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

# 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

a great asset to know the experience, personality and integrity of the research worker and to know the laboratory and to have visited his colleagues when assessing his paper.

Our profession, like many others, continues to learn from its mistakes. One of the greatest disasters in experimental medicine in recent times occurred when the "dead vaccine" against poliomyelitis was first given to children in the U.S.A. The Cutter firm prepared a vaccine which, although being up to the standards which were in practice amongst other firms at that time, contained live, virulent poliovirus. Almost certainly other vaccines at this time also contained live, virulent poliovirus; however, it was the Cutter vaccine which was unlucky enough to have had such disastrous results.

After more extensive research into safeguards it was decided to give the vaccine to children on this side of the Atlantic. The decision to use this new vaccine was by no means unanimous and the proposal was contested by a considerable weight of scientific opinion. There was, in fact, no disaster in the British Isles; however, in retrospect, the chances that the earlier vaccines did contain some live poliovirus were high. It is only relatively recently that it has become apparent that the "dead vaccine" has contained other live viruses which have been injected into children. These are certain strains of Simian viruses which are present in many of the monkey kidney tissue cultures in which the poliovirus is grown. The long-term effects of such injections are not yet known although it is apparent that little harm has resulted on a short-term basis.

With the lessons learnt from mistakes with the "dead vaccine", both the U.S.A. and Great Britain have been very cautious in accepting the new oral vaccine which has been prepared by Dr. Sabin in Ohio. Never has a vaccine received such rigorous testing before being used on a large scale in the Western Hemisphere. This is a tribute to the scientific groups in the West who have weighed their views against great political and public pressures. The public had knowledge of the vaccine before appropriate testing had been begun and pressure was brought by the public to use the vaccine. This, together with the knowledge that the U.S.S.R. were using this vaccine already on a large scale and intended to score a great success in propaganda, created great difficulties for the scientists and politicians who were to make the decision to use or not to use the vaccine. Bitter attacks on each

other by both proponents and opponents of the vaccine have resulted in meetings more like cock-fights than scientific discussions.

The use of the oral poliovirus vaccine presents rather unusual problems because the vaccine is live and the poliovirus can spread from child to child. Several million children have now been fed the vaccine in a large number of different countries and no case of paralysis has been proven to be of Sabin vacinal origin. Although poliovirus has been recovered over a thousand times more virulent than that in the vaccine, the virus has not apparently increased in virulence sufficiently to cause an epidemic of paralytic poliomyelitis. The difficulty in the past has been in proving that the sporadic cases that might arise during a vaccination programme were merely due to wild poliovirus already present in the community. In Russia, the vaccine was fed within a few days to a high percentage of each particular community in an attempt to reduce the numbers of contact infections and hence the chance of being infected by a strain of increased virulence. To infect such a high percentage of the community in the Western Hemisphere by "primary take" is a much more difficult proposition.

This raises the question of its use in this country where the risk of paralytic poliomyelitis is slight if the population is well-vaccinated with the "dead vaccine". There is a case to be made out for withholding the oral vaccine, making good use of the "dead vaccine" by more determined efforts and only using the oral vaccine in the advent of an outbreak of paralytic poliomyelitis. This would avoid the difficulties and possible hazards of distributing the oral vaccine at random in the British Isles. We may then await the results of vaccinating large numbers of American children and a high percentage of the American population. If the results are favourable a determined effort may then be made to feed oral vaccine to as high a percentage of the British population as possible.

The history of the use of vaccines against poliomyelitis illustrates well the general principles which were alluded to earlier. Personal views, political consequences and public opinion inevitably play an important part in the balance of a decision of this sort. It must be remembered, however, that these factors may play too great a part in such a decision and these considerations may sway the balance into the favour of a wrong decision, unless great weight is placed on the logical outcome of scientific experiment.

## Engagements

- COOMBS—IVELAW-CHAPMAN.—The engagement is announced between Dr. G. Alwyn Coombs and Adrienne Ivelaw-Chapman.
- HADLEY—WILKINS.—The engagement is announced between Dr. Robert Martin Hadley and Jean Rosemary Wilkins.
- ROSS—WELLESLEY.—The engagement is announced between Mr. Harvey B. Ross and the Hon. Mrs. Nancy Joan Wellesley.
- SHAW—TUCKER.—The engagement is announced between Dr. John H. W. Shaw and Miss E. Frances P. Tucker.
- SIMPSON—ROWLAND.—The engagement is announced between Dr. R. Ian D. Simpson and Jean E. Rowland.
- SPIVEY—BENISON.—The engagement is announced between John Spivey and Rosemary Sarah Benison.
- VANDY—PREUSS.—The engagement is announced from Ilamburg, and the marriage will take place shortly, between Dr. K. W. Vandy and Monika Preuss.

## Marriage

- FREARS—PHILPS.—On 28th July, in Beccles, Suffolk, Mr. Christopher Frears to Miss Joanna Philps.

## Births

- MACDOUGALL.—On 12th Aug., to Rachel (née McNair), wife of Dr. Ian MacDougall, a daughter.
- PEEBLES.—On 3rd Aug., to Lilian (née Horsfield) and Dr. Douglas James Peebles, a son (Iain Sandilands Cameron).

## Deaths

- CHAVE-COX.—On 13th Aug., Dr. Hedley Chave Cox. Qualified 1918.
- NAIRAC.—On 10th Aug., David Laurence Nairac, aged 24 years. Qualified 1961.
- TAYLER.—On 10th Aug., Frederic Ernest Tayler, M.R.C.S., aged 85 years. Qualified 1903.

## Appointments

Mr. J. A. H. Bootes, who is currently the President of the International Federation of Medical Student Associations, has attended the National Convention of the Student American Medical Association, held in Washington.

### University of London

Dr. D. W. Gould has been recognised as a Teacher of the University, in Physiology, at St. Bartholomew's Hospital Medical College, and Dr. D. Mendel, of Physiology at King's College Royal College of Physicians of London.

Dr. T. A. J. Prankerd has been appointed the Goulstonian Lecturer for 1962.

Dr. N. C. Oswald has been appointed the Mitchell Lecturer for 1962.

The following, having satisfied the censors' board, have been admitted to the membership (M.R.C.P.): Rachel G. Evans, T. O. Johnson, T. P. Ormerod, M. J. Tyrrell.

*Royal College of Obstetricians and Gynaecologists*  
Mr. A. C. H. Bell has been re-elected President of the College.

*Royal College of Physicians of Edinburgh*

The following have been elected Members of the College: M. J. Clarke-Williams, J. D. Hobday.

*Royal College of Surgeons of Edinburgh*

The following have been admitted Fellows of the College: I. McColl.

*Church Missionary Society*

Dr. A. D. Iliff has been appointed medical secretary of the Church Missionary Society at its London headquarters. He will take up his duties on 1st January, 1963.

## Change of Address

Dr. and Mrs. B. A. L. Hurn,  
205, Crescent House,  
Golden Lane Estate,  
London, E.C.1  
Clerkenwell 3835.

## Calendar

### OCTOBER

- Thursday, 4th: The Fresher's Play—Chekhov's "The Anniversary".
- Saturday, 6th On Duty: Dr. Graham Hayward  
Mr. A. W. Badenoch  
Mr. J. N. Aston  
Dr. G. H. Ellis
- Saturday, 6th: Fresher's Dance, Charterhouse, 8-11.30 p.m.
- Saturday, 13th—On Duty: Dr. A. W. Spence  
Mr. E. G. Tuckwell  
Mr. W. D. Coltart  
Dr. R. W. Ballantine
- Saturday, 13th: 1st XV v. Old Millhillians, Chislehurst.
- Wednesday, 17th: 1st XV v. C.U. LX Club, Chislehurst.
- Saturday, 20th—On Duty: Prof. E. F. Scowen  
Prof. G. W. Taylor  
Mr. II. Jackson  
Burrows  
Dr. Ian Jackson
- Thursday, 25th: Drama Society A.G.M., 5.45 p.m. Small Abernethian Room.
- Saturday, 27th—On Duty: Dr. R. Bodley Scott  
Mr. Alan Hunt  
Mr. J. N. Aston  
Dr. T. B. Boulton
- Tuesday, 30th: Christian Union Meeting, Mr. Arnold Aldis, F.R.C.S. "Divine Healing."
- Physician Accoucheur on duty for the month of October is Mr. D. Fraser.

## Bart's Ski Club

The Ski Club is again organising a trip to Zürs this winter to take place during the last two weeks of January (19th January to 3rd February).

The cost of the trip will be £36 for the Hotel and travel, and with skis, boots, lessons and insurance, the total cost will be about £45.

Anyone interested should contact R. L. Powles (Secretary).

## Wessex Rahere Club

The Autumn Dinner of the above club will take place at The Grand Spa Hotel, Bristol, on Saturday, 20th October. It is hoped that, as usual, a member of the Staff will be present as Guest of Honour.

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

## Christian Union

"What think ye of Christ?"

To quote Metcalfe Collier:—

"There are three possibilities only; the claims of Jesus Christ were either:—

(a) True, or

(b) False, deliberately or unconsciously.

If His claims were false and He knew it, then He was the greatest imposter of all time. If His claims were false although He himself thought they were true, He was a megalomaniac. If they were true, He was God with us.

Imposter, Madman or God? It is a startling choice to have to make; but since Christ is a fact of history, we cannot avoid the issue."

If your mind is not yet made up, or even if it is, you may be interested in a series of addresses to London University, under the general title of "What think ye of Christ?" The Rev. John Stott will be giving these talks in All Souls Church, Langham Place, during the week Nov. 18-25.

In Bart's, a programme with the same theme has been arranged for this week. There will be a talk by Mr. Roy Hession and opportunities for informed discussion over coffee on two evenings. The Rev. David Fletcher has kindly agreed to be there and will also be preaching at a lunch-hour service in Bart's-the-Less on Friday, 23rd November.

## OBITUARY

### Dr. David Nairac



Returning from abroad, it was a painful shock for me to hear of the sudden death of Dr. David Nairac, who had been my House Surgeon at Whipp's Cross Hospital only a few short weeks before.

When he joined my Firm I quickly realised that here was a young man of quite outstanding ability. Tremendously hard working and enthusiastic, he was always cheerful in spite of gruelling nights of emergencies with little sleep. Considering it was his first appointment after qualification, I thought his clinical acumen and judgment remarkable. I also remember how over a cup of tea he rapidly translated an article for me from a French medical journal. His popularity with Ward Sisters, always a keen barometer of ability and personality, never varied.

When at the end of his appointment with me he secured the much coveted House Physician appointment at St. Bartholomew's, I was as pleased as though it were my own son, as I had no doubt that a brilliant career lay before him, in no matter what field he decided to work.

Our heartfelt sympathy goes out to his parents in their irreparable loss. Our profession can ill afford to lose young men of his calibre. His career was cut tragically short, but his parents and St. Bartholomew's have every reason to be proud of David Nairac.

S.G.N.

## SMALL BOWEL BIOPSY

by J. A. Parrish

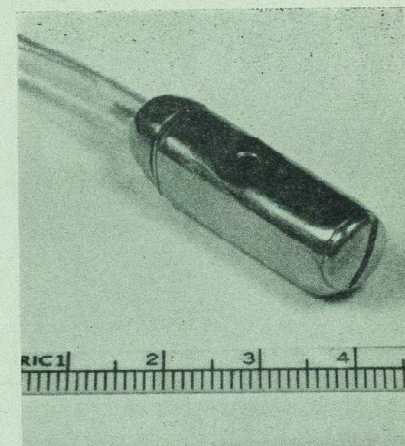


Fig. 1. The Biopsy Capsule (measurements in cm.)

A few years ago gastro-enterology as a speciality might be said to have been in the doldrums scientifically, but the recent advent of new methods of investigation in the hands of anatomists, biochemists, and physiologists has stimulated great discoveries in cellular structure, and some of the most interesting cells by virtue of their great activity are those of the liver and gut.

New advances in the clinical field have now enabled physicians to obtain specimens of tissue more readily, and thus begin to correlate cellular function with some features of gastrointestinal disease. One of these helpful methods of investigation has been intestinal biopsy.

The first tubes were devised for obtaining specimens of gut mucosa from the stomach and duodenum. These were adapted and re-designed for the distal duodenum and proximal jejunum, and in the last two years numerous others have been designed for travelling further down the gut and obtaining samples more easily.

I have been fortunate enough to have spent a year in Dr. Pollard's department of gastro-enterology in the University of Michigan, working with a successful tube recently designed by Dr. R. J. Bolt and Dr. A. B. French. This tube eliminates some of the disadvantages of previous designs in that it has a flexible plastic tubing rather than a pull-

wire mechanism, and its hydraulically operated capsule enables multiple specimens to be recovered within a few seconds from various sites without withdrawing the tube from the patient.

I will describe its mechanism and method of operation and then illustrate some of its uses.

The "Biopsy tube" consists of three main parts:

(1) **The Capsule (Fig. 1):**

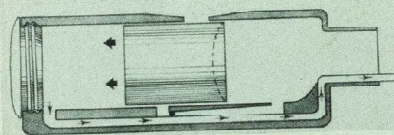
This is a metal olive with a window on one side and a screw at its distal end for inserting a freely-sliding cylindrical knife, the upper edge of which is a cutting edge. The capsule is attached at its upper end to two coaxial plastic tubes. In the floor of the capsule are two separate channels, one of which contains a very small ball bearing.

(2) **Coaxial Plastic Tubing:**

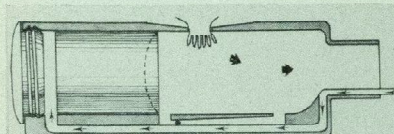
The outer tubing being 0.125 inch in diameter and the inner 0.034 inch. For clinical use these are approximately 8 feet long and are attached at the distal end to the capsule and at the proximal end to the water pump.

(3) **Water Pump:**

This simple pump has attachments for applying negative pressure to the large tubing and for receiving specimens and another for applying negative pressure to the inner tubing.

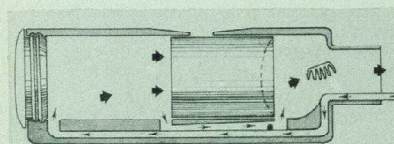
**Mechanism of action:**

- (i) Negative pressure is applied by a syringe to the inner tubing. This draws back the knife and opens the window.



- (ii) With the negative pressure above still applied, negative pressure is now also applied to the outer tubing, thus drawing in a sample of mucosa.

- (iii) Negative pressure of the syringe is released, and by opening the handle of a water pump at 200 lbs./sq. in., sudden positive pressure is applied to the back of the knife so pushing it forward.



- (iv) With the knife forward, window closed and specimen free, saline flows below the knife then up across its face, thus washing biopsy up the outer tubing to the operator.

- (v) The negative pressure is again applied by a syringe to the inner tubing and the tube is now reset for further biopsy.

**Preparation of patients:**

Patients should all have Barium swallow, meal and follow-through X-rays so that the physician knows the anatomy that may be expected, as variations may be important considerations in positioning.

Biopsy is carried out in a room with fluoroscopic facilities. If the biopsy is to be done in the morning, patients selected are instructed to have nothing by mouth after midnight; if it is to be done later in the day, a fluid break-

fast is allowed. No premedication is needed for the average patient.

**Procedure:**

With the patient in the sitting position the operator places the capsule at the back of the tongue and the patient swallows it, aided by only gentle pressure on the plastic tubing. Most patients swallow with ease and gagging is encountered occasionally, but only in two patients has a local anaesthetic gargle been required.

The capsule passes easily into the stomach and as soon as it enters, the patient is placed on his right side and asked to swallow approximately six to eight inches more of the tubing. In this position the metal head follows the line of the lesser curve to the pylorus; there is usually a slight delay at this point, and then the head will be taken on by gut peristalsis, this making the patient feel that he wants to swallow more tubing. Depending on the indications for the particular biopsy in hand, the tube will be allowed to travel to the most distal point necessary, a specimen or specimens obtained there, and then the tube withdrawn, further biopsies being taken as required.

The fluid used in the system is physiologically normal saline, and this, together with the rapid retrieval of specimens, means that tissue is well preserved and that conditions existing in it are nearer to the physiological than have been achieved before in the human subject.

**Complications and Contraindications:**

The three main potential complications with the use of gut biopsy are bleeding, perforation, and the sticking of an incompletely severed mucosal specimen in the window of the capsule, necessitating in the older type of biopsy tube its being left in position until sloughing occurred. With pressures up to 250 lbs. used with this tube there have been no complications in over 300 specimens obtained. Biopsy is contraindicated if there is a known bleeding tendency or active peptic ulceration. Relative contraindications will be the immobile patient who cannot be positioned adequately on the firm fluoroscopic table and the evidence of partial obstruction proximal to the desired site of biopsy.

**Uses:**

- (a) Diagnostic.

In cases of intestinal disease suspected of malabsorption from the X-ray pattern or from absorption tests, biopsy may be of great value in differential diagnosis and helps to distinguish between primary and secondary malabsorption. Coeliac disease in children or the similar clinical picture in adults known as primary or idio-



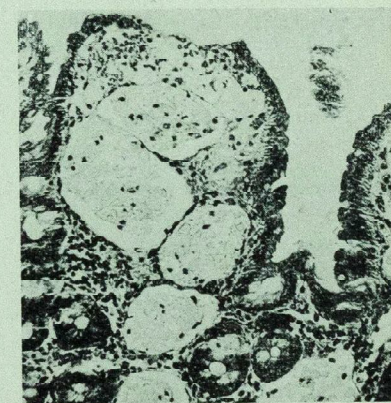
Small Bowel Biopsy: Mucosa in Whipple's disease showing large cell infiltration.



Small Bowel Biopsy: Mucosa in idiopathic steatorrhea or primary sprue showing absent or blunted villi and small cell infiltration in lamina propria.



Small Bowel Biopsy: Mucosa in Crohn's disease.



Small Bowel Biopsy: Mucosa in secondary malabsorption showing dilated lymphatics.

pathic sprue come into the first group and can be proved histologically; suggestive changes can also be seen in tropical sprue.

Perhaps the most dramatic changes can be seen in the secondary malabsorption group, particularly in Whipple's disease, where the picture of P.A.S. (Periodic Acid Schiff) staining material and lacteal obstruction is pathognomonic. Obstructed lymphatics may be seen apart from this where there are local infiltrations with inflammatory tissue (Crohn's, etc.) or neoplasm (lymphosarcoma, etc.) or if the thoracic duct itself is obstructed. On several occasions we were able to demonstrate Crohn's disease affecting the duodenum or upper jejunum when there was no radiological evidence of disease at that level. In addition, amyloid and scleroderma have been reported in gut biopsies.

(b) Research.

Its usefulness in research can be along clinical lines by following the natural course of intestinal diseases or by studying the effects of drugs or diet on the mucosa in normal or

abnormal states; the anatomist, by means of light and electron microscopy, is able to define the micro-structure of the cell and its development from the crypt up to the apex of the villus; the physician with the biochemist and physiologist can now try to unravel at what sites and by what structural pathway the constituents of food are absorbed (a fasting biopsy, then instillation of lipids and rebiopsy at varying times and at different levels is but one example of this).

Thus, to those studying the absorptive cell there is now no such thing as a purist in any faculty, as all the fields of basic science are becoming closely inter-related and small bowel biopsy has proved its worth by making fresh human material available to these investigators.

These are only a few of the exciting approaches now possible and I should like to thank all those in the G.I. Lab. at Ann Arbor for some insight into these techniques and in particular, Dr. Robert Bolt, with whom this work was done, for his permission to publish details of and to return with one of his biopsy capsules.

## FILM SOCIETY PROGRAMMES

For Michaelmas Term, 1962

**Monday, 15th October—"Richard III"**

Sir Laurence Olivier's brilliant production of one of Shakespeare's masterpieces. His performance as Richard III is matched by the brilliance of the supporting cast, which includes some of the finest actors and actresses of the British stage.

**Monday, 29th October—"Doctor at Sea"**

A light-hearted comedy at sea aboard s.s. Lotus, starring Dirk Bogarde, the much-famed Brigitte Bardot and the venerable James Robertson Justice.

**Monday, 12th November—"Johnny Guitar"**

A western classic directed by Nicholas Ray.

**Monday, 26th November—"Wild Strawberries"**

Professor Isak Borg is a hard, self-centred man. One day he wakes up troubled by an unpleasant dream which persists throughout the day. Suddenly the Professor is made, by a seemingly unconnected series of events, to evaluate his past life. During the day his

"dream" suddenly returns, and it seems he is to be examined on his life.

Made with Bergman's now familiar penetration and unique understanding, this film is full of the warmth and compassion of human trust and frailty.

**Monday, 10th December—"A Matter of Life and Death"**

This delightful screen fantasy, starring David Niven, tells how, in the mind of a crashed airman undergoing a brain operation, a strange court trial takes place to decide whether his spirit shall be claimed by the other world or whether he may return to earth and the girl he loves.

The Committee hopes that the above selection of films meets with the members' approval, and would like to invite suggestions and/or criticisms in the planning of future programmes.

In view of the changes in the Nurses' curriculum the times of starting of each programme may fluctuate, but will be approximately 8.30 p.m. on each date.

# IN DEFENCE OF THE EOSINOPHIL

by A. J. S. Knox

*Embalmed in History's pages  
The famous tale is told  
Of the battle of Furunculus  
And the Coccus coloured gold.  
Of Staphylococcus aureus  
Who fought but lost the fray,  
Besieged about on left and right  
By polymorph and lymphocyte  
Which, after a one-sided fight,  
By numbers took the day.*

*Alas the brave Historian,  
To fairness bids adieu,  
Showering praise upon the victors,  
As historians will do.  
He shames the Eosinophil  
Who scorned to take a part  
In the murder of what all must know  
Was really just a broken foe,  
And brands him "faint of  
heart".  
Oh tell me, brave Historian,  
Who is it goes to strife  
Alone of all those warriors when  
Psoriasis is rife?*

*Who guards alone, Historian,  
Against the Parasite  
The Trichinella spiralis?  
Then—where's the lymphocyte?  
The Albumins and Globulins,  
That leave some foreign shore,  
Are untroubled by the Neutrophils,  
The mercenaries of War.  
But should they meet a guardsman  
In cytoplasm red,  
However broad, however tall,  
How swift those cowed invaders  
fall,  
For fighting is no use at all  
They are as good as dead.*

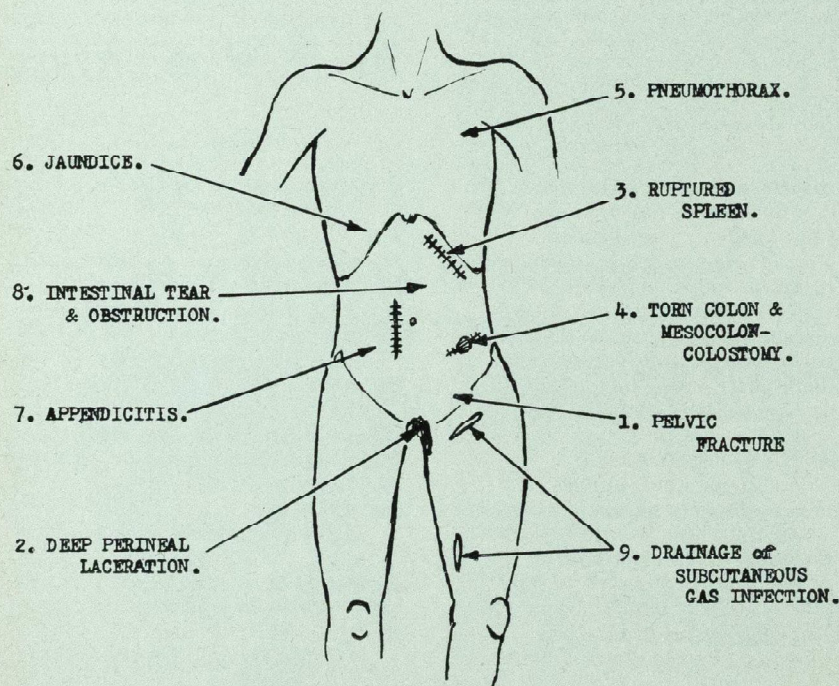
*Reflect, O brave Historian,  
Upon your unjust words.  
Reflect a little, Reader,  
On the things that you have  
heard.  
Scorn not the Eosinophil,  
Who watches night and day,  
He is not very famous,  
But he has his part to play.*

1. *Bart's Journal*, October, 1909.

2. *Shame on the Eosinophil  
That came not forth to foil  
Staphylococcus aureus  
At the battle of the boil.*

## A TALE OF NINE LIVES

by M. A. Church and N. G. Rothnie



ROY'S NINE INJURIES & COMPLICATIONS IN ORDER OF TREATMENT.

This is the story of 15-year-old Roy, who received numerous injuries in a road accident. His story serves as a reminder of the new severity of accidents on our (increasingly) congested roads and the multiplicity of injuries which may be inflicted to all systems of the

body. It also brings home some lessons in the management of the severely injured patient and emphasises the co-operation which is necessary between the various departments of a hospital.

Roy was cycling to work one morning when

a large lorry cut across his path, collided with him and threw him to the ground, so that he landed heavily on his left side. He was soon transferred by ambulance to the Casualty Department at Bart's.

On admission to hospital it is essential that a severely injured patient be seen by the casualty house surgeon *immediately* so that he can, in order of priority, (1) ensure that the patient has a clear airway and effective pulmonary ventilation—this may entail the prompt clearance of the upper air passages, the closure of an open chest wound or tracheostomy for the restoration of adequate oxygenation; (2) assess the degree of shock, which is always due to loss of blood, and set in motion the steps for its correction; and (3) carry out a rapid clinical examination to assess the extent and nature of the injuries and the possible priorities of treatment.

Roy was found to be markedly shocked, being pale, cold and sweating with a systolic R.P. of 50-60 mm. Hg. His breathing was rapid and shallow with neither obstruction of the upper airway nor evidence of severe chest injury. He was fully conscious and able to remember details of the accident. His left elbow was bruised and swollen, but movements were full and painless and a serious fracture seemed unlikely.

There was bruising laterally over the left chest wall but no sign of fractured ribs. The air entry was thought to be less on this side but his shallow breathing made this difficult to assess.

His abdomen was rigid and tender on the left side and no bowel sounds were heard. The possibility of a ruptured spleen was thus considered.

A large haematoma was present in the left groin extending into the left thigh. His left leg was lying externally rotated, but movements were full and painless. The likely cause of the haematoma and deformity was thus thought to be a fractured pelvis.

A deep and extensive laceration of the perineum was oozing steadily.

From what has been said above, the first step in Roy's management was clearly the prompt correction of his marked blood loss. For this he could have been given two pints of Group O rhesus negative blood rapidly while the laboratory quickly determined his grouping and cross matched appropriate blood, but he was given dextran until blood of his own group was available. He was also given morphia

intravenously to allay his pain and anxiety together with A.T.S. and the initial dose of a course of penicillin and streptomycin because of the perineal wound.

Roy required seven pints of blood to raise his systolic B.P. to 100 mm. of Hg. This amount represents more than half of his blood volume. The sources of his blood loss were from the perineal tear, which was steadily oozing through a temporary dressing into the bed, making it difficult to estimate the rate and amount of blood lost; from the haematomas round the fractured pelvis and from a possible ruptured spleen.

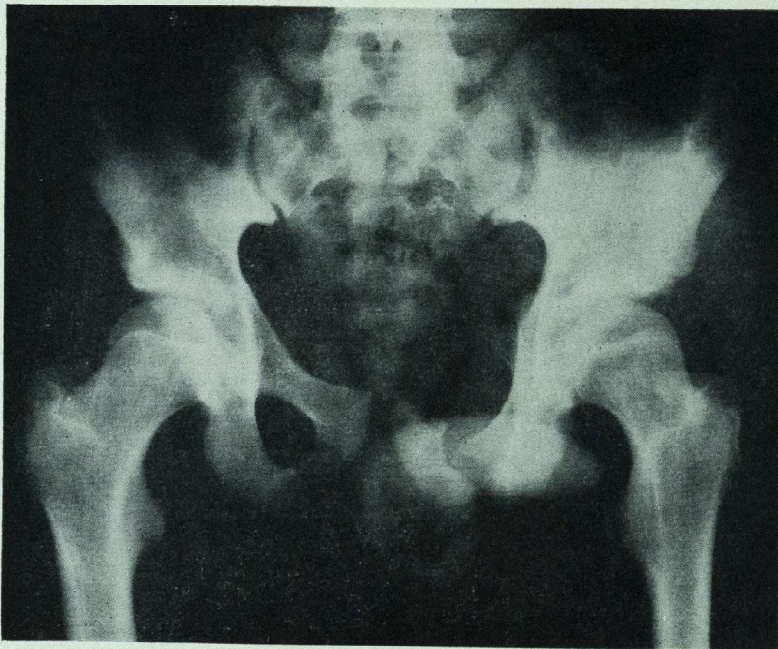
Roy had by now been transferred to Percival Pott Ward under the care of Professor G. W. Taylor.

Only when his blood pressure had been restored to normal were essential radiographs taken. These showed that he had fractured both left pubic rami and opened out the left half of his pelvis with partial dislocation of the sacro-iliac joint. There was no fracture round the left elbow joint. A chest radiograph was not satisfactory because of his position in bed, but showed no gross abnormality.

Having restored Roy's blood volume it now became urgent to staunch the haemorrhages and undertake reparative surgery. The pelvic fracture was not markedly displaced nor unstable and was therefore ignored in his immediate management. However, the possibility of damage to the bladder and urethra had to be considered.

Four hours after admission to Casualty, Roy was taken to the operating theatre and given a general anaesthetic. He was first of all placed in the lithotomy position and the perineal wound thoroughly cleaned and all dead and devitalised tissue removed. The tear was mainly to the left of the anus and rectum, which were undamaged, and extended upwards behind the sacrum and into the left gluteal muscles. Anteriorly it communicated with the pubic fractures making them compound. Haemostasis was achieved and the wound partially closed with drainage. A small Tiemann's catheter was easily passed into the bladder and normal urine withdrawn thus excluding urinary tract damage.

It was obvious that faecal diversion was necessary because the anus opened into the perineal wound. Therefore a defunctioning colostomy was planned through a left iliac incision and at the same time the possibility of a ruptured spleen or other viscus could be determined.



*X-ray of pelvis showing fractures of both left pubic rami, partial dislocation of the left sacro-iliac joint and opening out of the left half of the pelvis.*

Roy was returned to the supine position with a compression dressing to the perineum. A large subcutaneous haematoma was evacuated while making the left iliac incision and blood under tension was released on opening the peritoneum. Manual exploration of the abdomen revealed the spleen to be torn near its hilum.

It therefore became urgent to remove the torn spleen so a left subcostal incision was rapidly made, the spleen removed and the peritoneal cavity cleared of blood. Following this Roy's B.P. rapidly improved. There was no evidence of further sources of bleeding or leak of intestinal contents in the peritoneal cavity. However his stomach was found to be markedly distended. The nasogastric tube, which had not been functioning, was pushed into the stomach and its contents of fluid and air aspirated. Acute gastric dilation following thoraco-abdominal trauma can be easily forgotten and can prove fatal. This incident

stresses the importance of passing a nasogastric tube in all such injuries.

The subcostal incision was then closed. A loop of sigmoid colon was delivered through the left iliac incision and was found to have multiple serosal tears and a tear of the mesocolon. These were repaired and the loop exteriorized over a glass rod. The colon was opened after closure of the incision.

Towards the end of the operation the anaesthetist noticed that the left side of the chest was moving poorly. On examination it was resonant with a poor air entry indicating a pneumothorax and this was confirmed by an aspiration needle and syringe. A small Malecot catheter was introduced into the left pleural cavity through the second intercostal space anteriorly and attached to an under-water seal bottle. Gentle suction was applied to the bottle and the pneumothorax aspirated. Roy's pneumothorax was most likely due to sudden compression of his left chest wall at the time of

injury with bruising and tearing of the lungs by the impact of the unbroken ribs.

During operation Roy received a further four pints of blood, making a total of eleven pints. He was returned to the ward in good shape, but his troubles were not yet over.

By the fourth post-operative day, he had become deeply jaundiced with dark urine and bile-stained gastric aspirate. Bilirubin and urobilinogen were present in the urine and the serum bilirubin was 6.2 mg. per cent. with a direct positive reaction. The cause of his jaundice was never satisfactorily explained. Possibilities were the haemolysis of the transfused blood or the effect of a few chlorpromazine injections he had received. His jaundice gradually subsided.

A further complication developed about the same time. The aspirations from his gastric tube increased, his abdomen became distended and there was no reaction from his colostomy. A diagnosis of continued gastric atony and paralytic ileus was made, so regular gastric aspiration and intravenous therapy were continued. His abdominal condition, however, did not improve and by the seventh post-operative day the additional signs of tenderness in the R.I.F. and tinkling bowel sounds suggested that he now had mechanical intestinal obstruction. An abdominal radiograph showed distended loops of small gut. Because of the abdominal tenderness, it was felt that the viability of the obstructed loops was impaired, so Roy was again taken to the operating theatre.

Through a right paramedian incision loops of small gut were found to be distended but perfectly viable. On looking for collapsed gut in order to find the site of obstruction, the appendix was found to be acutely inflamed and partly gangrenous and was removed. This accounted for the acute tenderness in the R.I.F. Further exploration revealed in the left hypochondrium loops of small intestine matted together by green-stained fibrin. This was the site of obstruction and when unravelled a tear was found in the gut about 18 inches from the duodeno-jejunal flexure. The edges were freshened and the tear closed transversely.

Apart from a small Meckel's diverticulum no other abnormality was found in the abdomen.

No evidence of this tear had been seen at his first operation. It was either missed or possibly a partial tear and bruising had caused necrosis resulting in a gradual disruption of the bowel wall during his first few days in hospital. This emphasises the importance of close inspection of all abdominal organs in severe trauma.

The fear of clostridial infection in his perineal wound was always kept in mind so it was inspected and all slough excised.

Post-operatively his abdominal condition now settled rapidly but his pyrexia and tachycardia continued. His left thigh swelling increased and subcutaneous crepitus was noted. A diagnosis of clostridial gas infection was made and two days after his second operation Roy was again taken to the theatre.

