Competition

The winner of the Journal Literary Competition and five guinea prize was Miss Juliet Matthews with her essay entitled "Some Experiences of General Practice". Sir Geoffrey Keynes considered that her essay was interesting, well-written and original, and was the best of the thirteen entries. The runner-up was Mr. W. C. Lettington, with his essay concerning "An Almost Paradoxical Society". We have pleasure in publishing Miss Matthews' essay in this month's Journal.

Calendar

AUGUST

- Sat. & Sun. 4 & 5: Dr. A. W. Spence
 Mr. E. G. Tuckwell
 Mr. W. D. Coltart
 Dr. T. B. Boulton
 Sat. & Sun. 11 & 12: Prof. E. F. Scowen
 Prof. G. W. Taylor
 Mr. H. Jackson Burrows
 Mr. F. T. Evans.

- Wednesday 15 B.M.S.A. visit to CIBA.
 Sat. & Sun. 18 & 19: Dr. R. Bodley Scott
 Mr. Alan Hunt
 Mr. J. N. Aston
 Dr. R. A. Bowen
 Friday 24 St. Bartholomew.
 Sat. & Sun. 25 & 26: Dr. E. R. Cullinan
 Mr. C. Naunton Morgan
 Mr. W. D. Coltart
 Dr. G. H. Ellis
 Sunday 26 Tennis Match, 2 p.m.,
 at Christchurch. Nurses
 and Students v. Sisters
 and Registrars.

Last Month

Now that the View Day Ball has been judged a success, it is safe for me to quote from a letter to an acquaintance of mine recently referred in 1st M.B. "... I do apologise for not being able to let you have any tickets, it has been a great disappointment to us to have to turn away so many Old Bart's Men, but we have already increased the number of tickets to 750 and can go no further." The envelope was addressed to Dr. ————. Could it be that the View Day Ball Committee, by such flattery, hope to cushion the blow of disappointment? On the other hand, seeing that the recipient's name was spelt wrongly, in two different ways, perhaps the committee decided that only years of prescription writing could produce such illegibility.

By the time most preclinicals read this article they will have embarked upon the October term and the last thing they will want to be reminded about is last term. I feel more like welcoming Freshers. Talking about Freshers, I hear the Drama Society is hoping to put on a one-act play for the new intake before the term starts. At the least this will liven up the introductory week, and may in addition encourage support for the society.

My co-author is, at the time of writing, on his way to New York. It is hoped that next month's "Last Month" will be a "Letter from America".
 C.J.K. and A.R.B.

JOHN HUNTER'S MUSEUM

By Jessie Dobson

(Curator of the Hunterian Museum)

Museums are thought to have originated in the ancient temples, or haunts of the Muses, which were often decorated with rare and costly offerings. Royal residences also accumulated valuable collections of gifts from other reigning monarchs or from dutiful subjects and the spoils of voyages of exploration. One of the earliest known famous "museums" was that established by Ptolemy II at Alexandria in the third century B.C., but as this consisted for the most part of a library where scholars were encouraged to work it cannot be regarded as a museum in its present sense. The revival of learning in the Middle Ages led to the serious and selective acquisition of rare and curious objects, mostly by private individuals among whom merchant princes and men of science had the advantage because of the nature of their occupations. Often the only reliable evidence of these early collections is the printed catalogue. Among the first of these, dated 1565, is that of Samuel Quicquibergs (1529-1572), a physician of Antwerp; but it is doubtful whether it was, in fact, a record of an existing collection or merely a scheme for one. In the same year Conrad Gesner published the catalogue of a museum founded by John Kentmann, a physician of Torgau, consisting of some 1,600 examples of rocks and minerals, shells and marine animals. In this country, the John Tradescants, father and son, made a vast collection, said to be the most extensive in Europe at the beginning of the 17th century, and its catalogue was prepared by John Tradescant the younger in 1656 with the title "Musaeum Tradescantianum, or a Collection of Rarities preserved at South Lambeth near London" "The wonderful variety and incongruous juxtaposition of the objects," said Sir William Flower nearly two hundred years later, "made the catalogue very amusing reading."

By the seventeenth century the museum had come to be recognised as a requisite for the scientific investigator as well as a pleasurable occupation for leisure hours whether as a collector or visitor. Until the middle of this century, however, the scope for such collections was limited by the fact that all the contents must be "dry", and so consisted of such things

as horns and antlers, skins, stuffed or otherwise, eggs, sponges, fossils and stones, and bones either singly or articulated as skeletons. It was natural that the value of such objects for teaching should be realised and many ways to extend this list were attempted. Plants and flowers could be dried and the anatomist found that certain animal structures could also be preserved in this manner. These dried preparations were found to be more effective if the vessels were injected with some coloured substance. Models could be made and even corrosion casts were possible, using wax or fusible metals. These early museums of natural history in its widest meaning were for the most part unspecialised and included any objects which were rare or curious. One of the best-known seventeenth century collections was that of Oleus Worm, the extent and variety of which justly enhanced the fame of its founder.

It can well be imagined, however, what a revolution in museum technique derived from the discovery in the second half of this century of the possibility of preserving soft tissues in spirit. The credit for this should possibly be divided between William Croone (after whom the Croonian Lectures of the Royal Society are named) and Robert Boyle, the distinguished physicist. It was Croone who, at a meeting of the Royal Society held on 28th May, 1662, exhibited two puppy dogs which he had kept in spirits of wine for eight days. Just over a year later, Boyle published the results of his experiments which were begun at about the same time or even earlier than those of Croone; and in 1664 he demonstrated to the Fellows of the Society a linnet and a small snake which had been kept for four months in spirits of wine and had shown no change nor sign of putrefaction. This discovery opened up new exciting fields for museum specialists and possibly the only check on its more extensive use in the preparation of wet specimens at that time was the expense involved. The duty on alcohol in the early eighteenth century rose to twenty shillings a gallon; museum jars had to be made of flint glass which also was subject to duty, nearly ten shillings a cwt. in this period. Nevertheless, many fine collections were now established

and of those concerned with anatomy and related subjects several attained international and lasting fame.

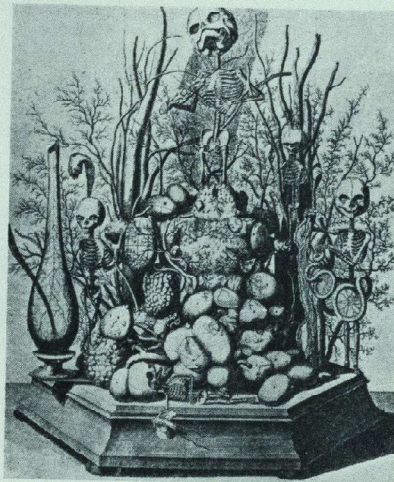


Figure 1.

Plate I in "Thesaurus Anatomicus Tertius" of Friedrich Ruysch. Amsterdam, 1703.

On the continent in the transitional period from the completely dry to the wet museum in the early part of the eighteenth century, the Netherlands was particularly rich in such collections due to the extensive trade with the far east, the establishment of colonies and the resulting flow of examples of new plants and animals. Perhaps the most famous of the collections was that of Friedrich Ruysch, Professor of Anatomy in Amsterdam. Preserving fluid for his "wet" preparations was made from his own secret formula, but which proved to be no more effective than pure spirit. He had some thirteen hundred such specimens in his first great collection which was purchased by Peter the Great on one of his visits to the west and transferred to St. Petersburg in 1717. Although he was now eighty years old, Ruysch began to amass yet another series and this he sold to the King of Poland, the proceeds from the two amounting to fifty thousand florins. One of the unusual features of his collections was the remarkable method of dis-

play. He considered not only the intrinsic interest of the specimen, but its appearance when grouped with others not necessarily connected with it. Figure 1 shows such a group which includes a human foetus, apparently playing a violin composed of a diseased bone, the bow being a bundle of injected arteries; another such skeleton holds coils of intestine; calculi and other pathological wonders fill in the background. Albertus Seba (1665-1736) also used this type of display though in his case the objects, often shells, were shown in formal pattern or design, making a pretty picture. Seba was a druggist of Amsterdam who was employed by the Dutch East India Company and acquired great wealth. His collection also was purchased by Peter the Great and he, like Ruysch, set about establishing an even finer one which was unfortunately dispersed after his death, a fate suffered by many other great collections.

The fact that John Hunter's museum has survived would seem to indicate that it had some special features which others, such as those mentioned, did not possess. To estimate this some consideration of its contents and mode of formation and its connection with the activities, at various times, of its founder seems requisite.

In 1748, at the age of twenty, John Hunter came to London from his home at Long Calderwood, near East Kilbride in Lanarkshire, to join his brother William, who had recently established a school of Anatomy in Covent Garden. Here he worked for the next twelve years during which he prepared dissections for demonstration at lectures held during the winter months. During the summer he attended classes at Chelsea Hospital where he had the privilege of instruction in surgery from William Cheselden; he was a surgical pupil also at St. George's Hospital; and, according to Everard Home's account of his brother-in-law, he attended St. Bartholomew's as well, but the absence of records for this period makes it difficult to corroborate this statement. William Hunter, sensible of the benefits and pleasures he had gained from University life, arranged for his brother to enter St. Mary Hall, Oxford, where one term sufficed to convince him that he could be more profitably engaged in his former pursuits. From these he gained an intimate knowledge of human anatomy, both normal and pathological; from his brother he learned the intricate technique of injecting with mercury and other substances and together they made a study of

the lymphatics; and he described the descent of the testis and named the gubernaculum. Finding that many of his experiments could not conveniently be made on the human subject, he extended his researches to other vertebrates. He investigated the organ of hearing in fish, and prepared specimens, which still exist, to demonstrate this structure.

Towards the end of his long apprenticeship, in the autumn of 1760, his health failed and to restore it he obtained a commission as army surgeon. He was posted to the expeditionary force under the command of General Studholme Hodgson, formed to carry out a "secret mission" against the French. The death of King George II and a change in policy delayed embarkation until 29th March, 1761, by which time the enemy had become fully acquainted with all the details of the British plan of action, so that when the fleet and transports arrived at their destination, Belle Isle, in Quiberon Bay, off the Atlantic coast of France, General St. Croix and his troops were quite prepared. In consequence the first attack was repulsed with heavy losses and it was not until towards the end of April that the British forces were able to land on the island and even then the French held out until 7th June. It was a period of great hardship for all those taking part; the weather was cold and stormy, the food and conditions poor. Casualties on both sides were heavy and churches and other suitable buildings on the island were taken over for hospitals. Hunter and his colleagues, to whom he referred as a "dam'd disagreeable lot", were kept constantly busy. He gained notice and some criticism for the novelty of his ideas upon the treatment of gunshot wounds. The experience he gained provided material for his book on this subject published more than thirty years later, in 1794, a year after his death.

The campaign in Belle Isle being successfully concluded, some months elapsed before any further plans were announced, during which period John Hunter spent some time studying the local fauna. Then, in response to a petition from the government of Portugal who feared invasion from Spain, the military force remaining on the island was ordered to proceed to Lisbon where Hunter and the rest of the medical staff arrived in July, 1762. Here again he found time to study the natural history and geological formation of the surrounding countryside. He was also able to put to the test his theory about the organ of hearing in fish; and when he returned to Eng-

land on the conclusion of the Seven Years' War by the Peace of Paris in February, 1763, he was able to bring with him a considerable collection of specimens. These included many of the lizards from both Belle Isle and Portugal which had attracted his interest by reason of their ability to grow again such portions of the tail of which they had been deprived by accident (Figure 2). Evidently he thought that his collection was now sufficiently large to be catalogued and this first list, written in his own hand, is one of the treasures to be seen at the Royal College of Surgeons.



Figure 2.
One of the lizards brought back by John Hunter from Portugal, now forming specimen No. 2216 in the Hunterian collection.

Hunter's first concern was to gain a livelihood for his sole income was army half pay. He rented a house in Golden Square where he housed his precious collection and conducted what practice he was able to attract. So far as can be ascertained, his activities during the next five years were threefold: surgery, dentistry and natural history. His association with James Spence, the fashionable toothdrawer of Gray's Inn Road, was certainly of financial advantage to him. It also helped to furnish him with a fine series of specimens to illustrate the growth and structure of the human teeth and jaws, upon which he was able to base the observations made in his book on the Natural History of the Teeth, published in 1771, the year of his marriage to Anne Home. The manuscript, the original drawings by Jan van Rymdyk, and the specimens can be seen at the R.C.S. Hunter's association with John Ellis brought him other rewards. John Ellis, widely celebrated for his work on the Zoophytes and Corallines, referred to by Carolus Linnaeus as "the bright star of British Natural History", was the London agent for several merchants trading in the West Indian Islands. Through them and other friends in far away places he was able to obtain rare specimens of plants and animals. These included a new

amphibious biped from North America, a gift from Alexander Garden, general practitioner in the town of Charleston in South Carolina, after whom Ellis named the Gardenia. Through Ellis, Hunter made his first communication to the Royal Society, on the anatomy of this strange creature. Many of the specimens of *Menopoma alleghaniensis* have survived time and the enemy and can still be seen in the Hunterian Museum (Figure 3). Largely as a result of his investigations into comparative anatomy, his collaboration with Ellis and other naturalists, and his friendship with the learned librarians of the British Museum, John Hunter was elected to the Fellowship of the Royal Society on 5th February, 1767, three months before his brother, who was ten years his senior, received the same honour.

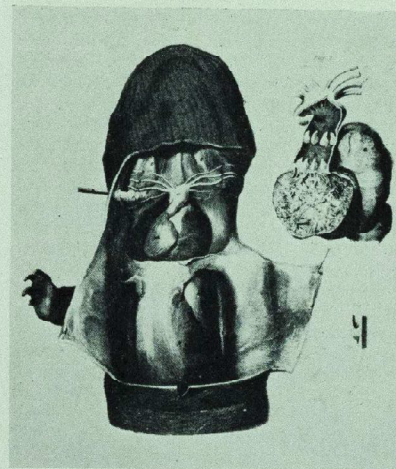


Figure 3.
Engraving of an original drawing by William Bell, Hunter's artist and amanuensis from 1778 until 1790, of the heart and lungs of *Menopoma alleghaniensis*. The original drawing is in the Library of the Royal College of Surgeons; and the specimens from which it was prepared are now numbered K 107.1 and K 107.2.

The main problem of his future, however, still remained unsolved. His preoccupation with the fascinating phenomena of nature and the desire to demonstrate them in his museum brought him financial worries. Though much of the material was presented to him, many of the specimens he coveted for his collection

had to be bought. He was acquainted with travelling showmen and circus proprietors who often allowed him to remove the carcasses of animals which died, especially if he had contributed to their maintenance in life. He had similar arrangements with the keepers of the royal menagerie at the Tower. But he had, after all, set out to be a surgeon; and a surgeon without a hospital is like a gardener without a garden. He was not eligible for a surgical post in a London Hospital without the Diploma of the Company of Surgeons. Accordingly he, at the age of forty, submitted himself as a candidate and was successful in gaining the required document on 7th July, 1768. On 9th December of the same year he was elected Surgeon to St. George's Hospital.

For the next twenty-five years John Hunter was able to develop almost completely his ideas on the contents and purpose of his type of museum. In particular, that section devoted to the demonstration of comparative anatomy and physiology is typical of his general plan. He was intrigued and puzzled by life. "Animal and vegetable substances," he says, "differ from common matter in having a power superadded, totally different from any other known property, out of which arise various new properties. . . I have observed that animal matter may be in two states: in one it is endowed with the living principle, in the other it is deprived of it. From this it appears that the principle called life cannot arise from the peculiar modification of matter, because the same modification exists where this principle is no more." It was partly to investigate this problem of the unknown invisible ingredient that he set out to demonstrate the structure of as many living things as he could procure; and because purpose and movement were closely linked with life, he tried throughout to illustrate the constant interrelationship of structure and function. He built his museum not only to test his own ideas, but to teach his pupils and entertain his friends. In the matter of arrangement, therefore, he worked always from the simple to the more complex. In the first section of this series basic structures are shown, ranging from the lacy framework of a leaf of skeletons comprising a number of bones which require bonds of union or support to render them functional. Included also are preparations designed to show the variations in the internal structure of bone. Here, too, can be seen the specimens made to illustrate his theories on the growth of bone; among these the series in which madder was

used as a stain are particularly notable. He then proceeded to demonstrate the position and purpose of ligaments and muscles; how the bonds of union are disposed to permit and control movement at the joints; how the same muscle may vary in size and strength in different animals according to the calls made upon it. Each section begins with a simple example and ends with those of the highest development and complexity. As section succeeds section so we see the complete creature emerge. In the matter of museum display Hunter was an expert. In the series illustrating the alimentary canal, one sequence traces its course in one animal from the oesophagus to the rectum; another shows one portion of the tract in a number of different species, in order to emphasise the variation in shape, lining or complexity that results from specialised food, environment or habit in general or in the individual.

Displayed in accordance with Hunter's original design, his museum tells a story, the story of life: the life of the individual, the life of the species; the design of structure for the purpose of function. Few people realise the multiplicity of specimens required to work out many of the simplest problems relating to the life history of animals or plants; nor the care and patience required to make certain that the precise stage of development or the particular feature of structure is readily recognised. In the Physiological Series alone in John Hunter's Museum there were over four thousand specimens, most of them wet preparations, all of them requiring special skill and infinite care in their dissection and mounting. No specimen was included just because it made an attractive display; each had its particular rôle in the unfolding of the story. His collection, therefore, was unique not only because it contained examples of all known creatures that it was possible for him to obtain but because it conformed to a definite plan. In these two ways if in no other it differed from the other museums of the time, even that of his brother William, the scope and contents of which were much the same. It has been estimated that the cost of building up this fine collection was no less than £70,000; but its value then, and even more so today, was far in excess of its cost. When John Hunter died on 16th October, 1793, it formed practically his only asset.

For six years his executors, Everard Home, his brother-in-law, and Matthew Baillie, his nephew, tried in vain to find a purchaser for

the collection; there were few individuals or public bodies who could afford the money or space for thirteen thousand, six hundred and eighty-two specimens. As time passed the problem became serious, for neglect even of a few months would have ruined much of the collection. As William Flower has stated, "a museum is like a living organism, it requires continual and tender care or it perishes". Such care was provided by William Clift, Hunter's last assistant, and when in 1799 the government voted money to King George III for the purchase of John Hunter's collection, the Board of Trustees and Board of Curators then appointed chose him as the first Conservator, a post from which he retired in 1842 after fifty years' devoted service to the museum.

The Company of Surgeons in 1799 occupied a house in Lincoln's Inn Fields. As a result of a generous grant from the government a fine new building was erected on the same site in order to house the newly-acquired museum. This first building, completed in 1813, was designed by George Dance, but within twenty-five years, owing to the flow of specimens from all parts of the world, the accommodation was no longer adequate for proper display. In 1837 a new building was completed, to the plan of Sir Charles Barry, in which there were two museums, the East and the West. Throughout the century further additions were made both to the building and to the contents so that at the beginning of the Second World War there were five large museums, each with two galleries, with store-rooms and anterooms, all crowded with specimens estimated to number sixty-five thousand. On the night of 10th/11th May, 1941, all these rooms were damaged and two of them completely destroyed with their contents. Of the original Hunter collection more than half was lost and of the museum as a whole an even greater proportion.