Incisions were made in the upper and lower parts of the left thigh and gassy sero-gangrenous fluid was drained from the subcutaneous tissues. There was no sign of deep extension. The subcutaneous tissues were washed out with hydrogen peroxide and rubber drains inserted. The thigh infection gradually settled without further trouble. No clostridia were cultured by the bacteriologists and probably the spreading infection was due to gas formation by bowel organisms (Coliforms, Streptococci and Pseudomonas), which were also grown from the perineal wound.

Roy by this time had expended most of his nine lives so that it was fortunate that he now started to make progress and no further complications appeared.

He started to mobilise on crutches five weeks after admission and was soon walking normally. The perineal wound is healing slowly by secondary intention and it is planned to close his colostomy when this is complete.

Meanwhile he has been discharged to a convalescent home.

Our thanks are due to Professor Taylor for allowing us to relate Roy's story and to the nursing staff and many departments of the hospital who helped to make Roy's survival possible.

# THE EMBRYO AND ITS FUTURE

by *D. F. Ellison Nash*

A short explanation of the current curriculum change may perhaps help to allay the anxieties of some and awake interest in others both among the staff and the students. A few years ago the General Medical Council "relaxed" some of their regulations concerning the training of doctors. These permissive changes were thought to give great latitude to the Universities to rearrange their curriculum. Considerable alteration has been made possible in the provinces, but in London with its 12 medical schools any real progressive change has been stultified by the cumbersome machinery of University committees, some of which are dominated by non-medical members. A certain measure of agreement was reached, however, making possible some changes in the clinical course which has nevertheless to remain at 36 months duration from the time of passing the examination in anatomy and physiology. This Medical College proposed to the University that the pre-clinical course should be cut to 3 terms and when the preliminary hurdle of anatomy, biochemistry and physiology had been passed, students should set out on their clinical career including pharmacology and pathology. Anatomy and physiology would continue to be taught in an applied fashion during the clinical period. Those of us who supported this idea believed that whole-body dissection was quite unnecessary although perhaps it is not realised by many who qualified before 1939 that the detailed anatomy taught in those days is no longer required of students

at 2nd M.B. level. Biochemistry has advanced out of all recognition and is one of the heaviest burdens of the 2nd M.B. The University, however, rejected the Bart's plea and instead came back with an alternative of 6 terms for the 2nd M.B. instead of 5! So far no Medical School in London has adopted this alternative 6 term course which would of necessity (because of the timing of the final examination) prolong the total course by a further 6 months, i.e., 36 months from the October following the 2nd M.B. examination in June, instead of in March.

The College Committee has for a long time felt that the 2nd M.B. burden was a very heavy one and should be lightened if possible. Although the College is a constituent member of the University of London, and its course is designed primarily for London students, there has hitherto been a Cambridge contingent joining the College each October and amounting to between 25 and 30 students. In recent years the size of the Medical Faculty at Cambridge has diminished very materially and this drop in numbers in the last 3 years is reflected in the reduced Cambridge intake at this and other London Medical Schools. The unexpected reduction at Cambridge came too late for the London Schools to add more to their pre-clinical terms in order to take up what would be vacant clinical places. This is just one of the many complicating factors in arranging a new curriculum. The College decided to bring the London students into their clinical course

having had some preliminary pathology, and to lighten the 2nd M.B. load by combining pharmacology and pathology in an intermediate term replacing the previous introductory course. There is no doubt that this introductory course has in many ways been one of the most successful things that the College has known but it had grave defects—mainly that students were not kept fully occupied and were given virtually no responsibility for patients in the early months of their clinical course. The Cambridge students were having to repeat their pathology and it would be inappropriate for me to quote any of the comments which clinical teachers made on the amount of knowledge that Cambridge students possessed concerning pathology, or on that possessed by first time clerks and dressers as a result of the introductory course! At the time we embarked on the change in the curriculum we were still unaware of the alterations which were to come subsequently in the conditions of award of Local Authority grants. The majority of students are aware that once the 2nd M.B. hurdle has been passed the annual maintenance grant goes up because of the reduction in the length of vacations. Some members of the staff felt that a prolonged holiday was necessary after the 2nd M.B. and as there was only time for a relatively small break in April a long vacation would be essential in the summer. However, it was apparent that if the main London and Cambridge entry were not to start their clinical work until October, the smaller entry following 6 months behind would have a period of unemployment after Christmas which would be intolerable and useless. It was on this account that it was decided to start the clinical appointments in the first instance from September and the quarterly periods will for the time being date from September. Both the surgeons and physicians felt that much of the introductory course clinical work could be covered on the firms. Against the advantages was one major drawback—that a considerable proportion of the senior staff take their holidays in September, but on the other hand there are no routine lectures in September and it is much easier for students to find their way about their first clinical appointments before embarking on systematic lectures in the autumn term. During the last year on the surgical side there has been some realignment of orthopaedic services and each general surgical firm has a regular attachment with one orthopaedic surgeon. It is hoped that this orthopaedic surgeon will play a prominent part in the teaching of elementary orthopaedics to the students on the firm. A

further major proposal that has already been put forward by the orthopaedic surgeons is that dressers during their second clinical year shall have a full month of orthopaedic training which will incorporate fracture clinic attendance. Individual firms have now considerable scope in the arrangement of their teaching programmes—there is no regulation pattern!

Few people realise the enormous task of dovetailing the clinical appointments with the hours of attendance of consultant staff in out-patient clinics and in all the special departments. Added to this is the problem of setting aside periods for the teaching of pathology. In bacteriology, for instance, practical classes have to be arranged to extend over approximately a two-hour period at least two sessions a week separated by not more than 48 hours in order that the growth of cultures may be observed. It means that during those particular afternoons the clinical departments cannot be used by that main group of students. Laboratory teaching cannot be continued from 4 to 6 p.m. for instance because this would entail technicians being employed after normal hours.

During the transition period, while the old curriculum is running alongside the new one, there will be a gap of two months during which successive departments will be deprived of the presence of students. The subsequent periods in the new curriculum have not yet been agreed and there is much room for experiment. It is hoped to provide some elective periods, but by the provision of a long vacation after the pharmacology examination the total period available for clinical study has been reduced. With an increased need for teaching of psychiatry and social medicine there has necessarily to be a reduction in some other field—but whose field will it be? There is the rub! It may well be that no satisfactory curriculum will be achieved until the clinical course is again lengthened by six months. Perhaps, after all, Bart's should lead the way and extend its total course. If this were done, would an appreciable number of the most desirable students be lost to the College because they could obtain a shorter course elsewhere? Would they on the other hand be attracted by the prospect of a further 6 months of scientific study and protection from the hazards of everyday life?

The changes in the regulations concerning Local Authority awards have opened up new possibilities. Approximately ten years ago there was a well-supported move to do away with the 1st M.B. and all exemptions therefrom and institute an "integrated pre-clinical course" lasting two years and covering the



medical aspects of physics, genetics and chemistry in addition to the normal 2nd year subjects. This would undoubtedly be a tremendous advantage but the move was baulked by the fact that the Local Authorities would not uniformly give awards to students who were studying for the 1st M.B. The argument was that the educational authorities were paying for a VI form advanced level course at school and it would be wrong to pay for further advanced level courses in the Universities. The new regulations, however, provide for the universal award of grants to students who are eligible to enter University and who have been awarded a place. Within the framework of the new regulations, the University could therefore start afresh, abolish the old 1st M.B., take what was good from the course and incorporate it in a medically orientated pre-clinical curriculum. It takes a long time to alter the curriculum and at each stage it is essential that each clinical entry should have a programme which does not clash either with its predecessor or with its successor in the perennial chain of events. The cynic has said that every change is for the worse, but holding on to out-moded traditions cannot be excused on account of fear for the future. The two most important criteria for

success in a Medical College remain as always, the presence of good teachers and the entry of good students. Good pastures will not rear prize cattle from bad stock; to change the metaphor, pedigree seed will not germinate, let alone thrive, on dry land that is full of stones.

I was asked to write something about the new introductory course or, as it should more correctly be called, the first clinical appointment—in summary it will be to the student just as successful and just as important as he cares to make it, but his time will now be fully occupied, he will have a personal responsibility in patient-care, and he should be refreshed from a long vacation, with the prospect of freedom from examinations for two years at least.

In this, my last contribution to the journal as Dean, I must naturally be restrained in my comments and discreet in my selection of facts! I would like to have presented a new curriculum in detail, and agreed by all concerned. Like guided missiles, much time has to be spent on development before the pattern is clear enough to be rejected. Even the B.M.S.A. are now apparently doubting the worth of producing memoranda on "the curriculum".

## LAST MONTH

Anyone on holiday on the South Coast should look out for Bart's men. At least five are in the pay of a more popular daily newspaper, accompanying the "Golden Guinea Girl", who when suitably accosted (providing of course you are carrying a current issue of the newspaper) will part with a guinea. What her male escort does I'm not sure, but I could hazard a guess.

There must have been a boom in the tent and caravan business this year. On the roads, especially in Scotland, caravans are a menace and the countryside is littered with tents. Of course, camping is often the only way of seeing the remoter parts, such as the Ardnamurchan peninsula. This, the most westerly point on the Scottish mainland, has one hotel within 50 miles of the lighthouse on its Western tip.

Milk comes straight from the cow, and dairy butter is ninepence a pound!

There is some very impressive road reconstruction going on in the North; Mr. Marples is hard at work. The A.1 to Scotch Corner is all dual carriageway, but for 25 miles. The trouble is it's those 25 miles that one notices. Around the roadworks too there are some worrying signs. It might have spoilt a botanist's holiday to read three large red notices proclaiming, "Beware—Heavy Plant Crossing". I sent a science fiction expert up to investigate!

My co-author, after his initial enthusiasm for the States, seems to have completely dried up, and I have had no news for a month. Either the money has run out and he's in prison or Americans have censored his letters.

A.R.B.

## IN RETROSPECT OF SURGERY

by Ruth Banwell

You hear the rustle of starched apron as she moves along the corridor, and hope she will go past—knowing she won't. She walks into the ward with a bundle of clean linen over her arm.

"Put these on and I'll come back when you are ready." Her starched voice does not help you when you need help.

You never want to be ready, but you know what has to be, and, as you pull the screens round your bed, realise in your lethargy that you are indeed on the way "down" for the fourth time. The thought is not comforting, but you don't feel worried about going for the operation—but about the coming back. It has to come, and again you know—in the solitude of the screens and as you pull your clothes off—that you will be scared. Even more so than the last time.

The white bundle unfolds to reveal a peculiar backless shirt which you put on by thrusting clenched fists deep into the sleeves and opening your arms wide. You attempt to cover your naked back, but as you sit on the bed to pull on the long woollen socks, the shirt flaps open and you notice the draught; notice because your skin is clammy with perspiration.

"Are you ready in there?" The crispness of the nurse's voice from beyond your privacy disturbs your thoughts.

You may think your voice is steady as you make your bantering reply: "For you, nurse, I'm ready for anything."

But she's in before you finish and she didn't even hear. Reverie is shattered by her matured efficiency. She commences her routine that has been perfected by an æon of surgical practice and to her is as a ritual before she can leave the ward.

Atropine is dripped into your eyes to enlarge the pupil before they are both padded.

She speaks, less stiffly now. "Turn over on your side please," and the smell of ether pervades as she prepares to give the pre-med to induced forced sleep—which is what you want

because as time passes the drug also brings an end to worry.

As you turn you appreciate just one reason why those shirts are backless.

"Just a little prick," she gently informs, because she has said it countless times before and she says it to you as if you were going down for the first time. To her, you may be, but you know that this air of detachment will be but opposite to her post-operative care. You know because unfortunately this isn't the first time. It would be better if it were.

Her fingers are so smooth and gentle as she puckers the loose flesh of your back between thumb and forefinger. You are not, however, thinking about this as you anticipate the sharpness of the needle—but you feel nothing until it's home.

It is then that you scream . . . like a rabbit that has been spiked after running from the corn. But you can't run and it didn't really hurt, so no sound comes. But you scream just the same.

She takes a fresh grip on the hypodermic and squeezes the plunger down. You sometimes feel the bite of fluid flood into muscle tense beneath subcutaneous fat. But most times you don't. This time you just feel an ache. A dull ache that is strangely welcome in the knowledge it will ease to merciful oblivion.

"There, all over! Didn't hurt, did it?" she questions, allowing herself the use of your Christian name.

You don't answer, but it was nice to hear your name. You don't answer because you weren't really listening—you are already thinking of the long, long journey back.

But the nurse spoke as if she knew you were scared: as if she had heard that soundless scream—as if she knew you were praying you wouldn't wake up—ever. Is there someone to pray to? Because if there is, then surely that somebody up there who loves you and listens cannot desert you at this time; indeed, as you search for something—that indefinable thing that makes life and living worthwhile—you pray, but it seems that your prayers are unheard: you listen for the reply, but you cannot hear.

As she pulls the screens back, though, you can hear the rattle of the curtain rings and the swish of the draped material and you are thinking now of the pads over those sightless eyes. And why you were sick last time and the time before and the time before that too. You know why it wasn't successful last time because you jumped in your sickness and you were sick because you were scared and you were scared

because you couldn't see. . . .

" . . . Are you all right?" The soft feminine hand for a moment holds yours and feels that almost imperceptible shake. "Take it easy love, I'm going to be here and this time we're going to make sure that everything goes O.K. . . . You and I." Then you know that her attitude is not an attitude of indifference. Maybe somebody did listen or maybe the morphia is beginning to smile at your nerves and temper their activity.

Although you cannot see it, she looks a knowing look at your three ward mates, who try to ease your mind by making facetious remarks before the sister tells them to leave you alone to sleep the sleep you crave:

"Who are you sleeping with tonight?"

"Wish I had her to hold my hand when I wake up."

"That must be your courting night-shirt—it hasn't lost its creases."

You hear the cracks from a million miles away and answer with a courteous mirthless grin.

As the throat dries with atropine and the mentality laughs with the morphia you drift into insensibility. Time has no meaning, and it seems that you never slept at all as you are awakened by the prattle of the Theatre Porter who, cheerful as all their breed, makes a remark to Sister and Staff—intending, you suppose, to put you at ease. They have heard it before, but laugh with accomplished ease.

"Hands across your chest, dear boy, and don't try to help us," and the porter, so saying, pushes two hands under the width of your shoulders. You feel two more, feminine and equally strong by practice, feel into the small of your back and someone takes your legs.

There is a laughing masculine "ally oops" and you have been lifted and lowered onto the trolley.

You hear the voice of the nurse you like: "I've got the notes and I'll take this end." The mumble of her voice settles on your straining ears from directly above like the sifting sand settles onto the bed of an aquarium.

In your half-oblivious state you feel the trundle of the trolley as it moves and turns—but only just. There is now peace and contentment physically. Mentally you are still scared, but not as much.

The trolley is pushed into the ante-room of the operating theatre and stops in the centre of the room where you lie and assimilate the new smell and the almost sepulchral silence

that is broken only by the whisper of the nurse and porter.

In your anxiety you feel a headache coming on, but you wait uncomplaining. You wait, not that time means anything now, but because there is nothing else to do. You become aware of where you are and try to seek comfort in the hope that comfort will bring strength. You try to speak, but speech is inarticulate; you try to move and movement is impossible.

. . . Suddenly you feel her hand grip yours: "I know," she whispers just to you, "I'll see you in the morning."

Now there is something for you to come back to, something that you want to wake up for after all. Even at this late hour you know just why you will make that long journey back.

The anaesthetist, mature and commanding in your darkness, enters from the theatre and from his previous charge and bids you "Good afternoon".

Time means even less now, you don't want to bother with pleasantries: just to get it over and get back—above all to get back. Your answer, struggling to be voiced, is lost and no one listens anyway as the Doctor prepares his anaesthetic trolley for your deep, deep sleep.

"Give me an arm, please," and he takes it, knowing that you are incapable of giving anything.

"It's nearly all over," you think as he grips your wrist and his hand rubs circulation into your forearm and you say "Shall I count?"—because you counted last time and because you want him to make sure you are completely under. You don't wait for the answer to a question he never heard, but through a dry throat, over a parched tongue and out of cracked lips, you try to form words. . . .

"One," "two," "three," "fo. . . ."

. . . The nurse moves back to the ward to prepare her next patient before taking the afternoon off. She won't be there in the morning either, but her job has been done. When you wake in the morning, though, someone else will be there and you may not be aware who that someone else is.

Although your nurse may not remember you in particular, you will remember who took you into the theatre just a lifetime ago—you will remember because of what she said and the way that she said it: you will remember because she said it just to you. It is because your imagination tells you this that you become aware of her and how much you owe. . . .

And you listen and wait . . . and wait. . . .

## SPORTS NEWS

### Boat Club Captain's Report

April-July, 1962

On 18th April we began the process of making the first VIII into a Henley crew. What we had to do was to produce a crew technically capable of winning at the senior standard, and to provide it with the confidence necessary to do so. We began going out every night of the week, mostly on the canal at Paddington, but also on the Tideway at Chiswick on Wednesdays and Saturdays. We also resumed regular lunchtime tubbing on the City Basin near the hospital, where we were very lucky to have the help of some excellent coaches. Tom Langton, that unfailling friend of the boat club who had also agreed to coach us at Henley, gave up many lunchtimes for us, as did his brother Jeremy. Douglas Chamberlain also helped us on a number of occasions.

We already had behind us twenty-five outings together in which we had covered 210 miles, often in appalling conditions. When the crew reformed after such a battering by wind and waves, it was not surprising that it should have been rather lacking in zest. However, we were more than fortunate to have the services of John Currie as coach, who patiently and persistently taught us the art of rowing, stroke by stroke, and gradually got the boat moving again. By the end of a fortnight our confidence had returned and we were once more enjoying our rowing. Chris Hudson then took over and rapidly reminded us that we had to row in a regatta in a week's time, and in the U.H. Bumps a few days later. We concentrated on getting the rating up and though in the process things became uncomfortable and rushed, the boat began to move really fast. Within a week Chris had moulded us into a racing crew.

#### Hammersmith Amateur Regatta, 12th May.

There being no-one in the crew above Junior standard, we entered for the Junior eights. We had yet to prove ourselves at any standard and we had little idea what sort of form we would show in our first regatta. Our first race, however, was also our first win. We beat a

### Viewpoint

The Rifle Club is one of the smaller and less well-known clubs in the Hospital, but it has enjoyed a marked degree of success in the past few years. The club's activities are divided between small-bore (.22) rifle and pistol during the winter, and full-bore (.303) at Bisley during the summer. Teams are entered in the United Hospitals, University, National, and County competitions.

Although many students have shot before, either at school or in the services, they will find that the standards required of members of the club teams are considerably higher, when, to score the "possible" or Highest Possible Score, it is necessary to group one's shots to a  $\frac{1}{4}$  inch at twenty-five yards. Surprisingly, this is not as difficult as it sounds, and, with the super-accurate match rifles and ammunition available in the club, this is well within the bounds of possibility. Coaching and tuition is always available on request, and members of the first team are only too willing to help new members with any problems. Rifle shooting is a sport that caters for all grades of experience and proficiency, and is one in which the ladies can compete on an equal footing with the men. The club's activities are not entirely confined to serious competitive shooting, and the muzzle-loading and historical fraternities are well represented.

During the last year the club won its division in the National League (small-bore) and the University Full-bore Team Championship for the Pafford Cup, and nearly all the members of the first two teams have figured in the Individual competition prize-lists. A. M. Ward won the United Hospitals Small-bore Championship at the Kent County Meeting, and A. M. Pollock was placed fourth in the University Full-bore Championships, having won this event last year. In all, some eight members of the club have shot in the United Hospitals first teams during the past year.

G.H.

good Ibis crew by half a length and U.C.H. by rather more. In our second race we came up against Ealing G.S. who had already disposed of Imperial College 2nd VIII. The race was rowed in a near gale, but to our surprise we found that we could deal with these conditions well, and pulled away to win by two lengths. In the final we raced Chiswick G.S.;—many of our readers will realise that it is often the Schools which provide the fastest crews in a regatta, and Chiswick were a tough and polished eight. The wind was still strong and we started into a heavy swell. The "Hudson" start we had cultivated took us up a few feet at first, but for the next two minutes the race was hard fought. At this point Chiswick put in a spurt which we held off, and then answered with one of our own. This manoeuvre gave us the lead and we rowed away to win the event by two lengths. Bart's have only once before won an Open eights event (six years ago) and we therefore felt not a little en-

couraged by our efforts. This was the fourth event won by the Boat Club this year.

#### U.H. Bumping Races

The following Monday the Bumps began at Kew. Once again Bart's provided a large number of competitors, entering five crews. The first eight were lying third in the table directly behind St. Mary's and St. Thomas' and in front of Guy's. As explained in the last issue, Mary's were exceptional among hospital crews, having been out six days a week since October. They had now surpassed even this feat by going out twice a day since early April. They were therefore more advanced than ourselves. St. Thomas', on the other hand, had been out six days a week only since April, but though they lacked St. Mary's fitness, they made up for it with a very experienced crew, containing many Leander men. The results of the racing are shown in the table.

	MONDAY	TUESDAY	WEDNESDAY
1st VIII	Rowed over Finish: 2½L. from Mary's Closest: 1¼L.	Rowed over Finish: 1½-2L from Mary's Closest: 1L	Rowed over Finish: 3-4L from Mary's Closest: 1½L
2nd VIII	Bumped by U.C.H.	Rowed over Closest: ½I. off U.C.H.	Rowed over Closest: ¾L off U.C.H.
3rd VIII Clinical Gentlemen	Bumped by Guys II	Bumped by Westminster II	Rowed over
4th VIII Rugger	Rowed over	Technically Bumped by Bart's V	Rowed over
5th VIII Preclinical Gentlemen	Bumped Mary's III	Technically Bumped by Bart's IV	Rowed over

8 minute course. Crews start 1½ lengths apart in line astern and attempt to bump crew ahead.

**1st VIII.** On each night St. Mary's went right up on St. Thomas' but just failed to bump them. The first three crews were on each occasion well clear of all the others, there being some 8-10 lengths between us and Guy's.

**2nd VIII.** This consisted mainly of last year's novices, many of whom had been taking 2nd MB in March. Their outings were beset with difficulties concerning either boat, crew, cox, or coach. Finding a coach for the 2nd VIII will always be a tricky problem, especially when the 1st VIII is engaged in six-day week rowing. However, a variety of people did help, and they were in fact coached on all but one of their outings either in the eight or in tubs.

On the first night they were unlucky to succumb to U.C.H. first boat. This so infuriated them that they very nearly had their revenge on the remaining two nights, getting within ½ length and rowing over clear of Guy's II.

**The 3rd VIII** were the clinical gentlemen, a crew of some experience but only little training. Starting at the top of the second division they set off well, but had hardly found their stride when the Guy's 2nd boat ran into them from behind and a bump was awarded. On Tuesday, they set off with a firm intention of reaching the finish of the course, but in this noble resolve they were thwarted by Westminster II, who bumped them at the half-way

stage. On the third night they achieved their aim and triumphantly passed the finishing post over a length away from Bart's V.

**The 4th VIII** were the rugger boat, ably stroked by that experienced oarsman, J. Gilmore. A preliminary imitation of an intoxicated water-beetle was quickly sorted out and by the time they reached the start they were a crew to strike fear into the hearts of any opponent. They went up very rapidly on Westminster II and overlapped them, but for some reason failed to make contact. On the second night misfortune struck in the form of a broken slide at the boathouse. They failed to reach the start in time and this was doubly unfortunate in that it enabled the relieved Westminster crew to bump Bart's III, and meant that the Rugger VIII were technically bumped by Bart's V. On the last night, therefore, there were three Bart's crews in line and these all rowed over.

**The 5th VIII** was our other regular crew, being propelled by those who had begun rowing this year, and was labelled the Preclinical Gentlemen. On the first night of their first race they had an early triumph by bumping Mary's III. On Tuesday they were out to bump the Rugger VIII but, in the latter's absence, were awarded a technical bump. On the last night they rowed over.

No account of the bumps would be complete without mention of the small army of helpers who assisted our boats from the bank. These people, on whom our crews could rely entirely, thoroughly deserve the gratitude of all those rowing.

With the bumps behind us we were able to consider the rest of the racing season. Three eights were now in training. The first VIII had now to decide whether or not to enter for Henley as the arrangements could not be left any longer. So far we had won our only regatta and come in the first hundred in the Head of the River, and we felt we had much more potential to develop. All this seemed grounds for supposing we might make the necessary improvement and certainly there were no grounds for stopping our programme at that stage. We therefore decided to push ahead and try for the Royal Regatta.

The 2nd VIII were to stay together until the beginning of the summer vacation and were entered for two regattas at Maiden status. It was hoped that coaching given to this crew would provide a basis for the first crews of next year. Once again the problems were enormous and, but for the enthusiasm of the crew, would have been insuperable. The first VIII

could do little to help, being fully occupied themselves, but by their own efforts and with the help of David Stainsby and Basil Harrold on the bank they made enormous improvement, which was well apparent in their last regatta.

The 3rd VIII were this year's novices and with them must be our hopes for future years. Having done so well in the bumps they stayed together, being coached mainly by D. A. Lloyd, who was then the probable captain for next year. They were entered for the Maiden event at the Horseferry regatta in which it was hoped they would gain valuable racing experience.

#### Allcom Cup Regatta, 19th May.

This was on the Saturday after the bumps. The first VIII entered the highest event in which there were only two other competitors, Imperial College and St. Mary's Hospital. We drew I.C. in the first round. The conditions at the start were appalling and when we eventually began the race we were ¼ length down and well out of the tide. We hung on to I.C. for a while but with us still well out of the stream they gradually went away and finally won by two lengths. The final was rowed in beautiful conditions which we viewed with envy. Mary's were fresh from their failure to go Head in the bumps and went off as a crew incensed. Their rating stayed well over 40 and they beat a very surprised I.C. crew by one length. This put our race into sharp perspective and we were not a little disturbed.

The 2nd VIII raced I.C.B. in the Clinker VIII's event. A string of barges intervened half-way down the course and the crews passed either side of it to reappear with I.C.B. leading by some distance. The I.C.B. crew went on to the final which they lost to I.C.A.

After this very busy week, the 1st VIII returned to its training programme under David Stainsby, who laid emphasis on our finishes. Under his patient and very competent guidance we once more improved, and by the week-end felt much better able to deal with our next rivals. Although we were still eligible to race as Juniors it was obvious that we could either row as Seniors, which would be better to gain experience at a higher standard and provide us with Henley competition, or at the lower Junior-Senior level. Rowing as Seniors, it seemed probable that we might lose most of our regattas in the first race—as did last year's VIII. At Junior-Senior standard we were more likely to win races or even a regatta. Having decided to row as Junior-Seniors, we entered this event at Twickenham.

**Twickenham Regatta, 26th May.**

In our first race our opponents from Oxford failed to appear and we rowed over. It was characteristic of both the failings and the virtues of our crew that we went over as hard and as fast as if we had another crew alongside. That was the only way we knew how to row. In our next round we raced Kensington R.C. We drew away from them after about the first minute, and just managed to hold off their very powerful finishing spurt to win by a canvas. In the semi-final we raced King's School, Canterbury. Once again we got away from them on the start and were three-quarters of a length up with half a minute to go. They then put in a tremendous finish which we were all but unable to answer. They came up level, and though at this stage it was anyone's race, a clash of oars occurred and they gained two-thirds of a length in the last ten strokes. They went on to win the final. Each one of us now felt that we could have won this event, and the result was very disappointing. Somehow we had to learn how to vary our pace and rating, so that our finish would not let us down.

Tim Edwards then took over the coaching. We decided that we could improve better on the Tideway, and though this meant giving up more time we now had nearly all our outings on the Thames. Tim concentrated on giving us more length, especially forward.

**Chiswick Regatta, 2nd June.**

This event occurred on the day after the View Day Ball and perhaps it was due to this that we dropped our eight as we put it in the water.

At the time no harm seemed to have been done, and we set off to race Kensington R.C. (whom we had beaten at Twickenham) and a crew from U.C.H. and Guy's. The rowing seemed very heavy, and we got off to a bad start. Kensington went quickly up on us and it was all we could manage to hold off the U.C.H. crew. We came in second some way behind Kensington. This was a bitter blow and it was not until the return journey when we noticed the rudder under the water that we realised we had damaged our boat. The space under the back canvas was full of water and we had been racing with the extra weight of about 15 to 20 gallons of the Thames!

At about this time another innovation was started in our training programme. On Wednesday afternoon we went out in two light fours, training together. By this means we hoped to gain boatmanship and experience of

light four rowing, which might be useful next year and at Henley.

**Walton Regatta, 9th June.**

The next weekend we were racing at Walton Regatta. In the first round we rowed one of our best races, settling into a powerful stride to beat Lensbury by some two lengths. Unfortunately in the next round we met King's, Canterbury, again, unfortunately because we would have preferred to race them nearer the final. They had obviously improved and, remembering our last race, went away hard from the start—they soon gained three-quarters of a length and by half-way had a little clear water. However, we were determined they should not get away and "ten" followed "ten" in an effort to catch them up. It was of no avail, however, and though we did close up a bit before the finish, they won by one length. Once again they went on to win the final.

Our next regatta was a week later and Bill Atkinson now took over the coaching at Chiswick. He inherited a dispirited crew and set about speeding us up to a much higher rating. Once again our luck was out at the regatta and we drew the fastest crew of the event in our first race.

**Reading Regatta, 15th June.**

We didn't race at our best and Nautical College, Pangbourne, beat us by  $1\frac{1}{4}$  lengths. There was also a college crew from Oxford in the race but they rapidly disappeared into the background. Pangbourne went on to win the final by two lengths, and, incidentally, later got to the final of the Princess Elizabeth Cup at Henley.

**Horseferry Regatta, 16th June.**

The 2nd and 3rd VIII's entered for the Maiden event at this regatta. The 2nd VIII drew an Imperial College crew and set off with great determination. The race began at Chiswick Bridge, and as the crews passed the U.L. Boathouse it was anyone's race with Bart's going very well indeed. They kept this up for a good four minutes, but to their dismay the race went on for a further fifth and then a sixth minute. The superior fitness of the I.C. crew began to tell and they drew away to win.

The 3rd VIII also had an extremely good row though they lost their race. Expressions of appreciation and surprise were heard from the watching first eight as the crew came by looking powerful and well together, in spite of appalling conditions. The rowing of both these crews should augur well for future years.

D.C.D.

**Cricket Club****Sussex Tour, 1962**

The cricket club tour is always the highlight of the season, and this year's tour proved to be no exception. Most individuals returned home with records of some description, whether it be on or off the field. Two games were won, one lost, two drawn and the game against St. Andrew's, Burgess Hill, was abandoned after 45 minutes' play—time enough for J. D. Davies to strike the ball for six into the living room of a nearby house.

The opening game against Ferring-on-Sea produced much interest. D. J. Delany, in a hitting mood, and J. A. Harvey, less inhibited than the other ten Bart's performers usually allow him to be, were the main contributors to the Bart's total of 206. Perhaps their success was due to the presence of the only registered woman umpire (plus sun hat), at the near end. Ferring did well to score the runs required in the time.

Rain and the indisposition of certain players created some problems during our match against Rottingdean. Rottingdean batted first and scored 167. The Hospital bowling strength was depleted due to C. J. Smart's back injury—acquired in the village library the evening before, and made worse by an extremely hard bed. However, Harvey, Davies and Delany (despite being hit into the road on a number of occasions) bowled well. At the close of play, Bart's had made 127 for 7. Davies batted well and Waterworth looked professional, but time did not allow us to see him score 5, and thereby beat his previous best score this season. Without the interlude for rain, there would certainly have been a result in this match—probably a loss for Bart's. No doubt the "did-not-bats", A. T. Letchworth and T. J. Powles, have other ideas on this.

Ditchling, with the help of three Sussex C.C.C. professionals, scored 94 after batting first on the fourth day of the tour. C. J. Richards bowled vociferously from the top end and talked one of the professionals out of his wicket with great ease. Delany once again put himself on to dismiss the odd "rabbit" or two towards the end of the innings, and finished with 4 for 19. The Hospital batting was saved from disaster by a swashbuckling innings from P. B. Savege, and a careful one from J. A. Harvey, and the target was reached for the loss of 7 wickets.

As is customary, Bart's batted first at Barcombe. S. Thomas found his touch and scored

94 before closing his eyes to a straight one. D. J. Delany batted powerfully for 52. T. J. Powles, in scoring 6 runs, broke countless personal and, some say, family records. Barcombe were dismissed for 119.

The final game of the tour against Scaford Seagulls produced a dull draw. J. A. Harvey bowled very well and took 6 for 70. Bart's were not given sufficient time to score the runs, and hurried strokes nearly led to defeat. A garden party held in our honour by Dr. and Mrs. Sutton provided a fitting climax to the tour.

**Summary of Results:****5th Aug. v. Ferring.**

Bart's 206 (J. A. Harvey, 34; D. J. Delany, 71)

Ferring 207 for 6 (J. A. Harvey, 4-71)

**7th Aug. v. Rottingdean.**

Rottingdean 167 (J. A. Harvey 5-66)

Bart's 128 for 7 (J. D. Davies 42; J. A. Harvey 42 n.o.)

**8th Aug. v. Ditchling**

Ditchling 94 (D. J. Delany 4-19)

Bart's 95 for 7 (J. A. Harvey 20 n.o.; P. B. Savege, 22)

**9th Aug. v. Barcombe.**

Bart's 226 for 9 (R. S. A. Thomas 94; D. J. Delany 52)

Barcombe 119 (J. A. Harvey 4-28; D. J. Delany 3-28)

**10th Aug. v. Seaford Seagulls**

Seagulls 169 (J. A. Harvey 6-70)

Bart's 91-8 (R. S. A. Thomas 56)

**v. Incogniti. 14th July. Chislehurst.**

Incogs. 260 (C. I. Richards 4-65)

Bart's 38 (R. S. A. Thomas 18)

**v. Hampstead. 15th July. Chislehurst**

Hampstead 182 (R. J. Stoodley 7-85)

Bart's 184 for 2 (R. S. A. Thomas 102 n.o.; J. A. Harvey 66 n.o.)

**v. Nomads. 21st July. Chislehurst.**

Bart's 215 for 7 (R. S. A. Thomas 95; J. A. Harvey 40; H. Phillips 37)

Nomads 207 for 6 (J. A. Harvey 4-75)

**v. Dartford. 22nd July. Chislehurst.**

Dartford 203 for 6 (B. J. Stoodley 6-73)

Bart's 179 for 6 (E. Sidebottom 42; B. J. Stoodley 73 n.o.)

**v. Old Cholmelians. 28th July. Chislehurst.**

Old Cholmelians 211 for 8

Bart's 67

**Bart's v. R.N.V.R. 29th July. Chislehurst.**

R.N.V.R. 199 for 5

Bart's 196 for 5 (R. T. G. Merry 49 n.o.; H. Phillips 37 n.o.)

## Rifle Club

### Full-bore Report, 1962

The Club has had an interesting and instructive season at Bisley this year, if not a very profitable one. The number of members shooting in this branch of the club's activities has been smaller than in recent years. One fact that has been emphasised this season is the need for members to engage the target with all their shots. Both of the inter-hospital cups were lost this year by members putting shots either on the wrong target, or on no target at all. The last time a Bart's team hit the target with all their shots in one of these matches was in the Armitage Cup Match in 1960, when the team was placed first in the competition. This year, in the Armitage, the team was placed 4th, seven points behind the winners, after two shots had failed to score. One shot was a "bull"—5 points—on the wrong target, and the other failed to strike. In the N.R.A. United Hospitals Cup the team was placed 2nd, six points behind the winners, with one shot being placed on the wrong target—another "bull"—and a rather large proportion of shots finding their way into the "maggie". In both matches the team score could have been increased by 11 or 12 points with a little more concentration, and the results would have been very different.

A small nucleus of the club began practice on the open range early in February, and the individuals soon found their form.

### University of London Inter-Collegiate Match, the Pafford Cup. 8th May.

Again arranged for a Wednesday afternoon, the match produced some keen competition, particularly between the hospital teams. Despite a six point deficit at 200 yds., steady shooting, particularly from S. R. Morison and R. S. Thompson, gave the club victory over the Guy's team by virtue of a higher score at 500.

1st:	St. Bartholomew's	182	182	364
	S. R. Morison	47	47	94
	R. S. Thompson	47	46	93
	P. F. Tatham	43	47	90
	H. R. Petty	45	42	87
2nd:	Guy's Hospital	188	176	364

### University of London Championship Meeting, 13th May.

Shooting conditions were very pleasant, with negligible wind and a light which improved as the day went on. Scores generally were high, and A. M. Pollock made only 4th place with a score of 98, equal to his winning score last

year. The individual honours went to P. L. Jordan and B. D. Glynn of Guy's with scores of 103 and 102. The team competition was won by a combined Guy's and Barts' team, with the full Bart's team in second place.

#### Individual Competition:

4th	A. M. Pollock	32	34	32	98
7th	S. R. Morison	32	33	31	96
Fresher's Competition:					
1st	P. F. Tatham	32	33	30	95
Tyro's Competition:					
2nd	A. M. Pollock	32	34	32	98
Team Competition:					
1st	Guy's Hospital	129	132	129	390
	(A. M. Ward	31	31	29	91)
2nd	St. Bart's	128	130	124	382
	A. M. Pollock	32	34	32	98
	S. R. Morison	32	33	31	96
	P. F. Tatham	32	33	30	95
	H. R. Petty	32	30	31	93

### St. Bartholomew's Hospital Championship Meeting, 20th May.

The warm sun and brilliant sky of the early morning had faded a little by the time the first detail shot at 300 yds., but conditions remained good despite a rather stormy and variable wind which made the 600 range a little tricky. The conditions for the H. J. Waring Cup, the Hospital Championship Cup, were as for the St. George's Vase, First Stage, two sighting shots and fifteen to count at 300 and 600 yards. Messrs. Morison, Pollock and Riddle shot their 600 concurrent with the United Hospitals v. Oxford University Match. The leading scores for the H. J. Waring Cup were:

A. M. Ward	71	69	140
S. R. Morison	69	69	138
P. F. Tatham	72	66	138

The Benefink Challenge Cup was awarded on a modified Macrae Handicap system based on the competitor's average during the season.

A. M. Ward	100.333
K. S. Wise	100.200
P. F. Tatham	100.133

The N.R.A. Donegal Badge was awarded to the highest scorer at 300 yds. who had not previously won the award.

K. S. Wise	69
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### Kent County Rifle Association Spring Meeting, 27th May.

Only three members of the club shot in this meeting on the Gravesend range. Conditions were not very pleasant, with rain before lunch and a gusty, fishtailing wind in the afternoon.

P. F. Tatham won the Tyro's Challenge Cup with a score of 96.

### United Hospitals Championship Meeting, 3rd June.

The conditions for this match were very pleasant, with bright sunlight and little wind. The scores, although higher than last year, were disappointing, two members of the "A" managing to miss the target at the longer ranges. The "B" shot well to win their competition, and A. M. Pollock won the 500 yds. range prize.

#### Armitage Cup Results:

1st	London Hospital	136	125	117	378
	Westminster	123	129	125	377
	Guy's	127	127	123	377
	St. Bartholomew's	129	123	119	371
	A. M. Ward	34	31	31	96
	H. R. Petty	32	32	29	93
	P. N. Riddle	33	28	30	91
	S. R. Morison	30	32	29	91
	St. Thomas'	125	118	116	359
	St. Mary's	did not complete their shoot.			

#### "B" Team Competition:

1st	St. Bartholomew's	123	121	121	365
	A. M. Pollock	29	34	33	96
	C. L. Brewer	31	30	30	91
	A. M. Holloway	31	30	30	91
	K. S. Wise	32	27	28	87
	Guy's	124	120	111	355
	St. Thomas'	118	121	113	352
	Westminster	123	98	88	309

### N.R.A. United Hospitals Cup, 13th July.

The team started well, and had a comfortable lead after the first range, but then collapsed, and could not keep up with the steady shooting of the Westminster team.

1st	Westminster	125	126	125	376
	St. Bartholomew's	129	120	121	370
	S. R. Morison	35	32	31	98
	A. M. Ward	34	30	33	97
	P. F. Tatham	32	31	28	91
	A. M. Pollock	28	27	29	84
	London	—	119	126	245

During the season various members of the club have shot for representative teams.

United Hospitals: S. R. Morison, H. R. Petty, A. M. Pollock, P. N. Riddle, P. F. Tatham, and A. M. Ward.

University: A. M. Pollock and P. F. Tatham.

At the United Hospitals Rifle Club Annual General Meeting, held at Bisley on 3rd June, S. R. Morison was elected Full-bore Secretary for the 1962-1963 season.

## The Bart's Golfing Society

The twenty-eighth summer meeting of the Society was held at the Berkshire Golf Club on 13th June, 1962. Twenty-five members attended which constituted the second largest meeting since the War. The results of the competitions played under the Stableford method of scoring were as follows:—

The Gordon-Watson Cup:  
Winner: A. Whitworth (24) 40 points  
Runner-up: K. Hughes (24) 39 points

The Gillies Trophy:  
Winner: J. Wilson (6) 36 points

The Corbett Cup:  
Winner: A. Whitworth (24) 40 points  
Runner-up: K. Hughes (24) 39 points

Three Sealed Holes (Sweepstake):  
Winner: R. I. Smallwood 9 points

It should be encouraging to any Bart's men who might feel embarrassed to join the Society, that the two Cups were won by members with handicaps of 24. The Corbett Cup was awarded to K. Hughes as no one member may win more than one Cup at a meeting.

The autumn meeting will be held at The Royal Mid-Surrey Golf Club on the afternoon of Wednesday, 26th September, 1962.

Any recently qualified Bart's men who wish to join the Society please contact the Secretary. J.O.R.

## LETTERS TO THE EDITOR

## PERCY BADEN POWELL MELLOWS

Dear Sir,

I also was grieved to see the obituary of B. P. Mellows—the student “character” of the 1920's.

When I entered Bart's in 1918, Mellows also had just entered, an ex-Midshipman, R.N. We both had rooms in Little Britain Students' “College”, a dismal premises illuminated by oil lamps. The beds were broken down and we had neither the flair nor pocket-money to buy new ones. Mellows knocked his lamp off the room table one night and temporarily lost his hair by a thorough scalp singe due to the flame shooting out from the oil lamp.

While in “College” rooms our escapades were lightly regarded by the Warden, Mr. R. Kidd, else there would have been trouble with the Clerk to the Governors, who had fitted iron grilles to the ground floor windows to stop us returning that way after midnight. One source of amusement at College was to suspend a golf ball with elastic and to alight the golf ball on a bowler-hatted pedestrian, then quickly withdraw the apparatus through the first floor window so that the owner of the bowler could not envisage the source of the impact on his headgear.

I was returning with Mellows one night when we overtook a short man wearing a large bowler hat. One of our party suddenly brought his fist down on the man's bowler so that his head disappeared, and while he was tugging to release his face we had to beat a hasty retreat.

In his rooms Mellows strove to imitate Bransby Williams, the quick-change artist. On disappearing behind a screen Mellows could change his outfit in a few seconds and appear decked out entirely differently.

At the 1923 Octocentenary celebrations Mellows was most suitably chosen as Jester in Henry VIII.

Times have changed since those days forty years ago. In College resided the Hospitaller, who as a theatre-goer through impecunty could only afford a gallery seat, so donned a cloth cap and muffler, much to the Nursing Sister's annoyance at this irregularity.

Eventually College was shut down prior to demolition and the rowdy party was dispersed.

Yours sincerely,

S. Jenkinson

(Surgeon Commander, R.N., retired.)

Dear Sir,

There are two more stories about Percy Mellows which I think should be recorded.

After he had been medical clerking for a fortnight, Sir Thomas Horder found that he did not possess a stethoscope, and forcibly expressed his disapproval. Mellows immediately replied: “I quite agree, Sir Thomas, I should have a stethoscope, but before incurring the large expense of buying this very necessary instrument for accurate diagnosis, I have been observing carefully the exact type of stethoscope most favoured by you and other members of the staff.”

On another occasion Mellows was rebuked for the brevity of his medical notes, so a week later he read out a note lasting about ten minutes. Sir Thomas listened patiently and then asked Mellows, if, after such a careful study of the case, he had made a diagnosis. Mellows, after some thought, replied, “One cannot exclude the wily spirochaete, Sir Thomas.”

Yours sincerely,

Warren A. Barnes.

Dear Sir,

I was sorry to read of the death of P. B. P. Mellows who was a contemporary of mine.

I can add a little to J.B.B.'s note in the May, 1962, Journal.

Percy Mellows had the most terrific effrontery but was the possessor of great personal charm and a very convincing way of expressing himself. His imagination was prolific, he was a good mixer and enjoyed life and the company of his fellow men to the full.

His journey to Peru took place in the mid-twenties and, according to my memory, was instigated by a group of London students and Cambridge undergraduates to investigate a report of the discovery of Inca Treasure in Peru. It was backed by one of the newspapers, but each member had to supply a sum, I think £100, towards expenses. Percy got himself attached to the expedition as Medical (unqualified) adviser and then went to the Newspaper concerned and asked them if they wanted a reporter on the job. They said they would like one and then Percy demanded the £100 outlay. What is more he got it.

Needless to say the Inca Treasure was not found by that expedition.

Yours sincerely,

R. H. Bettington.

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please.

To—

The Honorary Secretary,  
Students' Union,  
Abernetian Room,  
St. Bartholomew's Hospital,  
West Smithfield,  
LONDON, E.C.1

1st fold here

Old Bart's men who wish to be registered as Life Members of the Students' Union should cut out this form, complete and post it, no envelope is necessary. They will receive notice of Union events such as Sports Day and the View Day Ball.

cut along this line

A

2nd fold here

PLEASE USE BLOCK CAPITALS THROUGHOUT

Title ..... Surname

Initials ..... Qualifications, etc.

Permanent address .....

Year of entry to Bart's .....

3rd fold here

tuck into A

## FIFTY YEARS AGO

"At school a boy conforms to a type, on the whole a pleasing one, or is banged into conformity, and he leaves it a healthy animal, bigoted, snobbish, and above all things conservative, with any distinctive personality submerged. At the University the development of personality is fostered, snobbishness dies a natural death or is murdered, and work is done largely for its own sake and knowledge pursued as an art and a philosophy. But in many ways the growing man is sheltered; there is little sense of rivalry and none of commercial competition; he has not yet learned to "scorn delights and live laborious days", he gains a manly boyishness which he hopes will never desert him, he is not encouraged to effect a self-confidence which he is far from feeling, and howsoever learned he may be he recognises everywhere about him his superiors in knowledge and he says little of his own acquisitions. At the Hospital conditions are somewhat different. He realises with reluctance that he

must take himself seriously and create about himself an atmosphere of knowledge, infallibility and profound judgement. His philosophy may degenerate into a profession and he discovers that commercial competition will begin, for he will traffick in diseases when others are so trafficking. But from his Hospital he will learn more than he has ever learned before; and it will set before him a high ideal of work and conduct, teach him to speak of his recoveries rather than his cures, and point out the path of intellectual honesty. So that when times of private practice come, amongst those who pay and look for more "platitudes than pills" and comforting subterfuges rather than the truth, the spirit of St. Bartholomew's will help him to triumph over the thousand temptations of the doctor, and not let the gravity and importance of his demeanour rise and swell as his knowledge of medicine slips from him."

(—from the Editorial, September 1912.)

## BOOK REVIEWS

**The General and Plastic Surgery of the Hand,** Clarkson and Pelly. Blackwell Scientific Publications, Oxford. 3 guineas.

Certainly no excuse is required for providing us with a new book on the surgery of the hand, as the authors fear in their preface to a subject which is steadily evolving. It is intended for the young post-graduate surgeon; the undergraduate and the general practitioner will find it too complex.

The authors have knitted two distinct lines of treatment into one: (1) they provide an atlas of good illustrations of hand injuries and the results which treatment can achieve; (2) they provide an account of the general and plastic surgery of the hand. Diagrams and illustrations are therefore rarely referred to in the text, and in a book in which illustration must play such a vital part this is a drawback, particularly when the legends (e.g. p. 136, p. 140-142) are inadequate. In order to compress illustrative detail some pictures consist of multiple miniatures (p. 64, p. 90), which require

patience for their understanding; those photographs which are larger than life, on the other hand, are helpful.

One cannot escape the feeling that this book is mainly intended for members, or aspiring members, of the "second-hand club", the small band of plastic and orthopaedic surgeons-in-training. The style varies from the matey ("regeneration of digital nerves as at the rate of 1 mm. a day, with a day off for Sunday") to the turgid ("wandering through the metacarpal trees is prone to obscure one's view of the forest that is the hand"). Even the post-graduate in training will require no reminder that flaps from thenar or palmar skin are "classical exercises in tissue transfer" (p. 89) any more than "in every open hand injury there is a breach of the skin surface" (p. 146).

Some authors referred to in the text do not have their references given in the bibliography, and the index at the end of the book is incomplete. This is a book, therefore, which makes uneven reading.

F.E.W.

**Looking Over My Shoulder,** by C. Willett Cunnington. Faber and Faber. London. Pp. 208. 25s.

Dr. C. Willett Cunnington was a Bart's man, and his career would have been very similar to that of any of his contemporary general practitioners, but for the fact that his varied interests, particularly in the history of costume, brought his name to the fore as an expert in that subject. He was the author of numerous books on women's clothing, several written with the aid of his wife, staged exhibitions of his extensive collection of this material, and appeared on television.

Dr. Cunnington's hobby appears to have been initiated in 1930 when he acquired an old silk dress, after which he proceeded to amass a unique collection of women's clothing of the nineteenth century. Much of this book is devoted to describing the acquisition of this material, and to the circumstances surrounding the publication of his books. We would like to house these in our Athenaeum Collection of writings by Bart's men, for surely there is some medico-sociological value in *Feminine Fig Leaves; Why Women Wear Clothes*; and *The History of Underclothes*, to mention only three of the seventeen titles recorded? J.L.T.

**Aids to Physiology,** by E. T. Waters. Publishers: Baillière, Tindall & Cox.

The aim of this well known series is to present to the student concise accounts of particular medical subjects. Dr. Waters in his preface expresses firstly the hope that students would use the book as an adjunct to lectures and textbooks, and secondly his intent to pick out the highlights of the subject, glossing over the less interesting or less clinically important aspects.

The book is nearly a quarter the size of an average textbook and is written in a verbose manner, for example: "This difference, which amounts to nearly one tenth of a volt can be recorded on a cathode ray oscilloscope—an instrument much used in studies of nerve and muscle physiology."

The ability to successfully condense any aspect of physiology with its vast ever growing literature is rare. The publishers would have produced a genuine aid to medical students had they compiled a book written by specialists summarising the important aspects of applied physiology, e.g. acid-base balance, instead of shelving this impossible task onto the shoulders of one man. A.D.B.C.

**The British National Health Service,** by Donald McL. Johnson (234 pp.). Johnson. 21s.

So many books have been written about the National Health Service that on the face of it another seems slightly superfluous. However, Dr. Johnson shows fairly convincingly with his latest book that there is room for one more in the field. With the question posed by the subtitle "Friend or Frankenstein?" always in mind, Dr. Johnson explores the origins and development of the National Health Service. Using his own varied experiences in medical practice and in the political world as examples, he points out the differences in medical practice in all its aspects before 1948 and after.

Many will disagree with some of the ideas expressed—particularly an analysis of the "typical doctor"! But to disagree is not necessarily to discredit. Dr. Johnson's views on possible future

forms of health service in Britain are interesting and the Guillebaud committee comes in for some sharp criticism. There is a brief survey of overseas medical services—a subject obviously worthy of close study by would be reformers of our own health service.

This book combines argument and anecdote in a form which will be palatable to the most demanding reader and is at least worth borrowing from a public library if not actually purchasing. R.G.F.

**Psychiatry for Nurses,** by John Gibson, M.D., D.P.M. Published by Blackwell Scientific Publications. 15s.

This paper-back is a companion volume to the book on psychology written by John Gibson and a colleague. The type, layout and paper are good, and the rather ephemeral binding is of small account when methods of psychiatric treatment are changing as steadily as they are today.

Dr. Gibson's book is said to be written primarily for the general nurse, and it is reviewed from this aspect. The accounts of the psychiatric disorders and their signs are clear and readable, and modern methods of treatment are described. The chapter on principles of treatment is a good one.

The general nurse seconded for psychiatric experience has many adjustments to make in pace and attitude. Dr. Gibson shows on page 134 that he understands this, and perhaps in the second edition he will expand this portion. The nurse who is given a role to undertake that she can understand and appreciate is confident in her work. W.E.H.

**The Principles of Pathology,** by R. A. Willis. Published by Butterworths & Co. Pp. xi plus 689, Figs. 291, Plates 10. 2nd Edition. £3 15s.

In this new edition of a well known textbook of pathology the chapters on bacterial disease have been enlarged and often re-written to incorporate the recent advances and changes in nomenclature; in undertaking this task Prof. Willis has enlisted the aid of his son Dr. A. T. Willis. The chapters on parasites, protozoa, viruses and the diseases caused by them have been expanded considerably.

Other recent discoveries, included for the first time or in a modified form from the last edition, are those on toxic and allergic inflammatory diseases, vitamin B<sub>12</sub>, the haemolytic anaemias, thyroid and adrenal disorders and genetic factors in malformation. The amount of space given to various subjects is a little perplexing as for instance lupus erythematosus and periarteritis nodosa only cover one page whereas diphtheria covers all of four pages.

This excellent textbook is a comprehensive outline of pathology and contains all a senior medical student can reasonably be expected to assimilate. It does not pretend to contain great detail, which is necessary for complete understanding of this vast subject, as such it makes an excellent book for students revising for final examinations or for candidates for higher degrees who require a readable textbook for rapid revision for examination purposes.

The style is clear and easily understood, the illustrations are many and excellent. This is certainly a book worth possessing. P.C.S.

**Live and Let Live**, by Dr. Eustace Chesser. Mayfair Medical (paperback), 1962. 2s. 6d.

The somewhat sensational cover of this paperback will no doubt put off some medical readers. This is a pity as this is a useful contribution to the discussions aroused by the proposals of the Wolfenden Committee on homosexuality and prostitution. Dr. Chesser comments on the hostility aroused by many of these proposals and the psychological reasons for this. The aetiology of these sexual deviations are considered in the light of the whole range of sexual behaviour. The inconsistencies of the present legal system and the likely implications, if the committee's proposals were fully accepted, are considered. Finally, a plea is made for a much more rational and less emotional approach by the public to this important and controversial subject. B.D.H.

**The Sexual Responsibility of Woman**, by Maxine Davis. Mayfair Medical (paperback), 1960. 2s. 6d.

The prime aim of this book is to stress the importance of a woman's contribution to sexual harmony between partners in marriage. It attempts to supply to the young married woman a source of knowledge, and free her from the fear and ignorance many such women are considered to be suffering. It is encouraging to read that the author considers the family doctor to be the first person to whom the couple with sexual difficulties should turn. She also wonders whether the older general practitioner is not much more successful than his younger counterpart who is full of "scientific" medicine, but with perhaps little of the art. B.D.H.

## CITY SHOPS for CITY PEOPLE

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# ST. BARTHOLOMEW'S HOSPITAL JOURNAL



Vol. LXVI, No. 10

OCTOBER, 1962

## Editorial

### The Message

In Greek mythology Hermaphroditus<sup>1</sup> was the son of Aphrodite and Hermes. He was a youth with womanish breasts and long hair who was symbolic of the transition in Greek history from a society governed by women to one governed by men. During this stage the King was allowed to deputise for the Queen only if he dressed as a woman and wore artificial breasts. Androgyne, the feminine counterpart, was a bearded woman, a goddess who represented a section of the society which attempted to retain its matriarchal powers.

The word hermaphrodite has come to describe an individual who is double-sexed—that is who bears the gonads of both male and female. In modern medical parlance Hermaphroditus would be classed as a pseudo-hermaphrodite, as would Androgyne. The medical classification of pseudohermaphroditism has become complex since more study has been made of the chromosomes of inter-sexed individuals.

It is interesting to note that even until 1956 the number of chromosomes in normal human diploid cells was erroneously considered to be 48. In the space of 5 years many different types of inter-sexed individuals have been described whose chromosomes are of abnormal numbers and have structural deformities. Those investigations mark a major advance in the subject of human genetics and shed light on the mechanisms of meiosis and mitosis. The techniques which are being used at the moment have obvious limitations, for only gross chromosomal abnormalities can be seen. It is perhaps easier to review the past than to forecast the future, nevertheless it is not difficult to see that with the application of biochemical and biophysical techniques to these problems a new era in the study of human genetics will begin. Such techniques have already shown in certain species that the chromosomes are not duplicating simultaneously and even the two X chromosomes in the female behave differently. Techniques, well-tried in other branches of biology, are available for the study of the very basis of human



life. The potentialities of these studies are vast and without doubt the breakthrough in the study of human genetic material will rank as one of the major medical advances of the twentieth century.

1. *The Greek Myths*, by R. Graves, Vol. 1, 18, 7.

#### New Films

A series of three films presented as a service to medical education by Parke Davis had its inaugural showing at the Westminster Medical School on Tuesday, 2nd October. Eye diseases are well suited to film-presentation and the three films form a useful introduction to ophthalmology. These films form the first set of what is hoped will be a large number of films covering wide fields in the medical curriculum. We understand these films are to be provided free to all medical schools in the world to help in medical education. This type of film makes learning easy and films of this sort are undisguised blessings.

#### Polio and Principles

Immediately prior to the publication of last month's editorial there was a suggestion that cases of poliomyelitis may have followed the use of the Sabin vaccine and, although the cause of the outbreak has not yet been proven, some authorities have suspended mass vaccination campaigns. In this country the mass vaccination campaign in Bristol has been postponed. It is interesting that both the original oral vaccine strains (Sabin and Lederle) have now been associated with outbreaks of paralytic poliomyelitis. However, for technical reasons it is very difficult to prove that the vaccines were the cause of the epidemics. Let us remember that it is evidence clearing the vaccine of blame which is needed. These outbreaks support the contention that it may be wiser to defer mass vaccination campaigns in the absence of poliomyelitis epidemics in this country, at least until the results of similar campaigns in America are known. It is interesting that in the U.S.A. the strain which may be at fault is the type 3 poliovirus. The type 3 vaccine strain is known to be the more unstable of the three types from both *in vitro* and *in vivo* experiments.

#### Calendar

##### NOVEMBER

Sat. 3rd. On duty—Dr. E. R. Cullinan  
Mr. C. Naunton  
Morgau  
Mr. W. D. Coltart  
Mr. F. T. Evans

Tues. 6th. B.M.A. House, 6 p.m., Dr. Michael Balint, M.Sc., on "The Role of Psychiatry in General Practice".

Thurs. 8th. Abernethian Society, Physiology Lecture Theatre, 5.45 p.m., P. Rubiczek, M.A., "The Irrational in Science and Religion".

Sat. 10th. On duty—Dr. Graham Hayward  
Mr. A. W. Badenoch  
Mr. J. N. Aston  
Dr. R. A. Bowen

Chislehurst, 1st XV v. Old Haberdashers.  
Mon. 12th. Film Society, "Johnny Guitar".  
Harvey Society, Physiology Lecture Theatre, 5.45 p.m., Prof. C. A. Keele on "Some Chemical Aspects of Pain".

Tues. 13th. The Great Hall, 4.45 p.m., Students' Union Annual General Meeting.  
London School of Hygiene and Tropical Medicine, 5.30 p.m., Dr. F. Sanger, F.R.S., "Proteins".

Thurs. 15th. The Oxford-Bart's Club Annual Dinner at the Temple Bar Club, Fleet Street, E.C.

Sat. 17th. On duty—Dr. A. W. Spence  
Mr. E. G. Tuckwell  
Mr. W. D. Coltart  
Dr. G. H. Ellis

Chislehurst, 1st XV v. Old Alleynians.  
Mon. 19th. Christian Union Meeting, Recreation Room, 5.45 p.m., Roy Hession, "What Think Ye of Christ?"

Tues. 20th. London School of Hygiene and Tropical Medicine, 5.30 p.m., Dr. Mary Barber, "Synthetic Penicillins".

Thurs. 22nd. Abernethian Society, Physiology Lecture Theatre, 5.45 p.m., Dr. B. B. Waddy, "Disease in An African Village".  
Drama Society Nursery Production, Charterhouse Hall, 8 p.m.

Sat. 24th. On duty—Prof. E. F. Scowen  
Prof. G. W. Taylor  
Mr. H. Jackson  
Burrows  
Dr. R. W. Ballantine

Chislehurst, 1st XV v. United Services Chatham.

Mon. 26th. Film Society, Bergman's "Wild Strawberries".  
Augustine Society, Rev. P. Appleford.

Wed. 28th. London School of Hygiene and Tropical Medicine, Special University Lecture, Prof. J. Lederberg (Stanford), "The Resolution of Bacterial Genes".

Physician Accoucheur on duty for the month of November is Mr. John Howkins.

#### UNIVERSITY OF CAMBRIDGE FINAL M.B. EXAMINATION EASTER TERM 1962

##### Pass

Bacon, P. A. Jeffreys, R. V.  
Coltart, T. M. Niven, P. A. R.  
Courtenay Evans, R. J. Norman, D. M.  
Fowler, J. G. Pollock, A. M.  
Hammond, F. K. Spivey, J.  
Jailler, J. M.

##### Supplementary Pass List

##### Part I. Pathology and Pharmacology

Ball, M. H. Fischer, W. G.

##### Part II. Medicine

Aitken, J. M. Mercer, J. D.  
Fischer, W. G. Thomas, M. J. G.  
Hudson, T. G. Ward, R. H. T.

##### Part II. Surgery

Aitken, J. M. Ward, R. H. T.  
Greer, A. W. Wood, E. M.  
Hudson, T. G.

##### Part II. Midwifery

Greer, A. W. Ward, R. H. T.  
Mercer, J. D. Wood, E. M.  
Thomas, M. J. G.

#### UNIVERSITY OF OXFORD 2nd M.B. EXAMINATION TRINITY TERM 1962

##### Pass

Disher, A. D. R. Warr, A. C.

##### Supplementary Pass List

General Pathology and Bacteriology  
Goldman, J. M.

## FIFTY YEARS AGO

Extracts from a leaflet inserted into the *Journal*, October, 1912.—

### CLINICAL RESEARCH DEPARTMENT

#### ST. BARTHOLOMEW'S HOSPITAL.

**T**HIS department undertakes to examine and report upon pathological material of any kind submitted to it. The Examination will in each case be conducted, and the report signed by, a member of the teaching staff of the Pathological Department.

Attention is called to the fact that the Department undertakes the examination, not only of ordinary pathological material, but the analysis, both chemical and bacteriological, of milk, food-stuffs, drinking-water, and air.

On application, an outfit, consisting of sterilised swabs for throats, sterilised bottles for pathological fluids, and pipettes for blood, together with printed directions, will be sent to any practitioner free of charge. For special purposes other apparatus will be supplied.

The aim of the Department is to send out prompt and trustworthy reports. Telegrams will be despatched when desired, followed by a detailed report by post. A scale of fees for more ordinary work is appended, and fees will be quoted for any investigation in pathology on application.

Special charges will be made in the case of hospitals, by arrangement. If material requires to be collected by a member of the Department, special fees are charged, by arrangement. Water analysis, milk, food-stuff, etc., by arrangement.

##### Blood examinations—

	£	s.	d.
Enumeration of blood corpuscles ...	0	10	6
Estimation of hæmoglobin ...	0	10	6

##### Serum tests—

Widal reaction for <i>B. typhosus</i> , etc.	0	10	6
Estimation of opsonic index ...	3	3	0
Wasserman reaction ...	2	2	0

##### Urine—

Estimation of the amount of sugar ...	0	10	6
Examination of calculi ...	0	10	6
Cambridge reaction of urine ...	2	2	0

##### Examination of faeces—

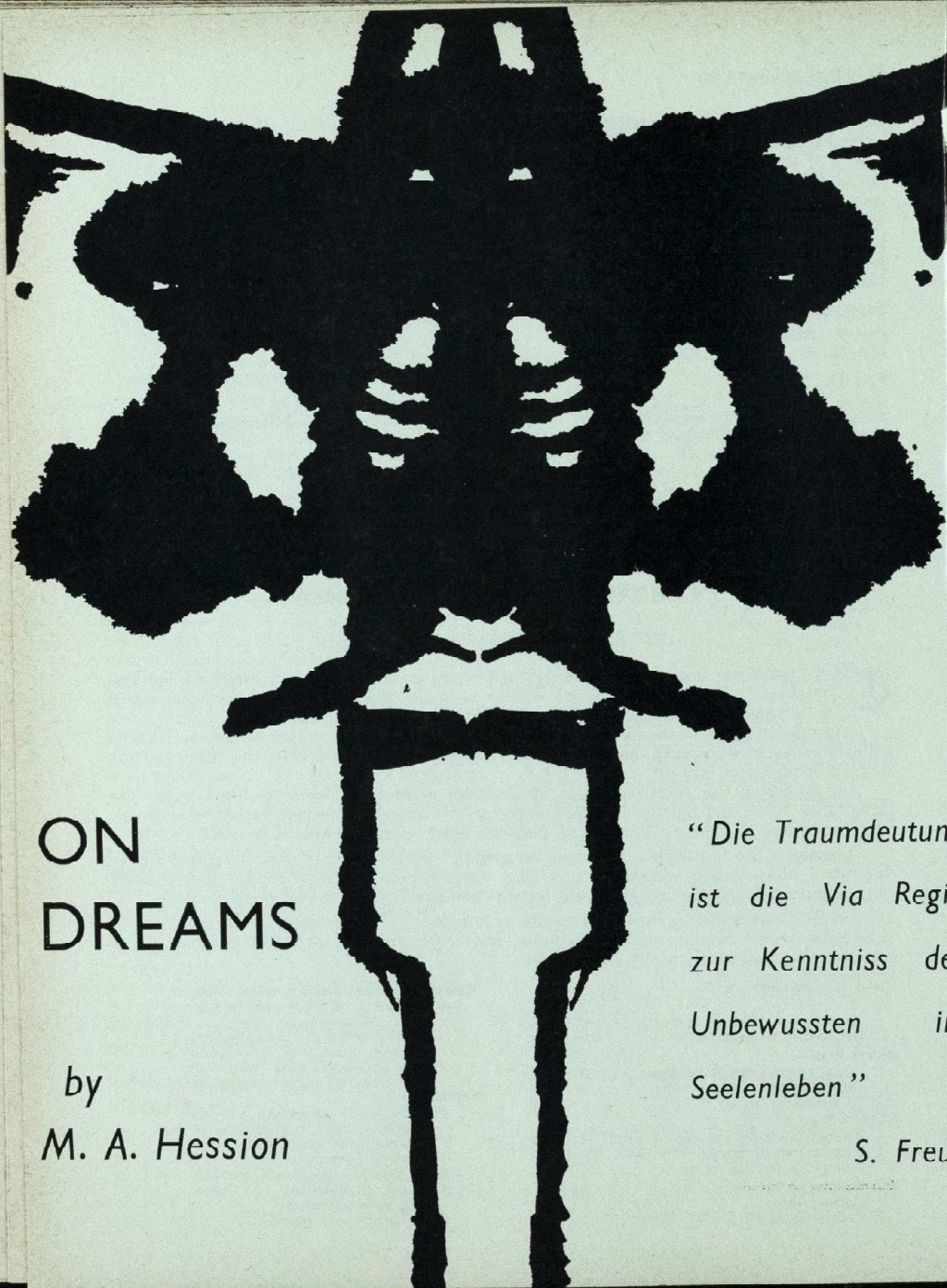
Occult blood ...	10s.	6d.	to	1	1	0
Estimation of fat ...	3	3	0			

##### Throat swabs, nasal or post-nasal swabs—

Examination of films and cultures for <i>B. diphtheria</i> ...	0	10	6
If three or more examinations are required at one time ... each	0	5	0
The same examination with full tests, including animal inoculation	2	2	0

##### Vaccines—

Preparation of autogenous vaccine, including the examination of material from which the vaccine is to be prepared ...	2	2	0
Stock vaccines from, each ampoule	0	2	6
Microscopical examination of tissues with slide and report ...	1	1	0
Fresh section and report ...	1	1	0



# ON DREAMS

by  
M. A. Hession

“Die Traumdeutung  
ist die Via Regia  
zur Kenntniss des  
Unbewussten im  
Seelenleben”

S. Freud

SINCE man emerged from his cave he has been fascinated by his own dreams and has striven to give them some meaning for his waking life. It is probable, however, that dreams are a phenomenon not limited to man, and that the “Missing link” also had his dreams. Moreover, many dog owners are convinced that these animals have dreams, often of a nightmarish quality, at times associated with purposeful movements and canine vocalization. It would seem that feline sophistication does not permit such a vulgar display of the emotions. Our literary and cultural heritage abounds in references to dreams. Reading the Bible, it would seem that God communicated with man through dreams more than through any other medium. The sleepwalking scene in “Macbeth” is, perhaps, the focal point in one of the greatest plays in our language. In other societies, particularly those in which mysticism is practised, dreams and the mythology surrounding them may come to dominate the life of the community, and in this century from Lhasa to W.I people still earn their living providing interpretations of dreams.