When it came to an assessment of the situation, it was realised that during the 140 years that the collection had been in the care of the Royal College of Surgeons, Hunter's own contribution had been somewhat submerged in the additions. Serious though the losses were, nevertheless they have enabled John Hunter's ideas and ideals once more to be brought to the fore. In endeavouring to restore his collection to some if not all of its former glory, inevitably it has been found that many of the pages of his unwritten book have been irretrievably lost; but it is once again possible to read the story of life as he told it.

CEREBRAL HEMISPHERECTOMY

Report of a Case of Epilepsy and Hemiplegia in a Child

By C. G. Beardwell

The operation of cerebral hemispherectomy was first described by Dandy in 1928, as a means of treating extensive gliomas. In 1951 Krynauw described twelve cases of infantile hemiplegia treated by this method. Since that time many reports of its use for the treatment of this condition have been published. Here a case of epilepsy and hemiplegia in a child treated by this method is reported and the literature is reviewed.

CASE REPORT. The patient was a boy aged 6 years and 11 months at the time of operation.

Pregnancy and labour were uneventful and the child seemed normal at birth. When 6 weeks old he had a febrile illness, said to be measles, complicated by pneumonia from which he recovered with no apparent ill effect. Later he was noticed, while crawling, to drag his left leg. He did not walk until 20 months old and failed to gain full sphincter control until he was four. At the age of 4½ he developed epilepsy. The fits involved chiefly the left side, were associated with incontinence and were followed by paralysis of the left arm and leg lasting for 30 minutes. Over the next few months they became more frequent and severe and the child developed a permanent left hemiparesis.

Six months later he was admitted to hospital. He was in good general health and apparently intelligent. There was a mild, spastic left hemiparesis with left visual and sensory inattention, but no other abnormality.

Plain skull X-ray was normal, but pneumoencephalography indicated a right sided atrophic lesion of the cerebral hemisphere. EEG showed no epileptiform disturbance, but suggested an acquired lesion in the right temporo-parietal region.

Haemoglobin, WBC and ESR were normal.

It was decided to treat him with anticonvulsants. Despite this his fits became more frequent and severe and the left hemiparesis worsened. A year after the onset walking had become very difficult, speech rather slurred and there was occasional incontinence at night.

He was re-admitted to hospital at this time. Jacksonian fits, involving chiefly the left side but with some movement of the right arm, were occurring every 3-4 minutes. His thought processes seemed slow but effective. His left hemiparesis had worsened, the abdominal reflexes were now absent on the left and ankle clonus could be elicited on that side.

EEG and pneumoencephalography showed considerable progression of the right-sided cerebral atrophy.

His fits were abolished for several days by the addition of acetazolamide to his anticonvulsant regime, but later returned though with reduced frequency. Right cerebral hemispherectomy was considered but deferred because of the possibility of involvement of the left cerebral hemisphere. When discharged after two weeks he was having 2-3 fits daily. His condition remained unchanged for 4 months, there was then a rapid deterioration characterised by drowsiness, mental slowing and increased difficulty in walking. Micturition was infrequent and there was occasional incontinence.

At this time he was again admitted to hospital. Fits were now occurring every 2 hours, but since it was felt that heavy anticonvulsant therapy might be a major factor in his mental slowing, phenytoin and acetazolamide were discontinued and he was left on phenobarbitone. He became rather less drowsy but remained apathetic and mentally slow. He would respond to simple commands but answered only in monosyllables. His left hemiparesis had worsened. There was a mild left facial weakness, complete paralysis of the left arm and a spastic paresis of the left leg, more marked distally than proximally. The abdominal reflexes were absent on the left and patellar and ankle clonus were present on this side. Sensation, insofar as it could be tested, seemed the same as on his first admission, and the visual fields were full. The left arm was slightly less well developed than the right, but the legs were equally developed.

36 hours after his anticonvulsant dosage was reduced he went into status epilepticus, and in spite of very large doses of phenobarbitone, phenytoin and up to 25 mls. of paraldehyde

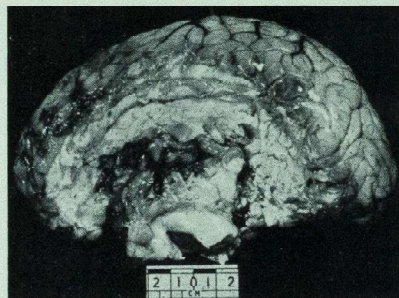
daily he continued to have mild fits every 2-3 hours until operation. At the height of this episode his temperature had risen to 104°C and he had a persistent tachycardia at 150 beats per minute.

OPERATION. Right cerebral hemispherectomy was performed by Mr. J. E. A. O'Connell 3 weeks after admission. A large right fronto-parietal bone flap was made with its medial edge at the sagittal suture. The lateral ventricle was tapped of 60 mls. of C.S.F. and the dural flap reflected superiorly. There was no gross superficial abnormality of the cerebrum though in the parasagittal region a thin layer of subdural membrane was present. The corpus callosum was exposed frontally and 2 branches of the right anterior cerebral artery clipped and divided, and then the artery itself. The Sylvian fissure was then opened by incising the sub-temporal gyrus and the trunk of the middle cerebral artery was exposed, clipped and divided at the apex of the insula. The temporal lobe was then elevated, the veins occluded and the posterior cerebral artery clipped and divided. The corpus callosum was then incised into the lateral ventricle and an incision made in the floor of this, lateral to the caudate nucleus. This incision was curved round in the temporal horn and the hemisphere removed. A layer of insular cortex and the hippocampus were then excised. All bleeding points were controlled by coagulation or clipping, penicillin powder was applied and the dural flap was closed and sutured to the pericranium. The bone flap was placed in position and secured with wire. The skin flap was then replaced and sutured.

Immediately after operation continuous suction was needed to maintain a clear airway, there was occasional vomiting and he was incontinent of urine and faeces. However, within a few hours he was sufficiently conscious to be able to grip on command with his right hand.

Over the next few days there was steady improvement in his general condition and 3 days after operation he would talk and obey simple commands. Daily lumbar puncture was needed for 3 weeks to keep the C.S.F. pressure within normal limits.

There have been no fits since operation, but the patient is maintained on a small dose of phenobarbitone.



The excised hemisphere, medial surface.

NEUROLOGICAL STATE. Immediately after operation there was no voluntary movement on the left side, but withdrawal occurred to painful stimuli. There was a complete left homonymous hemianopia and the left plantar response was initially flexor.

18 days after operation he had a marked left facial weakness, there was good movement at the left shoulder and elbow but no isolated voluntary movement of the wrist or fingers. Some left finger flexion occurred in association with right finger flexion. Movement was possible against gravity at the left hip but needed slight assistance at the knee. Slight plantar flexion was possible and the foot, when at rest, assumed a position of equinus which was easily correctable. There was left sided trunk weakness.

Tone and reflexes were increased on the left side and ankle clonus was easily elicited.

Sensation appeared normal on both sides of the face. In the limbs sensation on the left was normal to light touch, pain and vibration, but cortical sensation was markedly impaired and there was sensory inattention. The complete left homonymous hemianopia persisted.

The abdominal reflexes were present on the left but tired more easily than on the right.

Intellectually he seemed reasonably normal for a child who had had virtually no schooling. His speech was normal and spontaneous, playful activity had returned. His mood was placid and there were no temper tantrums.

27 days after operation he could stand on his own and walk unaided, though with a markedly spastic gait. He had become continent both by day and by night.

POST-OPERATIVE INVESTIGATIONS.

PATHOLOGY. The leptomeninges were thickened and contained a number of inflammatory cells. There was cortical atrophy and several scattered glial scars and occasional microglial nodules were seen in the cortex. The white matter contained excess astrocytes with considerable perivascular cuffing.

All these changes indicate a pathological process which occurred some time before operation, but there was also evidence of recent neuronal damage.

No inclusion bodies could be found and there was no evidence of protozoal infection.

Since the main pathological features are those of a process long burnt out, interpretation is difficult. The two most likely aetiological factors are vascular insufficiency or viral infection, but no definite decision has yet been reached on the underlying pathology. The recent neuronal damage was probably produced by the prolonged and severe epilepsy, possibly on a basis of hypoxia.

E.E.G. This showed some flattening of activity over the right hemisphere (due to the right hemispherectomy) with some slow waves coming through from the left. Over the left hemisphere there was occasional spike and slow wave activity indicating an epileptiform disturbance.

DISCUSSION. Cases of hemiplegia often associated with epilepsy and mental retardation, occurring in childhood, represent the end state of various pathological conditions occurring before or during birth, or in the first few years of life.

Most cases evolve in one of three ways (Cairns, 1951):—

1. The child is found to be hemiplegic at, or some time after birth, which may have been difficult.

2. The child is healthy at birth, but some time in the next few years has an illness characterised by convulsions, coma and fever, often diagnosed as encephalitis. A hemiplegia may be noticed when the child recovers consciousness or not until fits begin months or years later.

3. Without any previous acute illness the child develops fits followed by hemiplegia.

The pathology underlying the hemiplegia is various. In group (1) birth injury, e.g., cerebral haemorrhage, is the commonest cause, but congenital abnormalities, such as porencephaly, aplasia of a cerebral hemisphere, an intracranial angioma, a cerebral vascular lesion or encephalitis in foetal life may also be found. In group (2) the nature of the febrile illness is often completely unknown. It may be some form of encephalitis, and poliomyelitis has often been suggested, but there is little or no evidence that this condition ever causes typical infantile hemiplegia. Cerebral haemorrhage, thrombosis or thrombophlebitis may complicate acute febrile illnesses, such as, whooping cough, typhoid, typhus, meningitis, otitis media, measles, scarlet fever or diphtheria and result in the production of a hemiplegia.

In group (3) the aetiology is usually completely unknown. The affected hemisphere is small, the ventricles are dilated and there may be porencephalic or subarachnoid cysts. Microscopically disappearance of cortical neurones with replacement gliosis is commonly the only abnormality to be seen.

Typically the hemiplegia affects the arm, especially the hand, more than the leg. The limbs are spastic and often shorter and smaller than normal. Flexion contractures of the wrist and fingers and talipes equinus are common. The patient may walk well, though with a limp. In the upper limb there are usually only crude mass movements often with an atetoid component. Voluntary relaxation of hand grip or movement of individual fingers is usually impossible, though the thumb may be moved independently. The sensibility of the paretic side is usually impaired, and occasionally homonymous hemianopia is present.

Epilepsy occurs in most cases and mental retardation is very common. Fits may be of almost any type and the mental changes seen range from virtual imbecility to the mildest retardation (Krynauw, 1951). These changes are often associated with an asocial outlook which may be related to the convulsive episodes. Violent, short-lived "temper tantrums" are common and may possibly be an epileptic phenomenon. Speech may be lost or little disturbed.

TREATMENT. This is usually sought because of the development of fits or because of mental abnormality. Before hemispherectomy came into general use the only treatment

possible was to attempt to control the fits with anticonvulsant drugs. Heavy doses were often needed to produce even partial control with the almost inevitable accompaniment of increased drowsiness and mental slowing. Thus the introduction of an operation which made it possible to control fits without producing worsening in the other features of the condition and, in fact, often produced improvement, was a major advance in treatment.

Mackenzie (1938) first carried out cerebral hemispherectomy in a case of infantile hemiplegia. Krynauw's report of 12 cases in 1951 was rapidly followed by others. Cairns and Davidson reported 3 cases, Alcalde 4 and Gros and Vlahovitch 2 in 1951. McKissock reported 18 cases in 1953, French and Johnson 8, and Gardner et al. 1 in 1955, and Ferey 10 in 1956. All reports were generally favourable to the operation.

INDICATIONS FOR OPERATION.

As suggested by Krynauw, these are convulsive and, or, mental changes occurring in a patient with infantile hemiplegia.

RESULTS OF OPERATION. These will be considered under four headings:—

1. Motor.
2. Sensory.
3. Effects on epilepsy.
4. Psychological.

1. **MOTOR.** Patients with infantile hemiplegia never show complete paralysis of the affected side. Hemispherectomy causes no decrease in motor power, and in many cases increased usefulness of the paretic limbs has been reported.

This can be attributed to the following causes:—

- (a) Reduction in spasticity and loss of the athetoid component of movement.
- (b) Freedom from fits, and the reduction in dosage of anticonvulsants that this makes possible.
- (c) More conjecturally, the freeing of normal cortex from the effects of the abnormal.

The case reported here shows well the amount of motor activity that may be present even a short time after operation. In many reported cases improvement in function of the paretic side has continued for months, or even years, post-operatively.

Since there is usually no worsening of volun-

tary function after removal of the diseased hemisphere it seems that motor control of the paretic limbs is transferred to other areas of the brain some time before operation (Cairns and Davidson, 1951). There are four possible sites of higher nervous control after right hemispherectomy (Goody and McKissock, 1951):—

- (a) Normal left sided cortical structures.
- (b) Normal left sided subcortical structures.
- (c) Lower right sided motor structures.
- (d) A combination of these.

(a) NORMAL LEFT SIDED CORTICAL STRUCTURES.

That anatomical pathways which could serve for motor control of ipsilateral limbs exist is well known. Thus Fulton and Sheehan (1935) found uncrossed lateral pyramidal tract fibres in all primates that they examined, forming at least one-tenth of the cortico-spinal projection.

Stimulation and ablation experiments in both animals and man leave no doubt that areas of motor cortex capable of producing movements in the limbs of the same side exist in normal subjects (Bucy and Fulton, 1933; Bates, 1953).

It therefore seems likely that after hemispherectomy some, at least, of the voluntary motor activity remaining in the paretic limbs is governed from the motor cortex of the same side.

(b) SUBCORTICAL STRUCTURES.

Even after removal of all cerebral cortex the dog or cat is able to right itself, to walk and to run, though many motor defects remain permanently. It has generally been considered that in higher animals removal of all motor cortex leaves only the feeblest power of movement in the limbs, but Woolsey (quoted by Bard, 1956) states that if a monkey, deprived even of all motor cortex, is given adequate physiotherapy so as to circumvent the effects of spasticity and immobilisation, it will soon recover the ability to right itself and to engage in poor but effective locomotion.

The subcortical structures in which this power resides are uncertain. Krynauw believed that if the caudate were removed there was little or no return of voluntary activity, but French and Johnson (1955) found this not to be the case, and several reports exist of good preservation of motor power even after removal

of the caudate. Electrical stimulation of the basal ganglia produces no direct motor effect but does exert a modifying influence of cortically induced movements. It seems unlikely, therefore, that the basal ganglia play a part in the initiation of voluntary movements of the paretic limbs after hemispherectomy.

Thus, it seems probable that after operation the remaining motor cortex is responsible for voluntary movements of all four limbs.

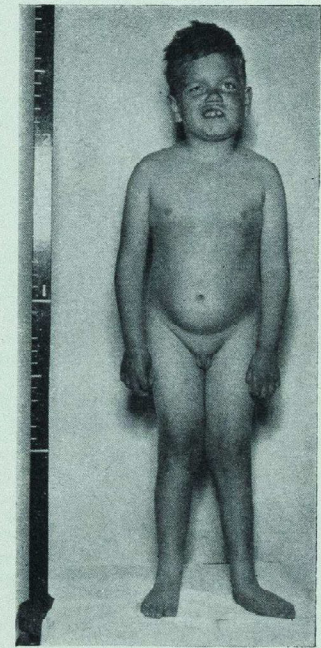
The amount of motor power remaining after hemispherectomy for infantile hemiplegia is always much greater than that found in adults after hemispherectomy for glioma. Since transfer of control from the diseased hemisphere occurs in early life in cases of infantile hemiplegia whatever the age at operation, the greater residual function presumably reflects the greater adaptability of the young child's motor cortex. The adult pattern of localisation of function has not yet become fixed and a pattern able to compensate, to some extent, for the loss of function of the diseased hemisphere is built up. (Gardner et al, 1956; Goody and McKissock, 1951.)

2. **SENSORY.** The amount of sensory disturbance found after operation is also rather surprisingly small. In the immediate post-operative period there is profound loss of all cortical modalities, but compensation is quick and after a few months there is commonly no subjective disability (Krynauw, 1951; McKissock, 1953). In cases operated upon in this way for glioma gross and permanent impairment of sensation is found on the paretic side (Dandy, 1928; Gardner et al, 1956).

According to Tizard, Paine and Crothers (1954) more than 50 per cent. of 106 persons with spastic hemiplegia acquired at or soon after birth, who had not been operated upon, had some type of sensory impairment on the affected side. Usually total or partial astereognosis or diminished two point discrimination. Most reports stress that after operation in infantile hemiplegics all modalities of sensation in the trigeminal area are normal. Below this level, light touch, pain, vibration and pressure sensation are usually virtually normal, and always much better preserved than in tumour cases. There is usually also retention of some degree of stereognosis and of position sense in the digits, epicritic sensibility is preserved and there is no distortion of painful stimuli. There is no disturbance of the body image.

Since the thalamus is left intact after hemispherectomy, preservation of a considerable

degree of sensation is not unexpected, but it is difficult to explain why in tumour cases painful stimuli develop an unpleasant quality and cold and hot stimuli are painful and undifferentiated whereas this is not so in infantile hemiplegics. The partial preservation of cortical modes of sensation is presumably explicable in terms of transference of cortical function from the diseased to the normal hemisphere where, in experimental animals, ipsilateral cortical representation of somatic sensation has been demonstrated by Fulton et al, in the so-called secondary somatic sensory area of the parietal lobe.



The patient 6 months after operation.

3. **EFFECTS ON EPILEPSY.** Epilepsy is one of the commonest complications of infantile hemiplegia and is also one of the chief reasons for which treatment is sought. In all reported series, fits have been eliminated or

greatly reduced in severity in nearly all cases (Krynauw, 1951; Cairns, 1951; McKissock, 1953; Ferey, 1956).

There can be little doubt that this is the most important improvement brought about by operation, and that many of the other beneficial effects stem directly from it.

4. **PSYCHOLOGICAL EFFECTS.** Mental retardation is a very common, if not constant, finding in infantile hemiplegia and is often associated with asocial behaviour and temper tantrums. The operation never seems to cause deterioration in intelligence and learning ability and often brings about a marked improvement. Asocial behaviour and temper tantrums cease, the mood becomes more placid and patients are able to establish social relationships more easily.

These effects are probably due to the freedom from fits given by operation together with the release of normal cortex from the inhibitory effect of the abnormal activity of the diseased cortex. The reduction in the level of sedation needed pre-operatively to control fits is probably also of considerable importance.

The mental changes seen after hemispherectomy for glioma are almost the reverse of those seen in infantile hemiplegics. The patients become dependent, regressive and ineffective. Intellect per se is not much reduced but insight, emotional control, initiative, constructive ideation and imagination are much impaired (Gardner et al, 1956). This, presumably, again reflects the adaptability of the immature brain.

Conclusion

The case described illustrates well the benefits to be derived from hemispherectomy in cases of hemiplegia associated with epilepsy in childhood. Had operation not been undertaken the patient would almost certainly have died in status epilepticus. Post-operatively his immediate improvement, as compared with his previous state, suggests that he may well be able to lead a virtually normal life, although final assessment of the results of operation cannot be made for several years to come.

Summary

1. A case of epilepsy associated with hemiplegia in a child of 6 treated by right cerebral hemispherectomy is reported.

2. The causes and clinical features of those associated conditions are discussed.

3. The indications for operation are epilepsy or mental retardation occurring in a child with hemiplegia developing at, or soon after, birth.

4. The results of operation are discussed. It is concluded that in a child one cerebral hemisphere may take over many of the motor and sensory functions of the other if this be damaged by a disease process, and that removal of a damaged hemisphere has the effect of bringing about improvement in the condition.

5. The possible mechanisms by which this improvement may be brought about are considered.

I should like to thank Mr. J. E. A. O'Connell for suggesting that I should report this case, and for his help and encouragement throughout. I should also like to thank Mr. T. M. Hannigan and Dr. Barbara Smith for the help they have given me.

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SOME EXPERIENCES OF GENERAL PRACTICE

By Juliet Matthews

Earlier this year I was fortunate in being able to spend a fortnight studying General Practice at first hand. There were five partners, four of them working at the central surgery, and an assistant serving some fourteen and a half thousand patients in a concentrated area of what was described to me as being a dormitory suburb of London. The town seemed to be constructed entirely of bungalows, so much so that one street looked very much like another, which made visiting confusing when one was not familiar with the district. Each partner held his surgeries, morning and evening, in a large house in the centre of the town, which had been converted for the purpose. There were four consulting rooms, fully equipped, with separate examination rooms opening off them so that if the session were a large one two patients could be seen at once, one changing in the examination room while the other was being interviewed. There was a single reception desk with two receptionists working at once. Calls for visits thus came through to the central surgery rather than going to the doctor's home. The waiting room was large, warm and cleanly modern. A buzzer and light opposite the appropriate doctor's name on an indicator board called the patients in turn. In the process of construction was a dressings room equivalent in function to our "Minor Ops."—an excellent thing, I thought, where the G.P. could do all his own minor surgery such as injections, suturing and sebaceous cysts.

Another progressive aspect of this practice was the appointments system; the patients telephoned or called in advance to make an appointment for the next surgery, rather than attending in the usual sporadic fashion. The appointments were at five-minute intervals, which had been found to be approximately the average time taken to see a patient under the old system. In practice I found that this five minutes interval was somewhat elastic, and surgeries were anything up to half-an-hour longer than the predicted time, though not often. The appointments system has its pros and cons; it keeps the surgeries down to manageable levels, especially in winter; it tends to discourage the malingering—I saw far

fewer "old lags" than I had been led to expect; it drastically reduces the amount of time the patient has to spend in the waiting room, ten minutes being the maximum, though this had the disadvantage that the patients were not as relaxed as under the old system. This occasionally played havoc with the blood-pressure readings as they became acclimatised. Most patients agreed readily that the appointments system was a good thing; I felt myself that it was not wholly an unmitigated blessing. The patients often felt hurried. On one or two occasions they refrained from asking questions about very real worries connected with their illness, feeling that they were occupying too much of the doctor's time. Carried too far, the appointments system might conceivably lead to yet another manifestation of the stress of modern life—Instant Medicine. I felt that it too nearly approached the hospital system; the patient has in his G.P. someone who knows him and in whom he can confide, and who can reassure him, something which a busy hospital interview cannot provide a substitute, and that if we inadvertently overlook this, something very valuable will be lost from medicine. It would be better to reduce the numbers of patients a doctor can take to comfortable proportions, but this is an ideal not easily realised.

No effort was spared in showing me round the practice, of which all the partners were justifiably proud. I was allowed to sit in on all the surgeries, doing the smallpox inoculations as they arose, to accompany the doctor on his visits for the day and even to write some of the simpler prescriptions. At the beginning of the surgery the introduction used to go something like this: "Good morning, Mrs. Smith. This is Miss Matthews, a medical student from St. Bartholomew's Hospital, in London, who's come to see how we do things in general practice." After twenty or so patients it would become: "Good morning, Mrs. Smith; this is Dr. Matthews. What can we do for you?" One partner solved the problem by secretly briefing his patients via the receptionist, before they came in, as to what was afoot. It was a new experience, this meeting the patient almost on his own ground, fully clad and unafraid, instead of in the strange

environment of the hospital. I learnt many things about doctor-patient relationships—for example, how the good G.P. must have a sixth sense that tells him when to refer the patient for a hospital opinion, whether strictly necessary or not, before the patient asks. This ensures that the patient will not lose confidence.

During my stay I saw, besides the commoner complaints that never find their way to hospital, many very interesting cases, like the little boy with a protracted otitis media which developed into a full-blown mastoid; he was completely afebrile due to the antibiotics that had been pumped into him, but his right ear stuck out at an alarming angle, and behind it was an angry red swelling. Then there was the elderly lady with the undoubted symptoms and signs of a rectal carcinoma who passed a faecolith the next day, much to everyone's relief, thus returning to normal. One elderly gentleman with chronic bronchitis suddenly became rather dangerously paranoid, and escaped in his pyjamas from the local hospital. His eyes glistened and rolled as he described to us that night the full horror of the sinister plot the hospital had been hatching about him, until it reached "maddening proportions". He assured us most convincingly that all traces of the wires, booby traps, microphones and other paraphernalia that they had laid in his room would surely have been removed by the time we sped up to investigate. He had not had steroid therapy, and cerebral anoxia was put forward as being the most likely explanation. Another elderly patient, bedridden with congestive cardiac failure, had a most beautiful Welsh accent, and relied on his herbal medicines to keep him going ever since he came out of the hospital at Graig-y-Nos (look you). He swore by some brew made of slippery elm. We hardly liked to tell him it was an abortifacient.

One aspect of the practice that particularly struck me was the conditions under which some of the patients lived. In one house the mother, a schizophrenic, coped with five scruffy, but healthy children. The father was out of work; she could do no washing, not having the strength to chop the logs to heat the water. Meanwhile, her husband refused to let her buy coal, or to chop the logs himself, and the house was becoming progressively filthier. In the living-room dirty clothes lay everywhere. Dirty plates were on the table, and the baby lay in a pile of old rags on the settee. In other houses we entered, old, incontinent patients lived alone in appalling conditions, ameliorated

slightly by the home help's visits. Fortunately these homes were in the minority. What did impress me was the great love and affection with which so many old and bedridden patients were nursed by their relatives, often in heroic circumstances. Geriatrics seems to occupy a large part of general practice. Antenatal clinics were run twice weekly in conjunction with the local midwives. Mothers were encouraged to have their babies at home where possible, even the primigravidae, in uncomplicated cases. I was shown how to date a pregnancy from the height of the fundus and to determine the position of the child, whether or not the head was engaged, and to find the foetal heart. Some of the mothers had never heard their baby's heartbeat, and listened through the ordinary stethoscope with joy, almost disbelief, on their faces. As if they needed convincing—some of those babies certainly could kick!

In this practice a point was made of treating the family as a whole, which was an advantage, as it gave one better insight into a particular patient's hereditary history and environment, and helped the doctor in his role of adviser. The G.P. seems to be called upon to settle many disputes, often bearing no relationship to medicine whatever.

It is sometimes said that one never sees "real medicine" in general practice. This is obviously not so: most of the cases one sees in hospital have been referred from the G.P. in the first place. The purely clinical diagnosis becomes increasingly important in general practice, where one cannot fill in a request form for an X-ray or blood test on the spot and have a provisional diagnosis confirmed rapidly. I found that each partner had some rule-of-thumb to apply to one particular disease or another; a pathognomonic sign in measles is when the mother thinks of calling the doctor in to see the child, then changes her mind. This refers to the apparent improvement in the child's health after the initial cold-in-the-head stage, only to be followed by the lapse into the exanthematous stage. Another point I noticed was the high proportion of complaints that do not fit themselves into any watertight diagnostic compartment, even that of the psychogenic, and have to be treated symptomatically.

In many ways this particular practice was the ideal example of the role of the G.P. in medicine today. The object, so far from allowing the G.P. to become a "middle man" on the patient's way to hospital, is to keep the patients out of hospital as far as possible. I

particularly liked the way the patient, rather than the disease, was treated, though with the large central surgery and better facilities for the treatment of patients by the G.P. a certain amount of what the Americans call "depersonalisation" is bound to occur. With so much being provided by the G.P. one has the feeling

that history is repeating itself and that we may return to the G.P. hospital.

I should like to thank Dr. McKane for all his help and the partners in this practice for their hospitality and for giving me the opportunity of learning so much in such a short time.

50 YEARS AGO

Sir William Church, Bart., K.C.B., M.D., giving the Midsummer Address to the Abernethian Society, had the following to say about his student days, fifty years before in the 1860s. "The very surroundings of the Hospital have changed. I am not old enough to remember cattle being bought in Smithfield, but the whole of the place now occupied by the railway and the meat markets was, when I joined the Hospital, a dreary expanse of neglected ground adorned with the decaying remains of the old cattle and sheep pens. Snow Hill and its surroundings still retained the features described by Dickens, and Farringdon Street was being bored through the slums.

"Coming up to London from the University for clinical practice, after spending a few weeks in getting familiar with the Hospital and its ways, I became a dresser to Mr. Lawrence (afterwards Sir William). In those days we paid a good round sum, £26 5s., for the privilege of dressing, a perquisite which the surgeons were not very willing to give up. Blood-letting was quite out of fashion at that time, but Mr. Lawrence still used it occasionally. The first, and one of the very few persons I have bled myself, was during the time I was dressing for Lawrence. A strong burly policeman was admitted with acute cellulitis of the arm. Mr. Lawrence told me to bleed him. I had never seen a person bled, and received the order with some trepidation. 'How much blood am I to take?' I humbly asked. 'Bleed him till he faints,' was the reply. I managed to open his vein successfully, and when some twenty ounces of blood

or more had been let out began to grow nervous, and went and asked Mr. Lawrence if I should do up the arm. 'Didn't I tell you to bleed him till he faints?' was all the remark Mr. Lawrence made, and I returned to my patient. Presently Mr. Lawrence came and looked at him, and at the amount of blood taken, and said, 'You may do up his arm! I do not recollect the exact amount of blood taken, but it appeared to me then, and still does, as an enormous amount; the man, however, did not faint.'

"After I had finished my clerking I became an apprentice of Mr. Wood, the Apothecary of the Hospital. One story of him I must tell you, as it may help to fix in your mind the approximate date of the introduction of subcutaneous medication. In 1865 the Royal Medical and Chirurgical Society appointed a special Committee to report on the use of hypodermic injections. Shortly after the report was made public in 1867, Sir Thomas Smith (the secretary for the Committee) and I were on duty, and a man was admitted into his ward in an unconscious condition. Failing to find any signs of injury he asked me to see the patient. Whilst we were engaged in examining the man, Mr. Wood, who was at that time not in favour of hypodermic injection, came into the ward. In our difficulty of forming a diagnosis we appealed to him to help us, but it was after his luncheon or early dinner and he was not inclined to help us, and all we could get him to say was: 'You have been squirting of him!'"

SPORTS NEWS

Sports Editorial

It is excellent news to hear that the Men's Lawn Tennis Club is doing better than for a long time. The 1st VI now face King's College Hospital in the semi-final of the U.H. Cup, and stand a good chance of reaching the final.

The Boat Club continues to flourish under the leadership of D. Dunn, and their results include a creditable win at the recent Hammersmith Amateur Regatta.

The Rifle Club announces another success—an individual one. P. F. Tatham won the Tyro's Challenge Trophy at the Kent County Rifle Association Spring Meeting on 27th May.

A Basketball Club will be coming into existence at the beginning of the Preclinical Autumn Term. Good facilities are promised, and G. Dunn will be pleased to hear from anyone interested in supporting the new venture. G.H.

Swimming Club

Bart's I v. City Police. Lost 10-8.

Here for the first time Bart's played under the new rules for Water Polo, taking eleven players and playing seven of these in four quarters of five minutes. The Police, being both much larger in size and certainly much fitter, proved strong opponents, and deserved to win. Bart's played moderately well, but relied too much on Shorey, both to organise the tactics, make the goals and score them too. Considering that only four members of the first team were playing, the performance by the other second team members augurs well for success in the coming season. It is all the more unfortunate, therefore, that none of this year's Freshers have come forward wishing to play polo. We can but hope that next year's entry will show more talent.

United Hospitals Swimming Gala. Bart's second to St. Mary's: 63 to 43 pts.

Bart's, for the second year running, finished as runners up in this competition with only

seven competitors. Compared to St. Mary's, who enter large numbers of students and hence win to a certain extent by sheer weight of numbers, Bart's does very well. Ruoss and Shand came first and second in the diving well ahead of any competition. Shorey did very well to come second in the 100 yds. butterfly and incidentally made a thrilling finish to the race. Both relay races were won by St. Mary's with Bart's second, satisfactorily ahead of any other hospital. We were also well represented in the Water Polo match afterwards in which St. Mary's challenged The Rest and were beaten 6-4.

Altogether the evening was very pleasant, but a cloud appeared to hang over everybody's head for St. Mary's, though very worthy of success, seemed inevitably to be winners before the competition began, and this not unnaturally removed some of the interest.

It is also worthy of mention that for the first time in recent years the nurses were represented in this competition. Their two competitors put up an excellent performance and showed publicly the fruits of the new swimming bath in the Nurses' home.

Wye College Invitation Knock-out Water Polo Competition. Bart's won.

This competition, held in the open air at Wye College, Ashford, in Kent, resulted in victory for Bart's over University College in the final by three goals to one. The first team at full strength played very convincingly in the cold conditions, which not only slowed up play, but also made ball control very difficult as the hands were soon frozen. Shorey was responsible for all the Bart's goals, but was very ably supported by Ruoss, Groves and Shand. If this team can improve its all-round fitness for next October, Bart's can be assured of a good performance in the United Hospitals League.

The team was M. Orr, R. Hillier, C. Ruoss, J. Britton, D. Shand, R. Groves and B. Shorey (capt.).

Results:

1st Round—Bart's beat University College 3-1.
2nd Round—Bart's beat Charing Cross 4-3.
Final—Bart's beat best losers—University College 3-1.

Alpine Club Report

What have those eccentric climbers been up to during the last year? Well, mountaineers from Bart's have ranged far in search of sport. At New Year we were toasting ourselves in front of a fire in the Lake District, and in June we were roasting the skin from our backs on the beaches near Lands End. Between the days of idleness we sallied forth to the cliffs and climbed some worthy routes.

We have run trips to the mountains in a hired Dormobile about once a month. Most have been to Snowdonia where we have climbed many of the long mountaineering ridges on Tryfan and the Glyders, picking a line up the cracks and slabs on beautifully firm rock. Here can be found the deep satisfaction of climbing, the complete confidence in the friction of the rubber sole on the slab and the security of the rope while delightfully conscious of the emptiness below.

On other days we have walked and enjoyed the scenery from the summits. The view across the mountains of the hills rolling down to the sea is so expansive that it seems impossible that only yesterday we were penned in by drab London streets. Often we were less fortunate; anything beyond the nearest sheep was screened by a thick wet mist and we had to make do with the knowledge that we may have reached the summit cairn. In June a party traversed the fourteen three-thousand-foot peaks of North Wales, a sixteen hour walk turned into a map reading exercise by low-blown cloud.

It was on a winter Sunday, in ten degrees of frost that Abu worked up such a head of steam that she blew the rubber pipe from her radiator. Everyone except her owner hoped that this would prove her dying gasp and there would be an excuse to hitch a lift back to London in a car with a roof and some windows. It was not to be. Abu was towed to a service station where almost the only spare part was a length of garden hose.

At New Year there was a club party in Langdale with weather bitterly cold, but so dry that there was no trace of ice on the rocks. We climbed all day until the weather broke and then walked across peaks dusted with snow. What a contrast to the sea cliffs near Lands End at Whitsun. Here the hazards were not numb fingers but broods of cormorants and razorbills. The parents took fright at

the last moment and several climbers were almost ejected backwards into the sea.

Between our mountain week-ends we have joined the crowds of rock-starved Londoners at Harrisons, the sandstone outcrop near Tunbridge Wells. This is an excellent practice ground, providing steep and strenuous climbing on rounded holds. After shamefully few of these little routes the arm muscles are reduced to jelly and it is left to the second man to provide the motive force with a rope looped round a tree at the top. It is not a place for the faint hearted; people who make light of some of the Welsh climbs do not finish a single one when they come to Harrisons.

A few Bart's mountaineers have ventured further afield. John Dale was medical officer on a Cambridge expedition to Baffin Island in Arctic Canada. This was a very pleasing trip, several virgin peaks were climbed and the party enjoyed itself greatly. Nicholas Pott and Adam Lewis climbed on Ben Nevis in March. At this time of year the snow builds up to great depths in the gullies. Frost and sun pack it down to the consistency of sugar icing to give excellent conditions for ice axe and crampons. It could be considered as excellent preparation for the Alps if the routes were not so steep as to be worthwhile in their own right.

Plans are being hatched for the Alps this summer, but the health of the club must be judged on the enthusiasm of its members climbing closer to home. By this token it is very sound of limb and can look forward to a successful year ahead. N.H.P.

Tennis Club Report

So far this season the 1st VI have won 9 out of their 15 matches and drawn 1. We have managed to reach the semi-final of the U.H. Cup by beating Charing Cross in the 1st round and U.C.H. in the second. Our next opponents are K.C.H. who were our downfall last year, and at present we are trying hard to arrange a match with them.

We have had two mixed matches, one of which we lost 0-9 to St. Mary's Hospital and the other we won 9-0 against Horlicks.

There are still about 10 more matches this season, including the staff match on 8th July, and probably a match against the nurses to be played later on this summer. This would be a fitting end to a most enjoyable season.

Squash Club Report, Season 1961/1962

Last season we played 21 1st V matches of which 7 were won and 1 drawn. The 2nd V unfortunately lost 7 of their 9 fixtures.

We were beaten by St. Thomas's Hospital in the first round of the Hospitals Cup. They eventually won the cup, and had no real difficulty in defeating us in both 1st and 2nd V matches. J. Mitchell put up a very good fight against I. Dowdeswell of St. Thomas's, both players giving us an exhibition of how the game should be played.

We went up one position in the Cumberland Cup and now stand 2nd from bottom of the 4th Division. The Donaldson Cup was won by J. Mitchell who beat K. Bowles in the final.

To end the season we had an excellent match against the staff, and we are most grateful to Professor Shooter for producing a team and entertaining us afterwards.

Rifle Club

Small-bore Report, 1961-1962

During this season 92 matches were shot, 52 of these were won, 2 tied, and 38 lost. Last season 80 matches were shot, of which 51 were won, but a comparison of this nature would be odious as a detailed description of the results of our various commitments will show. In fact the season may justifiably be described as "successful", despite one or two disappointing results when we did not shoot to par.

We are unfortunately going to lose the services of two of our staunch members next season, P. N. Riddle and A. M. Ward. Both of these have supported the club magnificently over the past years and we are going to miss them. However, we do have several promising shots who found their feet towards the end of this year's season and we hope that, with their help, the Club will retain its high standard next season.

United Hospitals Winter League

We entered three teams for this competition. In Division I the "A" team were beaten into 2nd place, with 7 matches won and only 1 lost, by the brilliant shooting of the Westminster Hospital "A". A. M. Ward was placed 4th

in the Individual Averages with 97.75. The "B" team struggled into 6th place, winning three of their eight matches.

In Division II the "C" team performed consistently and well to take second place with six wins, one tie, and one defeat.

National Short Range League

The team which we entered for this important competition shot well to take first place in Division 51. The team won 10 of its matches and lost only one. The highest individual average being 97.6, that of P. N. Riddle.