Before the year 1900 the idea that dreams could have any significance was ridiculed by the medical profession and by the greater proportion of the lay public. It was in that year that Sigmund Freud published “The Interpretation of Dreams”, the result of many years’ work and the analysis of over a thousand dreams. This book provided for European society the most systematic doctrine for understanding the origin and meaning of dreams, and showed that an understanding of dreams could be important when dealing with certain types of mental illness. Using the free-association method of psycho-analysis to collect information from his patients concerning anything related to the dreams, Freud concluded that dreams are not the confused and bizarre products of irregular excitation of the cortex during sleep.

*“They are not meaningless, they are not absurd; they do not imply that a portion of our ideas is asleep while another portion is beginning to wake. On the contrary, they are psychological phenomena of complete validity—fulfilments of wishes; they can be inserted into the chain of intelligible waking acts; they are constructed by a highly complicated activity of the mind.”*

This quotation encloses the central concept of Freud’s theory of dreams, that dreams are essentially fulfilments of wishes, though other

mechanisms work to distort the wish into something ordinarily unrecognisable.

Using the methods of psycho-analysis in studying dreams Freud uncovered mental processes which were of great personal significance. These mental processes he called the “dream thoughts”; they constitute the latent content of the dream in contradistinction to the manifest content, which is the content of the dream as related by the patient. The latent content, or dream thought is a logical and integral part of the subject’s mental life and contains none of the incongruous absurdities and other peculiar features which characterise the manifest content. He states that this manifest content is to be regarded as an allegorical expression of the dream thoughts or latent content. This distortion he traces to the working of a censorship mechanism, which forms an obstruction to the becoming conscious of unconscious psychological mechanisms. The censorship operates to prevent unpleasant, painful or unacceptable wishes rising to consciousness. The censorship consists of several dream mechanisms, which Freud termed, Condensation, Displacement, Representation and Secondary Revision. The working of these mechanisms results in the incongruous or incomprehensible nature of the dream as it is recalled by the subject.

Every part of the dream is derived from numerous sources, and as a result of Condensation, the material of the latent content may be twenty or so times greater than the manifest content. A room in a dream may be the fusion of the appearance of several rooms. A person who appears in the dream often bears the distinguishing characteristics of several people. Names and words may become fused to produce nonsense words. As a result of this condensation the thoughts giving rise to the dream may be represented in the dream by several elements, and associative paths may lead from one element of the dream to several dream thoughts. Thus a great number and variety of stimuli, memories and images go into the fleeting part of the dream.

It soon becomes obvious in the study of dreams that the important elements of the latent content very often assume insignificant roles in the manifest content, sometimes the essence of the dream thoughts is hardly represented in the dream at all. The corollary is also true, that the elements that stand out as the principal components of the dream are far from playing the same role in the latent content, the dream thoughts. Furthermore any emotion, affect, hate, fear or anxiety, often

accompanies elements that represent the least important part of the dream thoughts, and, of course, dream thoughts powerfully invested with emotion may appear in the dream with little or no emotion attached. The loss or murder of a parent leaves the dreamer undisturbed, but the fact that the weapon used was one of the knives from the dinner set could upset the dreamer intensely. This is what Freud called Displacement, and this mechanism explains why so often a dream will contain numerous impressions of the previous day which were hardly noticed at the time. Furthermore childhood impressions which had long been forgotten may recur in dreams.

This form of displacement is that in which one psychical element is replaced by another, but there is another form of displacement, which he calls Representation, which acts to replace the verbal form of an element by another, or to alter the chronological sequence, thus leading to changes in time and space. Freud states that in dreams logical continuity is reproduced by simultaneity in time. In order to represent causality, dreams have two procedures which in essence are the same. Suppose the dream thoughts run like this: "Since this was so and so, such and such was bound to happen." Then the commoner method of representation would be to introduce the dependent clause as an introductory dream and to add the principal cause as the main dream. The temporal sequence may be reversed, but nevertheless the more extensive part of the dream corresponds to the principal clause.

The way in which dreams treat the category of contraries and contradictories is unlike that of logical waking life. "No" does not seem to exist as far as dreams are concerned. They show a preference for combining contraries into a unity or representing them as one and the same thing. Furthermore dreams appear to be at liberty to represent any element by its wishful contrary, so that it is difficult to tell whether any element that admits of a contrary is present in the dream thoughts as a positive or a negative. This reversal is of course, of great use to the censorship. Unpleasant thoughts or disagreeable memories are prevented from interfering with sleep by being turned into their opposites. This is Freud's view on the function of dreams and the wish-fulfilment behind them, that they preserve the state of sleep. This is clearly seen in the example of the man asleep who hears the alarm clock and begins to dream that he is getting up, getting washed and dressed and setting

out for work, or the alarm may be incorporated into the dream as a police car's gong ringing furiously as it dashes to the scene of the crime. Children who suffer from enuresis sometimes dream that they are going to the lavatory and that micturition takes place in the dream in a socially acceptable manner. The nocturnal emission or wet dream of the male is usually incorporated into a highly erotic dream culminating in an orgasm. Thus the dream attempts to fulfil its function, that of preserving the continuity of sleep. Those with leanings towards the behaviourist school of psychology have attempted to explain dreams solely in terms of organic stimuli, but they are unable to answer the question why the dream took such and such a form.

Freud has discussed at length the place of symbolism in dreams, and discounts the ancient "dream-book" theory of dreams, where the "book" contains a symbol for every fact or noun, these symbols being universal, the same for all persons at all times. This would imply some supernatural control over the symbolism in dreams, rather than it being the product of the material and cultural environment. As is widely known, Freud considered that much of the symbolism in dreams was of a sexual nature. Boxes, corridors and the mouth symbolised the female genitalia whilst a host of objects from trees to pencils symbolised the male organ. These concepts have been bitterly attacked by many persons for a variety of reasons. We must remember, however, that Freud worked amongst middle-class Viennese society at the turn of the century, when sexual problems were prevalent, and the greater number of his patients came to him with problems, which, though they might not have been recognised as such, were of a sexual nature. Freud never stated that a symbol represented the same object in different persons or at different times in the same person. It is interesting to recall in this context that shortly after the appearance of airships Freud found that these occurred as phallic symbols in some of his patients' dreams. One wonders what influence the spires of Cape Canaveral have had on the dreams of our generation.

The final dream mechanism which operates to evade the endopsychical censorship Freud called *Sekundäre Bearbeitung* which has been variously translated as secondary revision or secondary elaboration.

*"Here comes our master, Waking Consciousness, who attaches such mighty importance to reason and logic and so forth. Quick! Gather things up, put them in*

*order, any order will do, before he enters to take possession."* Havelock Ellis.

This dream making mechanism is fundamentally different from the other three in that it arises from the activity, not of the underlying dream thoughts, but of the more conscious mental processes. When the dream is considered in consciousness it is treated in the same way as any other perceptible phenomenon, it is not accepted in its unaltered state, but is assimilated according to pre-existing conceptions. Thus an attempt is made to render it in some way comprehensible, it is a form of rationalisation. To this secondary revision may be attributed whatever degree of order, sequence, or consistency that may be found in a dream. It may be regarded as a function of the semi-waking stage. Thus in the course of a dream no intellectual operation of any sort is carried on. No creative work is done; no decision, calculation or judgement is made. Any part of a dream which appears to indicate an intellectual content may be said to have been taken bodily from the latent content.

The material and sources from which a dream is composed show that memory in dreams has several distinct characteristics. Dreams show a clear preference for the impressions of the immediately preceding days. The selection of memory is made upon different principles from the waking life, since in the dream there is a tendency to select features which are subsidiary and unnoticed in preference to those which are essential and important. Also in dreams a hyperamnesia for previously forgotten incidents, especially for those of early childhood life, occurs.

The dream may be initiated by organic stimuli such as indigestion, pain, feelings or thirst or cramp. External stimuli may also initiate the dream, the alarm clock or thunder

or someone attempting to arouse the dreamer. But most important, during sleep the threshold of the endopsychical censorship is lowered, leading to thoughts, feelings, memories reaching a higher level of consciousness than would be possible if the threshold of the censorship was at the level of waking consciousness. The censorship is not a separate entity according to Freud but denotes the sum total of the repressing inhibitions. It is this that keeps certain mental processes unconscious, and the distortion in dreams by way of condensation, displacement, representation and secondary revision, is the way of evading the censorship. This compromise could not occur but for the diminished activity of the censorship in sleep, although the censorship does exert itself in the process of secondary revision. This continues into the waking life when the subject attempts to recall the dream, and is responsible for the feeling "this is only a dream". It is as if the censorship had been brought into action too late, and Freud described this afterthought of the censorship as an "esprit d'escalier". Finally the censorship is responsible for the forgetting of dreams.

This then is the basis of Freud's theory of dreams. A dream is the guardian of sleep, and its function is to satisfy the activity of unconscious mental processes that would otherwise disturb sleep. Many would not accept the detailed interpretations of individual dreams that Freud offers, but he provides a clear understanding of how and why dreams appear as they do. Though such phenomena as dreams and hypnosis are viewed with some suspicion by the medical profession, the study of such paramedical subjects has taken on a new importance, and with the results that have been obtained from the experimental use of drugs like L.S.D. one feels that there is much to be learnt about the various levels of consciousness.



## MEDICINE, MAGIC AND MEMORIES, BASUTOLAND, 1959

by  
*Nicholas  
Barnes*

In Cambridge the end of the academic year is regarded with trepidation. As April softens into May and then June begins to whisper its coming in the warm breeze, as snowdrops on the Backs bow before multi-coloured crocuses, in turn overwhelmed by daffodils, a gradual change of emphasis can be observed. The soft sighing of summer lovers beside the Cam is replaced by the sharp crackle of new bindings and the harsh glare of mint textbook pages. An unaccustomed atmosphere of tension prevails.

However, immediately beyond the dread fortnight of examinations stretches the sunny eternity of the Long Vac. Many draw comfort from this consoling thought, many indeed totally immerse themselves in it to avoid painful contemplation of the coming event. Furtive fugitive figures may be found in the furthest corners of Faculty libraries and museums, poring over maps, monographs and manu-

scripts. Snake-bite serum and ice-picks, Paludrine tablets and snow-shoes, kayaks and Land Rovers all make their appearance. Cambridge prepares for its annual exodus to dive in the Aegean or climb in the Andes, to explore the Arctic or collect insects in Africa.

Thus it was that, with the ossification centres of the tarsus and the branches of the maxillary artery barely forgotten, we stepped, stretching and yawning, from the stifling belly of the monster that conveyed us, in four leaps, to Johannesburg. Kaleidoscopic days in Cairo, Khartoum, and Entebbe had whetted our appetites and as I emerged into the crisp mid-night air and sensed the suspicion of warmth that lingered from the day, I felt an overwhelming sense of identification with this fabulous continent and with the spectrum of peoples who inhabit it. At the time I was visibly encumbered only by my spare shirt and toothbrush but in retrospect I see

a small figure staggering beneath an enormous weight of misconceptions and supporting a massive yoke of prejudice. My gradual rejection of these preconceived ideas occupied several weeks, several thousand miles and several hundred points of view, but by the time we reached the border of Basutoland they were reduced to those too deep to be uprooted. But greater objectivity seemed only to intensify a sense of involvement. It is impossible to be uncommitted in Africa.

Basutoland is one of the rapidly dwindling archipelago of pink islands on the map of Africa which represent British Colonies and Protectorates. It is entirely enclosed within the Republic (then the Union) and has an area of nearly twelve thousand square miles, and a population of 650,000. It is roughly rectangular in shape, the long axis pointing north-east. From our raised position at the northernmost "corner" we could see a typical area of the lowland, a 5,000-6,000 ft. plateau which occupies the western third of the country and, in the distance, the snow-capped peaks of the eastern Highlands (up to 12,000 ft.). It was mid-winter; the dry season. An undernourished herd of cattle picked at the desiccated grass tufts between the stones on the steep slopes. There had been no rain for several weeks and the sunken Caledon river, forming the boundary between Basutoland and the Union, wound its way muddily through the valley. I remembered examining a photograph of a similar scene. The camera had not lied but it had not achieved more than a half-truth. It had not even hinted at the brilliant blue sky, the warm sun, the glowing browns and reds and yellows of rock, earth and burnt grass, the thick-thatched, red mud-plastered huts, the colourfully blanketed figures. Receding and ascending into the distance, range upon range, were the mountains, each tier a subtle shade darker, from the yellow red of the nearest to the deep mist blue of the furthest, the jagged skyline razor clear.

Two months later we had begun to understand and love this beautiful land and its simple attractive people. They have the virtues and vices of children. They are cheerful, friendly, trusting and faithful, but can also be cruel, selfish, lazy and cunning. They live for the moment, and are quite without ambition.

Because of these national characteristics, the genius of their great chief and founder of the nation, Moshesh, and the influence of the missionaries, the Basuto have progressed slowly and peacefully towards the adoption of a

European way of life, avoiding the turmoil which has raged around them.

The picture which emerges is one of an extraordinary dichotomy. Two ways of life co-exist side by side, usually with remarkably little friction. Medicine provides an ideal example of this, but almost any other aspect of life would have served as well—religion, politics, law, agriculture, ethics, dress, family life, or community life.

The medical department is under the control of the Director of Medical Services. Under him in the government service there are a Medical Officer of Health, nineteen Medical Officers and an Assistant Medical Officer. There are nine government hospitals, one at each district headquarters, each with one or more medical officers and trained nursing staff. Each hospital is equipped for general medical and surgical work and has an out-patient department, ante-natal and infant welfare clinic. With grants from the Colonial Development and Welfare Fund, tuberculosis, maternity, children's and isolation wards are being provided at those hospitals where there are none at present. In some districts clinics have been established away from the hospital which are regularly visited by the medical officer. Health centres and mountain dispensaries also exist in the remote areas to provide limited facilities. (At one of these I was afforded what must have been an almost unique opportunity of emphasizing the changing medical scene. I was allowed to inject a liberal dose of penicillin into the behind of a witch-doctor who obviously despaired of curing himself of his florid secondary syphilitic rash!) A leprosarium and a mental detention centre have been set up. In addition there are four mission hospitals.

Government and mission hospitals combined provide a total of 761 beds. This gives a ratio of one doctor per 24,000 Africans and one bed in general hospitals per 1,000 Africans. In 1957 there were 16,500 in-patient admissions and nearly 400,000 out-patients were treated.

Tropical diseases are not common. The principal diseases are venereal, tuberculosis, malnutrition, chronic rheumatism, and infections of the respiratory tract. The heaviest toll of lives in children is due to tuberculosis, malnutrition, diphtheria, whooping cough and gastro-enteritis. Typhus plague and smallpox occur only rarely. Diphtheria, typhoid fever, measles and whooping cough are endemic.

From 1955-57 a mass diphtheria and whooping-cough immunization campaign was con-

ducted with the assistance of U.N.I.C.E.F. During this period 86,900 first dose, 64,300 second dose, and 36,300 third dose injections were given to children under six years. The high defaulter rate is an indication of the widespread ignorance and suspicion.

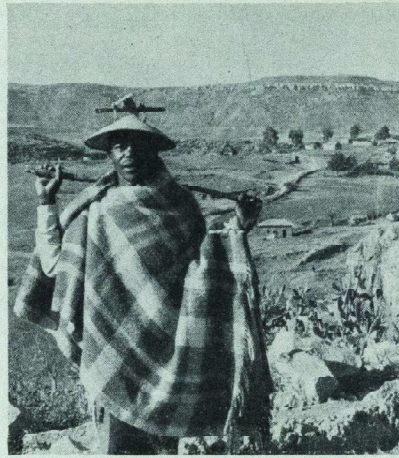
Outbreaks of typhoid fever are usually traced to contaminated village water supplies. These are protected and the village instructed in prophylactic hygienic measures and in the construction wherever possible of simple pit latrines. As yet these are rare. Inoculation is given to residents in areas where outbreaks occur. In 1957 there were 230 cases with 50 deaths.

From 1957 to 1959 a W.H.O. team under Dr. V. A. Munoz carried out a nutritional survey. The magnitude of the problem is indicated by the figures for deficiency diseases in 1957. There were 3,390 cases (3 deaths) of pellagra, 550 cases of ariboflavinosis, 410 cases (40 deaths) of kwashiorkor, 860 cases of avitaminosis, 1,360 cases (26 deaths) of malnutrition and 100 cases of scurvy. These statistics reflect the extremely poor nutritional state of the general population. The majority live on a diet which solely consists of white mealie meal (maize) prepared as hard porridge. The survey has shown that the principal dietary deficiencies are protein, vitamins (mainly vitamin A, riboflavin and niacin) and minerals (mainly iodine—responsible for the high incidence of goitre). The survey team has produced an enormous amount of statistical evidence and made many recommendations for overcoming this urgent problem. Quoting Formosa as an example, Dr. Munoz calculated that Basutoland should be able to support 5,000,000 people. He emphasised that most of his recommendations are simple and the chief difficulty lies in persuading the Basuto to abandon their traditional crops, foodstuffs and cooking methods.

"Truths would you teach, or save a sinking land?  
All fear, none aid you, and few understand."

However, when a Basuto refers to "medicine" it is unlikely that he is referring to the medical service described above for medicine of another kind, synonymous with magic, plays an important part in Basuto life. Medicine may be defined as the use of substances for socially approved ends, in contrast to sorcery which is their use for ends not so approved!

The witch doctor is one of the most powerful individuals in society. He diagnoses and



prescribes remedies for the ordinary diseases, alleviates and prevents misfortune, gives protection against sorcery and accidents and brings luck and prosperity. To do this he relies on medicines of which he possesses specialised knowledge. Many doctors serve an apprenticeship with a recognised herbalist learning how to prepare medicines, diagnose and cure diseases. Eventually, on payment of a number of cattle the master may divulge to his pupil his secret medicines and, if he is about to die, give him his horns containing the different burnt medicines. A doctor may also invent or discover new medicines, a power usually attributed to dream revelations by God or by the ancestor spirits.

Another type of doctor is the diviner or bone-thrower. The knowledge of the use of the bones is formally taught to him by another diviner who is paid for his instruction. Although made of the same substances and administered in similar ways the diviner's medicines are distinguished from those of the witch doctor and are considerably cheaper. Disease is attributed to sorcery and to the agency of supernatural factors such as the wrath of ancestor spirits or breach of taboos, rather than to natural causes.

Then there is the seer; he is a person who "tells things that are not known, he diagnoses illnesses affecting people and he foretells things that are going to happen". This power of second sight may be improved and perfected, but it is not a skill that can be acquired. It is a gift from God or the ancestors and is exercised intuitively.

Doctors and diviners have no particular status as a class or profession. Some individuals have considerable prestige but this is due to their inherited social position, personality or success. Formerly there used to be official doctors who were attached to the chiefs as rain-makers, diviners and keepers of war-medicine. Successful doctors work up a regular practice and have their customary patients. Some of them are paid a retaining fee by the heads of families. In return for this they keep them supplied with medicine, which is needed periodically to protect the crops or villages, and attend to members of the family who are ill or in trouble. Doctors are paid a consultation fee of a goat or a sheep to "open" their bag of medicines. A further fee of up to one beast may be paid provided that a cure is effected. For agricultural medicine the payment is one basket of grain for each field treated, one or two beasts for protecting a village, two or more beasts for successful rain-making. Diviners are paid one shilling or a chicken for each divination, one shilling for supplying medicine and a head of small stock for special treatment.

The medical knowledge of the Basuto is an extraordinary mixture of sense and nonsense. The more important organs are held to control and influence the feelings and emotions. Thus people are described as hard-hearted, hard-headed, bilious or splenic (reminiscent of the four "humours"). This may be carried further; a "white heart" indicates kindness, a "black heart" anger, the liver is the seat of patience, the kidneys of irritability. Not every illness or death is attributed to the malevolence of enemies or sorcery. Some diseases, such as syphilis and typhus are recognised as infectious. Hysteria, however, is attributed to the lungs, children's colic to the curdling of milk in the stomach, and sterility to sexual promiscuity.

Treatment is by the use of an enormous variety of medicines taken orally, by inhalation, or, most commonly, by scarification. The commonest ingredients are herbs, roots, leaves, fruit and bark; some of which have a sound pharmacological basis. Sometimes human or

animal flesh or blood or inorganic substances may be added.

The use of medicine does not stop at the curing of sickness. It may be used for love potions, to bring luck, to get a job, to make oneself invisible, and in a million other ways. The strongest medicine of all contains human flesh, blood or organs for specific purposes, such as tongue and lips for oratory. The conditions for obtaining the medicine have to be right so it is necessary to resort to murder to obtain the ingredients. There has been at least an apparent increase in the number of these ritual or medicine murders in recent years. They are always initiated by someone bold and powerful enough to risk the dangers involved—invariably a chief or headman. Although there is presumably always a doctor in the background this is rarely proven. The accomplices often include close relations of the victim, who appears to be chosen arbitrarily with respect to age and sex, although he or she is always of another clan. Occasionally some peculiarity appears to be significant, such as that the victim was a twin, an epileptic, an alcoholic or a woman with a newborn child and therefore sexually pure.

The murder often follows a feast or beer drink at which the accomplices make sure the victim gets drunk. Later in the darkness he is decoyed away from the village, overpowered, mutilated and killed. He may or may not be drugged, throttled or battered into insensibility. A wide variety of revolting mutilations may be performed. They should be done to the living body but may be continued a short time after death. These murders are characterised by a complete absence of personal motive. They are performed solely to obtain medicine.

Sorcerers are people who use or are alleged to use medicine for anti-social purposes. They either use special medicine or reverse the effect of ordinary medicine. They can also gain their ends by sheer unaided malevolence. Although sorcery can practically never be proved people have little hesitation in attributing to it misfortune, accident, sickness or death. Witches are a special category of sorcerers. They are not dangerous or anti-social, but rather mischievous and immoral. They are believed to be ordinary men and women (mainly women) who have "familiar" and have acquired powers of flight.

In spite of a century of activity, Christianity has only begun to clear away the mists of superstition and terror. Although many

Basuto may doubt the more extravagant claims of doctors they do not reject the potential omnipotence of medicine. Its failures can easily be attributed to sorcery, divine intervention or merely the limitations of the doctor's skill! Its claims are reinforced by its "successes" in conferring protection and altering the course of events, and in therapeutics. It is not considered inconsistent to use medicine for rain-making, to overcome sterility, to produce good crops and maintain good health, and at the same time to pray for these things.

## Mr. JACK HUGHES

### An Appreciation

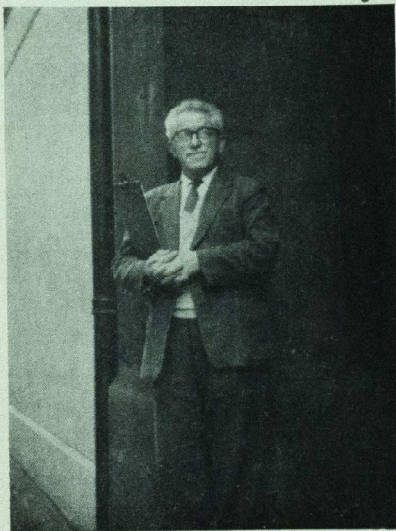


Photo by Adrian Stevens

August of this year saw the retirement after 38½ years of service of Jack Hughes, who, over the years, has become as much part of the local scenery as anyone could. His dimin-

I have resisted the temptation to find analogies, draw conclusions or even, directly, to compare. These two ways of life have evolved to fulfil an essentially similar function and when one encroaches on the other it is inevitable and desirable that the more progressive and better-founded system should prevail. However, much of beauty and value must be lost in the process and we too, involved in mankind, are diminished by that loss.

Nick Barnes.

utive figure was a familiar sight to staff and students alike, either waiting outside a lecture theatre, board in hand, or rushing across the square to pin up the latest lecture notice.

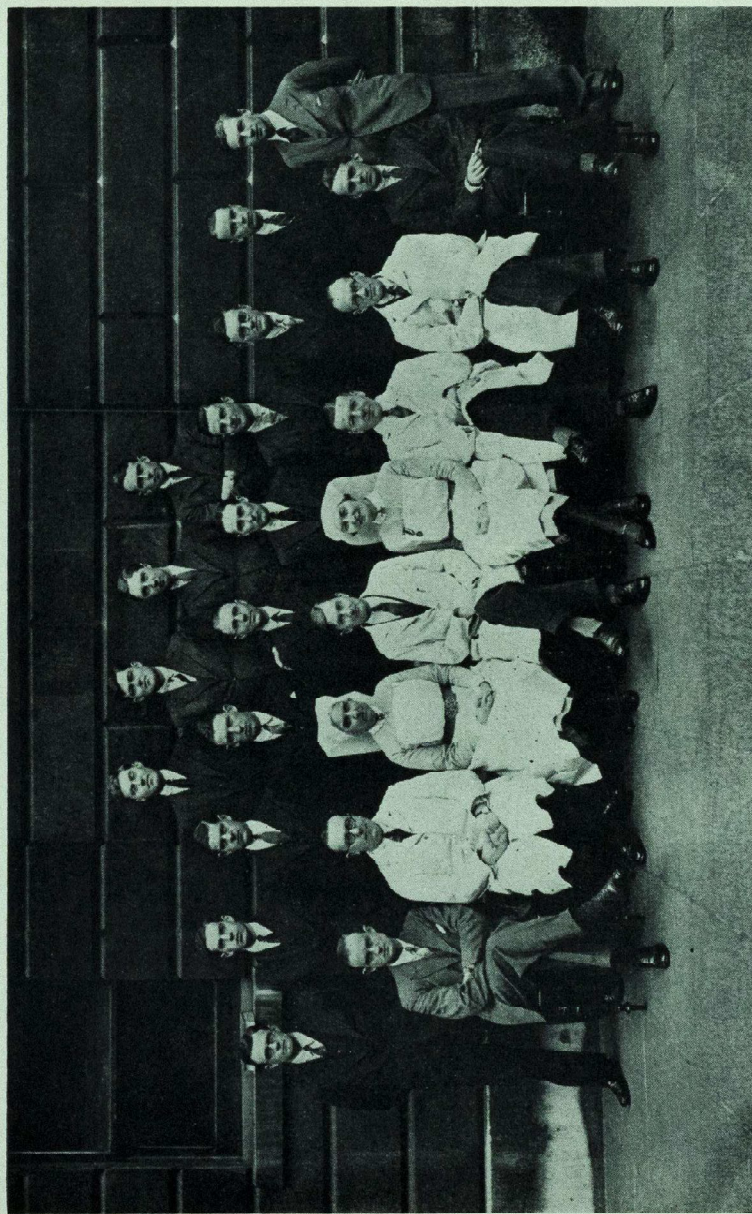
Hughes started work as assistant to Baidle, his predecessor, and his duties at that time included assisting at Sir Bernard Spilsbury's lectures. Life was not easy in those days as lectures were many and compulsory (present students note!), students were students and the machinery, when required, was cumbersome and temperamental. The old slide projectors were several feet long and seemingly impossible difficulties arose when both ends needed attention at the same time!

It has been a source of wonder to many how Hughes managed to keep awake during lectures, some of which he must have heard innumerable times—on one occasion he did go to sleep and woke up just in time to hear "Wake him up, somebody"! Another embarrassing moment arose when a film was shown and the lights went up to reveal 400 feet of film over the floor!

Besides machinery, students and lecturers have changed—for the better in Hughes' view. Student behaviour in lectures has altered considerably—somebody said that the advent of the female of the species had quite a modifying influence in this direction. Hughes heartily approves of films and slides being used in lectures—although they mean more work for him and his assistants—as they help to hold everybody's attention!

They say that the pace of life is getting faster and hotter, but over the years Hughes feels that he has learned to take things more as they come—in his own words, he has "mellowed" with time. As he leaves us to go into retirement—possibly to Weymouth in Dorset when his daughter has finished her training, we wish him and his wife many long years of peace and happiness.

### THE MEDICAL UNIT, JANUARY—MARCH, 1935



J. S. Cookson, F. H. Yates, G. R. Taylor, G. W. Hayward, J. R. J. Winter, E. P. Hall Drake, G. R. Debenham, R. T. Gabb, E. C. O. Jewesbury, K. O. Black, D. M. Thomson, Dr. E. F. Scowen, Sister President, Professor L. J. Witts, Sister Sandhurst, Dr. J. Maxwell, Dr. A. W. Spence, F. Avery Jones, W. E. Gibb, A. C. F. Green, J. W. A. Turner, J. F. Paterson, (F. E. Evans)

## THE INITIAL TREATMENT OF BURNS

by  
T. D.  
Cochrane

It is only possible, within the scope of this article, to give a very brief account of the initial treatment of burns. A moment's thought is sufficient to make one realise what a wide subject the treatment of burns is, covering resuscitation, the surgical principles of the treatment of an open wound and the whole field of reconstructive surgery and rehabilitation. Another difficulty is that there are divided opinions on many aspects of burns treatment. This article therefore sets out only to consider the initial stages of treatment which must necessarily be aimed at steering a middle course so that it will in no way hazard the result of further treatment.

In order to simplify the approach to the subject a rather dogmatic standpoint will be taken for the purposes of this article but this should in no way cloud the undoubted value of contrasting opinions which may be found in the literature on the subject.

The order of basic priorities in all burns cases is the preservation of life, the early treatment of wounds, restoration of function and return to as near cosmetic normality as possible. Obviously the severity of the burn will influence approach, but complete subservience to these basic principles will lay the proper foundation to all subsequent restorative work.

Allowing for differences in the type of injurious agent, to which I will refer later, the first consideration is that of preservation of life or, in other words, the resuscitation of the seriously injured patient.

### RESUSCITATION

Initially, as we all know, burns are very painful, and due to this and for emotional reasons a burned patient frequently exhibits vaso-vagal shock in the early stages which requires treatment along the usual postural and sedative lines. Later, in the more severe case, burns shock develops due to the loss of circulating plasma volume which is in turn due to the loss of plasma into the injured tissues and as exudate from the burned surface. This plasma loss is at its greatest over the first eight hours following burning and thereafter gradually diminishes. The fluid, protein and electrolyte loss must be made good either orally or intravenously at a rate similar to that at which it is being lost and, as patients suffering from the more severe burn are frequently nauseated, intravenous infusion is often necessary. There have been various figures quoted for the percentage surface area burned above which intravenous replacement should be

started immediately, ranging between 10-20 per cent. of total body surface. Perhaps the safest way is to seriously consider transfusion at 10 per cent., never delay at 20 per cent. and to be conversant with the signs of shock. It must always be remembered that the child's surface area is comparatively greater than the adult's and that their total body fluid volume is comparatively small. It should also be remembered that it is far better to anticipate than await the signs of shock, for irreversible shock can be reached while a decision is being made.

Fluid replacement should be controlled by the response of repeated haematocrit estimations and a satisfactory urinary output in quantity and quality, but a useful rule of thumb is "the rule of nines" in which five pints of fluid are allowed per eighteen per cent. of body surface burned, given over the first twenty-four hours. Half of the total calculated requirement is given during the first eight hours, the remainder over the following sixteen hours. Again, as a rule of thumb, half the calculated volume should consist of plasma or plasma expander and the other half as normal saline. In deep burns there will have been whole blood destruction in the tissues and half the calculated plasma volume should be given as compatible whole blood.

It may be mentioned here that a severely burned patient travels best in the first five hours after burning, after which shock has become well established and more difficult to control and requires at this time the full co-operation of laboratory facilities.

In addition to measures for maintaining circulating volume it may be necessary to consider other conditions immediately threatening life. In the age of high speed travel burns are frequently associated with other injuries which require urgent attention.

The field of resuscitation is vast and far beyond the scope of this article. It is attended by numerous practical difficulties in burns where accurate calculation of fluid loss is often impossible and replacement, without the aid of complicated studies in fluid and electrolyte distribution, can often only be empirical. Despite this an attempt must be made to replace lost fluid on a scientific basis and to this end a constant watch must be kept including frequent blood estimations and the physical and chemical analysis of the twenty-four hour urine output. Renal failure without oliguria sometimes occurs and over-hydration in these cases is a very real danger.

### HEALING OF WOUNDS

So far this article has dealt almost exclusively with the severely burned case simply because all else in these cases must be secondary to the preservation of life. Often the treatment of the actual wound must be left until stabilisation has been secured, apart from protecting it against infection by isolation and the use of a sterile sheet covering.

How often, like so many good things, is the skin taken for granted until we lose it? It functions to retain body fluids, control body temperature and protect underlying tissues from infection. Until it is restored the area affected by the burn is liable to continued loss of fluid and recurrent if not continual infection.

The following principles for the treatment of the wound can basically be adopted for major and minor, deep and superficial, burns.