University of London League

A team was entered to take part in the Pistol League and it was gratifying, having been promoted to Division I, that it took 3rd place. This was mainly due to the consistently accurate shooting of F. J. R. Hardy, who finished the season with the excellent individual average of 80.55.

United Hospitals Knock-Out Competition

In Division I, the "A" team came to an untimely end when it met its all-powerful rivals, Westminster "A", in the second round.

In Division II the "B" team met and beat the "C" team in the final.

University of London Knock-Out Competition

The "B" team had the unfortunate experience of beating the "A" team in a moment of weakness in the first round. It then proceeded to beat Guy's "A" and was placed third in the final reckoning.

In Division II the "C" team shot well to reach the final and tie with Imperial College "C" for first place. Unfortunately the team lost on a reshoot.

Browne-Martin Competition.

This knock-out competition for clubs within 12 miles of the G.P.O. is always entered with some fear, and much trepidation; and with some reason, as, for the past two seasons, we have been knocked out in the first round. However, this year, we emerged triumphant into the third round (admittedly we had a bye in round two!), but were soundly but not ignominiously beaten by Walthamstow Ensign, the losing finalists.

Other Matches

v. E.T.E.S.S.A.	won	1150-1122
v. The House	won	928- 859
v. St. Mary's Hospital	won	473- 465
v. Westminster Hospital "A"	lost	523- 565
v. Westminster Hospital "B"	won	505- 475

United Hospitals Individual Competition

This competition produced some striking personal successes. In Class A, A. M. Ward was placed 1st; in Class B, A. J. B. Missen was placed 2nd; and in Class C, M. Church was placed 1st, K. S. Wise 2nd, and E. Carden 3rd. Miss J. C. Stephan won the Ladies' Championship.

University of London Individual Knock-Out Competition

This was a competition which had disappointing results for the club. In Division 1 all our entries were eliminated in the first round; in Division II K. S. Wise survived until the third round when he was unfortunate to be eliminated after the third tie shoot. In Division III our entries, however, met with more success and S. R. Morison was placed first, E. Carden being eliminated in the semi-final.

Queen Alexandra Cup Competition

This open national individual competition had, for the first time, the modest support of five "Barts" men". There are no classes, but

each entrant shoots against those of his native county. The first stage is fired, and only the top twenty scores of each county progress to the second stage, when only the top six scores progress, etc. Four of the five entrants managed to survive until the second stage, and were then eliminated. This, however, is indicative of the comparatively high standard of shooting at Barts.

A. J. B. Missen shot for Sussex.
H. R. Petty for Yorkshire.
P. N. Riddle for Middlesex.
A. M. Ward for Leicestershire and Rutland.

University of London Championship Meeting

This two day meeting at Twickenham did not prove as successful as was hoped for Barts, but several successes were recorded. Class C Double Fifty—C. L. Brewer, 2nd. Class C Grand Aggregate—C. L. Brewer, 2nd. Time Limit—A. M. Ward, 2nd. Team Championship, 4th. Inter-Hospital Team Championship, 2nd. Sharpshooter Competition, 1st. Pistol, Class B—A. M. Ward, 1st. H. R. Petty, 3rd.

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Team K.O. Division I—"B" Team, 3rd.
Division II—"C" Team, 1st.
Individual K.O. Class III—S. R. Morison, 1st.
Lady Ludlow Cup Competition

The Club Championship was won for the fourth successive season by A. M. Ward with an average of 98.02.

A. J. B. Missen was runner-up with a recorded average of 97.29.

The Mrs. H. J. Waring Cup Competition

The Club Handicap Cup was won by H. R. Petty with an average of 100.181 (Macrae). K. S. Wise was runner-up with an average of 100.153.

BOOK REVIEW

Casualty Officer's Handbook by Maurice Ellis. Messrs. Butterworth and Co., Ltd. Pp. 232. 42s.

This excellent little book fills a great need for the newly-qualified. The pre-registration year always presents the kind of problems with which this book deals very well. It is a very practical manual, advising the Junior Casualty Officer on what to do when common injuries and other surgical conditions come into the accident box. There are no long discourses on long term management. The problems dealt with are those of diagnosis and first aid treatment of common surgical conditions.

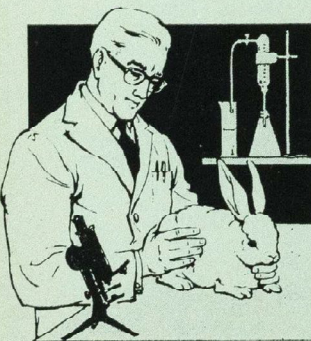
The problem of whether to admit or not is considered with each condition and will be of immense value to the inexperienced house surgeon. This is one of the great assets of the book because so frequently this particular problem is omitted even from the most voluminous surgical textbooks.

Two-thirds of the book is taken up with accidents and injuries, the text dealing chapter by chapter with the different anatomical sites involved. This large proportion is consistent with the part played by injury in the modern accident box. Charts showing points of special interest to be dealt with in the history and examination of patients with various types of injury provide easy visual guides to the assessment of the individual patients. Operative details are shown in the many clear photographs and they are of great help in simplifying the text.

The book is realistic in its approach and examples of bad X-rays taken at night are shown to contrast with the ideal type of X-ray obtained in the morning. Other chapters on abscesses, foreign bodies, resuscitation and the acute abdomen are other common conditions dealt with. The chapter on poisons, I feel, would have benefited from expansion for it is of limited value as it stands. An unusual but useful chapter on advice to the casualty officer about to appear in the witness box completes the text.

The "Casualty Officer's Handbook" provides the basis of accident first aid and will be an invaluable guide to the young house officer and junior practitioner. D.C.

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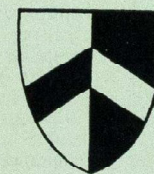
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**ST. BARTHOLOMEW'S
HOSPITAL JOURNAL**



Vol. LXVI, No. 8

AUGUST, 1962

Editorial

Our profession is seeing the increasing use of machines in medicine. Machines not primarily introduced for medical use are being developed for use in our particular branch of science. Conventional visual aids to teaching such as screen projection are not being used nearly enough. The prospect of the greater use of television is becoming ever brighter, however the main fly in the ointment is the high cost of the special equipment needed. Perhaps we ought to explore further the uses of film and slide in student teaching. We have all the apparatus required, and weekly pathology demonstrations of slides projected on to the screen, for instance, would certainly not go amiss. It has always been a source of amazement to us that histology should not always be taught in this way.

A consideration of the use of television for teaching is topical. Closed-circuit TV is having a greater part to play in the study of operative technique and endoscopy. At this hospital it is possible for students to see a variety of fluoroscope procedures on closed-

circuit TV although few students realise that these facilities exist. Bart's is well to the fore in the use of closed-circuit TV for visualisation of abnormalities in function of the urinary tract.

In contrast to closed-circuit TV the use of open-circuit TV for higher education has hardly been explored at all in Great Britain. We have had weekly bulletins on conditions such as thrombophlebitis and fractures of the neck of the femur, however, it is now time to concert our efforts on more worthwhile kinds of man's education. At the moment it is possible for only a minority to attend university in this country. Surely it should be possible in the near future to have programmes on music appreciation, the history of art and courses on subjects which would only be of interest to a minority such as mathematics, history, psychology, economics and biochemistry. In North America a number of States have early morning programmes on these lines so that students consisting of lorry drivers, businessmen and housewives can take part in university courses without interrupting their working hours. A course of 15 one-hour lectures given at 6 a.m.

Editorial—Continued

by the Professor of Psychology at one of our leading universities would be enough to test the strongest minded student, let alone a sewage worker before he sets out to work in Manchester. Obviously a great deal of carefully applied propaganda is needed before such courses would be successful. The fact that such courses do work in other countries is no guarantee that they will work in this country, however, something on the lines of mass education in more advanced subjects may well be successful in stimulating interest in fields which would otherwise apparently play little part in our lives.

We are being slow to utilise the tremendous potentialities in television applied to teaching. Higher education is closed to the vast majority in this country. To open the door to a knowledge in more advanced subjects, the path leading up to it must be an easy one. Television is now in nearly every home and expert teaching is on the doorstep. It would be a pity to let another decade go by without using television more fully.

Engagements

DAVIES—MASON.—The engagement is announced between Dr. David Garfield Davies and Maxine Florence Mason.

EVANS—SMITH.—The engagement is announced between Dr. Malcolm Evans and Gretta M. Smith.

Marriage

BURBRIDGE—DOWNTON.—On 9th June, Dr. Nicholas John Burbridge to Audrey Annette DOWNTON.

Births

APTHORP.—On 14th July, to Marion (née Anderson) and Dr. George Hugh Apthorp, a son.

GRIFFITHS.—On 11th July, to Rosemary (née Quick) and John D. Griffiths, a son, brother for Siân, Andrew and Huw.

Deaths

CLEVELAND.—On 16th July, Dr. Francis Howard Cleveland, aged 71. Qualified 1914.

CRISP.—On 14th July, Gordon Crisp, B.M., B.Ch. Qualified 1926.

THOMSON.—On 19th July, Ronald William Thomson, aged 51. Qualified 1937.

This month we are publishing three articles on different aspects of teaching medicine. Dr. Parrish, who was Senior Registrar on the ground floor medical firm, has just completed a year at Ann Arbor and his views on post-graduate training in gastro-enterology at the University of Michigan are included in our columns. Colin Brewer, a final year student, has spent a month studying medicine in Norway. It is hoped that this is a good omen to the effect that more Bart's students will be able to take the opportunity to visit and learn medicine in other countries. In the past the requirements for attendance have been so strict that opportunities to reap benefits from other hospitals have been few and far between. It is with great pleasure that we welcome Dr. Simon's article on "The Place of Radiology in Undergraduate Training". We hope that he will be given the opportunity to extend this important course. He enjoys teaching and the students obviously enjoy being taught by him. Perhaps he, like Dr. Felson, ought to offer a bottle of Coca-Cola for answers to a series of puzzling X-rays put up each month for students to peruse.

Appointments

University of London

The title of reader in clinical epidemiology has been conferred on Dr. C. M. Fletcher in respect of his post at the Postgraduate Medical School of London.

The title of professor emeritus has been conferred on Prof. J. W. S. Blacklock.

University of Birmingham

The honorary degree of LL.D. has been conferred on Sir Geoffrey Keynes.

University of Edinburgh

The Lawrence Poole prize in rehabilitation after poliomyelitis was awarded to Mr. H. J. Seddon.

Annual Dinner

The Annual dinner of the Tenth Decennial Club will be held at the English-speaking Union, 37, Charles Street, W.1, on Wednesday, October 10th, 1962, at 7 for 7.30 p.m.

Members may invite guests from the Eleventh Decennial Club.

For further information please contact Dr. Geoffrey Bourne, 20, Harley House, N.W.1.

Calendar

SEPTEMBER

Saturday, 1st. Ben Nevis Run, Fort William, Scotland. 1 p.m.

Saturday and Sunday, 1st and 2nd.

Dr. Graham Hayward

Mr. A. W. Badenoch

Mr. J. N. Aston

Dr. R. W. Ballantine

Saturday and Sunday, 8th and 9th.

Dr. A. W. Spence

Mr. E. G. Tuckwell

Mr. W. D. Coltart

Dr. Ian Jackson

Wednesday, 12th. B.M.S.A. visit to Maudsley Hospital.

Saturday and Sunday, 15th and 16th.

Prof. E. F. Scowen

Prof. G. W. Taylor

Mr. H. Jackson Burrows

Dr. T. B. Boulton

Wednesday, 19th. Visit to Vauxhall Motor Works, Luton, Beds.

Saturday and Sunday, 22nd and 23rd.

Dr. R. Bodley Scott

Mr. Alan Hunt

Mr. J. N. Aston

Mr. F. T. Evans

Saturday and Sunday, 29th and 30th.

Dr. E. R. Cullinan

Mr. C. Naunton Morgan

Mr. W. D. Coltart

Dr. R. A. Bowen

Physician Accoucheur on duty for the month of September is Mr. John Beattie.

Last Month from America

The long summer vacation always finds Bart's students spreading to the corners of the globe. This year more than ever seem to have made America their summer goal. Three months in the States for most of us necessitates at least some weeks of work to offset the higher cost of living.

Three young men were last seen heading West, but the largest number of Bart's students seems to be in or around New York. Three have made their headquarters in a room not fifty yards from Times Square and the "Great White Way", in the centre of New York's theatricland. From here each day, the most prosperous of the three males makes his way to Downtown Manhattan, where he is em-

ployed as a labourer and where his rather dubious services, but great capacity for liquor, are valued at over a pound an hour! Another takes a bus to Palisades Amusements Park where he is in sole charge of a roundabout. This highly responsible position is strangely unremunerative and entails long hours; however, the sight of millions of New Yorkers hard at work enjoying themselves is not given to all of us. Your correspondent, meanwhile, spends his day in congenial pursuits emerging in the late afternoon and evening as a door-to-door salesman hot-foot to the Bronx, that part of New York inhabited largely by Puerto Ricans, Negroes and other victims of American Society. Here, although he meets with a friendly reception, his activity has had little effect on the American Trade Figures, or the Dow-Jones Index.

Of the Bart's girls who are out here, two are rumoured to be measuring pH's in New Jersey while a more flippant member of their sex is cavorting with the bronzed beach boys on Long Island.

The Americans, while treating us to expense account drinks, take the opportunity of cross-questioning us closely on socialised medicine. There has been much propaganda against the British National Health Service over here, and they are certain that the whole thing is completely unpopular in Britain. C.J.K.

International Medical World Conference

The Journal of General Practice is holding an International Conference on "Organising Family Doctor Care" in London, from Tuesday, October 23rd to Sunday, October 28th. Students are admitted free to any part of, or all of the conference. The conference is to be held at the Victoria Halls, Bloomsbury Square, London, W.C.1.

WEEKDAYS

1. The Place of the Family Doctor.
2. The Organisation of Domiciliary Medical Care.
3. The Relationship of the Family Doctor with other Medical Services.
4. The Financing of Family Doctor Care.

SUNDAY

The Common Market—Having a Baby—Home or Hospital?—The Community Care of the Mental Patient—Going to Hospital with Mother.

AN ESSAY CONCERNING AN ALMOST PARADOXICAL SOCIETY

by W. C. Lettington

"... in the conviction, which has grown with my growth and strengthened with my strength, that there is no alleviation for the sufferings of mankind except veracity of thought and of action, and the resolute facing of the world as it is when the garment of make-believe by which pious hands have hidden its uglier features is stripped off."

—Thomas Henry
Huxley



During the past decades there have been many political, economic and cultural changes in Eastern Europe, and with recent relaxation of the entry into these countries the B.M.S.A. were able to arrange a visit for a party of medical students during last September. I took part in this visit deciding to see for myself the end result of these changes. Upon consideration there are some thoughts which are more prominent than others and some events which stand out from the rest, and it is with a concertina-like attitude that I look back and consider my holiday behind the iron curtain.

After the usual uneventful crossing, our party was Russia bound, rattling across Belgium, and it was with much relief that the male members found that the fair sex was well represented; both quantitatively and qualitatively—which may seem surprising considering their extraction. Towards evening, after the various personalities had collected, we came upon a most beautiful scene. There were about five men burning what was probably couch grass in small heaps scattered over a ploughed field. The field was flat and as the smoke rose into a cloudless sky it formed a complete shroud about thirty feet above the soil; the men working below it and the setting sun casting its rays cautiously over the top. It seemed most uncanny in the evening light.

The excitement of the first day lulled, but our rest was smashed by a heavy boot falling just outside the carriage door, and to the cry of "Passkontrolle, Passkontrolle", we found ourselves looking at a very efficient German, who neatly stamped our passports and left as efficiently as he had arrived. This impressed me and whilst crossing East Germany I crept up upon four sleeping colleagues, pushed a hand through a partially opened carriage door and repeated the ritual, when to my extreme delight I was given four passports accompanied by grunts of "Here yar". The following morning was to disclose four very worried medical students.

Upon arrival in West Berlin our party was herded into a hotel, far too sumptuous for a student visit, and I wondered whether this was deliberate to contrast with the relative simplicity which we were to see later in Russia. After a German breakfast, which quite knocked our gastric organs for six, we had a tour of West Berlin. This consisted of rapid viewing of the very modern and wealthy city but, of course, the outstanding feature was the dividing wall which had been constructed between the Eastern and Western zones. The Schandmauer—

"wall of shame"—as the West Berliners call it, erected by Communist East Germans under Russian domination, to prevent human beings passing across the border. The area near the barrier is still scarred by the effects of the past war. Russian tanks could be seen over the wall and East German soldiers, standing on roof tops, rifles at waist level ready to kill.

It seemed to me as though the Russians have brought about a terrible and unique revenge upon the people of Germany, and this process of irregular war is still in progress. For now brother hates brother and German kills German, and although there were many refugees to the West, there are also many East German border guards manning the wall and the young on the other side have known nothing much else except Russian doctrines.

We all know about the happenings of the past war, upon which subject Sir Hartley Shawcross said: "... on the lowest computation twelve million men, women and children were done to death. Not in battle, not in passion, but in a cold, calculated, deliberate attempt to destroy nations and races, to disintegrate the traditions, the institutions and the very existence of free and ancient states, Twelve million murders! Murder conducted like some mass production industry..." But we realise that an element of forgiveness is essential, and one reason is that the people who suffer are not necessarily the people who committed the crime. It seems that the future generations must suffer for the errors of past generations, errors which are not purely a racial characteristic.

The wall separates East from West and even passes through the ground floor of borderland houses. It is difficult to see over it in places, but when I was there the tops of armoured vehicles could be seen. There was a memorial placed on the pavement outside a house where some time previously a lady had jumped from a balcony to the Western side, and falling to the ground, had killed herself—a costly memorial to twisted humanity. Suddenly a man ran towards the wall, crying bitterly, shaking his fist at three Eastern soldiers on a high building just inside their sector. One of the soldiers raised his rifle and pointed it at the man, but luckily for that man two West German policemen raced to him and prevented him climbing over the wall to his loved ones in the Eastern sector. A rather paradoxical movement of a human being, driven by emotion to its limit of sane toleration. Such events are common knowledge by now, but after an initial

outburst of horror man accepts and forgets.

It is a fact that man does kill the thing he does not love, and in the light of human nature any transition to a Utopian world without arms seems quite impossible for many generations. Surely the practical answer lies in the development of an international force, however costly to operate, to act as a ruthless brake upon the disrespectors of human life.

That afternoon, after a very stimulating and exciting talk by the authorities on the theme of a united Europe, we boarded a train and entered East Berlin. The guard who inspected our passports smiled warmly and I could not help liking him until I realised that his function was to kill people who place freedom of thought and reasonable action high upon their list of values. Our little contingent then parted and three of us together explored a little of the other side of the fence. One cannot fail to notice the desolation and lack of repair, the feeling of despair which is present despite the fact that the people seem quite well fed. As we walked around the Russian sector we came upon a vast array of posters devoted to debasing Western society, and one of them was a picture showing John Bull sitting in a pan being fried by Mr. Khrushchev. This form of propaganda is probably most effective from the Soviet point of view, but what idea has the average East German got of the English attitude and way of life? As the sun set over the Brandenburg gate I felt just a little bit of a fraud, because there we were as free as you like walking around in a city whose people were risking their lives to get out. We left rather less jovial than when we had arrived.

After Berlin our party travelled deeper into East Germany and on into flat Poland with its agricultural communities and small smiling peoples. It was fascinating to watch the Poles as they laughingly went about their work, but underneath they are restless, a fact which I was to learn more about on my return journey. When we arrived at Brest we eagerly alighted and placed our feet upon Russian soil. The customs had inspected our belongings on the train and, after exchanging pound notes for roubles, we reassembled on a more spacious Soviet train and once more were speeding across Europe. When morning came the scene consisted of vast flat woodlands broken intermittently by rather primitive farming communities. Russia may boast of great advances in science, but some of its women still wash their clothes in pools of water and beat them dry on the surrounding rocks. Then after a

short stop at Smolensk we all arrived at Moscow.

Our living quarters were greatly contrasted to the Berlin hotel we had stayed in. There were four people to a small room and one wash room per floor, however it was quite adequate for our needs. Then we were given a book of food tickets and herded into a communal dining room for a meal. The so-called hotel was really part of an enormous area of flats on the periphery of Moscow and all the people had their food cooked for them. We ate alongside the everyday Muscovite and thus had the unique opportunity of seeing ordinary life as it really was. The food consisted of a lot of fat, macaroni and cabbage soup, with very little fruit or good quality meat. One day we had chicken soup, and the next course consisted of tasteless chicken after all the essence had been boiled out of it to make the soup. Another day a plateful of lumps of fat, or tasteless bread and cheese and rice pudding. The only tolerable part was the chai or tea which is made without milk, and if one was lucky actually contained a lemon in it. Once in sheer desperation I picked up a fish from a dish bearing a price tag and placed it on my tray, but as I neared the enormous Russian woman who collected our food tickets a massive hand swept away my fish from me. I clutched madly at the offending hand and cried: "Niet, niet, niet", a favourite Russian expression. I then produced some money and begged to be allowed to buy the fish and although I succeeded it was with sheer disgust that the lady looked at the offending capitalist.

A fellow Bart's student, Mr. Ken Wise, well known to all pot-pourri fans, became friendly with a Russian who lived in one of the local flats. It was wonderful to see them talking together without a word in common. However, this man must have misunderstood some of the conversation, because one day at table he just leant over and promptly demolished Ken's daily supply of state pudding.

Although a lot of the population of Moscow live in this "Oliver Twist" society, the people who go to the Bolshoi ballet certainly eat very much better. A visit to the ballet is a whole afternoon and evening out. The intervals are long and during them the audience dine at sumptuously laden tables, often a whole family having a table reserved for them. Are these people from the flats where we were staying or does a communist state still have its upper classes? Anyway with all the language difficulties it was wonderful to relax and appre-

ciate a superb performance of Swan Lake.

Moscow is a spacious city, a contrast of large flats and miniature skyscrapers with spikes all over them. In the centre of the city is Gorky Park, a heated open air swimming pool open all the year round, the Kremlin, and many other places of interest which are becoming better known with the recent relaxation of the Soviet travel ban. Gorky Park contains a central display of fountains surrounded by temple-like exhibition halls, and in one of these was a display of Russian rockets which reminded one that the achievements of a large nation were due to the initial efforts of a few. In the centre of the park is a bandstand and Russians may be seen dancing to old style waltz music. When we were there, however, this was largely disturbed by the aforesaid Mr. Wise, who kindly demonstrated for the benefit of all present his version of Siberian folk dancing.

Another fascinating place was a special cinema with a cylindrical interior, the people standing in the centre and eight or more films being shown on the walls, but being so co-ordinated that the effect was similar to one's normal visual experiences. For example, one film was devoted to a car ride, and as one faced the front of the theatre a mass of horsemen loomed ahead, one saw them approaching, then as they raced past one could turn around and follow them "out of the back of the car".

The Russian autobus is a single decker and is driven extremely fast. There are two doors, one at each end, worked by an automatic shutting device, and originally one was designed for getting on and the other for getting off the bus. But there is no official start to the bus queues and as the bus halts the people surge forward at the same time as other people are trying to alight. The result is a free for all. There are no conductors, but ticket machines which depend upon the honesty of the individual, always too many people for the bus and always someone who just cannot get off when they want to. It is a common sight to see a bus speeding along with half a body dangling out of the door exposed to the cool Moscow air. In all the inhabitants seemed pretty tough.

The underground system is extremely spacious with large elaborately decorated halls and is relatively deep in the earth. The entrances are guarded by a mass of barriers each bearing a slot machine, and if one tries to walk through without paying a metal arm, operated from a photo-electric cell, shoots out with great force—we all paid!

Then came the train journey to Leningrad, which was made overnight, and what was initially thought to be high class travel was instead hard class. We found ourselves sleeping alongside Russian men and women in long open carriages. One of them was an old peasant lady and we helped her aboard with a milk churn, full up and very, very heavy, and an enormous basket of grapes. I understood that she was visiting relations in Leningrad where the grapes would be sold. The peasants certainly know how to eat and all of them had enormous bundles of bread and cheese, grapes, various meats, and enormous pumpkin-like vegetables. The quality was better than we had in our hotel and we were starving. After finishing eating the old lady curled up on a hard wooden seat and with her head resting on her bundle of food went to sleep. However, we had mattresses and having one over offered it to her. She took it, and about three o'clock in the morning went round and tucked us all in and replaced slipping blankets. A simple act of friendship, yet so warm that I shall always remember it.

Whilst in Leningrad our party had the fortune of attending a Russian wedding. The service was taken by a kindly woman in everyday dress, there was no correlation with a religion and in all lasted five or so minutes. The city is very peaceful and transportation consists of the autobus, the tram, and rather exciting waterbuses which operate very cheaply. A facility which a fellow traveller, Mr. Dennis Hardy, and myself made full use of. The trams are slow, but for fourpence one can travel anywhere in the city. On one of these I saw a man reading an English edition of "Silas Marner", which in itself is quite interesting, he told me that he knew about our N.H.S., and listened to B.B.C. after 10 o'clock—I was comforted. Another person I met was an Azerbaijan girl, who had been sent to Leningrad at her country's expense, and in her good English, told me that she was very proud to have been born a Russian. The young of Leningrad at her country's expense, and in her streets, but it is quite common to see columns of well loved and well cared for children going by being led by their schoolmistress. The young children of Russia seem severely disciplined, and it is quite probable that in twenty years time we will be hard pressed to match their intelligentsia.

During the tour we visited some hospitals and had various demonstrations ranging from dogs with two hearts to modern sewing

machines for use in surgery. Another time a method of draining the blood from a corpse for transfusion purposes was demonstrated, and we saw over the wards of Russian hospitals. A surgeon was asked why he did not wear a mask whilst examining an open wound, and why over-shoes and masks were not worn whilst walking around an operating theatre. He smiled curling his lips and said: "Ah, well you see we don't have the post-operative infection that you English seem to enjoy."

Had they then eliminated the weak ones years ago by natural selection, were they just stronger, or is just a little bit of dirt good for the soul? I don't know. But what I do know is that Russian doctors are working hard for the benefit of humanity.

Whilst in Russia our party was asked to entertain a large gathering of people, and like those who went before we were unprepared. There were patriotic songs, traditional dances performed quite perfectly, and first-class pianists playing slavonic music—but the English sang "Old Macdonald had a Farm". Actually we had an enormous encore and thus like true sons of the soil followed up with that song which involves the words "was to save her from the foggy, foggy dew". Another event predominant in my mind is the occasion when whilst running to a beer house I fell and sustained a second degree tear involving my left trouser leg. Therefore as I was covered for such an occasion by a worthy insurance company I decided to fill my claims form in and send it back to England. However, it had to have an official stamp verifying the extent and degree of the trauma. I approached the hotel manager.

"Niet."

Then the man in charge of Sputnik, our agency whilst in Russia.

"Niet."

Then the State Militia after much trouble.

"Niet, Niet, Niet!"

Ah!—despair—then a brain wave, the British Embassy in Moscow.

"I say, haven't you got the wrong department?"

After phoning seven or eight times the Consulate agreed to give me an interview and thus it was that the official stamp was obtained.

Then Warsaw, and the most dominating feature is the State Institute of Culture built by the Russians for the benefit of the Polish people.

Said one Polish man: "The only place I like to be is on top of it for then I cannot see it spoiling the rest of my beautiful Warsaw." And another: "One day . . . !" It seems that the rest of the buildings in Warsaw must be kept low in order not to obscure it from everybody's view.

In occupied Poland one stabilising factor is the Roman Catholic religion, and the authorities allow the people to worship for fear of precipitating a magnified "Poznan". The spirit of the Polish people, however, is very high and they have not lost the hope that one day they will be free. It seems that having been buffeted and humiliated for so long between two great powers such is their future due. The standard of living is quite high and there are quite a few night spots. One day whilst looking for one of these places we met a Polish man in the street.

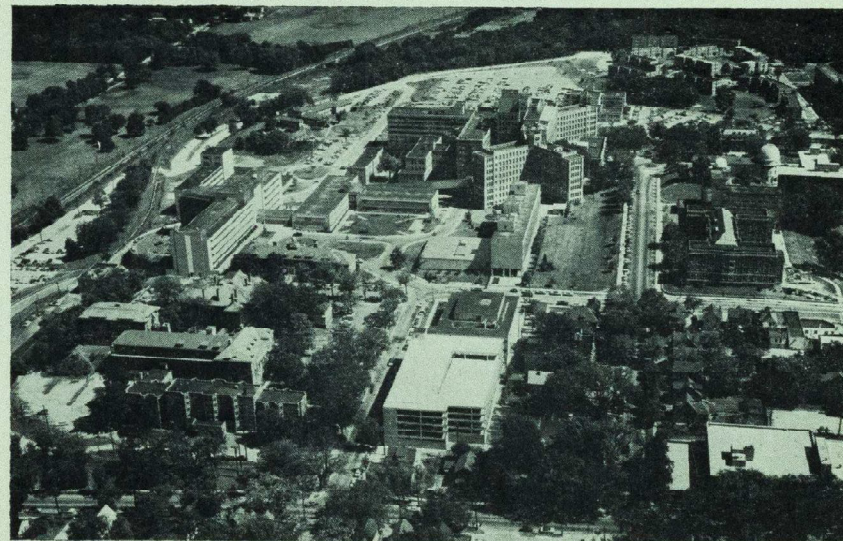
He said: "Ah, you are English—how wonderful." Then with many emotional gesticulations he hearded us into a nearby hotel and inaugurated us into the art of drinking Polish vodka—whew! It seems that at the age of thirteen he was a resistance fighter and at fourteen was flying in a bomber. Suddenly he lay back and with tears in his eyes burst out into the song "It's a long way to Tipperary". We joined in and spent the next hour singing such songs to the music of a select orchestra in one of Warsaw's best hotels. It was with much regret that I left Poland for one cannot help liking the people, they have so much zest for living.

The return journey across peaceful Belgium was to disclose a party of quite numbed and confused people, we had seen so much in so short a time. What we had seen conflicted, for on the one hand were the Soviet strivings for humanity and for their future generations, and on the other their exhibition of lack of respect for human existence in East Berlin—"This is no answer, thou unfeeling man, to excuse the current of thy cruelty." It was thus on the return journey that I could not help thinking that I had seen an almost paradoxical society, really not playing its full role in the strivings of man for world peace.

Perhaps as societies mature in their attitude and learn to respect human life, including that outside the boundaries of their own social systems, will my thoughts be changed.

POST GRADUATE GASTRO-ENTEROLOGY IN THE U.S.A.

by
J. A. Parrish



University of Michigan Medical Centre.

Although one may be an avid reader of the medical literature, it is not always clear from the European side of the Atlantic what the organisation and facilities may be in any speciality in the United States, nor is it easy to get to know what opportunities are available in postgraduate work. I have just completed what has been a most valuable and enjoyable year in the U.S. and felt that a brief description of the present organisation in gastro-enterology might be of interest to those contemplating such a trip.

In 1951 the N.I.H. (National Institute of Health) set up the N.I.A.M.D. (National Institute of Arthritis and Metabolic Diseases) and gastro-enterology was part of this. In 1956 gastro-enterology became a separate entity still

under the aegis of the N.I.A.M.D. and under the same mandate stating that fellowship training is for research and academic medicine. It was not envisaged then that there would arise such interest in gastro-intestinal disease, and more budding gastro-enterologists now are part of the programme than were previously thought to exist. There are 42 centres with gastro-enterology departments who have training programmes of their own for postgraduate fellows working for a minimum of one year, usually one or two years. The funds which support such programmes, that is, provide money for both the departmental research, equipment, and the payment of Fellows, come from various sources. In 1961, \$4.5 million came from U.S.P.H.S. research grants, \$1.1

million from graduate training grants, and \$14 million from fellowship awards. There are also institutional grants direct to the University and cancer awards, of which the gastroenterology department may get part.

The Fellows are paid, in most instances, through the American university in which they are working, from one of these grants, and these may or may not be taxable. A number of Fellows are paid from scholarships from their own countries.

The Fellows are principally American, but there are many from overseas, and these people are welcomed. At the particular time that I was in Ann Arbor, there were seven Fellows, each of a different nationality, and this added considerably to an understanding of medicine abroad.

American Fellows are usually appointed after one year as an intern (houseman) and three years as a resident (registrar). This is not a rule, however, but does mean that most Fellows from England will be going at a later time after qualifying than this, usually going as senior registrars or the equivalent. An American might well expect to be doing gastro-intestinal work as a consultant three or four years before his counterpart here.

WHERE TO GO AND WHAT TO DO ?

Where to go will depend a great deal on whether one is already engaged with specific gastro-intestinal problems, because one would then be acquainted with other workers tackling similar problems; and one might well choose to work with them.

On the other hand, if one has been doing general clinical work, then the choice of where to go will depend partly on a knowledge of the medical literature, so that one is aware of what is being done where and also what is likely to be of interest; but also, and I think as important, the choice will depend on a written or personal introduction, as most overseas fellowships are by invitation rather than by formal application. The international meetings in any speciality mean that most people in this field know a large number of others abroad, and introductions should not be difficult. The choosing of any particular geographical area for its own sake is of little importance, for there are many attractive centres and much opportunity for travel. The length of stay in America, if work for a Ph.D. or M.D. is contemplated, should be a minimum of one year and under these circumstances one must fit into an already existing programme, as it is difficult

to become acquainted with a new place, work out a project *de novo*, and complete it in one year. A stay of two years does, of course, allow greater scope.

In view of the fact that there are 42 separate programmes, the direction of which is entirely in the hand of the chief of the department, there must be a variety of programmes available. Some of these are relatively inflexible, whereas others have more adaptability and will change in set-up as events and people suggest would be more practicable.

I will describe the organisation, facilities, and programme during 1961-62 at the University of Michigan in Ann Arbor in more detail. This is a large university with over 25,000 students, of which more than half are post-graduate students. The Gastro-intestinal department is part of the department of Internal Medicine and is a consulting service under the direction of Professor H. M. Pollard.

With Dr. Pollard there are four Associate Professors (three Clinical), Robert J. Bolt, Arthur B. French, Keith S. Henley, and the biochemist, Edward A. Napier. The professors may or may not have private patients. At the present time only Dr. Pollard and Dr. Gracie (Instructor in Medicine) have private patients in addition to their other work.

There is also close co-operation with Dr. E. Winkelman, in charge of the G.I. service at the Veterans' Administration Hospital nearby.

There were seven Fellows, one each from Argentina, Canada, Chile, England, Mexico, Switzerland, and the U.S.A., the length of stay of these fellows being from one year to two-and-a-half years. In addition there were one or two residents attached to the service for a month at a time and also a small group of two to four medical students at intervals.

Each fellow during his stay may work with any of the professors, but generally is under the direction of one of them, this, of course, being determined by mutual interests.

The field of work is broad, and whereas one Fellow was principally in clinical work on the wards and another principally in the laboratory, there were all gradations between. However, all had the opportunity for practice in particular G.I. skills such as oesophagoscopy, gastroscopy, sigmoidoscopy, small bowel biopsy, liver biopsy, duodenal intubation, and peritoneoscopy. At various periods during the year we were in general medical and gastro-intestinal out-patient clinics, in charge of a group of medical students for teaching, both sophomores (introductory class) or ward teach-

ing, ward rounds and G.I. refers (i.e., yellow boards—these were in greater profusion than at St. Bartholomew's Hospital). The teaching was done at the U of M, the V. A. Hospital, St. Joseph's Mercy Hospital, and at Wayne County Hospital near Detroit. There is a large medical research building adjoining the hospital, in which the G.I. department has offices and laboratories with space available for one's own projects or for those done as part of an already existing programme (such as studies of lipid absorption, histology and function in mal-absorptive states and hepatic cell respiration). The Medical Library is in the research building, its coverage and facilities being outstanding.

During the week there are a number of conferences.

Monday, 12.45 p.m., Medical Journal Club (Paget Club); 4 p.m., G.I. conference at V. A. Hospital.

Tuesday, 8 a.m., Post Mortem conference; 4 p.m., Combined Med-surgical G.I. conference.

Wednesday, 2 p.m., G.I. Grand rounds; 4 p.m., X-ray conference.

Thursday, 10 a.m. to 12 noon, Wayne G.I. conference; 4 p.m., Medical Staff conference.

Friday, 12 noon, G.I. luncheon with local or guest speakers.

Alternate Mouday evenings, G.I. seminars at 7.30 p.m., in basic science.

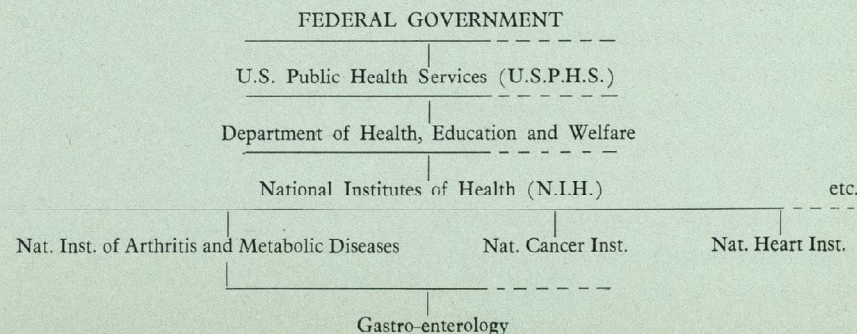
This was the programme for the G.I. Department and, of course, one was free to attend any part of the similar programmes of other services.

Medical societies abound in the U.S. as elsewhere, and thanks to the generosity of the de-

partment, fellows travelled variously to meetings in Chicago, Detroit, Philadelphia, Atlantic City, and New York. During the year, the postgraduate course of the American College of Physicians was held in Ann Arbor. At these meetings and at social events connected with them, we were able to meet many of the prominent workers in gastro-enterology. Apart from these meetings, most fellows have 3-4 weeks vacation, and most foreigners use this time to travel further.

The legislative committee of the N.I.H. is responsible for the overall administration of the postgraduate training. One of its concerns at a recent meeting in Washington was how much the G.I. training programme should be for research and academic medicine, as stipulated in the mandate, and how much for service. It is clear that a gastro-enterologist will not be much good with patients if all his specialist training has been spent running a gas chromatograph; and, conversely, a clinician must have some appreciation of laboratory problems to be able to assess the worth of what he hears and reads. A balance must be struck, as it seems possible with all the present trainees that there will not be enough academic posts for them to fill. A study is at present underway to see from the subsequent placement of trainees how far the mandate is in fact effective, but as can be seen from the programme at Ann Arbor, it is sufficiently adaptable to suit one interested primarily in research or in clinical work.