The problem of deciding the depth of a burn is often difficult even in the most experienced hands but the position can be simplified by deciding to treat the wound by one of the two techniques commonly practised, i.e. by the technique of exposure or the technique of occlusive dressings. Both have similar basic principles, to limit the loss of fluid and prevent invasion of the burned area by bacteria. The technique of exposure relies upon the production of a dry, hard, intact eschar by the coagulation of exudate, which is impervious to bacteria and under which the body can delineate between viable and non-viable tissue. Where the burn is of partial thickness healing will occur under the eschar from the viable cells, and the eschar will separate in about ten to fourteen days revealing a healed surface. In a deep burn separation will take much longer and the surgeon may intervene to reduce the healing time. In out-patient treatment this technique is often unsuitable except in minor burns which can be kept clean and dry and in those cases of burns of the face and scalp. Where, however, this technique is used, and in in-patient treatment it is often, with some definite exceptions, the most satisfactory, only the largest blisters which would otherwise burst under their own weight, should be trimmed.

The technique of occlusive dressing relies upon the application of a "non-stick" layer of dressing over which is laid a thick pad of sterile absorbent dressing bound with a firm conforming bandage to give even pressure. The superficial layers of dressing are changed as frequently as necessary to preserve a dry ex-

terior. Both techniques follow a preliminary débridement and cleansing of the area and in the case of the occlusive technique this would include the removal of all blisters and loose, dead skin.

As mentioned above, burns of the face and scalp are best treated by exposure, whereas circumferential burns are probably best treated by occlusion. In those with burns of the fingers, hands and wrists, particularly where circumferential, a tight hard eschar tends to constrict the oedematous part and cause vascular insufficiency. These burns are therefore best treated by an occlusive dressing which has the added advantage of facilitating elevation—a most important part of the treatment.

The preliminary débridement may be followed by the application of antibiotic locally but one should always keep in mind the possibility of sensitising the patient by topical use and of the production of resistant strains of bacteria. Most authorities would agree with a systematic "umbrella" of penicillin but one should avoid the use of a series of antibiotics without adequate bacteriological control lest the list be exhausted when the antibiotics are really required at the time of grafting. Balancing this, however, is the knowledge that a partial thickness burn can easily be converted into full thickness loss by uncontrolled infection. Also, as tetanus following a burn is not unknown, the appropriate prophylaxis should always be given.

Having established a normal circulating volume and the wounds being dressed or exposed as necessary, a constant vigil against infection is kept until such time that the partial thickness areas are healed, or the full thickness areas are prepared for grafting.

May I at this point quote the late Sir Archibald McIndoe's ten commandments of burns treatment:—

- I Primary infection must be controlled—by cleansing and prevention of bacterial growth.
- II Secondary infection must be prevented—by protection of the burned surfaces.
- III Further tissue damage as a result of treatment must be avoided—by careful selection of techniques.
- IV Oedema must be dispersed, particularly of the hands—by elevation and movement.
- V Avoidable deformities must be prevented—by anticipation and correction.
- VI Established infection must be treated—otherwise healing will be delayed.

VII Function must be maintained—particularly vision and joint movements throughout treatment.

VIII Raw surfaces must be healed as soon as possible by encouraging natural epithelialisation or by skin grafting.

IX The patient must be rehabilitated—physically and mentally.

X Unavoidable deformities must be corrected by surgery.

#### TYPES OF INJURIOUS AGENT

Thus far only generalisations have been included but at this point it is worth considering special difficulties presented by some injurious agents.

##### Electrical Burns

Burns from an electrical appliance may be of two types (a) those inflicted by a flash from the appliance and (b) those due to the passage of an electrical current through the tissues. The former is a thermal burn just as from a flame, the latter, however, is usually characterised by having a point of entry and a point of exit at which arcing occurs and where deep burning is usually the rule. Also the intervening tissues along which the current has passed are frequently littered by deep destruction of tendons, and blood vessels with vascular thromboses, though the overlying skin remains intact. Here also the systemic effect of the current must be anticipated with cerebral oedema and disorganisation of the heart's conducting mechanism (ventricular fibrillation and death from cardiac arrest). This type of burn should therefore always be considered more serious than is at first apparent and the patient usually admitted for observation.

##### Chemical Burns

Naturally these depend largely on the causative agent but it is universally true to say that a chemical diluted is less dangerous than in the concentrated state and the liberal use of water on such an area is an invaluable first aid measure. Without dilution specific antidotes can often add thermal insult to chemical injury. Having once diluted the burning agent, specific antidotes can then be used and often incorporated into the treatment techniques described above.

At this point let it be noted that the eyes are remarkably seldom damaged by thermal burning, protected by a rapid lid reflex and a covering film of moisture but this does not

hold good in chemical burns where, if in any doubt, the eyes should be thoroughly irrigated and treated. The danger to the eyes in thermal burning is that burned eyelids may contract, thus exposing the cornea to drying and abrasion and this state of affairs must be treated as an emergency with release of the eyelids and grafting.

#### RESTORATION OF FUNCTION

It would be of doubtful value to go to the lengths described in the foregoing paragraphs if the result was to be loss of function of the burned parts. Where deep wounds are allowed to heal by granulation the process involves contracture of fibrous tissue. The application of skin grafts as early as possible, with subsequent early mobilisation aims at ensuring the minimum possible interference with normal function. Where this has been impossible for one reason or another, reconstructive programmes must be planned and started to re-

store lost function. With this in mind it is easy to recognise the importance of correct early treatment. Hence, function is dependent on life itself and on the earliest possible healing of wounds. Healing of the wounds depends on the absence of, or early treatment of, infection so that where necessary early grafting is possible. The preservation of life and the prevention of infection depends upon a sensible initial approach which leads smoothly into the programme of the chosen technique of treatment.

This has been but a thumb-nail sketch of an enormous and fascinating subject. I hope, however, to have indicated lines along which practical application can be wisely and safely directed, and to have stimulated further study of the various problems presented by such a subject.

I am greatly indebted to Mr. P. H. Jayes for all his advice and encouragement in producing this article.

## LAST MONTH

Another year started at Charterhouse on 1st October. All conversation in the first week has been, as usual, about the Long Vac., and the interesting things everyone seems to have done. The stories are told enthusiastically in Texan drawls, by gentlemen with Tunisian beards and ladies in Grecian tans!

Old students returned to find the bar open at mid-day, an almost completed new building and an enormously high percentage of women in the new intake. The running of the bar by the students for the students has long been a subject for dispute, but now the bar has been handed over to a Wine Committee composed solely of students. We hope the committee will get the support they deserve on both sides of the counter. With the opening of the new building comes the long awaited new library, yet to be seen and judged. The library is to be open in the evenings and, we hope, food will be available in the refectory for late

workers. We have no comment to make about the increase in the femininity of the new intake.

Towards the end of last term the British Medical Students' Association produced student identity cards (available on request from the representatives) and these have been used successfully by students at home and abroad. On production the usual student's concessions become available. One person we spoke to waved it at the officials of the Berlin State Opera, and obtained a three-guinea ticket for 1s. 8d.!

As this is being written the first signs of winter are visible. Mr. Peter Dimmock, a neighbour, can be seen fitting a hard-top to his Mercedes Benz coupé. And that reminds me, last week I heard a man on the B.B.C. talking about plasma. "Sort of blood with the water content removed, like dried milk!" he said. Anyone for instant blood? Just add water!



## SPORTS NEWS

### SUMMER SPORTS RETROSPECT

#### Boat Club

The Boat Club has enjoyed considerable success and achieved their aim of rowing well at Henley. The first eight was probably our best for at least six years, and this has undoubtedly been due to hard training under the leadership of the Captain, D. C. Dunn.

#### Cricket Club

The Cricket Club disappointed in the Inter-Hospitals' Cup. Bart's convincingly won their first round match against Charing Cross, but were as convincingly beaten in the next round by Middlesex Hospital, so that we did not progress as far as in recent years.

However, the full season's results show that Bart's won more matches than they lost, and in R. S. A. Thomas and C. J. Smart we can claim two very promising newcomers.

#### Tennis Club

The Hospital Singles Tournament was won by A. Edelston, one of two new players, who, with E. Carden from Cambridge, should be most useful additions to the strength of the first team. In the Inter-Hospitals' Cup we again reached the semi-final. Bart's beat Charing Cross in the first round and U.C.H. in the second round, but were unsuccessful against K.C.H. in the semi-final.

#### Athletics Club

Although the Athletics Team finished fourth amongst the London Hospitals, our trio of long distance men, N. Pott, P. Littlewood, and T. Foxton, ran well for Bart's on all occasions.

We scored notable victories against the Westminster and Middlesex Hospitals, and in the triangular match over Lloyds Bank and the Metropolitan Police. Of the newcomers, D. Tunstall-Pedoc should do particularly well for the Hospital in the middle distance events.

All in all, the standard of sport this summer has probably been higher than for many

seasons, although only a few performances have been outstanding.

### Tennis Club Report

Of twenty-four first VI fixtures played this summer we have won thirteen, drawn four, and lost seven. The second VI have played six, won three, drawn two and lost one.

It has been an enjoyable season, in which many players have been able to participate. The occasions when our strongest VI turned out have been few as several players have been on midwifery courses.

The results show an improvement on the previous year. We did not, however, do better in the Inter-Hospitals' Cup. Having reached the semi-final we were anxious to play our opponents K.C.H., whilst our strongest team was available. K.C.H. had other ideas as to when the match should be played, and it was only after Bart's asked for a w.o. that K.C.H. felt able to provide a team. Again they produced a strong first pair who remained unbeaten. Bad light stopped play before the match was completed, but not before they had won five matches. The probable result would have been a five-four win for K.C.H.

Sunday, 8th July, turned out to be warm and sunny and we enjoyed an afternoon of tennis with Mr. Fraser's team. This fixture, which grows in popularity each season, was won by Bart's 3½-2½.

July, 1962, saw the first tennis between Bart's and the Metropolitan Police. Faulty navigation took us to a non-existent tennis club at Hendon, before we reached our eventual destination near Richmond in time for tea. As it had rained continually during the afternoon we were delighted to find red shale quick-drying courts at the ground, and had a pleasant two-pair match until darkness fell.

The return fixture, in August, was unfortunately cancelled, but we look forward to renewing the fixture next year.

Our thanks are due to Laurie and Mrs. White for the excellent home facilities.

## Cricket Club

### Summary of 1962 Season

The record shows that of 32 matches played, 12 were won, 11 lost, 6 drawn and 3 were abandoned. This is a far better achievement than was forecast for us at the beginning of the season. The era of Warr, Davies, Merry, Pagan and Jeffreys had terminated suddenly, and Harvey and Stoodley were unlikely to be available. Further, the fact that the "Ancient Universities" seem to be sending their medical sportsmen to other hospitals, left no room for optimism. Fortunately, however, J. A. Harvey sacrificed books for bat and ball, and B. J. Stoodley and R. T. G. Merry played valuable parts in many of our games.

Perhaps the outstanding feature of the season was the monotonous regularity with which R. S. A. Thomas scored runs. His 1367 runs, including 5 centuries, is the highest individual aggregate at Bart's for many years. He scored so consistently, that, at the wicket, Fleet Street's overestimation of his stature often seemed credible to the opposition.

The individual batting effort that comes to mind was the 152 n.o. scored by D. J. Delany against Ilorlicks' C.C. This was Delany at his uncontrollable best.

The season's bowling honours must go to C. J. Smart and J. A. Harvey. Smart, having his first season in club cricket, bowled with the stamina and considerably more brain than might be expected of a Rugby forward!

J. A. Harvey, bowling more slowly than in former years, again fooled many batsmen good and bad. His contribution to Bart's cricket over the last few seasons is inestimable, and he will not easily be replaced.

D. J. Delany bowled many athetoid overs and despite being a little expensive always added interest, either by giving away so many runs that a win for Bart's was impossible, or "cleaning up" a few schoolboys at the end of the opposition innings.

Many more games might have been won, had the fielding been a little more reliable. Fielding honours, however, must go to the Rugger club fly-half, who showed how, with safe hands, even the easiest of catches may be made to look difficult!

Our thanks should go to those people that rarely batted or bowled, but turned out regularly and contributed greatly to the activities off the field.

Finally, our thanks should go to Mr. and Mrs. L. W. White for looking after us so

well at Chislehurst and to Mr. W. H. Blundell for umpiring so well.

	Batting Averages			Runs	Ave.
	Inns.	N.O.	H.S.		
R. S. A. Thomas	27	3	132	1367	56.9
J. A. Harvey	22	5	142	740	43.5
B. J. Stoodley	7	2	73*	204	40.8
C. P. Vartan	8	4	45*	161	40.2
R. T. G. Merry	10	0	80	279	27.9
D. J. Delany	23	2	152*	563	26.8
E. Sidebottom	17	2	74	336	22.4
H. Phillips	26	3	37*	275	11.9
C. J. Smart	17	2	29	150	10.0

\* Not out

	Bowling Averages				
	Overs	Mdns.	Runs	Wkts.	Ave.
P. A. R. Niven	38	10	128	13	9.8
C. P. Vartan	43	6	157	10	15.7
J. A. Harvey	301	46	754	42	17.9
B. J. Stoodley	134.1	35	452	23	19.6
J. R. Harrison	232	16	465	20	23.2
C. J. Richards	77	16	241	10	24.1
C. J. Smart	391	45	1119	44	25.4
D. J. Delany	118	7	596	20	29.8
R. T. G. Merry	42	6	172	5	34.4

## Sailing Club

### Report for 1961-62

The Sailing Club has had a busy and fairly successful season. In the winter points series on the Welsh Harp for the Rosenheim Trophy, Bart's again came second to the London Hospital. Two teams, each consisting of three crews, were entered for the team race knock-out competition for the Castaway's Cup. The races were sailed on the Welsh Harp in light airs. The first team beat King's College and were then beaten by Imperial College, the eventual winners. The second team beat St. Mary's and were then beaten by the University College second team.

The regatta was held at Burnham in May and was attended by about twenty-five people. On the first two days there was a force 3-4 wind which provided very enjoyable, if wet, sailing. The Commodore's Trophy was won by E. D. Dorrell. On the final day the wind was light and a Ladies' race was organised which was won by Miss J. Sykes.

The Sharpie summer points series is as yet undecided. Bart's have had one first and three seconds. The helmsmen taking part in this series are W. G. Fischer, J. T. Mulvein and E. D. Dorrell.

The crew for the Harvey Wright Gold Bowl race consisted of J. T. Mulvcin and R. P. Knill Jones. After a good start Bart's were lying second to the London and in a promising position, but failed to appreciate the tactical advantages of crossing the tide in the Roach and, in the ensuing recriminations, hit the Roach buoy and retired.

## Boat Club

### Henley Royal Regatta Fortnight, 23rd June-7th July

After Marlow Regatta we took up residence in the "Greyhound" at Wargrave, a delightful hostelry where we had stayed last year. We spent the Sunday relaxing in the beautiful Henley countryside and on Monday we rowed our boat up from Marlow and on to the peaceful Henley straight where other crews were already practising. That morning we paddled over the course and in the afternoon we had our first outing under Tom Langton. Not unnaturally after our recent failures the Henley prospects didn't seem very good, and it was a lifeless and despondent crew which met our Henley coach on his first day. All those who know Tom will realise this situation could not last. He declared that he had come there for enjoyment and if we were going to remain miserable he would go home again. In the next two outings the crew began to relax, the length came naturally and the boat at last began to move. On Tuesday we took  $1\frac{1}{2}$  lengths off Jesus II over a full course and the next day we gained half a length from Massachusetts Institute of Technology over a minute. During the week we twice did the barrier in 2 mins. and a full course in 7 mins. 6 secs. Tom coached us on most outings, but on two occasions we were pleased to have Joe Bailey coaching Bart's once more.

Again the luck of the draw was not on our side, and we were in the Eliminating Races of the Ladies' Plate against Clare College, Cambridge. Clare had beaten our 1st VIII in the same race last year and still had much the same crew. We would have to excel ourselves indeed to beat them.

On Saturday, 30th June, we raced Clare at 10 a.m.—ours being the first race of the day. The climax of months of training was at hand. At last the suspense was over and we were off. In the first few strokes Bart's were rating 44 and this dropped to 42 by the end of twenty strokes. While it wasn't a bad start it lacked

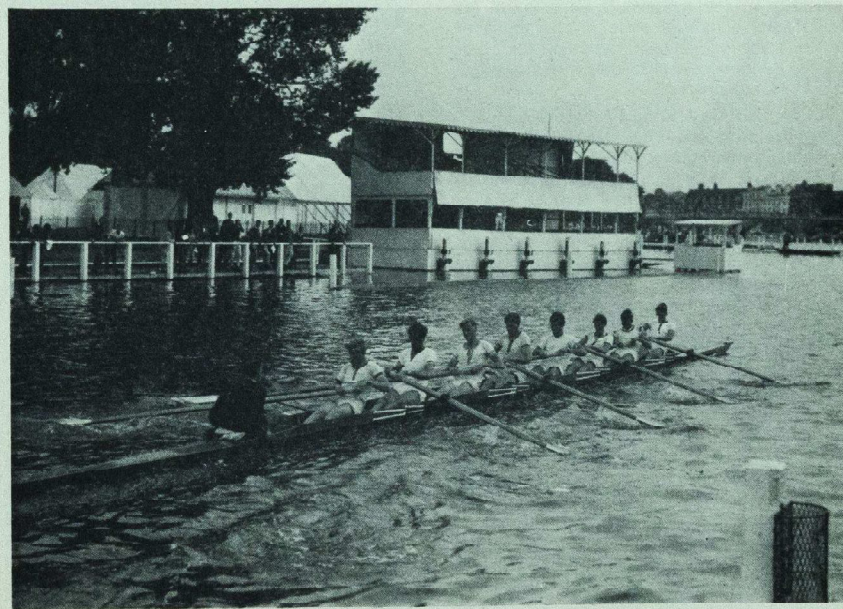
the precision and power we had in practice, and after a minute Clare were half a length up. It needs a lot of courage for an inexperienced crew to drop its rating during a race and, instead of rushing, make each stroke longer and harder through the water. Though we had already proved to ourselves that our high ratings were not economic, we had not yet gained the confidence to race at a rate that would give us time to expend our efforts more efficiently. By the barrier (time 2 mins. 1 sec.) Clare were one length in the lead. It was not until Fawley that we found our rhythm and by then we were  $1\frac{1}{4}$  lengths down. We attacked hard, raising the rate to 40, but with little effect. At Remenham, Clare were well in the lead and though the result seemed all too certain, we made another desperate attempt to catch up. With the rating at 40 we went for them once more, but confident of their lead they only pulled further away. A spurt at the mile raised our rate to 42 and though we gained a little at this stage, we had little to row home on. A final ten at 44 took us past the finish utterly rowed out. Clare had beaten us in a time of 7 mins. 8 secs. by  $2\frac{3}{4}$  lengths. This was the second fastest time of the day. Disappointment for the hospital was deepened when St. Mary's were beaten by Emmanuel, Cambridge, in another Ladies' Plate eliminator. Clare beat Emmanuel on the Wednesday of the regatta.

We still had a Wyfold four entered for the regatta and this was to race on the following Wednesday. Consisting of four members of the first boat, this venture was taken much more light-heartedly than the eight. At first we paddled mile after mile at a relaxed rate of 20, but gradually this rose until we could row just as efficiently at 30. Once again we are indebted to Tom Langton for invaluable coaching and advice. For the four concerned the outings in this boat must remain one of the most pleasant memories of the regatta. Boating in the evening on completely still water and with the sun low in the sky, it was often very difficult to stop rowing and return home. By the Tuesday we found ourselves doing starts at 40 with the greatest of ease and our confidence was mounting. Things looked hopeful, but it was not to be. On the night before the race D. C. Dunn was violently sick and next morning still had a slight fever. It seemed likely that he would not be able to row, but after spending the morning in bed he improved and as he was anxious to row it was decided to enter the crew unaltered. Luckily the race

was not until the evening and by that time he was feeling much better and had a normal temperature. We were racing St. Catharine's College, Cambridge. The umpire gave the word and we set off at what felt a comfortable rate. To our surprise St. Catharine's failed to go up on us. However, at this stage a slight misfortune occurred. Either the course twisted, or our rudder failed to maintain our direction, and we came in contact with some of the little buoys which mark the edge of the course. Having sunk above five, there was some speculation amongst onlookers as to whether we would continue the race on the course or outside it. We eventually settled for the course itself and set off in a direction that would give us a try at the booms marking the other side. Due to this delay in our progress St. Catharine's were some three lengths up, but as we were heading straight towards them and gaining fast they took fright and hit the booms on their side. By this tactic we caught them up and by the barrier were only one length down and fairly near our own station. At this stage we were

going well and were just beginning to pull past St. Catharine's, when a shout from the umpire reminded us that we hadn't been allotted unlimited water to row on. We returned to our own station and having bounced off the booms settled to a comfortable rhythm again. We went up very fast and once more looked like overtaking them. At Fawley they put in a spurt, but we continued to go up and were close on their stern—too close, and the umpire once more gave us some directional advice. This process continued for the length of the course and at every attempt we made to pass them something was in the way. Our final ten was likewise thwarted as the crews were in line astern, and bumps were not allowed on the opponents' station. We crossed the line one length down and were by no means rowed out. Afterwards the umpire commented that whereas one crew had rowed the statutory mile and an eighth, the other had covered a mile and a quarter. He wondered which would have won over equal distances.

Thus it was that our Henley rowing came to



"The 1st VIII training at Henley."

an end. As some of the crew were not available in the next few weeks it was also the end of the year's rowing. The length of this report alone shows what a busy year it has been. We have, in fact, had more people rowing regularly throughout the year than any other hospital boat club and it is to be hoped that if this process of building up the club can be continued, we may once more see Bart's supreme amongst hospital rowing.

## HARVEY SOCIETY

During the session 1961-62 the Society met seven times. Activities included five lectures, one symposium and an excursion, all of which were well attended.

On 16th October, 1961, Dr. H. E. Lewis gave an illustrated talk on "The Modern Development of Polar Physiology". It was only recently, he pointed out, that physiologists had been included in arctic expeditions, and he went on to deal with his findings during the British North Greenland Expedition. Among the most interesting of these was the constancy of the number of sleep hours per week, even though the sleep pattern might be very disturbed. In general, he found that there was less acclimatization to cold conditions than had been anticipated.

In his illustrated lecture on 6th November, 1961, Professor Ian Aird mentioned that the phenomenon of human Conjoined Twins has been observed since ancient times. The success of any attempt at separation must necessarily depend upon the extent and location of the lesion. He gave details of the ingenious deductive techniques and operational procedure used in the case of a pair of Nigerian twins.

On 27th November, 1961, Dr. H. J. Taylor dealt with the history and problems of *Submarine Escape*. He described modern naval safeguards for ensuring survival when the vessel was flooded, during the ascent to the surface, and while the victim was waiting to be picked up.

Under the chairmanship of Professor Rotblat, a symposium on *X-rays and Leukaemia* was held on 15th January, 1962. Dr. W. R. S. Doll pointed out that there was a definite correlation between exposure to high doses of X-rays and the incidence of leukaemia. Studies on Hiroshima victims and experimental animals indicate that very small doses may also be capable of inducing the disease. Dr. J. Y. Rabinowitch maintained

### Crews:

1st VIII—bow, D. A. Lloyd; 2, M. P. Stewardson; 3, P. R. Husband; 4, K. M. Stephens; 5, D. L. Hunter; 6, D. C. Dunn; 7, E. M. Hoare; stroke, A. B. Ayers; cox, N. D. Loughnan.

Wyfold IV—bow, E. M. Hoare; 2, A. B. Ayers; 3, D. A. Lloyd; stroke, D. C. Dunn.

D.C.D.

that there was no proof of the damaging effect of small doses of X-rays; on the contrary, it might yet be shown that these were beneficial to leukaemia victims. He emphasized the importance of X-rays as a diagnostic aid to difficult deliveries, and considered the risk to the foetus negligible by comparison. After the ensuing discussion, Professor Rotblat summarised the proceedings and added in conclusion that a balance must be obtained between the experimenter on one hand, who inferred that X-rays in any dose were harmful, and the clinician on the other, who required X-rays as a diagnostic tool.

On 6th February, 1962, Dr. Kenneth Backhouse gave a lecture on *Dolphins and Divers*. He described the social habits and physiological peculiarities of dolphins, and showed a film of trained animals performing at an Oceanarium in Florida.

On 26th February, 1962, Dr. W. Grey Walter talked on *Food for Thought—Observations on Brain Circulation in Man*. The speaker had conducted his investigations using chronically implanted oxygen electrodes. This technique has revealed two varieties of wave in connection with oxygen availability to the brain. While one of these is related directly to blood pressure, the other apparently is indicative of local activity. The speaker went on to describe methods of regulating oxygen availability in the cerebrum, and compared the units of the brain to a series of engines, in each of which the throttle opening is controlled by the exhaust, the whole providing a very stable system.

On 6th June, 1962, Professor A. J. Cave conducted a large party of Members round the London Zoological Gardens. The interest of the expedition was greatly enhanced by the erudite and memorable comments of our host.

J. F. PHILPS,

Hon. Secretary.

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

# ST. BARTHOLOMEW'S HOSPITAL JOURNAL



Vol. LXVI, No. 11

NOVEMBER, 1962

## Editorial

### The Clinical Supplement

NEXT year we hope to publish a quarterly clinical supplement, which will be supplied free of charge with the Journal. Its main purpose will be to cover the current research work in the hospital and medical college. We hope that those involved in research in all departments will wish to make use of the supplement and so keep other members of the staff and students informed of their work.

In the past, students have only been told of any research when they were needed as cheap help or to provide blood or to have some potion administered. It is not surprising that when the word research is mentioned students creep quietly out of sight and earshot. Only recently is the hospital staff realising that it may be of value to inform students of their research, and talks with this end in view have now been held by the Surgical Unit and Bacteriological Department staff.

Publishing accounts of research, however, will not be the only function of the supplement, it is hoped that prize essays may be published in full, which is not possible in the Journal in its present form. We will also publish lectures of particular interest from the Paget Club, the Harvey Society and the Abernethian Society which will, no doubt, be of value to our readers who are unable to attend these meetings. The supplement will also allow Housemen and students to publish interesting case notes of patients with whom they have

been closely connected. We hope that these additional pages will be of benefit to our younger writers as well as to the readers. By providing this extra space and rearranging the Journal slightly we will be able to include in the Journal itself a Nurses' page and a Charterhouse page. We ask for your support and help, that this new venture may prove a success.

### Disaster Regime

Recently, at Bart's a team of doctors and nurses was gathered in anticipation of a visit to the Persian earthquake disaster area. Difficulties with finance, supplies and doubt as to whether the team would be needed delayed their departure until the emergency had passed.

We have regimes which are brought into action immediately for a patient admitted with conditions such as heart failure, pulmonary oedema or acute intestinal obstruction and by efficient teamwork such conditions may be smoothly dealt with. It seems a pity that similar regimes could not be set up for disasters such as earthquakes, floods and fire. The team "on call" should have funds available which could be used at the senior members' discretion, without having to wait for sanction. The greatest need is usually within hours, not days, and an arrangement with the R.A.F. would probably be necessary to transport staff and supplies. Without doubt this sort of system would take a great deal of organising; however, the organisation may be done before and not after the disaster. Periodically the potential arrangements would need checking out

ensure, among other things, that each member of the team knew what he was in charge of. Nevertheless this important undertaking would be well worthwhile to the many lives which could be saved by an efficient, highly skilled team working at the scene of the disaster within hours, rather than days, of its occurrence.

#### This Issue

We have pleasure in including a poem by R. B. Price, who wrote the now famous poem "The Battle of Furunculus", which was published in the Journal in 1909 and later in "Round the Fountain".

Dr. Kenneth Dewhurst, whose article entitled "Dr. Robert Pitt's Letters to John Locke" appears in this month's Journal, is a Wellcome Research Fellow in Medical History

#### Engagements

- ANDREWS—SKIDMORE.—The engagement is announced between Dr. David Anthony Andrews and Diane Mary Skidmore.  
 BEARDWELL—HAZZLEDINE.—The engagement is announced between Dr. Colin Gibbs Beardwell and Julie Lorraine Hazzledine.  
 BRANFOOT—STANBURY.—The engagement is announced between Dr. Antony Carré Branfoot and Susanna Mary Norman Stanbury.  
 BRUCE—SCOTT BROWN.—The engagement is announced between Dr. John David Bruce and Juliet Anita Scott Brown.  
 CASSELL—SHELDON.—The engagement is announced between Dr. Paul G. Cassell and Janet Sheldon.

#### Marriages

- DAVIES—MASON.—On 27th October, at the Church of St. Bartholomew-the-Less, Dr. D. Garfield Davies to Maxine Florence Mason.  
 MISSEN—STEPHAN.—On 22nd September, at the Priory Church of St. Bartholomew-the-Great, Dr. Anthony John Bartley Missen to Janet Stephan.  
 NANSON—WOOD.—On 8th September, at Chelsea Old Church, David John Nanson to Eileen Margaret Wood.  
 SCOTT—RICHARDS.—On 1st September, David Douglas Bodley Scott to Mary Richards.  
 UPJOHN—WARRANDER.—On 22nd September, Dr. Clive Upjohn to Dr. Anna Warrander.

#### Births

- CAIRNS.—On 1st October, to Valerie and Dr. David Cairns, a son (Robert Alexander John), a brother for Fiona.

at Corpus Christi College, Oxford. He recently had the honour of giving the first of the Sydeilian Lectures at the Society of Apothecaries. Dr. Dewhurst is a well-known authority on John Locke.

Dr. Pirrie is the L.C.C. Principal Medical Officer with special responsibility for school children and we have great pleasure in publishing his essay on "The Educationally Sub-normal Child".

#### Stop Press

It has been brought to our notice that the old lighthouse at Beachy Head is for sale. Dr. Edward Cullinan is the owner of this delightful vertical hall of residence and is asking £15,000 for it.

- DOHERTY.—On 5th September, to Helen, wife of Surgeon-Lieutenant Roger Doherty, a son (Patrick), a brother for Charlotte.  
 DUNGER.—On 15th October, to Pat (née Maw) and Dr. G. T. Dunger of Jos, Northern Nigeria, a son.  
 ELLIOTT.—On 14th September, to June (née Carlton), wife of Surgeon-Lieutenant Commander David Elliott, R.N., a daughter (Katherine Mary), sister for Joanna.  
 MALTBY.—On 28th September, to Margaret, wife of Dr. John Maltby, a third son (Robert).  
 NAINBY-LUXMOORE.—On 3rd September, to Ruth (née Morlock) and Dr. Richard Nainby-Luxmoore, a daughter (Mary), sister for Jonathan and James.  
 RICHARDS.—On 3rd October, to Christine (née White) and Dr. Hugh Morgan Richards, a son (Nicholas Hugh).  
 STEVENS.—On 19th September, to Noreen (née Owen), wife of Dr. John Stevens, a daughter (Clare Jane).  
 TAYLOR.—On 7th September, at Mvumi, Tanganyika, to Joan (née Sanderson) and Dr. Joseph Taylor, a daughter (Barbara Joan).  
 WARE.—On 12th September, to Dr. Jean M. (née Martin) and Dr. Colin C. Ware, a daughter (Helen Jean).  
 WATKINS.—On 28th September, to Gillian (née Gould), wife of Dr. David Watkins, a son (Guy David), a brother to Anna and Hugh.

#### Deaths

- BERTWISTLE.—On 4th September, Alfred Pilkington Bertwistle, F.R.C.S. Qualified 1918.  
 BILLIMORIA.—On 8th October, Bomy Rustomjee Billimoria, F.R.C.S. Qualified 1937.  
 HARMER.—On 24th October, William Douglas Harmer, M.C., F.R.C.S., aged 89. Qualified 1898.

- MARTIN.—On 4th October, Dr. Thomas Martin, aged 90. Qualified 1897.  
 MITCHELL.—On 13th September, Charles Martin Mitchell, M.R.C.S., L.R.C.P., aged 89. Qualified 1899.  
 OGDEN.—On 1st September, Dr. William Ogden. Qualified 1925.  
 OKELL.—On 15th September, Dr. Robert Okell, J.P. Qualified 1926.

Mr. Harmer's Obituary will appear in our next issue.

#### Change of Address

- Mr. and Mrs. Gordon Bourne, Oldways, The Bishops Avenue, London, N.2. Telephone: MEADway 4788.  
 Dr. J. W. Aldren Turner, 23, Malvern Court, Onslow Square, London, S.W.7. Telephone: KENSington 1086.  
 Professor K. J. Franklin, "Broomfield," The Street, East Preston, Sussex. Telephone: Rustington 3444.

#### Appointments

- Mr. J. W. Cope has been appointed Dean of the Medical College of St. Bartholomew's Hospital, with effect from 1st October, in succession to Mr. D. F. Ellison Nash.  
 Dr. A. C. Boyle—senior consultant rheumatologist, Charterhouse Rheumatism Clinic, London.  
 Dr. P. B. Kunkler—consultant in radiotherapy, Welsh Hospital Board and United Cardiff Hospitals, based on South Wales Radiotherapy Hospital, Cardiff.  
 Dr. J. Q. Matthias—consultant physician, Royal Marsden Hospital and Institute of Cancer Research, London.  
 Mr. I. D. E. Strong—consultant ophthalmic surgeon, Swindon-Cirencester area.  
 Diploma of Tropical Medicine and Hygiene (D.T.M. & H.) A. R. O. Chinery. University of London  
 The title of reader in physiology has been conferred on Dr. D. Mendel, in respect of his post at King's College.  
 The following have been appointed, reappointed, or renominated as representatives of the University on the governing bodies of the institutions indicated:  
 Guy's Hospital Medical School, Dr. E. R. Cullinan; British Postgraduate Medical Federation, Sir Francis Fraser and Dr. C. F. Harris; Mitchell City of London Educational Foundation, Prof. R. A. Shooter.