I should like to thank Dr. Cullinan and Dr. Birch and the Board of Governors for the opportunity to travel at this time, and to Dr. Pollard and Dr. Bolt in particular for a very stimulating year. Work begins at 8 a.m.!



*The glowing fire quits with great regret
 And smiles his last upon the waters face:
 He gently kisses each lone castle cloud
 And joins them in a shell-pink harmony.
 The azure sky stands back, as to survey,
 Yet holds the earth in pastel soft embrace,
 And all the trees in varied reds and greens,
 Sway far apart, while branches intertwine
 To make fair woods that mock at solitude.
 The clear cut shadow lengthens, as to reach
 Some dark companion in its loneliness;
 It moves and searches all the sun-kissed day
 Till all the earth in sympathy, wears black.
 The deep, still water, like some molten glass
 Paints misty portraits of the china sky
 Until the breeze trails one light finger tip
 In lingering touch across its fluid face.
 Majestically the swan, in proud disdain,
 Would disconnect himself from all the earth,
 Yet secretly he knows that half the grace
 Is in the rippling water 'neath his plumes.
 So did the gods ordain each separate thing
 That they, together might create a whole.
 And nature, mindful of the gods' decree,
 Blends, as the day and night blend in the dusk.
 But man, at birth, inherits arrogance
 And, like some statue on a pedestal,
 Would stand supreme, sufficient in himself.
 The eye will not permit the soul to see
 That other beauties make a beauty whole.
 No man can be a king without a crown,
 And nothing is sufficient in itself.*

ALONE TOGETHER

by

M. Parriss

LIFE'S DECAY

by M. Parriss

*Out of the summered leaves, out of the clear blue air
 A parchment leaf fell zigg-zagg into the city square.
 Fell like a wizened hand, cut from a healthy arm;
 Clutching the breath of autumn, tight in its dry, veined palm.
 It slid through a shaft of sunlight, a symbol to decay
 While the sad, brown breeze of autumn shuffled along the way.
 Dear God !
 How long was the great creation made,
 How long was the world alive with life
 Before the first, and gentle leaf decayed ?
 Not long !
 How long was the great creation made,
 Before the eagle killed with talons red ?
 Not long before decay turned nature cruel.
 Not seven days.
 Yet, God was undismayed in all His grace
 For life is long—death holds so short a space.
 But when decay is dead, and all the world is past,
 Life was at the beginning, and shall be at the last.*

THE PLACE OF RADIOLOGY IN UNDERGRADUATE TEACHING

by George Simon

Should radiology play a part in undergraduate teaching? To me this question seems superfluous, since for the clinician radiology is essentially another physical sign (or laboratory finding), and to teach it is as necessary as to teach inspection or auscultation, the significance of an abnormal blood count or urine analysis. The finding of a two centimetre circular shadow in the chest radiograph has much the same diagnostic importance as a yellow tinge of the skin, a cardiac bruit, a white cell count of 50,000, or albuminuria.

If radiology is accepted as a physical sign, then the important point is to decide how much of it should be taught, and with what objective; also in what manner, and during which part of the undergraduate course.

The objective should be that of any clinical teaching, namely to train the student to observe carefully, conclude sensibly from his observations, memorise a number of facts, understand how to assess the importance of what he reads in the text books, and perhaps in the case of the exceptional student even to think for himself. In fact, to train the student to become a good doctor.

Since it is not the objective to train him to be a radiologist, amateur or professional, the amount of radiological material put before him need not be large, but sufficient to enable him to appreciate the value and limitations of the method, and how abnormal shadows can be related to other physical signs, to symptoms, and to underlying pathological processes. Before any of this can be made intelligible, he must know at least some of the normal X-ray appearances, both in relation to anatomy and to physiology.

As regards the manner and timing of the radiological training, I am personally of the opinion that much of the normal appearances are best taught in a few formal lectures and some informal demonstrations during the anatomy course. In any case they are a help in learning the anatomy itself, especially in regions such as the bronchial tree, or vessels of the brain, where dissection is difficult or unsatisfactory.

The abnormal appearances can be taught in informal tutorial sessions spread out over the whole of the clinical period. A formal lecture on the risks of excessive radiation and on the biological action of X-rays should be compulsory for all students.

So much for the ideal, but what in fact does happen? In this college (and at Oxbridge) there appears to be no systematic formal teaching of normal X-ray appearances, and students when questioned at their first clinical tutorials usually have little or no idea which structures form the shadows in the radiograph of a normal person's chest, or what variations in the form or motility of the normal stomach or colon can be seen in serial radiographs or on fluoroscopy with changes in posture, or with changes in the bulk of the contents.

During the clinical period at St. Bartholomew's Hospital a single tutorial of roughly an hour has been given once a week throughout the past year, the preliminary students on Wednesday, all the rest on Friday. Attendances are voluntary. The preliminary students are a relatively fixed group, and can be given fairly systematic teaching. The others frequently have other duties in out-patients or operating theatres, so that the group is always changing, and no systematic course can be organised. Most students can attend regularly for three months at a stretch during some of the clinical period, and an attempt is made to cover several systems of the body during this time, and repeating each system (with different radiographs) some four times in a year.

Table I gives a rough indication of what happens at the other London teaching hospitals. It excludes haphazard teaching by the clinicians in the wards, or at clinical pathological conferences and so on, and is not quite accurate, since policy is always changing. But it does indicate where we stand in respect of organised radiological teaching, perhaps not in the forefront, but certainly not in the rear. In many of the replies from these hospitals the radiologist expressed the hope that more would be done in the future.

TABLE I.

Hospital	Anatomy	Clinical	Method
Charing Cross	Comprehensive	Short series	Formal lectures
Guy's	None	None	
King's	2 informal	None	
London	None	Occasional	Weekly conference in X-ray department
Middlesex	None	8 per year	Formal lectures
Royal Free	None	Series	Attend reporting first 3 months
St. Bartholomew's	None	1 session per week	Informal tutorials
St. George's	None	None	
St. Mary's	By anatomists	3 introductory	Formal lectures
		24 clinical	
St. Thomas's	None	9 per year	Formal lectures
			Also routine reporting sessions
Westminster	None	6-8 per year	Formal lectures

Information partly verbal, and may not be completely accurate now. Excludes teaching by anatomy demonstrators, or clinicians in wards, or clinico-pathological conferences, etc.

During a recent visit to the United States and Canada, I had the opportunity to observe and participate in some of the undergraduate teaching, and at many hospitals the belief that radiology should be incorporated in the teaching course was much more widespread than here.

At Indiana, in the heart of the middle west, the teaching is enthusiastic and active in spite of a shortage of radiologists.

At Ann Arbor, Professors Hodges and Holt between them give about 10 tutorials a week to undergraduates. These are quite informal and rather like those at this hospital, but the students themselves give the histories and other physical signs of patients currently in the wards. The radiographs are projected directly on a screen, so that a class of about 40 are able to see even small shadows quite clearly.

At Cincinnati, Professor Felson and his staff give nine formal lectures in X-ray anatomy during the first year of the anatomy course, and 18 in the second. During the clinical course many undergraduates attend some 36 one-hour sessions, some of which are formal lectures, others informal tutorials, in which the radiograph is used partly to teach medicine, and partly to demonstrate the value of and indications for radiology.

At McGill (Montreal) six rather informal lectures are given during the anatomy course, and they propose to increase these to 12.

During the clinical period 12 formal lectures are given, including one on the biological effects of radiation. In addition some 32 informal tutorials are given, rather like those given here.

So much for the teaching of radiology, but I would suggest it has considerable value in teaching medicine. The radiograph or cine radiograph can act as a substitute for the patient, undesirable as this may sound. It is often impossible to produce a patient, for example, with advanced tuberculosis or rickets during any one student course, and a radiograph of a past patient is a satisfactory introduction to a clinical, bacteriological, biochemical or morbid anatomical demonstration of such a disorder.

Then again, serial radiographs taken at suitable intervals can be used with great advantage to teach something of the natural course of many lesions, and to show their response to therapeutic agents.

The effects of endocrine disorders and biochemical abnormalities on bone during the period of active growth, or when mature, is often easier to understand from the radiographic appearances than from reading about them.

In the past fluoroscopy had little value in routine teaching. During my dressership in 1924 we often marched up to the third floor X-ray department, together with our beloved chief to watch one of our ward patients have a

barium meal examination. We went straight in out of the daylight into the dark and, of course, saw nothing at all. Maybe this bad start tended to discourage further efforts to incorporate radiology into the teaching course. However, now that the Marconi television amplifier is available for fluorescence in the Queen Elizabeth II wing, it is possible for groups of up to 30 students to watch and see clearly without any waiting for dark adaptation of the eyes, various fluoroscopic procedures, such as barium meal and enema investigations, cystography, urethrography, salpingography and so on. They can either view the image with the operator in the same room, or in complete safety from radiation in an adjacent room on a second 17-inch television screen. Some additional expense would be necessary to extend the circuit to the main lecture theatre, but in some cases this difficulty can be partly overcome by ciné-photography of the television screen image, and projection of the developed film in the usual manner. This would be very suitable for clinico-pathological conferences.

So far only groups of nurses have attended

in organised groups for television viewing, and it only needs some simple administrative arrangements to extend this facility to undergraduate teaching.

The source of the teaching radiographs is a collection in the X-ray museum specially set aside for undergraduate teaching. It might be worth while reinforcing this with a collection of radiographs which the undergraduates themselves could browse through, or be given tutorials on by the housemen or registrars.

There is a collection of lantern slides in the library, but the annotation of these has not yet been done, since it is felt it would not be sufficiently used in that site.

A collection of ciné films is also being formed, which might also have a place in certain instances, though I personally find the "still" radiograph far easier to learn from and memorise.

In conclusion I would suggest that radiology should play a greater part in teaching, not as an extra subject in the curriculum, but to illustrate and clarify certain aspects of anatomy, physiology and medicine, thus actually lightening the burden of the curriculum.

was invented, and we now term this 'the study of clinical medicine'.

"However the word 'pathology' may have come by its present meaning, custom compels us to accept it. The pathologist, of course, we accept; how could we possibly hope to advance very far without him? For, excellent though the principle is in theory, in practice it is quite impossible for the doctor to carry out by himself the many pathological investigations which are all essential for the proper diagnosis and treatment of his patients; the hours of the day do not allow of it, and his technique cannot be kept sufficiently skilful to admit of accurate results. I realise that this opinion is not held by everybody. Only the other day a patient told me that an eminent specialist in tropical diseases kept him waiting more than two hours whilst his blood, sputum and stools were searched for parasites. They retired to a small upper room where they smoked and chatted as the physician dealt with the specimens successively. And when at length the research was ended the lid was placed on the top of the specimen which I mentioned last, and the patient was asked whether he would mind taking it away with him, as the physician had no means of disposing of it! The patient was

Fifty years ago

From a paper by Thomas J. Horder, M.D., F.R.C.S., entitled "Clinical Medicine as an aid to Pathology: a Criticism", read before the Abernethian Society.

"It is interesting to reflect that the word 'pathology' means no less than 'the science of disease', that it includes a consideration of the causes, signs, symptoms of, and the changes wrought by, disease. How comes it, then, that by the modern use of the word we mean merely those parts of the study of disease which are carried out elsewhere than by the bedside of the patient—to wit, in the post-mortem room and in the laboratory? The question is difficult to answer. The change in the use of the word probably came about when, with the introduction of the microscope into medicine, the diseased parts of the patient began to be carefully studied as separate from the patient himself. Then, rather naturally, the name 'pathology' became linked to the study of the morbid material, whether derived from the patient during life or after death. And for that branch of science which has to do with the physical examination of the patient a new name

fortunately possessed of a sense of humour, and this was appealed to by the thought of how numerous are the opportunities with which a gentleman, suddenly finding himself in a public street, has of disposing of his own excreta.

"Until recently we heard a great deal about pathology as an aid to clinical medicine. I venture to say that the position has quite recently been reversed. There is a boom in

pathology, and it is necessary to point out the danger of actually substituting the investigations of clinical pathology for the equally important physical examination of the patient. To change the physician for the pathologist can but end in disaster; but to add to sound clinical observations the findings of the microscope and the test tube sums up all the notable advances made in medicine since the days of Laennec."

Dr. MARWOOD

An Appreciation

The diabetic clinic is something of a family affair. Quite a number of the patients have been coming for years. One knows their foibles, their likes and dislikes. The beginning of the summer brings more work in the garden and hypoglycaemia, and the Christmas celebrations are followed by some regrettable consequences, also the Jewish holidays are taken much into account.

The presiding genius is Dr. Kenneth Black, who, as the head of the clan, extends his benign interest to everyone, but he could not keep up this combination of medical efficiency with the spirit of a social club were he not supported by chief assistants, assistants, nurses, dietitians, social workers, chiropodists, secretaries and even that harassed team from the chemical pathology laboratory. Chief amongst the chief assistants is Dr. Sydney Francis Marwood. It is incredible that we should have to say goodbye to Dr. Marwood this summer and that this still active cricketer and good player of billiards has reached what the National Health Service calls the "age limit". No longer will he come from Bristol on Thursdays to attend the diabetic clinic at Bart's in the afternoon then spend the night at the National Liberal Club (including billiards) to come back for Friday morning's clinic. Numerous medical men and students will have to be thankful to him for guidance in their knowledge of diabetes and some of us still remember and are grateful for his fundamental article in the 1951 journal on this subject. However, foremost Dr. Marwood will be missed by many, many patients who have come to look on him as an institution and who with his colleagues and



friends will wish him a happy retirement in Bristol. We particularly remember him as a delightful personality, but it must also be stated that we are losing a distinguished physician. There cannot be many men who 16 years after qualifying were capable of obtaining the M.D. degree and three years after that the membership of the Royal College of Physicians. On 16th August many past and present members of the Diabetic Clinic gathered together first for a Sherry Party in Sister Surgery's flat and then for dinner at the Baron of Beef to say Au Revoir. Perhaps Dr. Marwood will temper our feeling of loss by frequent visits to his beloved diabetic clinic. H.L.

SOME ASPECTS OF THE TEACHING AND PRACTICE OF MEDICINE IN NORWAY

by
Colin
Brewer

"Travellers ne'er did lie, though fools at home condemn 'em."

—Shakespeare, "The Tempest".

In the discussion of almost any topic involving the welfare of the community, somebody, sooner or later will say, "Ah! but in Scandinavia. . . ." And those present will divide forthwith into two groups, one of which will give vent to many a sniff and such pejoratives as "progressive", "socialist", or worse. The members of the other group will nod knowingly and vigorously and will wait eagerly for the speaker to enlighten them further. I approach my subject, therefore, with some anxiety.

To begin at the beginning: Norwegian medical students are admitted to the two medical faculties—at Bergen and Oslo—almost entirely on a basis of academic achievement. Nobody without the equivalent of a distinction at "A" level, or higher, would consider applying to read medicine. Other attributes are of minor importance. Your "character" may keep you out, but it won't get you in without a corresponding amount of "brains". One of the less obvious defects of this system is that a student with good examination results but with no particular aptitude for, or even desire to read medicine, may be tempted to apply because of the financial prospects (which, as we shall see, are not inconsiderable), or from other equally unsound motives. It is of interest that nearly all the doctors and students to whom I

spoke felt that the British system was a little unfair and undemocratic, but that it produced better doctors, which is, after all, the object of the exercise.

Once enrolled in the medical faculty, the student has to arrange the financing of his studies. The state pays all tuition fees, regardless of parental income, but there is no equivalent of a maintenance grant. He must borrow money if his parents cannot keep him, and repay it after qualification. For the lower income groups or those with large dependent families, the state lends money free of interest until a year after qualification and thereafter at a fairly low rate. If anyone outside these categories needs to borrow money, he must get it from an ordinary bank at the current interest rates. Remember this the next time you feel like lighting a cigarette with your quarterly cheque.

The pre-clinical course, which the student will usually start at the age of 19 or 20, is very similar in length and content to our own. There is one important difference, however. Failures at 2nd M.B. are very rare and over 95 per cent of the students continue with the clinical course. Failure at finals is equally rare. Perhaps this is a reflection of the general necessity to borrow money and of the high academic standard.

It is in the clinical course that the Norwegian system—as well as the Swedish, Danish and Finnish systems—differs from ours. The content is, of course, largely similar. There is rather more theoretical work than we are accustomed to, with more lectures, which are all compulsory. However, this does not seem to be at the expense of clinical work. Furthermore, when a student clerks a patient, the resultant notes are the sole official record of the case. This encourages a high standard of examination, and gives the student a greater sense of responsibility and usefulness. Much more importance is paid to subjects like genetics and statistics, which tend to be glossed over here.

The biggest departure from British practice is in the system of paid clerkships during the summer vacation, which, as with other faculties, is about three months long. Actually, in the type and amount of work involved, they are more akin to pre-registration posts. They are not compulsory, but they offer such indispensable experience, and a salary of £70 per month to boot, that few students fail to avail themselves of them. Many students work for two months and have more than enough money left to pay for a month's holiday.

When on duty, the student will clerk incoming patients and assist at operation if required. He may give emergency medical treatment under supervision, and perform minor surgical chores, such as lumbar puncture. As only large hospitals in one or two cities have on the staff a pathologist pure and simple (the *double entendre* is unintentional!) he will have much more experience in examining blood and sternal marrow films for example, than his British counterpart, whose pathological efforts on behalf of his patient rarely go beyond dipping the appropriate "stix" into a urine jar and the occasional E.S.R.

The advantages of this system to the student are obvious, but in addition the whole hospital service benefits. For not only is Norway short of doctors but also most hospitals are short-handed because of staff holidays at this time. It is surprising that in this country, a profession which regards itself as overworked and underpaid, and is partly dependent upon imported labour, should leave untapped the considerable resources—over 5,000 clinical students—of its medical colleges and faculties.

On qualification, in addition to two six-month pre-registration appointments in medicine and surgery, the newly-fledged doctor

must spend six months with a general practitioner. A year's National service is still compulsory, so that no doctor can hope to be his own master before he is about 27 at least. Perhaps this explains why the *unmarried* student is in a minority. Many of the married students are fathers as well as husbands (or indeed mothers, for about 10 per cent. of the students are women) and many student hostels have married quarters. It goes without saying that nearly all hospitals provide married quarters for the junior staff, and the prices are unbelievably low, especially if compared with London rates. As an example, an unfurnished flat with a spacious living room and two bedrooms was let for £6 a month. Hot water and central heating were included and it was rather less than a minute's walk from the hospital.

Doctors are more highly-paid in Norway than in Britain, particularly in the more junior ranks. A junior registrar starts at about £1,600 p.a. This is augmented by the out-patients who contribute a small sum directly. For the first visit for any given complaint, a patient pays about five shillings, and for the second visit about three shillings. Subsequent visits are free, so that chronic illness is not a financial hardship. However, should a patient have to return after being pronounced cured, even for a recrudescence of his original complaint, he starts again at square one! By this means, a busy registrar may earn an extra £500 in a year quite easily. If a patient has to see a consultant he pays an initial fee of 20 kroner, which, very conveniently, is almost exactly £1. In-patient treatment is free.

The general practitioner is a much freer agent than his British counterpart. He is under no obligation to provide a continuous service, and if he wants a holiday or a round of golf, he pins an appropriate notice to his surgery door and goes. If his patients require treatment in his absence, they simply go to his nearest competitor—the word is not too strong—and, of course, in some cases they switch their allegiance to him permanently. Until he takes a holiday anyway! It is difficult to see how the concept of a family doctor can flourish in this atmosphere, but the patients seem to have few complaints. The *locum tenens* is a figure unknown in Norway, to the G.P. and the hospital staff alike. Of course, in a country where to wait more than three weeks for admission to hospital for say, an uncomplicated hernia is unheard of, the necessity for *locums* is diminished.

The G.P. is paid according to the amount

of work he does. The patient pays as for out-patient treatment and the state adds an almost equal amount. Long term treatment is at the state's expense, the G.P. receiving about five shillings for each consultation after the first two. For a domiciliary consultation, the G.P. receives about 8s. from the patient, plus about 5s. from the state. For a night call, the patient must pay at least 12s., and in most cases they pay about £1, apparently quite willingly. Patients pay for their own medicines, unless it is a long-term course of something expensive, such as steroids or insulin. An established G.P. can easily earn £4,000 in a year, and rather more in the north, where doctors are scarce. However, a steeply progressive taxation system makes the net income not very much higher than the British average. The cost of living appears to me to be about the same as it is here.

Certain practices are permitted in Norway which would land one in the Courts or before the G.M.C. if done here. A doctor may describe himself on his plate as a specialist in some particular subject. I did hear of one whose plate declared him to be a "specialist in cancer and other rheumatic diseases!" In the telephone directory, doctors are divided into G.P.'s and specialists, the latter being officially

recognised by the equivalent of the G.M.C. Chaperoning of female patients is not considered necessary, as most courts would not waste their time on allegations of misconduct, such is the prestige of the medical profession.

Some of these points might be taken to indicate a certain lack of consideration for the person on the receiving end of treatment, but the patients seem well satisfied with the system, and the standard of medical care is uniformly good. Equally important is the fact that the profession as a whole is also satisfied. It is perhaps surprising that this system has evolved under the socialist government which has ruled Norway since the war.

I have tried to avoid drawing too many conclusions, especially as many of them are only too obvious! At a time when the present system of medical education in Britain is coming under fire, it is most rewarding to be able to examine other established systems. And when we have objective evidence of increasing dissatisfaction among the profession with the way in which our health service is being run, to work with doctors happily practising their art in hospitals which have nearly all been built since the last war is almost a therapeutic experience.

LETTERS TO THE EDITOR

PERCY BADEN POWELL MELLOWS

Dear Sir,

As a contemporary of Percy Baden Powell Mellows, I thoroughly enjoyed J. B. B.'s letter, remembering most of the stories there told. However, it was not the D.P.H. which Mellows obtained (after he was appointed as Assistant M.O.H. for Plymouth, instead of before), but the D.T.M. and H. When, not having this advertised prerequisite, he went down to Plymouth to spy out the land beforehand, one heard that he was asked what he thought of his chances for the appointment, and replied, "I can't think of anyone with better!"

J. B. B. may well be right in saying that it was Peru to which Mellows went as a news-

paper correspondent. Previously I had understood that it was Bolivia! The story current was that Mellows had presented himself at the offices of *The Star* newspaper, saying that he was Dr. Mellows of St. Bartholomew's Hospital; that he intended proceeding to South America on a treasure hunt; and that if they advanced him a sum of some hundreds of pounds, he would write exclusive articles on his experiences for *The Star*. Whereas the ordinary man might have been thrown out, Mellows got away with it and proceeded to South America. One heard that no treasure was found and that, if it had been, machine guns would have been needed to get it out, but that he wrote articles for *The Star*!

It was also rumoured that, when Assistant

M.O.H. at Plymouth, Mellows, if tired, would keep a transatlantic liner waiting for hours for medical inspection!

If it was not Mellows, then it was another possessor of the same splendid euphoria, who, having failed to identify some of the smaller skull foramina, was finally asked by the desperate examiner the function of the foramen magnum; to which came the classical reply, "Ah! many a good dinner has been through that, sir!" (or was it "pint"?!).

At that rate, the following story concerned Mellows. One day he and two friends were kicking a football to and fro along the narrow passage leading to the dissecting rooms, when suddenly the doors giving on to the medical and surgical theatre swung open, and Sir Thomas Horder emerged and said, "What's all this noise going on? I'm trying to teach these young gentlemen some of the elements of medicine." Mellows replied, "Very laudable sir, pray continue!"

Finally, T. H. G. Shore, son of the then Dean, Tommy Shore and runner-up for the Bart's Staff when Geoffrey Bourne was appointed, swore to me that the following story, told to him by his father, was true. Tommy Shore had had Mellows on the carpet, telling him that he was not attending lectures, not getting through exams, a disgrace to Bart's, etc., etc., and what about it?—to which Mellows replied, "That's all very well Sir, but how about coming and having one?" There are not many cast in this heroic mould!

Re the sarcoma of the stomach diagnosis—although the meaning is the same as "I dreamt it", the version I heard was "It was revealed to me in a vision"!

Yours sincerely,
Alex E. Roche.

THE LATE DR. MACKENZIE

Dear Sir,

I think I can shed some light on the identity of the Mrs. Brown referred to in the article entitled "The Late Dr. Mackenzie" in your May issue of the *Journal*. Mackenzie was well before my time, and I did my midwifery a year or so after the first war, but a Mrs. Brown was still with us then in the obstetrical department. "She" was a leather-covered model of the female pelvis and surrounding parts, and was accompanied by a limp and forlorn-looking doll, which represented her offspring and was manoeuvred through the appropriate parts of Mrs. Brown by the instructor, in various

"presentations" during lectures and demonstrations.

There was also a "Herbert" at that time—I have forgotten his surname, if I ever knew it, but I don't think it was Brown, and he was certainly not Mrs. Brown's husband! He was a hospital porter, one of the "characters" of Bart's, and his special haunt was the Casualty Room near the Giltspur Street entrance. His outstanding trick was to summon the duty dresser from the A.R. with a ready-made diagnosis, such as "Greenstick fracture waiting for you in the surgery, Sir." And he was nearly always right, too! He was then a middle-aged man, so could well have been the same Herbert who looked after the clerks at Mackenzie's.

I am, etc.,
S. G. Harrison

CANCERETTES

Dear Sir,

When visiting the College Hall recently, I was surprised to see that in spite of the well known and recently publicized facts in this field, it is still possible to purchase cigarettes from a slot machine located in the students' cloakroom.

Yours sincerely,
J. J. Misiewicz.

Dear Sir,

I cannot understand why Dr. Misiewicz should wish to see such excellent deterrents to cigarette smoking removed from College Hall. For over a year they have been doing sterling work, invariably accepting half-crowns, but rarely dispensing cigarettes.

As a non-smoker I can see no more reason for expecting the residents of College Hall to buy their cigarettes outside the College than for expecting them to eat elsewhere. Were the machines in Victoria station waiting room, an ever present temptation for the under-sixteens, the situation would be different, but then who would liken College Hall to Victoria station?

One cannot help feeling that the abolition of cigarette machines from the streets would have as much effect upon the prevalence of smoking as the abolition of streetwalkers has had upon prostitution.

After all, nobody has suggested that we discontinue serving cholesterol in the Refectory.

Yours, etc.,
John Ind.

B.M.S.A. TROPICAL MEDICINE CONFERENCE

Fifteen Bart's students spent three days at the B.M.S.A. Tropical Medicine Conference at the London School of Hygiene and Tropical Medicine held this July. They formed about ten per cent of the participants in the conference. These conferences are held every two years alternating between London and Liverpool.

Into the three days were packed ten lectures, films, demonstrations, a Brains' Trust, sherry with the Vice-Chancellor of London University and *turbot grenobloise* at the Apothecaries' Hall. The interest of the course was such that the average student nods per lecture hour approached nil and the main complaint was that the course had been too short.

With two exceptions the lectures were outstanding. They were given by enthusiasts who enjoyed lecturing and never talked down to their audience or ever said, "All you need know for the purposes of your examination is..."

The aim of the conference was not only to discuss the tropical diseases which one may see in Britain, but to introduce such specialities as the ecological factors in Arthropod borne virus disease, Insect Vectors and Tropical Nutrition, as well as enabling us to meet doctors who had trained Bushmen to do lumbar punctures, give intravenous injections and to control epidemics of sleeping sickness, and who had had to be completely self-reliant in general medicine, surgery, obstetrics and public health.

Two points were made which may be of interest to non-participants in the conference: Parasitic infestation is so common in the tropics that every patient who is, or has been in the tropics and who is to undergo general anaesthesia, especially with abdominal surgery, should have a stool specimen examined by a

pathologist. This should also be done in any case with an uncertain diagnosis. (We were told a gruesome story of a post-operative patient developing peritonitis from a round-worm crawling through an anastomotic stitch line.)

In arriving at a diagnosis on a "tropical" patient it is often better to consider a multiple pathology rather than to search for one which embraces all the signs and symptoms. This is because parasitic infestation, malnutrition and many protozoal and bacterial diseases are endemic in the tropics so that there is a high chance that any particular patient is suffering from more than one complaint.

The conference was a great success socially and B.M.S.A. are to be congratulated for initiating and organising these conferences.

It is easy to stand aloof from B.M.S.A. and student organisations in general, but B.M.S.A. especially is doing a great deal to remedy deficiencies in the syllabuses of the teaching hospitals.

The one weak point of an otherwise excellent course was the lecture on "Careers in Tropical Medicine" which seemed poorly prepared and not at all informative. One was left with the impression that with the "passing away of Empire" there were virtually no opportunities for British doctors to practise in the tropics.

A committee has been formed to investigate this matter and possibly under the aegis of B.M.S.A. it will collect and disseminate information on Tropical Medicine as a career. I am taking the liberty of asking any Bart's men who have any special knowledge of conditions and terms of service for doctors in outlandish places, to please inform the committee through the editor of this journal.

calling an extraordinary general meeting as he had only just heard rumour of certain terrible changes planned for the Abernethian Room. In fact, for some months previously, details of these improvements, including a sketch plan, had been published in the *Journal*.

This raises two points. Firstly, that heading an article "Students' Union" condemns it to remain unread and secondly, that achieving a quorum at the Annual General Meeting is difficult enough, had the member called his extraordinary meeting he might have persuaded a dozen students to attend.

Students' Union Report

To many of its members the Students' Union "never does anything". Most of these malcontents forget that it is they who form the Students' Union and not the small number who sit on the Council and spend their money. Perhaps the fault is partly that of the Council for not publicising its proceedings more energetically, but members may attend all council meetings and an effort has been made to report them regularly in the *Journal*.

Recently, one horrified student contemplated

More recently still, an extraordinary meeting was called to change the constitution. This was in order that our rules should comply with those laid down by the new club licensing laws. Every opportunity to publicise this meeting was taken and the details of the changes were widely displayed, yet this did not deter an attempt by one of the hard-gained quorum to challenge the competency of the meeting to alter the constitution without publicising the proposed alterations.

One result of the revised constitution has been the election of a "Wine Committee", headed by Trevor Powles, but a report on this appears below.

The Medical Insurance Agency has kindly printed copies of the revised constitution in booklet form and these have been distributed to every current member and are also available free of charge from the steward in the students' cloakroom or from the honorary secretary.

Developments with regard to the Abernethian Room improvement scheme have admittedly been slow, but this has been due to reasons beyond the control of anyone within the Hospital and we now know for certain that the Abernethian Room will shortly be required for an extension to the casualty department. Alternative student facilities will be provided, probably in a new but temporary (20 years) building within the Hospital, although eventually the lack of space on the "island site" will most likely necessitate a move to Cock Lane.

The Women Students' Lounge has now been completely refurbished and redecorated. In addition, the ventilation has been improved by the provision of an extraction fan and those that have never ventured here may rest assured that the girls are very comfortably accommodated.

At the last meeting of the Students' Union Council, Richard Petty was unanimously elected to the post of Financial Secretary for the year 1962/63 and is at present acting as assistant to Paddy Ross until the new term of office which begins in November after the A.G.M.

At this meeting it was also decided that the Union would employ a permanent paid secretary. At first, the post will be for seven hours a week, on two afternoons, at a salary of £100 per annum, but as time goes by it will probably be necessary to employ a secretary for more hours. This step will mean the keeping of up-to-date and accurate records of Union affairs, time for the officers to tackle neglected correspondence, a comprehensive list and regis-

ter of our members and other important innovations such as circulated minutes of meetings. The Union should run much more efficiently as a result.

When members first leave Bart's they often spend only a few months (or maybe weeks, in the case of locums) at several addresses. Mail inevitably goes astray or is delayed. It is hoped that when we have a permanent secretary, an efficient forwarding system will be available to all those who need it, with the Abernethian Room as a convenient permanent address. However, the greatest benefit will be the effect of continuity that a permanent secretary can provide, for at present, with the Union's officers changing annually, this is impossible to achieve.

JOHN IND,
Chairman.

THE BAR AT COLLEGE HALL

On September 3rd, responsibility for the bar at College Hall passes from the College authorities to the Students' Union. To implement this change a temporary Wine Committee of five members has been formed by the Union Council. A permanent committee will be elected at the Union Annual General Meeting.

The Wine Committee will be responsible for running the bar, ordering, stocktaking and accounts. Barmen will be recruited from the student body and will be paid for their services.

The bar will open at 5 p.m. and close at 7.30 p.m. on week nights. Facilities will be available for clubs and societies holding dances and socials at College Hall, and will cost them nothing more than the price of the drinks since they will be able to provide their own barmen instead of, as in the past, having to pay for the services of a member of College Hall staff.

By means of streamlining and elimination of wastage the Wine Committee are confident that bar prices will be able to be reduced. But the success of the new proposals depends on student patronage. Therefore the committee appeals to all students to support this new venture with their custom.

In a little over a year's time the new extension to College Hall will be completed. This will contain a full-scale bar in the common room. The form in which this is administered and the amenities provided will undoubtedly depend upon the success or failure of September's new arrangements.

T. J. MCELWAIN,
*Public Relations Officer,
Wine Committee.*

SPORTS NEWS

Sports Editorial

The majority of Bart's sportsmen will be both interested and pleased to hear that at the recent meeting of the Athletics Committee it was announced that our gymnasium is to be improved in quite a number of ways. In future the gym must be used solely for indoor sports and training. New equipment and lighting will be installed. The scenery can now be moved elsewhere so that the floor space will be clear for cleaning and varnishing. Moreover, it is hoped that the changing quarters can be modified.

The Swimming Club has enjoyed another successful season, but in most hospital events Bart's has had to be content with being runners up to St. Mary's. The United Hospitals' water polo team includes some Bart's 1st team players, and R. Groves and B. Shorey have been selected to swim for U.H. Also representing U.H., C. Ruoss and D. Shand have provided a formidable partnership in all diving competitions. Although the Swimming Club is still fairly small, most of the members have attained a high standard, and their genuine enthusiasm has promoted a healthy and successful team spirit.

Another small and equally successful club has been the Chess Club. This year Bart's regained the United Hospitals' Chess Cup thanks to a handful of first-class players. We have now won the Chess Cup for the third time in the last four years. Moreover, Bart's chess has reached a creditable standard in the eyes of London University: the Hospital has been asked to send a player to represent the University on a visit to Czechoslovakia.

Motor Club

The Bart's Motor Club has now been reformed for the purpose of bringing together those persons interested in motor sport in the Hospital, and with the intention of entering rally teams in the United Hospitals and University of London Motor Club events, and in invitation events of other R.A.C. recognised clubs.

So far the club has competed in the United Hospitals Rosette Rally, the Miglia Quadrata and the M.G. Club's April Rally. No outstanding success has yet been recorded, but results have been encouraging, and, in fact, the

3.4 Jaguar entered by B. A. Shorey and D. Cadle in the M.G. Rally was lying third well on in the rally when mechanical trouble forced retirement.

It now is possible for the club to obtain a discount on most motor accessories and rally equipment from Les Leston's motor accessory shop in High Holborn. Any person wishing to take advantage of this offer should contact B. A. Shorey or D. Cadle.

Golf Club Report

The Annual Golf Match against the staff was played on Wednesday, 15th May, at Denham, and the staff returned victorious by 6 matches to 3.

The day starts off with lunch, and traditionally this proves to be the downfall of the students. The Denham Golf Club again catered quite admirably. This year the students conceded two bisques and as in previous years there was great debate after the match as to the most advantageous time to claim these game destroyers. Some members of the staff did not, however, need to claim their bisques.

The weather was very kind and the sun provided an excellent medium in which to play. The first match of the afternoon was a return match between Dr. Hayward and Ruoss, who turned the tables on his opponent this year and won 3/1. The staff, however, pulled back in the second match, and Dr. Ballantine beat Stoodley convincingly. Mr. Robinson put the staff in the lead by beating Richards 1 up. Davies, however, retrieved the position by beating Dr. Borrie 3/1. Mr. I. G. Williams and Dr. R. Kemp-Harper then beat Merry and Scriven a long way from home.

Dr. George Graham halved with Harvey and it is a great tribute to his skill and enthusiasm that Dr. Graham's experience of this encounter is reported to go back over 30 years.

The staff retired to tea leading 4 matches to 3 and afterwards went further into the lead with 2 wins in the foursomes. At the 19th it was decided that no bisques should be available for the staff next year.

The members of the Students Golf Club would like to express their appreciation to the staff for a most enjoyable day and to Dr. Hayward, in particular, for organising the event.

Athletic Club

Matches	Points	
	For	Against
v. Westminster Hospital		
won	67	53
v. Lloyds Bank and Met. Police		
won	62	45
v. Westminster Bank		
lost	44	55
v. Middlesex Hospital		
won	68	52
v. King's College Hospital		
lost	57½	62½
United Hospitals Championships	4th.	

Again the Athletics Club has had an enjoyable if only partially successful season. A number of our best athletes have been unable to turn out regularly, but in spite of this a good standard in all events has been maintained. The more undaunted of our successful cross-country team have turned their attentions to the track, where Littlewood (captain), Foxton and Pott have dominated the middle and long distance events. In the long jump and triple jump (an event fast gaining popularity among the hospitals) Williams and Goodall have done some fine distances in close rivalry with one another, and Kasteliz has been a very steady performer in the high jump. Unfortunately, Herbert has been our only hope in the shot and discus and Orr our only regular javelin thrower. Although the Hospital can boast a number of adequate sprinters, few have run regularly, and on occasions we have been weak in these events.

Bridger and Tunstall-Pedoe have been most useful when they have managed to run.

In the U.H. Championships, though far behind Mary's, Westminster and Guy's on the total scores, the Hospital did well enough in the medley relay (2nd) and longer distance events.

Sports Day, disappointing in the low numbers of students and staff present, was, however, most enjoyable. The standard of athletics was high, and there were a number of exciting and close finishes. Dr. Francis presided and Dr. Lindop presented the cups and prizes.

It is encouraging that a number of our athletes have run for the United Hospitals and done well in their events. The following have represented the club: P. Littlewood (capt.), C.