#### Calendar

##### DECEMBER

- Sat. 1—On duty: Dr. R. Bodley Scott  
 Mr. Alan Hunt  
 Mr. J. N. Aston  
 Dr. Ian Jackson

- Mon. 2—OXFORD 2nd B.M.  
 Tues. 4—5.30 p.m. Dr. A. P. Goffe, "Active Immunisation Against Measles," London School of Hygiene and Tropical Medicine.  
 Wed. 5—5.00 p.m. Dr. J. Pepys, "Vegetable Dust Pneumoconioses: Immunological Advances." Open Lecture, Institute of Diseases of the Chest, Brompton Hospital.  
 Thurs. 6—Abernethian Society, 5.45 p.m. Prof. C. E. Dent, "Research in Russia."  
 Sat. 8—On duty: Dr. F. R. Cullinan  
 Mr. C. Naunton  
 Morgan  
 Mr. W. D. Coltart  
 Dr. T. B. Boulton  
 Mon. 10—CAMBRIDGE FINAL M.B. PART II.  
 Tues. 11—5.30 p.m. Dr. D. Richter, "Brain Biochemistry in Relation to Psychiatric Disorders." London School of Hygiene and Tropical Medicine.  
 Wed. 12—CAMBRIDGE FINAL M.B. PART I.  
 Thurs. 13—5.30 p.m. Dr. J. N. P. Davies, "Cancer in the Tropics: with special reference to neoplasms in childhood," London School of Hygiene and Tropical Medicine.  
 Sat. 15—On duty: Dr. Graham  
 Hayward  
 Mr. A. W. Badenoch  
 Mr. J. N. Aston  
 Mr. F. T. Evans  
 Thurs. 20—1st XV v. Old Paulines, Chislehurst.  
 Sat. 22—On duty: Dr. A. W. Spence  
 Mr. E. G. Tuckwell  
 Mr. W. D. Coltart  
 Dr. R. A. Bowen  
 Thurs. 27—Sat. 29—Pot-Pourri.  
 Sat. 29—1st XV v. Old Rutlishians, Chislehurst.  
 On duty: Prof. E. F. Scowen  
 Prof. G. W. Taylor  
 Mr. H. Jackson  
 Burrows  
 Dr. G. H. Ellis

Physician Accoucheur on duty for the month of December is Mr. Gordon Bourne.

## Fifty years ago

from the Editorial Notes of November, 1912

**A**T last the long and oft-threatening War Cloud in the Balkans has broken, and all Europe is agog with excitement, fears and hope.

The "Powers" have added another failure to the record of the Concert of Europe, and the cynical mind finds no reason to suppose that the area of the war will not extend further if any one of the Powers can foresee with certainty an advantage to itself from such extension.

To the medical world the war has a two-fold aspect, from the professional and from the political standpoint, and there has been an immediate rush of applicants for medical service with the organisations of the Red Cross working with the Balkan States, and the Red Crescent of the Ottomans.

Bart's bids fair to supply its full share of men for work which, whether regarded as the expression of sympathy with the combatants or merely of the spirit of adventure, will certainly prove of very real benefit to the victims of the war.

Wherever there is fighting or adventure the Briton is nearly always to be found, and probably the number of our countrymen in the Balkans or Turkey in a few weeks' time will be very considerable; amongst them the contingent of Bart's men will, we feel sure, "make good" by steady, quiet efficiency, and we wish them all good experience, the best of health, and a safe return.

\* \* \*

There is a curious kink in the minds of a section of the public which attributes the highest and noblest qualities to any Near Eastern inhabitant provided he is not a Turk, while the latter is to their minds "unspeakable". Such people doubtless read with avidity a statement that Turkish doctors were proceeding to the war with supplies of cholera and typhus microbes. We do not read the Turkish medical journals, so have doubtless omitted to learn of the isolation of the bacterium of typhus.

Typhus gave its last great display in the Russo-Turkish war of 1877-78, and if the virus still lurks in the district there may be ample opportunities for isolating this hitherto un-

recognised organism. There will be many problems in diagnosis springing themselves upon our representatives, for typhus, Mediterranean fever, smallpox and cholera do not rise so readily to the minds of those accustomed only to English diseases. Nor will there be a pathological department to deal with films and cultures at a moment's notice, but practical observation and clinical acumen will receive a great stimulus, while the value of bacteriology as a clinical aid will be realised as never before.

## Last Month

Miss Law, our librarian, is to leave when the new library is opened. She was a Wren in the first war, and took an active part in the second. She has worked in University College Hospital, and for the Mary Ward Settlement. Her departure comes as somewhat of a shock to most of us at Charterhouse. For eight years Miss Law has run the library with the utmost efficiency. Her insistence over punctiliousness in returning books has kept the list of missing books to a minimum. Moreover, for any student in a quandary over which book to use, Miss Law invariably had the right answer. We are sorry to lose her and wish her luck in the future.

The main item of news last month was the reintroduction of Pharmacology in the second MB course. The third year, whom it mainly concerns, unhappily in possession of only a few of the facts, gloomily discussed the prospect at a mass meeting. Before a state of panic was reached, the Dean was seen walking towards College Hall, and was, I suspect, coerced into addressing the meeting. Fevers abated as the situation became clearer, and the students began to realise they were not so badly off after all.

Money is surely one of the students' biggest woes. Most of us depend on the Welfare State to see us through our course; however, there are many of us who are either completely lacking in financial aid or else receive such a meagre allowance that they must look elsewhere for funds. Invariably the burden falls on the unhappy parent. There is growing support for the idea of making each individual student a loan, this loan to be repaid over a number of years after completing the course. This would seem to have three main advantages. First the student would have enough funds at his disposal to save him from any financial embarrassment. Secondly, it releases

money for other educational necessities, new universities, etc. To a lesser extent it might deter any young man whose only motive for going to university is that of spending a pleasant few years in congenial pursuits and pleasant surroundings.

The idea, of course, if introduced would not bring joy into the heart of everyone receiving what amounts to a sizeable gift every year. On the other hand it might seem a much fairer way of dealing with a tricky situation.

## LETTER TO THE EDITOR

### More About General Practice

Dear Sir,

May I add another voice to Miss Matthews in support of the value of gaining some experience of General Practice.

I spent a fortnight with Dr. and Mrs. Gibson in Winchester, again kindly organised by Dr. McKane, and a busy programme had been arranged. It was surprising how many aspects of the life of a General Practitioner there were to be shown in this short time. As one might expect, the emphasis lay on observing each of the five partners at work either in the surgery or on visits. But there was surprising variety in this alone for as well as Antenatal and Vaccination Clinics it involved Out-patient work at the City Hospital, Sick Parades at Winchester College, St. Swithin's and H.M. Prison, and visits to other institutions such as a Remand Home, a school for sub-normal children and a number of Nursing Homes where patients avoided the isolation and facilities of a hospital.

Time was set aside to explain the more mundane but nevertheless vital knowledge a G.P. must possess; how to prescribe, what to carry in the emergency medical and obstetric bags, the forms and certificates to sign and the legal aspects of partnership agreements.

Many people contribute to the operation of a General Practice—more than one might think. In the main surgery the secretary and receptionist explained their work. The former

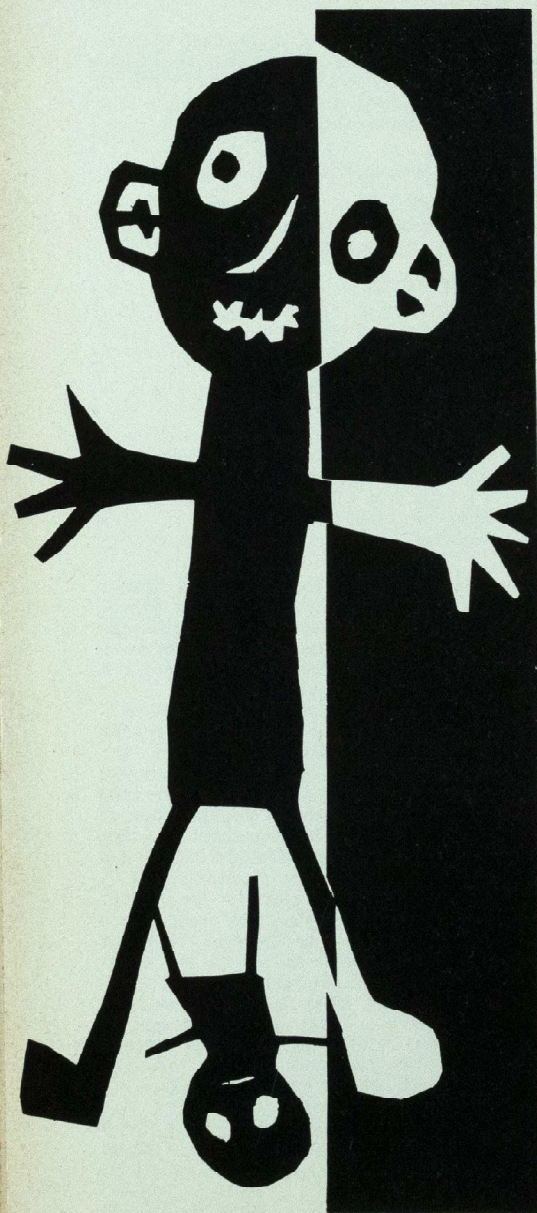
writes the accounts, receives the mail, organises the visits and is the general source of information, gossip and otherwise; the latter arranges surgery appointments. I was introduced to the district nurse, midwife and health visitor, who are attached to the practice.

In the city, the clerk to the executive council explained how, as a branch of the N.H.S., they administered general practitioners, opticians, dentists and chemists and I was shown round the departments of medical registration and finance. The county medical officer of health emphasised the importance of public health as another branch of the N.H.S., and introduced me to their pioneering work in establishing training centres for the mentally sub-normal. A morning was spent with a chemist to see how he dispensed. The only person, unwittingly omitted, was the undertaker, another friend of the G.P.

London and hospitals seemed far away, leaving me in no doubt that I was being given, just before finals, a look at a very different aspect of the practice of medicine, an experience which adjusts the balance before one finally takes the plunge.

Such warm hospitality given by my hosts could rarely be equalled. It was a happy reminder that the walls of Bart's spread far outside London.

Yours faithfully,  
T. G. Hudson.



THE  
EDUCATIONALLY  
SUBNORMAL  
CHILD

by

Dennis Pirrie

Principal Medical Officer

London County Council

WHEN doctors are asked to think about handicapped children they usually first consider those suffering from motor or sensory defects—the cripples, the blind or the deaf. The problems created by other than gross variations in intelligence do not come their way and yet, life being what it is, family doctors and paediatricians are often asked by distracted parents to advise or to adjudicate on the proposals of the local education department to provide special education for the child. Because young doctors have little opportunity to meet this kind of child and even less to learn the possibilities and the limitations of the forms of special education, they should be particularly careful to avoid pontificating and assuming a knowledge they do not possess.

Special education for mentally retarded children has been possible since the end of the 19th century when local education authorities were given the powers to provide it. The introduction of compulsory education swept into school numbers of handicapped children, and in the nineties provision was made for blind, deaf, mentally handicapped and epileptic children to be taught outside the normal educational system. Nowadays in spite of the growing attention paid to the emotionally disturbed children the educationally subnormal is by far the biggest single group.

	Day special schools	Boarding special schools	Non-council boarding schools, etc.	Total
Blind	—	67	38	105
Partially sighted	256	—	12	268
Deaf and partially deaf	270	34	121	425
Physically handicapped	923	67	439	1,429
"Delicate"	1,429	179	107	1,715
Educationally subnormal	3,380	595	74	4,049
Maladjusted	178	317	509	1,004
Epileptic	—	—	25	25
	6,436	1,259	1,325	9,020

Table I.—London children in full-time special education (L.C.C. 1960)

(Incidentally no more should be read into this table than is there. There are, for example, a few hundred children with epilepsy in E.S.N. schools and schools for physically handicapped children and about a thousand in ordinary schools, but only 25 have had to be admitted to schools for epileptics.)

The Woods Committee reported in 1929 that they considered that of every 1,000 school

children 10 would need special education as E.S.N. and two would be too handicapped to be educated, even in a special school. With 130,000 children in London schools 4,049 children in E.S.N. schools is very near the one per cent. estimate of 30 years ago. So, while physical and sensory handicaps tend to decline, interrupted by iatrogenic incidents like retro-lental fibroplasia and thalidomide, and emotional difficulties appear to increase, the amount of retardation seems to remain about the same.

Intelligence has a normal distribution about a mean to which we give the label of an Intelligence Quotient (I.Q.) of 100. Intelligence Testing as a criterion of selection for anything has been much decried in recent years, but used with moderation and understanding it remains the most useful tool that we have and as accurate as others on which we base a diagnosis. An I.Q. of 120-125 is needed to enter a university, but not all students with the necessary intelligence get into a university and some with less do, and by assiduous toil gain a degree—and remain a danger thereafter. Always the child presents a total individual problem—family and economic circumstances, intelligence, other handicaps, character, temperament. Two boys with spastic paraplegia, one the only son of a devoted professional couple, the other the sixth child of an unemployed Welsh pitman with silicosis, present two different problems. So at either border-level of subnormality the examiner will base his recommendation on a review of the whole child. Briefly, special education is usually required for those with I.Q.s under 75 and over 50. Children with I.Q.s over 80 can manage in an ordinary school, those with I.Q.s under 50 cannot be helped in a special school and need the kind of attention given in a junior training centre which is administered not by the education but by the public health department, as this is considered to be a problem of mental health rather than education. But these limits will be affected by past experiences and other handicaps, in particular by problems of behaviour.

The usual procedure is that the child goes into an infant school at the age of five. There may be a history of slowness in development in infancy, or of an associated defect that will draw the attention of the school doctor to the child, or the head of the school after a period of observation will bring the child to his notice because he compares so badly with his fellows. This period of trial is most important not only

for the child but also for parents who must not feel that their son "has not been given a chance." On the other hand the trial should not be needlessly prolonged. It is not fun for a dull child to be made into a butt for his merciless if more intelligent companions, and his happiness and success lie in getting him as soon as possible into the school environment designed to help him. The first job of the school doctor is to make sure that there is no remediable physical defect to account for the child's slowness in school. Visual and auditory defects are the most common. A pure tone audiogram should always be obtained in children of this age to exclude high tone deafness which can otherwise be so difficult to detect. Many local authorities give a pure tone audiometric examination to all children as soon as possible after admission to school. If he can find no reason for the retardation the head of the school completes a full report and a doctor with special experience in the field carries out an examination including individual performance and verbal intelligence tests. These latter may be performed by an educational psychologist, but there is much to be said for one examiner learning directly as much as possible about the child and his family before making a recommendation. The Universities of London and Durham run courses for doctors to help them understand the uses and abuses of intelligence testing, and a doctor must have attended one of these courses and have had a period of supervised experience before being allowed to carry out these "statutory" examinations under the Education Act. In the school the classes are limited to 20 and the children stay till at least 16. At least a proportion of teachers will have had a year's post-graduate work in the problems of teaching retarded children. Each child too is re-examined at least once a year to ensure that he is properly placed, and, just as doubtfully E.S.N. children are given a trial in an ordinary school, so doubtfully educable children are given a trial in an E.S.N. school before, if necessary, being transferred to a training centre.

The best of these schools are extraordinarily successful in preparing their pupils to fit into a world designed in some respects at least for the more intelligent. Most of them become economically independent and many return to their school in their shiny new cars to show their teachers how they might do better for themselves. This is in marked contrast to the dull child in the ordinary school who finds it difficult to make his way there or in later life

and is often the prey of criminals, the recidivist and the despair of penologists. A most interesting development is the growth of groups of parents who, instead of resenting their children being in a "daft" school, are prepared to study how best to help them and to press authority to provide better facilities. Teachers, psychologists and doctors too are taking a greater interest, and recent national and international congresses have brought together those who had previously been too isolated in their work. The detection of the hereditary nature of some enzyme deficiencies has awakened a hope that further knowledge and the means of prevention of deficiency will one day be possible for a greater number. At another level the Clarkes (1958) have shown how much can be done to help the child of much lower intelligence and many who would previously have been considered helpless have been taught to make a sensible contribution to their own maintenance and so have that very real satisfaction.

The picture is not all rosy. Many will have more than the one handicap. One-third of the children with cerebral palsy are subnormal. Five to eight per cent. of E.S.N. children have epilepsy. Learning to communicate is a difficult enough task for any partially deaf child, it is infinitely harder for one whose parents are themselves subnormal and whose own I.Q. is 60.

When the child reaches school-leaving age the work is not finished. The Mental Welfare Officers of the local health authority can assume supervision if asked to do so, helping the youth to a suitable job, advising him on how best to employ his wages, finding a hostel or lodgings if these are needed. Some will find their way to the hospital for mental deficiency because, perhaps after the death of their parents, they are unable to manage on their own.

Two questions always face doctors. Do sub-normal children become criminals and is there not a serious danger that when they marry, or outside wedlock, they will have defective children for whom they will never be able to care? On the first, as Kershaw (1961) points out, dull criminals are more easily caught, and without suitable education and enlightened supervision these children become the dupes of others. This is not inevitable, but like so many things that need to be done, prevention needs money, workers and a sense of devotion. On the question of heredity there have been gloomy prophecies of an increase in defectives

because of changing conditions, but in fact there is no evidence that any great change is taking place in the proportion of the mentally handicapped in the community.

It is interesting to see how different countries tackle this problem. The egalitarian outlook on education of the United States for example makes it difficult to provide special forms of education and condemns the growing child to a constant feeling of inferiority. In this field where interest and research look as though they may be about to make great advances, the plan of education and care in this

country seems likely to lead to good results. What is needed is a general raising of the level to that of the best work now being done, by the co-operation of all engaged in the care of children.

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## From The Australian Medical Association News Bulletin (Tasmanian Branch)

Long ago, the Final of the London Inter-Hospitals Rugby Cup was played between Guy's Hospital and St. Bartholomew's. Near full time, scores were even, and the game could go to anybody. Dusk was near, and the light was poor. At this point, a Bart's front row man received a forward pass. Should any reader be ignorant of the Rules of Rugby Football, let it be known that to receive a forward pass is a grave infraction of the rules of the game. The light was poor, and no-one knew of the foul except the forward who received the ball. He pressed on regardless down the field, touched down, obtained his try, and immediately the whistle blew. The game was won by his Hospital. He kept his secret, but throughout life, despite a blameless record, this sin troubled his conscience.

In the fullness of time he died, mourned by

his patients and respected by his colleagues. He approached the heavenly gates, and was met by an ancient bearded character in a long robe, bearing a massive bunch of keys.

The Apostle enquired whether he had committed any sins which might prevent his entering eternal bliss. With a heavy heart he confessed that he had won the Inter-Hospitals match for Bart's after collecting a forward pass. "That's quite alright," said the disciple, "come right in." Later, sitting within the heavenly portals, an angel enquired whether he had any trouble getting in. "None at all," said the surprised doctor, "I told St. Peter all about my heinous sin of accepting a forward pass, but he just wasn't interested." "That," said the angel, "wasn't St. Peter, this is his day off, the apostle on the gate today is St. Bartholomew."



# Dr. ROBERT PITT'S LETTERS TO JOHN LOCKE

by

Kenneth Dewhurst

ROBERT PITT'S career occupies less than a page in Munk,<sup>1</sup> although he was a well known physician in his day. His early scientific work at Oxford soon led to his election into the Royal Society, and whilst a physician at Bart's, he was the leading upholder of the dispensary scheme whereby the sick-poor could obtain medicines at cost price. Pitt's proposals received the support of his most distinguished patient, John Locke, physician and philosopher; and his 20 letters to Locke (recently acquired by the Bodleian Library), shed much new light on medical affairs at the beginning of the 18th century.

Born at Blandford, Dorset, Pitt went up to Wadham College, Oxford, where he gained a fellowship shortly after graduating. He then read medicine, and after taking his doctorate, succeeded John Luffe in 1681, as the Tomlin's Reader in Anatomy.<sup>2</sup> Although the headquarters of the Royal Society had been re-established at Gresham College the founder members had left a legacy of experimental enquiry in Oxford which stimulated Pitt's early research. This was mainly in the field of comparative anatomy. In November, 1681, he sent Tyson communications on *De Catulis extra utero gerulis*, and *De Ango monstroso*<sup>3</sup>: two years later Aston<sup>4</sup> mentioned that Pitt's "discovery of two optick Nerves in the eye of a Fish was very new to us all . . ."

When writing to Dr. Plot in February 1682/3 Pitt mentioned experiments he had witnessed of injecting the tincture of indigo into the lacteals; and also his own work on the magnetic attraction of various steel preparations.

"We made a few experiments of crocus of steel applying to the magnet," he wrote,<sup>5</sup> "with crocus from the distillation of sal armoniac on filings: the *crocus cum sulphure* readily applied to the load stone; but especially *tart. chalybeat*, though the metalline parts had been so far divided by the tartar, as to pass through the paper filter: but the crocus from the distillation of sal armoniac, after it had been some time in a strong fire, and the *crocus martis astring.* (calcined in a reverberatory) did not take the least notice of the magnet, and yet we doubt not but these crocuses with fluxing powder may be reduced to steel . . . I am confident there is no black lead found in Dorsetshire; you may have flint and chalk enough there, but nothing like that mineral. I saw the dura mater in a child of eight months old firmly in all parts fastened to the cranium. The impressions frequently seen in the ossa sincipitis of the arterial branches, where the

dura mater was, as usually disingaged from the skull, make it probable it had been affixt to it."

A letter from Pitt was read at a meeting of the Royal Society in April, 1683, requesting some Egyptian earth which he proposed to weigh every fortnight at Oxford until 17th June. He suggested other weighings at similar intervals he made in London, and the results compared. Pitt had been elected a Fellow of the Royal Society on the 20th December, 1682,<sup>6</sup> but a year later he resigned his university appointment, and began to practise in London.

His interests now became more clinical. Whilst preparing for his admission as a candidate of the College of Physicians (to which he was elected in 1684) Pitt recounted a "very odd case" of a "young woman *who* had wanted a natural evacuation for 3 months. She complained of a load and fullness of her stomach, she vomited blood, flesh, and blood vessels so very perfect, that you had large firm arteries which would receive a goose quill. After she had rejected at several times that concretion wholly she was perfectly well and continues so, the tone of her stomach being confirmed and Nature directed to a more proper way of eating itself."<sup>7</sup> On the 15th April, 1685, when Dr. Lister proposed a new method of removing bladder stones through an abdominal incision, it was suggested that the operation should first be tried on a dog, and Drs. Pitt, Tyson and Aglionby were requested to attend.<sup>8</sup> At a Royal Society meeting on 24th November, 1686, Pitt debated a therapeutic problem with Dr. Hans Sloane. The latter stated "that quicklime destroys the volatile salt of sal armoniac; but this assertion was opposed by Dr. Pitt and Dr. Robinson, who said, that the mixture of quicklime with sal armoniac in distillation does not destroy the volatile salt; but that rather it agitates it to that degree that no part will rise to a dry form, but all in liquor, which by this manner of distillation is drawn much more pungent than by the ordinary way."<sup>9</sup>

Pitt was elected to the council of the Royal Society in 1687,<sup>10</sup> and in the same year became a Fellow of the College of Physicians. Ten years later he was elected physician to St. Bartholomew's Hospital. It was a time of great professional jealousy. Quackery was rampant; and a great controversy was raging between physicians and apothecaries. The latter were only supposed to make up medicines from the physicians' prescriptions, although they increasingly treated patients, and administered drugs on their own responsibility. Apothecaries were originally tradesmen, and the Elizabethan

surgeon William Bulleyn<sup>11</sup> when drafting regulations for their guidance reminded them in rule 19:—"That he do remember his office is only to be ye physician's cooke." But in Pitt's day the treatment of the sick-poor had been largely taken over by the apothecaries, and in order to prevent any further encroachment on their practice, the physicians decided in 1687 to give their advice free to all the needy within London and seven miles around.<sup>12</sup> But the poor folk, having seen a physician, presented his prescription to an apothecary only to find that the dispensing charge was quite beyond their means. The leading physicians then decided to set up their own dispensary where cheap and effective remedies could be bought at cost price. But the doctors were not in unanimous agreement, and some of them found that it was more profitable to curry the apothecaries' favour. The dispensary scheme was unanimously condemned by the apothecaries as a physicians' plot designed to ruin their trade.<sup>13</sup>

Robert Pitt was one of the founders of the College Dispensary, and devoted the rest of his life to stoutly defending it. He believed in the scheme, not from any selfish motives, but mainly on account of his healthy therapeutic scepticism, as he had faith in only a few cheap and simple remedies. His views were shared by John Locke, physician and philosopher. When their correspondence began in 1701, Locke, who was nearly 70 years old (Pitt's senior by 20 years), was living in retirement at the home of Sir Francis and Lady Masham at Oates, in Essex, where he occasionally treated the neighbouring sick-poor. When a feverish illness broke out in the village, Locke sought Pitt's advice on treatment.

"In St. Bartholomew's Hospital," replied Pitt,<sup>14</sup> "we have here not one Patient in 50, the last year and half of Feavers, by being only treated with few Medicines given on the apparent opportunities of assisting the Despumation of the blood and waiting till some other occasions offer'd of doing good. The Delirious Phrensies went off, allowing time, as in the Paroxysm of an Ague. I have Patients of the same Fever you describe. The Urine continuing high colour'd after the bilious vomitings with Phlegm, shews, that that matter is to be separated chiefly by the Liver, and the glands of the Stomach and bowels. I therefore keep em to an Alkali Powder which easily opens the Pores, and moves to the Kidneys adding some grains of Creme of Tartar and a grain or two sometimes of Salt of Tartar. But upon Ferncls great observations which is own'd in part by

all the other rational Physicians, that the blood separates the Febrile matter principally per sedes and that of many others, that the Febres longae are most securely shortened by infusions of Khubarb ect. I appoint an infusion of Sena and Rhubarb in Aq. Laudan. cum leni calore, with a few gr. of a fixt salt, to be given, diebus alternis. The Infusions of the common bitters are useful to support the stomach, open the Liver, and besides move a little to the bowells. If the matter be turgent in the stomach and prima via, the Caruus vomit seems to be necessary. I have not yet given the Infusion of the Basile tho I observe it often at intermissions which probably may be after a week of great service . . ."

Marginal Note: "Our Dispensary is the only method by which Honest, Innocent and useful Physick can be reviv'd."

All his life Locke had suffered from asthma and chronic bronchitis, aggravated during the winter months by the smoky metropolitan air. He believed (not without due cause as his brother had died from tuberculosis) that he was similarly afflicted, although this diagnosis is improbable in view of his longevity. Nevertheless he took great care of himself, spending the winter months in the clean country air. During the severe winter of 1700 he had been urgently summoned to London, and as a sequel to this rigorous journey developed a particularly severe respiratory infection which laid him low for several months. He took the Waters of Tunbridge Wells, but his convalescence was retarded by a painful swelling of his back, and later his legs became swollen and ulcerated. He consulted Pitt whose simple advice is given in the next three letters:"

" . . . I hope you may be more easy, after you have diverted the humour which now falls on your Legs and will allway hold that course, unless directed to an evacuation some other way. I presume it can be no prejudice to your Lungs, if it be gently removed by very gentle purgation with Pil. Ruffi. or such like. To repel without evacuation is dangerous; and feeble Lungs cannot bear any vehement operation of purging. But both may be used to advantage if the necessary cautions are observ'd. You may at least abate the trouble, which that humour gives you and by applying Diachylon or Melilot soon dispose the swelling to an easy digestion . . ."

"I have frequently thought of your case, since you did me the favour to report it to me. I suppose to easy a depletion of the humours by Pill Ruffi. cannot make any impression on your Breast. Your stomach will be supported

by it, and the increase of Phlegm prevented. By that very gentle evacuation, the Humours will not in so great Quantity, instructed with an iter melius, fall on your legs, and consequently the Ulcuscula sooner dispose to heal, or at least to be less disturbing to you. I desire to be inform'd how I may send a little Pacquet of Papers to you, writt at several times, by order of the College and by private hands, on the great Reformation we hope to make in Physick. The People will not give their Apothecary any Money, he therefore pays himself for his visiting and prattling, by the much Physick he sends in if he cannot get the sick to take it. This vast Charge make the people stick the closer to him, to avoid the other. He is desir'd to bring in a doctor when Danger appears. The doctor must write as he will, and applaud his management by both which the People are still more confirm'd. The Dispensary can only instruct the publick, that medicines are cheap, and that many distempers are easily cur'd by few. It has now the Universal Applause. We are never to make the least profit by the physick which convinces the People that those Physicians will never appoint a grain more than is necessary. The greatest care is used in the choice of every Drug, and the forming of every Composition. . . ."

"I need not give my Opinion of the Purgatives you mention: its almost indifferent what sort of the Gentle ones are to be us'd. I thinke Pil. Ruffi very easy and supporting to the Stomach, and Cordial. I have sent our Farrago of Papers by a gentleman going to Cambridge. I desire you at your Leasure to entertain your selfe with them. The design is great, and has principally the publick service in view. The Hard words do not exceed the truth, or the importance of the Debate. The Power is gone so far one way, that its much more difficult now, then in Dr. Sydenham's time, so many of the College running in to their present and great advantage the other way. I shall please my selfe to debate this much with you by letter, which may probably give you a more pleasant amusement then the boles after a month or two . . ."

Having outlined the dispensary controversy in his forthcoming book, Pitt now draws Locke's attention to the physicians' disunity: some of them opposed the college monopoly for regulating metropolitan practice, whereas others, though supporters of the college in other respects, were only against its dispensary scheme.<sup>18</sup>

"I apprehend, that you will be fully acquainted with the circumstances of our

Affairs, when I assure you, that all the Squabbles among the Members of the College (against their new Statutes, Officers, punishments as of one in 7 or 8 Years) have no other foundation, than that Anti-College early recommended themselves to the Apothecarys favour and Interest and consequently to the Publick, by obliging them in betraying the Profession to their incroachments for the present profit. I confes the great part of the Nobility and Gentry etc. has been prevaild on by the many Apothecaries and one half almost of the College to the prejudice of the Society. About twenty physicians of the Town have lately defy'd the College when invited into its Fellowship. The pretence was the support of the University licence per totam Angliam; the true design to declare of the Apothecary's side. This cause came to tryal before my Lord Chief Justice Holt this week: who declar'd in the College Favour, that every Practicer of the Town is oblig'd to the College Examination and Licence. The city begins to be sensible of the true state of the case; and very many of the best Families, as well as many thousands of the meaner, have experienced, that many diseases are cur'd with few medicines, that own are beyond exception, and that no profit will ever be made on that Part. They observ that even from the Poor the Apothecary has greater profit than the Faculty from the Rich: That 90 in 100£ (of which bills we have had in the City very many lately) were the fees to the Apothecary when the Physician probably had 8 or 10 in his Fees. Those Expressions in the Papers can only be excus'd from the great provocations some time since given by Lampons etc. the basest characters industriously spread on every member of the Dispensary: when nothing had been publisht but the first book of the transaction before the Committee of Alderman. Besides you are sensible of the humour of the Age, that a Contest of this Nature cannot be manag'd without coming in a little time to the Extremities. We are publishing an Account of the value and price of all the medicines; leav it to the Publick to determine the profit to be allow'd and do only demand, that the Apothecary be separately consider'd for his trouble of Attendance. Upon these Terms we are satisfy'd the People will come for advice to the Physician who has no end to interfere with the Case of his Patient. I desire the favour of your Opinion if you can recollect any thing which may assist the most generous Design of this Age. We shall, as in Consultation, readily close with a Proposal supported with your Reasons. You will as the

General, judge better, being out of the Fray, and your Orders will be as readily observed."

" . . . The College had lately judgment against Dr. Levitt who asserted the University licence over England against the College Act of Parliament which obliges all Practicers in London to the Examination and allowance of our Society. The University Gentlemen will not acquiesce, but intend to petition for an Act, to what purpose we cannot yet learn. This will make the whole affair publick and make the design of the Dispensary better understood. But not to trouble you with the repetition of many particulars in the Papers, the omen of the affair lies, I presume, in this. That the Apothecaries being a Thousand, and having 1,500 Prentices, will invade all Practice to be able to live, will price the Medicines, first in all cases every hour excessively. The People will stick close to the Apothecary to avoid the expence of a Physician. The Apothecary increasing now upon that exorbitant number will ruine the practice here and afterward in all parts of England. The French reduc'd them by publishing the Medicin Charitable printed 100 times in 30 years, by informing the Families with the usual forms of Medicines, and a Catalogue of all the Simples priz'd, to make them judges of the very low rates of the most usefull. They saw the expence of the Cure was very little more than the fees. Dr. Patin and Dr. Guibert added 2 or 3 discourses of the fourbery and tromperie of Bezoar, Perle, and the Pretious Stones and Gold etc. We are now preparing a discourse of that Kind accommodated to the present Practice. The Town begins to be sensible, that all Reputation has been lately given the Eminent Physician by the Apothecary, as he in return complements the Apothecary with a licence ad practican-dum in Every Chamber. The Favour of your Judgment which I hope will agree with that of my Lord Chief Justice Holt . . ."

No sooner had Locke recovered from bronchitis, when he was stricken with otitis media. Several friends sent their advice. Alexander Geekie, a London surgeon, suggested the application of a large roast onion wrapped in Colewort leaf, and made into a poultice with the addition of herbs;<sup>19</sup> James Tyrrell<sup>20</sup> also recommended a roast onion poultice, together with "woman's milk warmed with juice of rue"; and Dr. Guide suggested bread hot from the oven soaked in Eau de Vie, or should this remedy fail to promote suppuration, then "oil of worms in which you have boiled snails and woodlice distilled and then dropped in the ear with a slice of onion or garlic."<sup>21</sup> To this

array of culinary recipes Pitt tendered this more orthodox advice:—<sup>22</sup>

"I hope you may receive advantage from the use of this Mixture apply'd on wool to your Ears. Deafness is usually occasion'd by the want of the purging of the Sordes of that part: is very frequently remov'd by the warmth of wool only. This Medicine has very lately had its effect on several complaining of the dullness of their hearing. Rx. ol. Rutae 1 oz., Ol. Nuc. Moschat. per express. ½ drachm Fl. Benzoin 1 scruple, ol. Juniper chym. gutt. 30. You may, while you read apply a Funnell of Strong Paper, or such like, to your Ear and receive from a narrow-mouth of vessel the Fume of a Decoction of the warmer Plants in water and wine which will at the same time soften the grosser humours and open the Passages of the secretory Vessels. Since I last writt to you, the young Physicians have laid aside their design of petitioning in Parliament, and are willing to come into the College. They tell me, they are now sensible that the Apothecaries growing more numerous, must destroy the Profession, if they carry their point in Parliament. They are treating with Sir Thomas Millington about some advantages they pursue for themselves and the Universities: What success the Society will have I know not. They are secure of the greatest services our Society can give em. I apprehend the strongest Argument we can use in Parliament or with the People must be taken from the cheapness of all the usefull medicines, and the unhappy practice of directing too many or too much divided in all case. . ."

Locke now enquired whether his prescription could be made up at the Dispensary which obviously pleased Pitt who sent him these particulars:<sup>23</sup>

"There is no difficulty in your proposal of having that remedy made up at the Dispensary. Every one who desires Medicines from thence may have them paying the lowest value which we appoint, having a Cypher of one of the Subscribers. You may readily be supply'd with any Simples or Compounds you shall have occasion for, for your own use or any friend near you. A Discourse was read at the College to be privatized and deliver'd to all the Members in Parliament which shall be sent you. We do not oppose the Apothecaries in their Bill for being exempted from offices. They will exasperate the Citizens very much by it: who are very unwilling to hear those offices in their stead."

Locke remained deaf in spite of trying many

remedies,<sup>24</sup> so Geekie asked whether he could hear the ticking of a watch placed near the left ear, from which he concluded "that the Auditory Nerve's no ways obstructed by it acting so vigorously in the extremest Branches of its expansion". Clearly, Locke was not suffering from nerve deafness. After the fruitless exhibition of several other remedies such as the gravy of lean beef, spirit of camphor, guaiacum water, and the application of blisters, his disability was spontaneously relieved by the bursting of an internal abscess.

In the spring of 1705 Sir James Oxenden sought Locke's advice for "hypocondriacal and rheumatick pains" which he had been relieving by taking 40 drops of laudanum daily.<sup>25</sup> Locke put him on a strict diet, and recommended a reduction of opium: he then wrote for Pitt's therapeutic blessing.<sup>26</sup>

"It appears by the Account you give of the Gentlemans Illness," replied Pitt, "that it is, as you judge it, Rheumatick and of the Kind of the vagi Scorbutici Rheumatismi. There can be nothing added to the exactness of his Diet. If he drinke sometimes the Mault Drinckes, it may be reasonable to omit them and use water and wine in stead of them. I direct every week at the Hospitall a great number of the in and out Patients with this Disease. There happen several together of the many Classes of them. I have observd no thing effect so much in a little time, and more safely then Ca'omel with purging it of. I advise your Patient to take 15 or 20 gr. of it with Diascordium in a Bole overnight, and to take a Bole the next morning of El. lenit. 2 drachms, res. Jalap gr. 8 vel 10 cum Crem. Tartar. i scruple, Syr. Rosacci so'ut 4-1. This may be repeted thrice in a fortnight or twice a week. The other drugs I recommend a Tea of Trifolium Paludosum dry'd to be dranke pretty freely, and besides a solemm Draught morning and Evening of Decoctio Guiac. and Sassafras in aqua Calcis. I have mett with severall who have used the cold Baths without the expected Advantage. . ."

The next five letters<sup>27</sup> contain Pitt's advice to Locke on the treatment of his host's youngest son, Francis Masham, who was probably suffering from an ague.

"I have sent 4 ozs. of Cortex and as much of Diascordium, and ½ oz. of Calomel and ¼ lb. of sassafras. I have omitted sending any purging Pill, because you take notice of the young Gentleman being very easy to purge and the stronger Pills might injure him, and the weak be not active enough to draw the

matter prepared by the Calomel to the evacuation. I propose, therefore, that he may the next day take a potion of the Infusion of Sena and Rhubarb and Syrup of Roses. The Sassafras will be made into a Tea by as much boyling as is used to Coffee. The other Herb to be infus'd as Tea. Both to be drunke separately. I have known both very usefull. As for the Dispensary it increases in numbers of ordinary Patients, but the Rich quibus incitatis tua Libertas est, as Celsus observes upon another occasion, do only now not expose and insult it. We have brought em to Cartes', his Philosophy to doubt. We are sure of our Point in time especially when even our Friends the Irish have given our Parliament a good Example. They are in Parliament considering of an Act to regulate the Practice of Physick, Chimistry and the Apothecaries. I have sent to the President a Treatise, the last I shall trouble the People with in this Controversy, to lay open the danger of taking Physick without a careful application: to expose their being advis'd for nothing by the Apothecary, which is the great Greivance, and, which will surprize you, that our present Physicians are the most ignorant in the World because they have been forbid by the Apothecaries these last 4 years from preparing medicins in great Cases and therefore do not understand the true distinguishing Qualities and vertues of any one Simple. . ."

Pitt's next letter gives instructions for collecting these medicines:—

The best pickt Bark	4 ozs.	0 6 0
Calomel	½ oz.	0 0 8
Diascord.	4 ozs.	0 1 6
The Herbs		0 0 6
Sassafras	½ lb.	0 0 8
		0 9 4

"Since Mr. Masham had so many stools with his Potion, I thought he wou'd not soon want another Purgative which perswaded me to defer sending the Pills till Wednesday when they shall be deliver'd to the Person you appoint. The Vomiting was occasion'd by the Calomel. We often bid our Patients expect it, and besides it disposes to be laxative for some days. By both it affects the blood to a greater Degree. Half a Pound of Lime stone may be us'd with a Gallon of Water, and six ounces of Guiac. and sassafras each, or Mr. Masham may pretty often drinke the Sassafras Tea only. He may observ which agrees best with

him, and the Buckbean may come in in its Turn. The Decoction of the Woods ought to be at least half an Hour. . ."

"I am very glad Mr. Masham is more easy of his Pains. At the present you may ease him of the purgings, which lately wrought pretty largely. The Calomel always intends the operations of Purgatives, and frequently moves a vomit or 2, especially of Phlegm. I desire he will continue the Alteratives. But what thinke you at this time of giving 4 spoon fulls sometime, in the morning and afternoon of an Ounce of the Barke infus'd in a Quart of Canary, shaken sometimes, and pour'd of when us'd from the Subsidence. . ."

"These Pills are a little stronger than Pil Ruffi. You may appoint 3 of them to be taken at first, afterwards more or less, as you shall observ the operation of the first. I shall gladly hear after one or 2 weeks, that there is a considerable abatement of Mr. Masham's Distemper. . ."

Pitt now refers to his forthcoming book *The Antidote* (1704). This was his second work on the Dispensary controversy, as two years previously in his *Crafts and Frauds of Physick Exposed*, he had traced the history of the Apothecaries Company in the course of which he referred to them as "truly the Cooks of Medicine". He accused them of malpractice, as they gained enormous profits by prescribing and preparing excessive amounts of such expensive though useless nostrums as bezoar stones, gold and silver preparations, precious stones, crab claws, and the macabre remedy of part of an Egyptian mummy worn round the neck as a protection against fevers. Instead Pitt urged the use of cheap herbal medicines made up either at the College of Physicians dispensary in Warwick Lane or at other branches in St. Martin's Lane, Westminster, and St. Peter's, Cornhill, where over 20,000 annual prescriptions were dispensed without profit or adulteration. He went on to compare the number of apothecaries in London with those in foreign capitals: there were only four or five in Hamburg, Stockholm and Copenhagen; 51 in Paris, whereas London boasted over a thousand, all busily undermining the physicians' rôle. When urging physicians to treat the sick poor Pitt mentioned Dr. Richard Lower who "with his usual Plainness and Sincerity, answered the King, who offer'd him the Honour of being one of his Physicians: *I shall, if I do not advise my Poor, and my other Patients every Day, be as much a Blockhead as they are in a little time*". Finally he con-

demned the widespread use of chemical remedies which have 'destroy'd the Greatest Numbers of the afflicted'.

THE  
**ANTIDOTE:**  
Or, The PRESERVATIVE of  
**Health and Life,**  
And the RESTORATIVE of  
**PHYSICK**  
TO ITS  
*Sincerity and Perfection.*

The Useful and Pernicious Medicines: The Natural and Artificial Cures: The Natural and Artificial Deaths are distinguish'd. And the Necessity Asserted of Reviving the former constant Practice of Physicians Preparing and Improving their most valued Medicines, and the Apothecaries delivering in their Shops the common general Remedies.

By R. PITT, M.D. Fellow and Censor of the College of Physicians, and Fellow of the Royal Society, and Physician of St. Bartholomew's Hospital.

*Hic Ego nec metas Rerum, nec tempora pono,  
Imperium sine fine dedi: Quin aspera Turba,  
Qua mare nunc, terrâsq; Metu, coluque fatigat,  
Concilia in melius referet, mecumque fovabit  
Philosophos Rerum Dominos, Gentemq; Togatam.* Virg.

LONDON: Printed for John Nutt near  
Stationers-Hall. 1704.

The title-page of Robert Pitt's *The Antidote*. (1704).

He repeated these arguments in *The Antidote*, stressing the benefits, as 'in earlier and wiser ages', of herbal remedies and expectant treatment. He explained that the main reason for the increased influence of apothecaries was due to the fact that they returned to Town immediately after the Great Fire, whilst the

physicians lingered on in the country: therefore the pernicious custom of the apothecary recommending a physician of his own choice (and one who could be relied upon to prescribe only those medicines which gave the apothecary the greatest profit) rapidly became established. Pitt also deplored the current practice of only calling a physician in acute cases (and very rarely in chronic illnesses) whereas Willis, Sydenham and others of an earlier generation, frankly admitted that 'they learn'd more from the Patients Discourses, as the best Comments on those difficult Texts, by seeing and Feeling, and by other senses judging of all the Motions of, and in the Humours fermenting the Recovery of the Disease . . .'<sup>28</sup>

These books on the dispensary controversy were sent to Locke with this letter urging his support:—

"I am glad Mr. Masham is pretty well. You may please to conclude the Method by Degrees, by giving at greater and greater Distances the Purge and the Alteratives in lesser Quantities and seldomer. I have sent a Note to Mr. Churchill for Barke. I will call on him for the price of the Pills, and will acquaint him, that, when you send a Note for any number of Medicines, I will sign it, by which it will instantly be made up. The Lawyers have oblig'd us to this nicety, to obviate the Clamours of the Shops whose Practice is yet conniv'd at. I am obliged to prepare you for the reading a Peice, which will come out next week: the Antidote. The Publick not interposing in the Controversies you will not doubt but the Language as well as the Passions of the Parties will be exasperated. I presume every part of it is true and absolutely necessary to preserve the People and the Profession . . ."<sup>29</sup>

But Locke was too ill to reply. His symptoms of a chronic cough and dyspnoea which usually cleared up with the warmer weather, persisted during the summer of 1704, together with an increasing oedema of his legs and abdomen. He was developing congestive heart failure secondary to chronic bronchitis and emphysema, and fully realised the seriousness of his symptoms. "In the race of human life where breath is wanting for the least motion" he wrote, "one cannot be far from one's journey's end". Pitt sent him the following directions:—<sup>30</sup>

"I have omitted answering your letter 2 or 3 days, that I might more fully consider your Case. Your breath is shorter and more difficult, because your Cough has been less, a freer expectoration being the most natural cleanser

of the Lungs. When you spitt more, your breathing will be more easy. The Swelling of the Legs will be less, when you receive Air more copiously by the Lungs, the blood being made more vivid, and the Circulation stronger. It is observ'd some times, to be a metastasis of the Humours to our Advantage, if the mass of blood shall in the mean time rise to greater strength and improve the Perspiration. Your observation from the soreness of your belly upon pressure does not infer an Ascitical tumour, but the acrimony of the flatulent Humours. I hope an early depletion of the Phlegm from the Stomach and bowels, and the thinner humours with it may be of use to you. I have sent Pills, which I hope will answer your Expectation. They are compounded of Aloes, Salt of Tartar, Balsam of Tolu. You may take 2 or 3 of them, at your going to bed twice in the week. I recommended the medicine to St. Bartholomews Hospital about 5 years since, which is call'd Elect. Asthmaticum, in imitation of the Electuarium Divinum of our Dr. Hall. Very great Quantities are constantly taken by the Patients, who have distinguish'd it by a name of their own. The Dispensary has very frequently recommended it. The Basis is Spirit of Sulphur, taken up in a Conserv or Pulp. But the Sp. Sulphur dulcis, or the Elixir Proprietatis Paracelsi will have the same effect on you and be more easy to take. It assists the stomach, prevents the growth of Phlegm, incites that in the Lungs, and is one of the surest Diuretics. I am very glad, your water retains its colour. This makes me more readily recommend to you a Remedy, which may have a very great and sure effect. It is the use of the Drawing Plaister and Oyntment, which you have often mett with in the Advertisements. Apply'd between your shoulders, or within each Thigh, it will give much more benefit than any Issues, almost as much as a Sebon, will give you no sort of Trouble, may be parted with, and resum'd, when you please. The Lungs and mass of blood will in the mean time rise to their strength, when so much of the Pressure shall every day be withdrawn. Sir I heartily wish you may be one of the great Numbers who do receive very great advantage for its use . . ."

"Although these Pills are not great Purges, they will, in a due Proportion, operate as much, as probably you will well bear. You may add to the Dose, and repeat them more often. It is to be fear'd that a severe operation might abate the strength of your Spirits, and make the mass of blood more feeble. But after one or 2 more

trials of these, you shall have another sort of a stronger Kind. One spoonfull of the Syrup of Buckthorn in a glass of White wine may answer your purpose more nimbly, then a strong Pill and leav not so much of the Impression on the blood. The weather takes up your Urine, but I hope these Diuretics will move it. When you are more easy, your sleep will be better, which I heartily desire.

I have sent you Pills which I hope will answer your Design. I presume four of them will be a Sufficient Dose. If you observe the operation too feeble you may add one to the Number, tho probably four will be sufficient for you, designing to evacuate the Humours by the more frequent use of them. I am very glad you make water more freely, and of a good Colour."

Locke rallied for a few months. He was well enough to send Pitt his proposals for reforming medical practice, and to lend his support to the dispensary scheme. But he did not live to see his views in print. His breathlessness increased in the autumn, and he died on 28th October, 1704, a few months before Pitt brought out his third polemical book: *The Frauds and Villanies of the Present Practice of Physick and the Rational and Sincere Practice Compar'd* (1705). Here again he reiterates, rather more forcibly, his previous arguments in the form of an imaginary conversation between a surgeon and an apothecary. The latter persuades a surgeon to continue prescribing useless, though expensive, preparations for which favour the apothecary promises to call him in all future cases.

As an example to other practitioners, Pitt extolls the high ethical standards of earlier physicians such as Sydenham, Willis, Lower, Glisson, and finally he gives this summary of Locke's views on the present state of medical practice:—

"I waited on Dr. Locke," wrote Pitt,<sup>31</sup> "the Ornament of our Age, who had taken the first Degree in Physick in Oxford, had the University Licence of Practice, had been improv'd by the most affectionate Instructions of his Tutor and Friend Dr. Sydenham, had many years visited with him innumerable Patients, had observ'd the Natural Motions in Disease, and the effects of every Medicine, and had many years confirm'd his Practice by his own Experiences and Successes. Nothing certainly could escape his Sagacity and Penetration, who has taught us to know, when we truly understand; who preserv'd the Nation by his Judicious State prescription from the dangerous

empirical Projects in the Convulsion of the Recoygnance. Not many days before we lost him, I intreated him to oblige me with his Sentiments on the Prevailing Practice of Physick. He was silent, seem'd unable to force his Language to express his thoughts, and defer'd his answer a long time."

We find that Locke, having witnessed tremendous advances in medicine and science during his youth, had now become increasingly sceptical of current trends in clinical medicine. He was particularly opposed to the new fashion of over-prescribing expensive and outdated nostrums which he denounced as "Trifles and Impertinances, new Hypotheses and Systems, forg'd and contriv'd by raving Imaginations, not extracted from the sane and sensible Observations of Diseases, and the Qualities of Simples apply'd to their Cure."<sup>32</sup> He also condemned the physician-anatomists who "call on the People to admire them and gaze on the Anatomical Discoveries in Fishes, and Flies, or any monsters imported, the uses of which no Mortal can discern. But all the various Alterations of the human Body in Diseases are past by and neglected by them."<sup>33</sup> He had this to say about treatment in general:—

"My Sydenham, by asserting the great part, which Nature Acts for its own Preservation in every Distemper, demonstrates the necessity of most carefully detecting the most certain or doubtful methods it uses, and with the greatest caution applying one, then another Remedy, to assist, not oppress her strength and direct, not overthrow the Motions to eject the Disease. He has made all Europe his Converts and Admirers. His Writings now speak in our Language, and will furnish the People with the strongest Arguments to force their Physicians to follow his Example, to learn the Natures of various Diseases, and to treat all their Patients with Sincerity. The dispensary Physicians pretend to nothing more, than to revive Dr. Sydenham's Judicious and honest Practice, assert the necessity of examining the beginning and the Progress of Diseases, and of observing, how much Nature can effect of it self, and of applying the Remedies when demanded by her . . ."<sup>34</sup>

Shortly before his death, Locke added some further strictures on the state of clinical medicine.

"I have, since the Information given me by Dr. Locke," wrote Pitt,<sup>35</sup> "of the deplorable Condition of the People from the Ignorance of the Physicians in the two principal parts, or rather the whole of the Profession, the Knowledge of Diseases, and the Remedies, and from

their detestable betraying their Patients to the Apothecary with the greatest Industry and Affection communicated the generous Design of the Dispensary to recover their skill in Diseases and Medicines, by their charitable Advice to the Sick Poor." Locke goes on to mention Sydenham's treatment of fevers based on a careful study of the natural history of the illness in a neighbouring hospital "for the meaner patients." By this means he was able to determine whether the fever could "be subdued by Natural Powers, or if it required Bleeding, Vomiting, Purgatives, the Acid or the Aqueous Diluters"<sup>36</sup> before risking the lives of people of quality.

Pitt's final onslaught is contained in *The Calamity of all the English in Sickness and the Apothecaries from their Unbounded Increase with the Sovereign Legal Remedies Presented to the Governor of St. Bartholomew's Hospital* (1707) wherein he advised the reader to "consult the late Discourse of Dr. Locke, of the conduct of our Understanding" . . . affirming . . . "that knowing is seeing, that it is madness to persuade our selves, that we see by another Man's Eyes; till we see with our own Eyes, and perceive with our own Understanding, we are in the dark, and void of all Knowledge. The Knowledge therefore of Medicine is Seeing, Tasting, Smelling, and seeing the Efficacies and the Effects in the Events of Diseases."<sup>37</sup>

Pitt's stout support of the College of Physicians was rewarded by his election as a Censor in 1687, and again in 1702. He resigned from the staff of Bart's in 1707, and died five years later at the age of 59. Although he failed to achieve the scientific eminence of an earlier generation of physicians, Robert Pitt sincerely upheld the traditions of honest, straightforward, clinical medicine when the whole profession was urgently in need of reform. And the fact that he was Locke's doctor shows that his clinical abilities were highly regarded by one who was no mean judge.

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## OBITUARY

Violette Monique Elizabeth Rack (née Lageard)

7th June, 1932—8th July, 1962

Violette was a charming person, characterised by many excellent qualities, over which her sympathy, sincerity and understanding predominated. Besides her many intellectual abilities, she had broad cultural interests, having been brought up in a family with strong traditions and cosmopolitan background.

She was the second child and only daughter born to missionary parents in Barotseland, Northern Rhodesia. Her mother was Swiss. Her father, of direct Huguenot descent, could trace his ancestry back to the Vaudois persecution of 1655, immortalised by Milton in his sonnet "On the late massacre in Picdmont".

While she was still a toddler her family

returned to Europe, where her father ministered to a Protestant parish at Collioure, a small fishing port near Perpignan in the South of France, where there was a flourishing community of artists.

In 1937 her family moved again, this time to England, settling in Hornsey, North London. Here her father was minister to the French Congregation at Bayswater, and also a teacher at several modern-language schools.

Violette's parents were multilingual, but usually spoke French at home. When Violette started school she also had to adapt herself to speaking English constantly. At school she was teased for wearing the overalls and white knee-

socks so typical of Swiss schoolchildren. She gained a scholarship to Hornsey High School for Girls, where she did very well. Passionately fond of music, she took piano lessons, finally studying at Trinity College of Music, London.

In 1948, following the death of her mother, the family moved to Bushey, Hertfordshire, where Violette continued her education at Watford Grammar School for Girls. Her interest in nursing and medicine developed, and she was accepted for nursing training at Bart's.

On 16th April, 1951, she commenced the preliminary training at Letchmore Heath, starting on her first ward, F.F.1, at Hill End Hospital, St. Albans, in the following June. Violette enjoyed her work greatly and studied keenly. Off duty she enjoyed swimming and cycling, and visiting her home a few miles away, often accompanied by her friends. She took a lively part in the activities of the Youth Department at Bushey Methodist Church and was "on trial" as a local preacher.

In 1952 she came to Bart's in London, where she continued to work hard and study diligently. Her many leisure pursuits included reading, sewing and embroidery—besides visits to the "Proms", theatres, concerts and art galleries. During holidays spent with relatives in Switzerland, Violette enjoyed mountain climbing and searching for the beautiful wild flowers and herbs of the mountain-sides.

She passed her hospital and State examinations in 1954, and after completing her fourth year at Bart's began her midwifery training at the Mothers' Hospital, Hackney. She enjoyed this work very much, and seriously considered volunteering for the mission field or for work with the World Health Organisation. The urgent need for doctors in these fields prompted her to apply for medical training at Bart's, for which, to her great joy, she

was accepted. Whilst awaiting the commencement of her training, Violette practised at Bart's as a midwife, and also attended evening classes at Regent Street Polytechnic, in order to supplement her knowledge of the sciences. The sudden death of her father a few days before commencing her training increased her determination to qualify and she studied intensively and continued to enjoy her leisure interests, including pot holing, bird watching and Continental cookery.

When she became ill in 1960 her faith, courage and determination buoyed her up and, I am certain, helped her to make so remarkable a recovery from the operation and after-treatments. Although her convalescence delayed her return to her studies, it enabled Violette to revisit relatives in Switzerland and Germany, and she returned invigorated and eager to continue her training.

News of Violette's engagement to the Reverend Henry Rack came as a happy surprise to many of her family and friends. Recurrence of her illness and the need for prolonged convalescence persuaded Violette to set her studies aside for a time. After much deliberation she decided that the date of her wedding should be 8th July, 1961.

Violette wished that all her many friends could be present at her wedding, but because of her prolonged and debilitating illness, was able to invite only her family and closest friends to the ceremony.

The wedding was held quietly at Wesley's Chapel, City Road, and those of us who were privileged to be present saw Vio, a radiantly happy bride in spite of her obvious frailty. Violette's death on her first wedding anniversary in July was tragic, but the love and devotion of her husband made her last year the happiest of her life. K.A.S.

## GERARD MANLEY HOPKINS

### PRIEST AND POET

### AN APPRECIATION

by

*Elizabeth*

*Knight*

TO those who read Hopkins unaware of his biography, and find in him echoes of Dylan Thomas and others, it comes as a surprise to learn that he was a Victorian. Although he himself was in some way typical of the Victorian, his poetry strides out across that century to our own. Hopkins has become a greater poet to the critics of today than he was to his contemporaries—or rather, his genius has been better understood in this century than his own.

Gerard Manley Hopkins was born in Stratford atte Bowe in 1844, and received his education at Highgate School where he took the poetry prize in 1860. From these early years the appeal of all things lovely to him was evident, and his first ambition was to paint, to reproduce on canvas and in colour the beauty of creation. But then and at all times he was recording in poetry and prose this same natural beauty; and through it reaching out to the supernatural, the Divine.

In this respect he has something of Wordsworth who could learn more of God from "one echo from a vernal wood" than "all the sages" could teach him. In the same way Hopkins was able to say of a Bluebell, "I know the beauty of our Lord by it."

In 1863 he went up to Balliol to read classics, and there began his lifelong friendship with Robert Bridges. Oxford at this time was still pulsing with the aims of the Oxford Movement. This had been founded in 1833 to establish the authority of the Anglican Church. Hopkins at first devoted himself with much ardour to the cause, and to its leader, Dr. Pusey. There were other compelling personalities abroad in Oxford at this time, however.

Matthew Arnold was Professor of Poetry, and an avowed humanist. Walter Pater was Hopkins' tutor, and there was John Henry Newman, who had entered the Church of Rome some fifteen years earlier.

Hopkins longed to find the "one visible Church," but his search was beset by frustrations and almost by despair. "My prayers all meet a broken heaven." At times his faith seemed even in jeopardy as when he wrote in a poem called "Nondum":—

"We see the glories of the earth  
But not the hand that wrought them all,  
Night to a myriad worlds gives birth,  
Yet like a lighted empty hall  
Where stands no host at door or hearth  
Vacant creation's lamps appal."

Eventually, however, his groping footsteps led him to the Catholic Church and he was received by Newman in October, 1866. The next year he gained a First in Greats to become "The Star of Balliol." For a while he taught at the Oratory in Birmingham under Newman, but in the Spring of 1868 his journal tell us:—

April 27th, 1868: "To Roehampton into retreat . . ."

May 2nd: "Fine, with some haze, and warm. This day, I think, I resolved."

May 5th: "Cold, resolved to be religious."

May 7th: "Warm, misty morning; then beautiful turquoise sky. Home, after having decided to be a priest and religious but still doubtful between St. Benedict and St. Ignatius . . ."

Later that summer he took a holiday in Switzerland which is fully recorded in his

journal. His accounts teem with the colour and light which always fascinated him wherever he went.

July 25th: "Up at two to ascend the Breithorn. Stars twirling\* brilliantly. Taurus up, a pale light stressily edging the eastern skyline, and lightning mingled with the dawn. In the twilight we tumbled over the moraine and glacier until the sunrise brightly fleshed the snow of the Breithorn before us and then the colour changing through metallic shades of yellow recovered to white." [\*Twirling is an old word which means winking.]

After this holiday St. Ignatius triumphed over St. Benedict and Hopkins entered the Novitiate of the Society of Jesus, resolving, "to write no more, as not belonging to my profession, unless by the wish of my superior."

His training for the priesthood was to last nine years, and his study was wide and deep. Duns Scotus first swam into his ken at this time. Scotus was a 13th century philosopher, who opposed himself to Thomism, the system of St. Thomas Aquinas, and for Hopkins it was Scotus "who of all men most sways my spirit to peace."

Scotus emphasised the importance of the individual in contrast to St. Thomas Aquinas, who maintained that only the universal was important, since the individual was unknowable. This comforted Hopkins for it was only by asserting his own particular individuality that he could write poetry, and this he had to do.

Inevitably another important influence of this time was St. Ignatius Loyola, founder of the Society of Jesus. The Ignatian precepts of chastity, poverty and obedience were stern, and Hopkins did not find their observance easy. He was always certain that it was in this that God's will for him lay, and was determined to obey despite the difficulties, "this life, though it is hard, is God's will for me, as I most intimately know." Sometimes his life seemed barren to him while "sinners' ways prosper." In a beautifully constructed sonnet he poses this problem in the first two quatrains, and prays for God's help in the closing sestet.

"... birds build—but not I build;  
no, but strain,  
Time's eunuch, and not breed one  
work that wakes.  
Mine, O thou Lord of life, send my  
roots rain."

In 1874 he was studying theology in North Wales, and produced perhaps the finest of all

his poems, "The Wreck of the Deutschland," a statement in poetic terms of his personal philosophy. It was, in addition, an experiment in form and language. Of God he says:—

"Be adored among men,  
God, three-numbered form;  
Loving thy rebel, dogged in den,  
Man's malice, with wrecking and storm.  
Beyond saying sweet, past telling of  
tongue

Thou art lighting and love, I found it,  
a winter and warm."

Of Christ:—

"... the Master,  
Ipse, the only one, Christ, King, Head."

And of Our Lady and the incarnation:—

"Now burn, new born to the world,  
Double-naturèd name,  
The heaven-flung, heart-fleshed,

maiden-furled

Miracle-in-Mary-of-flame."

Hopkins was ordained in 1877 and there followed a spate of serene poetry. For three years he worked as parish priest and missionary in Oxford, London and elsewhere. Then his third year probation came, and after a thirty-day retreat to renew his spiritual strength, he was able to say, "My mind is here more at peace than it has ever been and I would gladly live all my life, if it were to best, in as great or greater seclusion from the world and be busied only with God."

He taught at Stonyhurst then at Dublin for two years, but this was the prelude to another period of despair. The struggle between the genius in him which longed to escape into poetry, and his devotion to the Ignatian precepts, renewed itself, "I say deliberately and before God, I would have all true poets remember that fame, the being known, though one of the most dangerous things to man, is nevertheless the true and appointed air, element and setting of genius and its works."

In the eyes of some, such desolation was a necessary part of a man's journey towards complete union with God. This period wrought from Hopkins some fine poetry, cast in sonnet form. In time his faith triumphed and happiness returned to cheer his remaining years.

His last illness came in 1889 when he wrote to his friend, Robert Bridges, "I am ill today—but no matter for that as my spirits are good." He died of typhoid fever on June 8th, after receiving the last rites of the Roman Catholic Church.

The contribution of Gerard Manley Hopkins to English Literature is derived from the poet and priest.

The features of his poetry, which were new, were his manipulation of rhythm and his use of words.

The rhythm is known as sprung rhythm. Hopkins argued that if a regular beat was maintained throughout a poem, only two forms of metre were possible, Trochee and Dactyl. If, however, irregularities were introduced, new rhythms were possible. The order of stresses in a foot could be altered—reversed feet rhythm, or, as in music, a new rhythm could be superimposed on an existing one—the counterpoint rhythm. This was, "the rhythm of common speech and written prose," but, as Hopkins pointed out, "though Greek and Latin verse and the Old English verse seen in 'Pierce Ploughman' are in sprung rhythm, it has in fact ceased to be used since the Elizabethan age."

To describe his language Hopkins coined the word "inscape." This meant whatever "individually-distinctive" form gave an object its own uniqueness. Of his poetry he says, "No doubt my poetry errs on the side of oddness—But as air, melody is what strikes me most of all in music, and design in painting, so design, pattern, or what I am in the habit of calling 'inscape' is what I above all aim at in poetry. Now it is the virtue of design, pattern or inscape to be distinctive and it is the vice of distinctiveness to become queer. This vice I cannot have escaped."

The beauty of the English language was all important. Words for him are not just a medium for the expression, albeit beautiful, of some sentiment. They have intrinsic beauty and he uses them to convey this beauty apart from meaning. Some matter or meaning is essential to poetry, but only as an element necessary to support and employ the shape which is contemplated for its own sake.

Though words tumble headlong from his pen, he can still mould them to the desired form. He thus retains the discipline of his own generation while aware in some way of a freedom to come.

In "The Wreck of the Deutschland" the doomed ship sails into a snowstorm.

"Wiry and white fiery and whirlwind-swivelled snow,  
Spins to the widow-making unchilding,  
unfathering deeps."

Three adjectives foreshadow the disaster to come, as night falls on the stricken ship.

"Hope had grown grey hairs,  
Hope had mourning on  
Trenched with tears, carved with cares,  
Hope was twelve hours gone;  
And frightful a nightfall folded rueful a  
day,  
Nor rescue, only rocket and lightship,  
shone,

And lives at last were washing away."

As a Jesuit priest, Hopkins gave to the language some of the loveliest of all religious poetry. The sonnet, "God's Grandeur" perhaps typifies his own unshakeable faith in God's goodness and his sorrow for the sins of the world. It begins:—

"The world is charged with the grandeur  
of God.

It will flame out like shining from shook  
foil;

It gathers to a greatness, like the ooze of  
oil,

Crushed. Why do men then now not reckon  
his rod?

Generations have trod, have trod, have  
trod,

And all is seered with trade; bleared,  
smeared with toil."

and it ends,

"Morning, at the brown brink eastward  
springs—

Because the Holy Ghost over the bent  
World broods with warm breast and with  
ah! bright wings."

The words which he wrote to Coventry Patmore in 1886 would well describe his own work, "Your poems are a good deed done for the Catholic Church and for England."

# A rejoinder to "In Defence of the Eosinophil"

by R. B. Price

"The trembling Eosinophil,  
That wrought the deed of shame,"  
Has found a doughty champion  
To clear his tarnished name.  
Full fifty years his scutcheon  
Has borne this guilty stain—  
What dazzling new detergent  
Can wash it clean again?

When *Staphylococcus Aureus*  
Launched that aggressive drive,  
He hid discreetly in the spleen,  
And managed to survive.  
Bacterial warfare, it would seem,  
He viewed with some disdain:  
He was not in the honoured pus  
That perished at *Furunculus*;  
Intact, if ignominious,  
He lived to fight again.

Though at the Battle of the Boil  
He neither fought nor died,  
His plan to dodge the Cœci  
Was thoroughly cock-eyed:  
Had not his fellow leucocytes  
Combined to close the gap,  
His splenic hide-out might have proved  
A Septicaemic trap.

At differential roll-calls,  
When leucocytes parade,  
You'll find the Eosinophil  
In uniform arrayed,  
His gorgeous scarlet granules  
All polished up and bright—  
No hint of the deserter  
In that historic fight.

His frigid pseudopodia  
(Or should I say 'Cold Feet?')  
Still prompt this gaudy 'guardsman'  
To cowardly retreat.  
From a clash with *Staphylococcus*  
He will instantly recoil,  
And the fiercest flammation  
Will not bring him to the Boil.

It seems that he's a specialist,  
Who chooses whom to fight,  
His favourite antagonist  
Some piffling parasite.  
His new apologist asserts  
His real bias is  
For mild guerilla warfare  
Against *Psoriasis*.

These nasty foreign proteins,  
And all their knavish tricks—  
So says his latest eulogist—  
He fairly hits for six.  
But to this old Historian  
(Whose History may be 'hunk')  
"The trembling Eosinophil"  
Has always been, and is so still,  
A miserable funk.



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Signed .....



## Professor J. W. S. Blacklock

In the retirement of Professor Blacklock we lose one of the last academic pathologists to profess all branches of his subject. Pathology has now developed to such an extent that no man can expect to be expert in all subjects. The Department of Pathology now becomes an Institute made up of independent sections. For teaching purposes a Professor is still necessary to co-ordinate the teaching as a whole. Blacklock came to Bart's after he had made his name as a Pathologist in Scotland, and it is perhaps apposite here to say something of his previous career. Trained in the Glasgow school under Sir Robert Muir, he was one of the last of a long line of Sir Robert's young men to go out and fill Chairs of Pathology. In 1928 he was appointed as the first holder of the Lectureship in Pathology of Disease in Infancy and Childhood and Pathologist to the Royal Hospital for Sick Children, Glasgow. Here he built up a flourishing department more or less from scratch. At the same time he was Pathologist to the Ear, Nose and Throat Hospital. In 1937 he succeeded Shaw Dunn in the Chair of Pathology at the Royal Infirmary, Glasgow. At the Royal he put all his energies into organising and improving the teaching, of which he undertook the major part in lecturing and demonstrating in the post mortem room.