Bridger (vice capt.), A. J. S. Knox (hon. sec.), T. Herbert (hon. treas.), M. O. Freath (chart. rep.), T. Foxton, I. Smith, D. Goodall, D. Williams, B. Kasteliz, J. Kurr, D. S. Browne, R. Hillier, M. Rimmer, N. Pott, M. M. Orr, R. Saunders, T. D. V. Cooke, D. Tunstall-Pedoe and A. J. Miller.

Ladies' Lawn Tennis

1st VI v. Charing Cross Hospital on 16th June (A).

Bart's 4. Charing Cross 5.

It was disappointing that Bart's did not manage to win this match. Charing Cross had a good team that was confident, having just reached the finals of the Hospitals Cup. The match was exciting as the teams were even till the very end—all the same, Bart's will need some practice if they are to win the Hospitals Cup next year. Thanks go to the two physios, who made up our team.

Team: J. Sykes, J. Clarke (capt.); E. Webb, S. McDonald; C. Greenwood, A. Glew.

1st VI v. London Hospital on 4th July (A).
Bart's 6. London Hospital 3.

There could hardly have been a worse day to play a tennis match; there were continuous showers and the courts were slippery. However, for a change, Bart's had little difficulty in winning this match, and could probably have won even more easily. J. Pitt and J. Mills played well, especially as they had not played together before.

Team: D. Layton, P. Aldis; J. Sykes, J. Clarke (capt.); J. Pitt, J. Mills.

1st VI v. West Heath Club on 9th July (A).
Bart's 0. West Heath 9.

The result of this match illustrates the low standard of tennis this year. Bart's were thoroughly beaten, and not unjustly. West Heath had an excellent team—far superior to the ones we are used to playing, and the only excuse that can be made for Bart's is that the courts were in very bad condition. However, despite this defeat, we had a very enjoyable evening and were entertained to a first-class supper. We were pleased to have an ex-Bart's tennis captain, Jean Lumley, playing for us.

Team: D. Layton, J. Lumley; J. Sykes, J. Clarke (capt.); J. Pitt, A. Glew.

Swimming Club

Bart's 1st VII v. Old Paulines (A)

The last water polo match of the season was surely one of the most enjoyable, both during the hard fought match and for the hospitality after our 9-7 victory. The Hon. Secretary had facetiously remarked that the Old Paulines seven would include two internationals: it was not until after the match that we discovered that this was, in fact, the case. The Old Paulines opened the scoring early on from close range and for the rest of the first quarter Shorey, Groves, Shand and Ruoss provided scoring chances that were squandered. Bart's quickly struck back in the second quarter to reduce the deficit; Shorey easily beat Old Paulines goalkeeper with an angled shot, and C. Ruoss hit the goalpost with a fine effort. However, the Old Paulines "goal-poaching" number 5 beat Haig with a deft flick and at half-time we were down 3-4. Bart's really got on top in the third quarter and goals seemed to come at will. We took the lead for the first time, and held it to the end of the match. This quarter was significant for the quality of shooting from both sides, especially a long shot by Shorey which was scored from well within the Bart's half with nonchalant ease. Bart's now really felt the pressure was off, and, although Old Paulines scored from a penalty, Bart's had little difficulty in scoring again through D. Shand.

Bart's teamwork was probably superior throughout the match, but the shooting, with the exception of Shorey, indicated that a polo pool for the students at the hospital would be more than welcome!

Chess Club

The advent of summer has brought an end to another year of chess, albeit a successful year. Bart's, for the third time in four years, has won the United Hospitals' Chess Cup, beating St. George's, Guy's (the holders), and The London on the way. In all, seven hospitals took part.

The Hospital has two teams in the University of London Chess League; in divisions II and IV. The first team lost only one match of the five played.

We should like to thank Dr. Lehmann for the interest he has shown in the Club throughout the year.

Results:

United Hospitals' Chess Cup
v. St. George's 4½—1½ w.
v. Guy's 3½—2½ w.
Final v. The London 3—2 w.

U.L. League

1st Team, Div. II.

v. University College II — 4—2 (w)
v. L.S.E. II — 2½—3½ (1)
v. St. Mary's Hospital — 6—0 (w)
v. Imperial College II — 4½—1½ (w)
v. King's College II — 5½—½ (w)

2nd Team, Div. IV.

v. King's College III — 3—3 (d)
v. S.O.A.S. — 5—1 (w)
v. Institute of Education — 2—4 (1)

The following have played for the 1st team: Gardos; Perry; Loufi; Russell (capt.); Hoare; Farrow; Marsh; and Sewell.

Boat Club

CAPTAIN'S REPORT, JANUARY/ MARCH, 1962

This has been an extremely busy year for the Boat Club and it is mainly for this reason that no report of our activities has appeared in the *Journal* since the New Year. Until the Head of the River was over there was nothing to report, and since then there has been so much going on that there has been no time to report events!

As soon as the preclinical term began in January, people wished to begin rowing again and our aim was to have two eights out on the river training together, and out of these to select a first boat to train for Henley. The standard at this time was not very high, and a great deal of work would have to be done to produce an eight of Henley standard in six months. Many said that this was impossible and advised us to concentrate our efforts on a four with much greater chance of success. However, we felt that the club would benefit much more by training up eight people than by restricting its efforts to its four best oarsmen, though the latter would have been a far easier and more comfortable task. We were, therefore, anxious to give the eight a try and it was obviously preferable that as many as possible of our youngest members should be involved. However, due to the pressure applied at Charterhouse, it now requires more and more courage for any preclinical student to put aside time for anything outside his studies and consequently many of our promising preclinical had to be left out of the selection.

We began on 14th January with two eights and a novice four and an attempt was made to continue this arrangement. However, the weather was extremely unco-operative, and illness and absenteeism plagued our arrangements. After three weeks a meeting was held, and from this sixteen oarsmen were found willing to row in first and second eights for the Putney Head of the River. The first eight went out twice a week at first, and were coached by D. C. Dunn. In mid-February, M. Stewardson joined the boat and Dunn also began rowing. From then on the first eight was unchanged till Henley. Basil Harrod, David Stainsby, Douglas Chamberlain and David Long gave us regular and most valuable coaching until the Putney Head. We now began going out three times a week from Chiswick and supplementing this with circuit training twice a week at Charterhouse and lunch-time tubbing on the City Basin, part of the Regent's Canal at Islington. The latter was an innovation designed to overcome the difficulties of having nowhere to train within easy reach of the hospital, a recurrent boat club problem for years. The second eight was coached at first by N. E. Dudley and later by D. C. Dunn. They had outings twice a week except when examinations interfered.

On Saturday, 10th March, the first VIII entered for the Bedford Head of the River. D. C. Dunn was unable to go and J. Ranson took his place. The race itself did not go very well and suffice it to say that whereas Guy's came 18th in a time of 7 mins. 59 secs. we were 30th some 23 seconds slower. This result was a little disturbing even though the complete crew had not entered. With the Putney Head of the River three weeks away we resolved to reverse the position with Guy's and some hard training was begun. In the next eight outings we rowed over the four-and-a-quarter-mile course six times and over half the course twice, paddling the remainder as well as the return journeys. The object was not only to get us fitter, but also to knock us together into a crew capable of being worked up for Henley later. On Saturday, 31st March, we raced starting as No. 84. Also in the event were our 2nd VIII and a Gentlemen's VIII.

The first boat set off at a very high rate over the now familiar course. Rating 36 as we passed Barnes Bridge we began to catch up University College Durham (No. 83). We were in the process of overtaking them when we hit a buoy with our stroke side oars. In the temporary confusion that followed, we

rapidly lost a length on the crews about us, but set off again still rating 36. This rate was perhaps rather high and the rowing was more rushed than powerful. Due to our stoppage, No. 83 had got away and Nottingham University II (No. 85) had caught us up. Though we did our best to prevent them, they gradually eased in front and this, too, was not conducive to the crew settling to a more economic stride. In the process of this tussle, we overtook Thames VII just after Hammersmith Bridge and once more began to gain on No. 83. Stephens brought the boat up well at the finish, when we were up with both U.C. Durham and St. George's (No. 82). Completely exhausted, the rate never having dropped below 30, the journey back to Chiswick against tide and wind was particularly trying. Though the rowing had not been our best form we were not dissatisfied with our performance having raced the boat hard over the whole course with no let up at any stage. When the results came out we were 92nd in a time of 20 mins. 24 secs. Of the other hospitals, Mary's, who had been training six days a week for this event, were highest, coming 62nd in 20 mins. 8 secs. Bart's were next and after us Guy's Hospital came 138th in a time of 22 seconds slower than us. The London Hospital came 158th in a time of 20 mins. 56 secs. Thus we had effectively reversed the position at Bedford. Owing to a series of most unfortunate accidents there was a muddle over the numbers given to the 2nd VIII and as a result no time was taken. This most unsatisfactory state of affairs meant there was no means of knowing how well they had done. The Gentlemen's VIII started off 297 places behind Barn Cottage, and though they seemed unlikely to be able to catch them up on account of the number of crews in the way, they set off in fine style. Starting last but one they were ably paced over the first ten strokes, but after that they had the river to themselves. The tide was now at a very low ebb, but in spite of conditions that would have daunted a less gallant band of men, they managed to reach the end before the timekeepers knocked off, and finished 280th—a rise of 17 places. This placed them above their counterparts from the London and Guy's Hospitals and a good four places from the bottom.

The first boat's result, though not exceptional in itself, showed that the crew was at least within reach of Henley standard which it certainly had not been two months before. It was encouraging to feel that there was ample

room for improvement, and we hoped that with the help of our summer coaches and rowing six days a week, we might realise our potential and attain our Henley goal. An account of what actually happened in the next three months will appear in the next issue.

One other item of interest should be recorded here and that is the introduction of the Boat Club tie. This consists of the Priory and Hospital shields—the design on the Boat Club flag of 1844—on a blue background. This combination has caused some comment, but it was felt appropriate that the tie should recall the design on the flag which dates the boat club. It is available from Jack Hobbs, Ltd., on production of a chit from the Captain of Boats.

Crews for Head of River: 1st VIII—bow, D. Lloyd; 2, M. Stewardson; 3, P. R. Husband; 4, A. B. Ayers; 5, D. Hunter; 6, D. C. Dunn; 7, E. M. Hoare; stroke, K. M. Stephens; and cox, L. Cole. 2nd VIII—bow, E. Haymer; 2, D. Thompson; 3, J. Tricker; 4, N. Platt; 5, T. Macelwain; 6, J. Ranson; 7, G. Tibby; stroke, R. Anderson; and cox, N. Loughnan. Gentlemen's VIII — bow, J. Gilkes; 2, D. Hardy; 3, N. Platt; 4, I. Wan Ping; 5, G. Gey; 6, I. Wilson; 7, R. Wilson; stroke, N. Dudley; and cox, R. Gleadle.

Cricket Club

Chislehurst, 9th June,

v. Queen's College, Cambridge. Lost by 7 wks.

Bart's were ensured of a good score after R. S. A. Thomas and R. T. G. Merry had put on 123 for the first wicket. J. A. Harvey and C. P. Vartan continued the good work, and Bart's declared their innings at the respectable score of 261 for 4.

The Queen's opening batsmen were returned to the pavilion after 4 overs, and with the score at 8 for 2, two cricketers who were to make centuries arrived at the wicket. Had Bart's catching been anything other than its all too familiar "schoolgirl" style, both of these batsmen would have been dismissed half a dozen times before tea. However, this was not to be, and the score mounted from 8 for 2 to 237 for 3, with 40 minutes left for play. The remaining runs created no problem, and Bart's conceded the match.

Bart's: 261 for 4. (R. T. G. Merry, 80; R. S. A. Thomas, 68; J. A. Harvey, 68 not out; C. P. Vartan, 34 not out.)

Queen's: 262 for 3.

Slough, 18th June.

v. Horlicks. Won by 7 wks.

The Horlicks fixture is always a highlight of the cricket season, and this year proved no exception. C. J. Smart bowled 28 overs without a break, took 7 wickets for 88 runs and the Horlicks innings terminated at 215. This was an admirable effort, and the Hospital were confident of winning despite the hazards of excess lunch and tea.

As it happened, the majority of the team might well have gone home because D. J. Delany struck form. Opening the innings for Bart's he scored 152 out of 217 and remained undefeated. During his innings strokes familiar to cricketers were a rarity; however, squash players and golfers would have been amazed how useful their classical methods are on a cricket field. No matter how good the ball, Delany despatched it to the boundary—a great innings and a very enjoyable day's cricket.

Horlicks: 215 for 9. (Smart, 7 for 88.)

Bart's: 217 for 3. (Delany, 152 not out.)

CUP MATCH Chislehurst, 21st June.

v. Middlesex Hospital. Lost by 9 wks.

The Hospital was given a sound beating by the Middlesex Hospital in the quarter-final of the Hospital's Cup. Bart's, having asked to bat on a "plum" wicket, lost A. C. Warr and R. S. A. Thomas in the first 20 minutes. B. J. Stoodley and J. A. Harvey put on 56, and all seemed well. However, the heart of Bart's batting was broken in the half-hour before lunch, and the total score was only a fraction of that required to win this match on such a good wicket.

Middlesex opening batsmen emphasised their superiority by scoring 158 of the 165 to win before being parted and the game was lost by 9 wickets.

Rat's Innings :—

A. C. Warr, ct. Ratcliffe, b. Peberdy	19
R. S. A. Thomas, ct. Williamson, b. Peberdy	2
B. J. Stoodley, st. Williamson, b. Jowett	32
J. A. Harvey, l.b.w., b. Jowett	55
D. J. Delany, ct. Royston, b. Jowett	0
R. V. Jeffreys, b. Naylor	2
E. Sidebottom, ct. Peberdy, b. Lancaster	14
H. Phillips, not out	15
C. J. Smart, b. Jowett	3
P. B. Savege, ct. Ratcliffe, b. Jowett	6
J. R. Harrison, l.b.w., b. Gorton	0

Extras 16

Total 164

Middlesex Innings :—

H. Wharton-Ali, l.b.w., b. Warr	84
J. Ratcliffe, not out	74
J. Russell, not out	7
Extras	0

Total for 1 wkt. 165

Bart's Bowling :—

	Overs	M.	Runs	Wickets
Stoodley	7	1	36	0
Smart	12	1	52	0
Delany	2	0	10	0
Harrison	3	0	28	0
Warr	4	0	16	1
Harvey	3	0	22	0
Thomas	0.2	0	1	0

Wimbledon, 24th June.

v. St. George's Hospital. Lost by 4 wks.

Bart's were all out for 83 and a very convincing defeat seemed possible. J. A. Harvey and C. J. Smart bowled well and the opposition lost 4 wickets fairly quickly. However, J. R. Harrison arriving at 3 p.m. for an 11.30 a.m. start, bowled a couple of overs and all was lost.

Bart's 83 (D. Delany 35).

St. George's 86 for 6 (J. A. Harvey 4 for 32).

Chislehurst, 30th June.

v. Jesters. Drawn.

Jesters, batting first, were kept to 184 for 6 wickets, mainly due to some sound bowling by C. J. Smart.

J. A. Harvey, opening the innings for the Hospital, batted with his usual solidity and scored 87 of the first 130 runs, but the scoring rate in the earlier stages of the innings was fractionally too slow, and not even the vigorous efforts of the "tail" could quite clinch victory. Jesters 184 for 6.

Bart's 184 for 9 (J. A. Harvey 87; C. P. Varun 33).

Chislehurst, 7th July.

v. U.C.S. Old Boys'. Won by 5 wks.

On arrival at Chislehurst the officers of the club were alarmed at the presence of a special correspondent for a national newspaper. Bart's, fielding their customary July team—four cricketers and seven A. N. Others, were asked to field (fortunately). C. J. Smart bowled 21 effective overs, and was well supported by J. A. Harvey.

The Bart's innings was once again completely dominated by R. S. A. Thomas. In scoring 132 (20 fours), he reached his fourth century of the season for Bart's, and paved the way for a very exciting victory. The winning shot came from T. J. Powles—a flashing off-drive past fine leg for four, a very fitting climax to a grand game. The special correspondent went away impressed by Bart's batting—and he had not even seen our "tail".

U.C.S. Old Boys' 222 for 5.

Bart's 228 for 5 (R. S. A. Thomas 132; D. J. Delany 27; H. Phillips 27).

Chislehurst, 8th July.

Past v. Present.

Having won the toss on this beautiful July day, the Present skipper was asked to bat by the President. Whitworth and McKenzie presented a formidable attack, and runs came slowly with B. Stoodley the only batsman to show form. However, with the "tail" wagging in unaccustomed fashion, the Present were all out for 176 soon after 3 o'clock. The Past by this time had amassed twelve players, but despite this fact found runs difficult to get against Stoodley and Smart. Stark batted with grim determination for 48, and when he was out, 50 runs were needed in half an hour. These were scored by Whitworth and Clapham with a couple of minutes to spare.

Our thanks are due to the President for a most enjoyable day, and we look forward to winning the match next year, for a change.

Scores: Present 176 for 10. (Stoodley 49).

Past 177 for 7 (Stark 48).

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ST. BARTHOLOMEW'S HOSPITAL JOURNAL



Vol. LXVI, No. 9

SEPTEMBER, 1962

Editorial

Christmas Card

The Christmas card this year is a drawing based on the Madonna and Child, a 15th century Florentine statue in St. Bartholomew's the Great. Our Christmas card has rarely been religious in the past and it was thought that a Madonna and Child might be appreciated.

We would like to be able to supply the Christmas card free to our readers; unfortunately our finances will not allow this. It may not be realised that the Journal is one of the few hospital journals which does not depend on student patronage for its financial balance. The student population of Bart's, in fact, receives the Journal free of charge. One might say that the finances of the Journal are run on a knife's edge. Nevertheless, we feel that the provision of a Christmas card should be a service to our readers rather than a profit-making concern. It has been decided, therefore, to sell the Christmas cards as cheaply as possible without making a loss. It is with great pleasure that we find we can offer the cards at only 4½d. each. On the opposite page the drawing appears the size it is to be on the card. We hope it is up to your expectations and that you will see fit to use the order form below it at your earliest convenience.

The Students' Union

We would like to draw the attention of al. Old Bart's Men to the form on page 220 to be filled in and returned to us as soon as possible. The Students' Union staff will then be able to give notice of Union events such as Sports Day and the View Day Ball. We hope you will all make use of this service.

Polio and Principles

In Virology as in many branches of research the amateur is no longer able to compete effectively with the professional research worker. This is not only due to financial difficulties in acquiring the equipment needed, but also to lack of time for association with other workers in his chosen field of research. Winners of the Nobel Prize for Scientific Subjects now tend to lead highly organised teams for research and the award is usually made not on the result of a single paper or experiment, but on the results of a series of experiments, often published over the course of years. Although the results are frequently complex they are not complicated, for the truly great discoveries tend to simplify rather than complicate. The great advances in our knowledge do not by any means always come from these large research teams; however there is a much greater chance of a big discovery coming from such teams.

Today, scientific results are usually exchanged before publication and rivals are eager to point out each others' mistakes. Such methods have resulted in a greater accuracy and reproducibility in the literature than has previously been the case. This exchange of information has saved months of work, particularly in the rapidly expanding fields of research.

Science is a logical search for the truth. Scientists, however, are guided in this search by their emotions at least to some extent. Ambitions and jealousies play as great a part in turning the history of scientific development as they do in politics. The science of medicine is not exempt from these generalisations. It is