Early in his career Blacklock was concerned in an investigation of tuberculosis in children in the Outer Isles and he soon became an authority on this subject, his work being embodied in a M.R.C. Special Report on "Tuberculous Disease in Children; its Pathology and Bacteriology", published in 1932. When he came to Bart's in 1948 he was faced with the necessity of a good deal of re-organization of the Pathology Department which had just grown up again after the war; most of the furnishing, consisting of the old original benches and cupboards, was out of date. Under his contract with the Governors Blacklock was almost a dictator, and this suited his individualistic temperament. In 1958 a complete re-furnishing and re-decoration of the departments of Morbid Anatomy and Chemical Pathology and also other rooms was undertaken and carried through with the minimum of disturbance to the work, and up to time thanks to Blacklock's skill in dealing with the architects and builders and his constant atten-

tion to the work in hand.

Later he undertook the reconstruction of the practical classroom and lecture theatre, which was completed by the end of 1960. The dark and dismal old classroom is unrecognizable in the bright modern room where it is now possible to move about freely. Only those who have attempted to lecture or to listen in the old room on a foggy winter afternoon can really appreciate the change. These alterations will long remain as a monument to Blacklock. Other schemes which he has had in mind for the much-needed expansion of the building have not been possible to carry out and it is his great regret that he has to retire before seeing Pathology properly housed.

He is a good judge of character and a very fair examiner, though candidates are often nonplussed by a quietly spoken question which seems so simple that they suspect a trap and fail to give the simple answer required. As an administrator he likes to hold all the reins in hand and therefore much of his time is taken up by what to some may seem minor details.

In spite of this administrative burden and his full share of the teaching he has found time to continue his work on tuberculosis and also to work on cancer. His presidential address to the Section of Pathology of the R.S.M. was on "Injury as an aetiological factor in Tuberculosis". His main work at Bart's has been on the production of lung tumours in rats by cigarette tar. By injecting 3:4 benzopyrene, methylcholanthrene and the condensate from cigarette smoke into the hilum of the rats' lungs, he produced malignant tumours, both sarcoma and carcinoma. The technical difficulties of thoracotomy in the rat were overcome and the substances injected under direct vision.

As a student he served in the Navy in the first world war and tells many stories of life on a destroyer. Thus it is a source of much pleasure to him that his son Norman, who was registrar to Mr. Naunton Morgan and Mr. Nash, is having such a successful career in the Navy.

Strangely for one coming from north of the border he does not play golf or fish, though there are some tales of a little netting of a pool on the quiet. Gardening has always been his great hobby and we wish him many happy years of retirement in which to cultivate his garden.

A.B.A.

## MARY SIDDONS—SISTER ELIZABETH

The impassive face of Bart's is lined with experience of the ages. It is almost impossible nowadays for an individual to add a further indelible mark. People live out their professional lives in useful service in the institution and leave one way or another with scarcely a gap in the conversation "round the fountain".

There are exceptions, however, to this whimsical generalization and the hospital has lost recently by retirement a dedicated midwife, who was a remarkable strength to the obstetric department and to the hospital as a whole. Her example of selfless service will not be lightly forgotten.

Mary Siddons started nursing at the Royal National Orthopaedic Hospital, Stanmore. She trained at Bart's and qualified S.R.N. in 1934; she obtained her S.C.M. at Queen Charlotte's in 1936 and on her return to Bart's was the mainstay of the obstetric department for the next 26 years. A whole generation of Bart's men and their wives have reason to remember her with affection. It is no exaggeration to say that she must have supervised personally the delivery of a thousand Bart's wives or Bart's women themselves and graduate nurses who have come back in droves to have their families here under her care.

The department has turned out at least seven Consultant Gynaecologists during her tenure of office and they in particular will remember with gratitude their apprenticeship as House Surgeons and Registrars under her watchful eye.

She enjoyed the responsibility of a difficult or complicated case. She was always prepared to give a definite opinion when it was asked for and she was nearly always right. She was a great woman for managing things her own

way—a trait learned from her predecessor, Miss Barnes, who, disapproving of quinine as a medical induction, was heard to ask a patient at the second dose "Are your ears buzzing yet?" During the recent re-organising of Elizabeth ward the staff was very keen to have a new-fangled shower which would not disturb the patients' hair-do. Sister was equally keen on an ordinary bath. The compromise was a bath!

Few people outside the subject, with exception of the patients, have any idea of the work and responsibility of a midwife. She is the key to good results and carries the reputation of her hospital in her hands. Miss Siddons—"Tich" behind her back—was not formal, but always professionally correct. She found a golden middle way between a meaningless ward discipline and a mandarin sentimentality about having a baby which flavours current ideas. Her only fault was her greatest asset—she hated delegation of responsibility and was prepared to work night as well as day. She mistrusted change and regarded the recent innovation of three months' obstetrics training for all nurses as a potential debasement of the coinage of midwifery. In this she has not yet been proved wrong.

She was at her best and happiest when the department was restricted during the war. There were fewer cooks then to spoil her broth! The Registrar of those days, caught between her and the nether mill stone—Sister WOP'S (Mrs. Croyden) — was gradually ground down to an amenable shape to his considerable advantage and to the satisfaction of these redoubtable characters.

We wish her a restful peace in her retirement which she never found in her conscientious work. We shall miss her. D.F.

## GENERAL PRACTICE

ON 15th June, 1962, Dr. Eric Townsend, of Camborne, Cornwall, came to lecture to final year students on general practice. He recalled that, when as a student himself he was one day lightheartedly pouring chloroform onto an open mask, he was tapped on the shoulder and a quiet voice said, "Young man, there's a patient on the other side of that mask".

"There is always," said Dr. Townsend, "a patient on the other side of the mask, on the other side of the consulting room desk, at the other end of the telephone, or in the bed on which you sit. And patients are people, old and young, intelligent or foolish, ill or well, more often than not apprehensive and even frightened people, who think you can help them. This you must never forget if you wish to succeed in general practice. Some of those who consult you will have serious organic disease or injury, many will have minor but none-the-less incapacitating diseases, seldom seen in hospital. Some will have a chronic

incapacitating disability, others will have specific problems not by any means confined to the world of medicine, and in all there will be a psychological element, frequently major. No patient consults his doctor for nothing, and though to us with our specialised training and knowledge the reason may seem unimportant or even absurd, to the patient it is a good and sufficient reason, even to the extent of waiting two hours to see you.

"If you are to cope successfully with a breech presentation, a coronary thrombosis, a haematemesis, and a patient requiring an hour's investigation and examination, intermingled with twenty to forty other patients, who may have anything from tonsillitis to tinea, and still retain both your own and your family's sanity, your practice life must be very highly organised, specifically to suit the work you wish to do. I suggest well-equipped central surgery premises separate from your home; a separate examination room and if possible a treatment room; as much ancillary staff as you can reasonably afford for writing letters, filing and sorting record cards, making appointments, and doing routine dressings and injections; and modern office labour-saving devices—the tape-recorder is a must.

"Arrange your consultation hours to suit your patients and the work entailed. There should be three types of surgery-hour: the normal, during which anything may turn up; that for special purposes, e.g. ante-natal sessions, children, etc., by appointment; and an hour known only to the Doctor himself, who makes the appointments for those who must be asked to come again for examination at a specified time. Operate a rota system with partners or neighbouring colleagues, but this must not be overdone so that you are hardly ever available for emergencies or for your own booked maternity cases.

"There is a whole army of Medical Officers of Health, District Nurses, Health Visitors, Psychiatric Social Workers, Welfare Officers, Almoners and Probation Officers at your command, not to mention many less official bodies, whom you should meet as often as you can to enlist their help in dealing with families and their problems. These will also save your time—for time is the most precious commodity in the life of a general practitioner, time to spend with and on your patients, time for reflection and reading, time to do the diagnostic and therapeutic work that only you can do, time for research, and a little left over for your own family.

"In handling patients, nothing can help you more than a painstakingly careful history. I frequently find that unless I have a clue to the diagnosis at the end of my history-taking, I am no nearer a diagnosis after the most exhaustive examination. You must train yourself in *selective listening* just as much as in *relevant questioning*. It is easy to overlook vital symptoms. You will most assuredly do so anyway, not once but many times in the course of your professional life, but if you wish to keep your mistakes within reasonable bounds, you must learn to listen to the patient and keep a weather ear for the significant revelation.

"Another of the major problems of the general practitioner is the question of what to tell the patient. What do you say to a young teacher with disseminated sclerosis, to the middle-aged woman with uterine cancer, to the teenager with mitral stenosis? I soon found that I had to modify my own determination to tell the truth, the whole truth and nothing but the truth. It should be no part of our function to create illness, but I am afraid a vast amount of neurosis and even chronic invalidism can be traced to injudicious advice and over-frank diagnosis on the part of both general practitioners and consultants. I can only offer some very general advice. Be brief and avoid lengthy descriptions; use simple everyday terms which laymen understand, even if not strictly accurate; if you feel it necessary to conceal the true diagnosis, stick as near as possible to the truth, or you will get lost in your own inventions, and let one

reliable member of the family into the picture if the outcome is hopeless. Always give a prognosis, but err on the safe side in your time estimation; if you think he will recover in three weeks, say four; and secondly, with every patient you see, always ask yourself the question, 'Is there any possibility that this patient might die?' If there is, never fail to warn some member of the family, for the relatives will rarely blame you for his death, but will surely hold it against you that you did not warn them of the possibility.

"One final word about your advice to patients. It is all too easy in your position of trust and responsibility, encouraged by patients who flatter you by their respect for your advice, to regard yourself as a near relation of the Deity. Try to preserve a modicum of humility and don't be too dogmatic in your pronouncements. Never try to *force* a patient into an operation; you can advise it, but it is the patient who must have it, and sometimes people die unexpectedly after comparatively minor procedures."

Dr. Townsend, whose lecture was illustrated by excellent descriptions of some of his patients, concluded with some advice on case-records, keeping up-to-date, and prescribing. "There are few conditions in general practice needing antibiotics, which do not readily respond to Penicillin, the cheapest, the safest, and the best of them still . . . and when it fails, it is usually because you haven't given enough."

## SPORTS NEWS

### Rugby Club

#### Bart's v. Harlequin Wanderers. Lost 11-16.

The Hospital suffered their first defeat at the hands of the Harlequin Wanderers and this was due mainly to making such a slow start. The Wanderers started at such a pace that they took the Hospital by surprise, and had scored two goals and a try to nil. In the second half, the Bart's pack began to gain more and more possession and their three looked dangerous. McKenzie, at blindside, made up much of the points deficit with three glorious tries, one of which Gibson converted. Thus the game ended in favour of the Wanderers by 11-16, however, Bart's could have easily won if their defence had held out initially.

Team: E. D. Dorrell, E. Sidebottom, M. Phillips, R. Powles, D. Goodall, A. T. Letchworth, A. P. Ross, W. A. M. Davies, N. Greenwood, J. Hamilton, D. Delany, M. M. Orr, J. Gibson, C. Smart, C. McKenzie.

#### Bart's v. Woodford. Lost 20-21.

Sat., 6th October.

This was an enthralling game which Bart's should have won with ease, but due to a 10-minute lapse in the second half, in which Woodford scored 13 points, the game was lost. At half-time the Hospital led 6-0 but in the second half a series of scores took the total to 17-18 to Woodford, Hamilton, Smart and Ross scoring for the Hospital. Bart's pressed further but were foiled by Woodford landing a long range penalty. Letchworth made the score 20-21 almost on time, with Gibson's conversion attempt just failing, to give victory to Woodford.

Team: E. D. Dorrell, E. Sidebottom, R. V. Jeffreys, P. Savage, D. Goodall, A. T. Letchworth, A. P. Ross, J. Hamilton, B. H. Gurry, A. J. S. Knox, D. Delany, M. M. Orr, J. Gibson, C. Smart, C. Cripps.

#### Bart's v. Old Millhillians. Won 3-0.

Sat., 13th October.

Bart's deservedly won this dull and uninteresting game by a penalty goal to no score. Had the Hospital pack been able to break the forward deadlock and given their three a good fast service then the latter would undoubtedly have overrun their opposite numbers. In fact, the Bart's backs, despite the slow heel, looked very dangerous; especially Phillips and Savage at centre, both bursting through in mid-field, but unfortunately being just unable to link up to complete a scoring movement.

Team: E. D. Dorrell, E. Sidebottom, P. Savage, M. Phillips, D. Goodall, A. T. Letchworth, A. P. Ross, A. J. S. Knox, B. H. Gurry, J. Hamilton, D. Delany, M. M. Orr, J. Gibson, B. Doran, C. Smart.

#### Bart's v. LX Club. Lost 9-20.

Wed., 17th October.

The game opened very favourably for Bart's, with Harris and McKenzie combining to send

Smart over in the corner for an unconverted try. However, after a series of fierce exchanges and a sliced clearance the LX Club scored and converted a try. The first half continued to be fast and furious, with the Cambridge pack showing tremendous mobility in the loose. Both sides kicked a penalty, Harris converting from the half-way line for Bart's.

In the second half more and more possession went to the LX Club and Bart's had to resort to grim defence; a fine tackle by McKenzie preventing a certain score between the posts. An injury to Harris weakened the Bart's defence and three tries resulted in the last few minutes of the game; as in the first half both sides kicked penalties, Gibson converting for Bart's.

This was a game the Hospital could have won if the forwards had been able to retain their share of possession in the tight and loose.

Team: E. D. Dorrell, S. G. Harris, E. Sidebottom, P. Savage, D. Goodall, A. T. Letchworth, A. P. Ross, J. Hamilton, B. H. Gurry, A. J. S. Knox, D. Delany, M. M. Orr, J. Gibson, C. Smart, C. McKenzie.

#### Bart's v. Old Blues. Won 11-3.

Sat., 20th Oct.

The rugger in this game was of a noticeably lower standard than that of the previous Wednesday. The Hospital pack achieved complete dominance in the tight and loose and despite the accuracy of the opposing out-half's kicking, kept their three in constant attack. Time and again the Old Blues' defence was breached by the Bart's three but with-out a score resulting. Gibson rectified this situation by kicking two penalties and completing a back row movement to touch down. He also converted this try; thus being responsible for the complete Bart's total of eleven points. Old Blues replied with a late drop goal by their out-half.

Team: E. D. Dorrell, E. Sidebottom, P. Savage, R. V. Jeffreys, D. Goodall, A. T. Letchworth, A. P. Ross, J. Hamilton, B. H. Gurry, A. J. S. Knox, M. M. Orr, D. Delany, J. Gibson, C. Smart, C. Cripps.

#### Bart's v. Trojans. Won 19-6.

Sat., 22nd October.

Bart's opened the 1962-63 season with a convincing win over Trojans in a game that was open, but had untidy lapses. The powerful Bart's pack quickly mastered their opposition and gave a majority of the possession to the three, who constantly looked dangerous.

McKenzie, at blindside, scored a grand try which Gibson converted; Goodall, Harris, and then Letchworth crossed the Trojans' line to complete the Bart's total. Trojans replied with a penalty and dropped goal but never really challenged the masterful Bart's pack.

Team: E. D. Dorrell, S. G. Harris, E. Sidebottom, R. V. Jeffreys, D. Goodall, A. T. Letchworth, A. P. Ross, A. J. S. Knox, B. H. Gurry, J. Hamilton, D. Delany, M. M. Orr, J. Gibson, C. Smart, C. McKenzie.

### Bart's v. Reading. Won 11-3.

Wed., 26th Sept.

Once again Bart's mastered the opposition, and Hamilton quickly scored a try. Little was seen of either set of three as this was to be a battle of forwards; the Hospital fighting hard to contain the heavy Reading forwards. However, whenever in possession, the Bart's three showed considerable penetration and Goodall went close on several occasions. Ross and Letchworth combined extremely well at half-back.

Sidebottom and Smart added further to the Bart's score with tries, Gibson converting the latter. Reading pressed during the closing minutes and scored a scramble try.

Team: E. D. Dorrell, E. Sidebottom, M. Phillips, R. Powles, D. Goodall, A. T. Letchworth, A. P. Ross, A. J. S. Knox, B. H. Gurry, J. Hamilton, D. Delany, M. M. Orr, J. Gibson, C. Smart, C. Cripps.

### Hockey Club

We started our tour this year with mixed feelings. Our two previous matches had produced a score of 29 goals. We wondered if the next two would produce anything so startling.

Our first match was against Queen's College. We expected them to be good and our team, weakened by its captain and regular centre half still being in London, did well to lose only 4-1.

The following day, we were confident of beating King's College. Our team was at full strength now. However, a bad pitch and worse umpiring encouraged, at best, ragged hockey. At worst the game was more similar to rugger, both teams being armed to the teeth! The result was a draw two-all.

Our match with Jesus College had to be cancelled owing to rain, but we were still able to enjoy the kind hospitality of their hockey team.

Saturday produced the best weather and best hockey of the tour. We played a strong Pembroke College team and for the first time the forwards were able to get the ball moving well. The defence looked safe and a fast open game resulted.

Bart's led 2-1 at half time but the equaliser came soon afterwards.

Bart's pressed hard towards the end of the match and were awarded both short corners and a penalty flick but the score remained unchanged. This was a most enjoyable match, the good weather, pitch, and excellent umpiring contributing.

The hockey tour is always memorable; for new and renewed friendships; annual visits to curry emporiums and the resulting indigestions; entertainments varying from Shaw's Candida at the Arts to the double X programme at the Rex. Lastly, perhaps for our hosts at the Cromwell Hotel who were, as always, delighted to see us go.

### Soccer Club

#### v. Swiss Mercantile College. Lost 2-5.

For our opening game of the season the team contained no less than four freshmen, and with seven old hands there were hopes of a victory

against the Swiss. However, despite coming back from two down in the first half with goals by Herbert and Phillips, the defence could not keep out the fast Swiss forwards and three quick goals proved too much. Despite a spirited revival our opponents emerged victors.

Team: R. Higgs; T. Herbert, C. Vartan; N. Offen, P. Savage, M. Hudson; G. Mumford, P. Herbert, H. Phillips (capt.), K. Rawlinson, D. McGechie.

#### v. Institute of Education

##### (University League). Draw 3-3.

For the first University league game the team travelled to Greenford to tackle completely new opponents. Within 20 minutes Bart's were two goals up; Herbert and Phillips again finding the net with good, well-placed shots. Despite continual pressure and some bad misses in front of goal the score remained the same until the Institute scored twice following two good attacks. This prompted Bart's to greater efforts and Shorey added a third. Bart's continued to dominate the game but none could score despite some golden opportunities and the Institute snatched a draw in the closing minutes.

Team: R. Higgs, T. Herbert, C. Vartan; K. Rawlinson, P. Savage, M. Hudson; H. Phillips (capt.), P. Herbert, B. Shorey, N. Offen, G. Mumford.

#### v. West Ham College (University League)

##### Lost 4-5.

Playing on a rough pitch surrounded by a host of others stretching almost as far as one could see, Bart's found themselves two down within 25 minutes. However, settling down more as a team, goals by Herbert, Phillips and Shorey put us in the lead. Once again the defence proved unable to hold out, and when Herbert had to go off with a heavy limp the next half-hour was disastrous and three goals from West Ham clinched the issue. A revival in the final minute saw Offen and Phillips scoring again. But this came too late and we lost the chance of both points and were left with the problem of tightening up our defence.

Team: as above except J. Kuur replaced G. Mumford who was injured.

#### v. St. Thomas's Hospital (U.H. League).

##### Lost 3-6.

Having scored nine goals and conceded 13 in only three games the problems facing the side were many, and an unusually strong St. Thomas' side proved once again that the defence was suspect. In attack it was good to see Phillips and Herbert working well together, and with support from Mumford they enabled Shorey to score a hat-trick. Herbert was again most unfortunately injured and we were reduced to 10 men. Despite some magnificent work by Savage and Herbert (I.), the defence failed to prevent the stand-in goalkeeper from being beaten on six occasions!

Team: M. Hudson; T. Herbert, C. Vartan; N. Offen, P. Savage, K. Rawlinson; J. Kuur, P. Herbert, B. Shorey, H. Phillips (capt.), G. Mumford.

#### 2nd XI results to date:

v. Imperial College VIIIth XI won 3-2.

v. Charing Cross Hospital won 7-1.

v. Old Cholmeleian's won 17-1.

## Ladies' Lacrosse Club

At the end of last season we were sorry to lose our vice-president, Dr. O. J. Lewis, who resigned. We are very glad that Dr. P. J. Lindop has consented to take over this office.

### Trials v. Farrington's. 10th Oct., 1962. at Chislehurst.

This year we were very pleased to welcome several of the freshers to the Lacrosse Club. The trials were well attended, and we enjoyed a good practice game against a team from Farrington's School.

### v. Guy's Hospital. 24th Oct. Won 9-3. at Chislehurst.

A fine October afternoon and a win for Bart's were good omens for the season. This was Guy's first match of the season and in the first half Bart's proved the fitter team. D. Layton, A. Grieg and J. Pitt were responsible, between them, for scoring nine goals. R. Sutton played well defending our goal.

Team: P. Aldis, B. Anderson, E. Bohn, J. Clarke, G. Darch, E. Foster, A. Grieg, D. Layton, V. Onions, J. Pitt (capt.), R. Sutton, S. Williams

## Fencing Club

Last season the Bart's Fencing Club had twelve members who succeeded in winning most of the matches against other London hospitals and clubs. The students were very fortunate in having Professor Léon Bertrand to teach them every Wednesday

afternoon in the gymnasium. The Fencing Club has joined up with the new Nurses' Fencing Club, which has a membership of about 20. Practice is now every Monday night (9 o'clock) at the top of the Nurses' hostel (Gloucester House). Three excellent professors, among them Professor San Niklan, teach us "en masse" the rudiments of fencing, and follow this up with individual lessons. All equipment is supplied by the club, and the season offers a full programme of fixtures. Each season a group of students pay a visit to the International Epée and Foil Martini Championships to see the best of Europe's fencers in action. G.H.

## Golfing Society

This Society met for the 27th Autumn Meeting at the Royal Mid-Surrey Golf Club. 24 members attended this meeting which was the largest number since the war. The competition was played under the Stableford method of scoring using  $\frac{1}{4}$ ths of the handicap.

The following prizes were won:—

### Milson-Rees Cup

Winner: R. Boyce—33 pts.  
Runner-up: C. M. B. Fare—38 pts.

### Sealed Holes

Winner: D. Rushton—8 pts.

### Graham-Trophy

Winner: J. H. Packer—33 pts.  
Runner-up: D. Rushton.

The 29th Summer Meeting will be held at Beaconsfield Golf Club on Wednesday, 19th June, 1963. J.O.R.

From the day you qualify . . .



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## BOOK REVIEWS

**The Scientific Basis of Medicine—Annual Reviews 1962.** The British Postgraduate Medical Foundation, University of London. The Athlone Press. 40s. net.

Stephen Leacock has told us of the man who discovered that by taking a hot bath he could open his pores and by taking a cold bath he could close his pores—thus he was able to open or close his pores at will. A more alarming discovery might have been that a man could shut as well open his mind to new ideas and knowledge.

To provide for those who wish to be aware of new thought and possibilities, new discoveries in medicine and its basic sciences, these Annual Reviews are published. In some 350 pages the 1962 volume, the tenth in the series, presents twenty contributions from those at the forefront of their fields. Naturally these lectures are chiefly concerned with subjects of current interest where rapid advances are being made—with genes and chromosomes, auto-immunity in connective tissue disease, viruses of the common cold and of trachoma, drug resistance and bacterial adaptation, cellular transplantation and the biochemistry of proteins—and provide a useful appraisal of the present state and application of knowledge in these fields. Other articles, concerned with enzyme histochemistry and with experimental liver cancer, are more in the nature of a report on work in progress and illustrative of method. Detail here tends to be excessive for anyone not concerned with the minutiae.

A particular value of such a book is that one may be led into reading on a subject one ordinarily may not be concerned with—the biochemistry of enamel for example, the study of the supporting cells of the nervous system or the role of bradykinin in the regulation of local blood flow. The more direct problems of the management of disease are not neglected; the value of oral hypoglycaemic agents is reviewed, the quantitative relationship between the dose of radiation to a tumour cell population and the proportion of cells retaining their growth potential discussed, while in a fascinating article light is shed on the pathogenesis of leukaemia as a result of close study of the peripheral blood count in the treated disease.

Here then is a book for the enquiring mind. Here are articles that may be referred to until the subjects change to the extent that new reviews are required. And for those who would search beyond the articles there are full lists of references. A.E.D.

**Medicine** by G. E. Beaumont. 8th Edition. Churchills. Pp. 864. 48s.

If textbooks are out of date before being printed, it is only in the very specialised fields; the overall picture remains much the same. This book has certainly been brought up to current thought by the labours of the author, a believer in the one-man style of writing, though he rightly admits help in small fields.

The great advantage for the reader is the uniformity of style; if one section is readable so is the rest.

As the subject matter covered is enormous, even within the context "Essentials", it is a book to own both for encyclopaedic and spot-reference usage. The enormity is, however, a drawback; in order to keep the page bulk down, and I understand through personal preference, the author has written his lists into the text rather than columnising them—not a readable proposition. Nonetheless there are those who must like this; probably those with a less developed  $\alpha$ -rhythm, who can learn theory better than the practical.

The other feature which occasionally disturbs the smooth flow of words is the incorporation into the main text of the full detail of some prescriptions. The essence should be there, the composite formula placed elsewhere.

A pleasing feature of the book is the adequate presence of some clinical anatomy and physiology. Also the basic layout and type are in keeping with the best of British textbook printing.

The number of tests being used in hospital practice makes the practitioner feel out of touch when reading results concerning his patients. It is to the author's credit that he has included all the likely tests, details and interpretations that the G.P. will probably need.

It is a book, therefore, to recommend to practitioners, the low- $\alpha$  rhythm boys and to any who require a relatively cheap handy-reference book—for all these it is good value. B.J.S.

**The House of Healing: the story of the Hospital** by Mary Risley. London, Robert Hale Limited, 1962. Pp. 208. 21s.

This book is described in the blurb as "the first complete general history of the hospital", and as being "well-documented". Unfortunately, it is neither. Despite the imprint, it is American in origin, and intensive research has been conducted in the New York Academy of Medicine Library, where a valuable collection of rare books is housed. This has resulted in the collection of a vast amount of material on the history of medicine, much of which is presented here in an entertaining manner, but with the result that the material relating to hospitals is swamped.

There are some curious references to this Hospital, e.g., "Accounts of Greek healing temples give the impression that pre-Christian Greek patients fared much better than the miserable victims of hospital conditions two thousand years later in London's St. Bartholomew's Hospital, where they lay in piles of rags in corridors and begged bread from passers-by." (Page 19, not, incidentally, in the index.) On page 89 Brother John Cok appears as "Cox", and page 90 contains the erroneous statement that at the dissolution the "hospital was closed for several years but reopened by Henry . . . several years later." There are no sources given for these, and similar statements throughout the book. Historical research must be documented, and the history of existing hospitals is more likely to be available in their archives rather than in rare book departments. Perhaps the American printing contains a bibliography?

Mrs. Risley is obviously keenly interested in medicine, and has collected together fascinating material on the development of medicine from the earliest times up to 1960. Unfortunately, although hospitals are frequently mentioned, this book cannot live up to its sub-title, and we still lack a comprehensive, fully-documented history of the hospital movement. J.L.T.

**Epilepsy after Blunt Head Injuries** by W. B. Jennett. Published by W. Heinemann Medical Books Ltd. Pp. 150. Price 21s.

This monograph is based upon a statistical investigation of 1,000 cases of blunt head injury consecutively admitted to a single hospital. In addition, 317 other cases all with post-traumatic epilepsy are reviewed. Early epilepsy (at least one fit in the first week after injury) occurred in 4.7 per cent. of cases, being more frequent in the more severe injuries with skull fracture, a long period of post-traumatic amnesia, focal neurological signs or a haematoma. Although common after trival injuries in children, the incidence of early epilepsy in children and adults was the same. In over 50 per cent. the first fit occurred within 24 hours of injury and in a similar proportion there were focal attacks. In more than half the patients there was more than one early fit and 20 per cent. developed status epilepticus, this being particularly common in the presence of a haematoma. Early epilepsy was important from the prognostic point of view since the incidence of late epilepsy in those who had an early fit was four times as great as in those in whom there had been no early attack.

The incidence of late epilepsy (excluding fits in the first week) was 5 per cent. The occurrence of early fits was the most important feature in the history in patients who developed late epilepsy. The incidence of late epilepsy was also four times as great in patients who had developed intracranial haematomata and three times as great in those with a compound fracture; where the period of post-traumatic amnesia was greater than 24 hours, epilepsy was twice as common as in the whole group—perhaps because in many of this group there was a depressed fracture. Children under 16 were as likely to develop late fits as adults; when the post-traumatic amnesia was less than an hour, children were more likely to develop fits than adults, whereas after depressed fractures they were as likely to do so.

Late epilepsy developed within the first year after injury in more than 50 per cent. and was delayed for over four years in 25 per cent. It tended to appear earlier when associated with milder injuries and when following early epilepsy and tended to occur later in children and after very severe injuries. Focal fits were more often delayed than non-focal ones. In general, post-traumatic epilepsy tended to be severe and persistent. Electroencephalography does not help in predicting the liability of a patient to develop post-traumatic epilepsy.

As shown by the above information, this is a valuable analysis and a useful work of reference. From its nature, it is difficult to read but there are good introductory chapters and summaries.

J.E.A.O.C.

### Note the New Books & Editions

#### Thoracic Surgical Management

By J. R. BELCHER, M.S., F.R.C.S., Surgeon, London Chest Hospital, Thoracic Surgeon Middlesex Hospital; and M. F. STURRIDGE, M.B., B.S., F.R.C.S., First Assistant, London Chest and Brompton Hospitals.

Since the last edition of this book was published there have been great changes in thoracic surgery, at that time the surgery of tuberculosis dominated the work; since then the surgery of tuberculosis has rapidly decreased, but the scope and the complexity of cardiac surgery increased enormously.

This third edition has been entirely revised to give the right emphasis to the various aspects of thoracic surgery as they are today.

220 pages. 68 illus. 30s. postage 2s.

#### Atlas of Anatomy

By J. C. BOILEAU GRANT, M.C., M.B., Ch.B., F.R.C.S. (Edin.), Professor Emeritus of Anatomy, University of Toronto.

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#### Clinical Endocrinology

By I. S. DANOWSKI, B.A., M.D., Professor Medicine, University of Pittsburg School of Medicine.

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# ST. BARTHOLOMEW'S HOSPITAL JOURNAL



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DECEMBER, 1962

## Editorial

1984 ?

PERHAPS it is now time to reconsider the whole problem of the changing medical curriculum and consider new ways of approaching the task of teaching a student both how to educate himself and how to cope with the unique situations in which he will find himself in medical practice. An integral part of this training should be to acquire the capacity of trained, original thought in order that he may be able both to assess new ideas on patient welfare submitted by others and to consider special problems of his own practice. This requires both a training in logic and in the facts of medicine.

A 3-year university or college course culminating in a B.A. or B.Sc. should be mandatory for entrance to medical college. The choice of the courses the student attends should be his own; however, advice, both in the form of a booklet and personal discussion with the university lecturers and medical college authorities would obviously be of paramount importance.

During the first two years, at least one major subject and two minor subjects in scientific studies should be taken. For example, in the first year biochemistry or microbiology might be read with a course on the physics of biological materials. In the second year the student may have enjoyed (say) biochemistry so much that he would like to major in it so he may decide to read biochemistry in his

second year as well, together with microbiology. In each of these two years he must also read a non-scientific subject, again of his own choosing. He may decide to read German literature in his first year and Law Concerning Medicine in his second. His final year must be spent in attending the borderlands of knowledge in some aspects of his major subject, whatever that may be. This would involve research methods and involve the student for at least a period during the year in active research. The research could be done in the long vacation of his last year and he may even be allowed to spend this 3-month period abroad at a centre especially interested in the problems he has in mind. The statistics he studies during this year will stand him in good stead throughout his future medical career.

On entering medical school a change in his type of education occurs. He must assimilate a larger number of facts and his holidays will have been cut from 28 weeks in the year to 8 and the next four years will be spent studying the elements of medicine. His first course will be an introductory one in Anatomy, Physiology, Pathology, and the examination of patients. This course should last no longer than two months. Following this will follow a series of courses on the urinary system, blood, heart and circulation, midwifery, fevers and so on. In each course the anatomy and histology would first be studied, then the physiology and tests of function of the organ concerned and how it is related to the other systems. Radiology and then the pathology of diseases which mainly affect this system would

then be studied. The clinical examination of patients which have been selected for the students to study and observation of their treatment may then be undertaken. It is not intended that the student should wear blinkers when examining such patients and other incidental conditions of interest may receive explanation. For example, during the study of a renal disease in a patient it may be noticed that the patient has absent pulses and gangrene of his right foot and a simple explanation of the principles of hypertension and atheroma would be called for. The length of the courses would vary according to the relative importance of the subjects discussed. Diseases selected for study would be those especially involving the system under consideration.

The above arrangement would lead to a greater cohesion between the branches of medical science and the important features of Anatomy and Physiology would be emphasised. Dr. G. Simon has said that he may well have to ask 9 out of 10 students for the anatomy of the segments of the lung before being given the right answers. Subjects such as the course and relations of the ulnar nerve will, however, have received a great deal of attention during present day medical training. The doctors who study disease are the only ones who are capable of telling the anatomists and physiologists what are the important subjects to dwell on, and those who teach anatomy and physiology to medical students should be fully conversant with the views of those who study disease. This would enable the student to have a comprehensive picture of basic elements involved in the study of disease.

The major criticism of the above method is that there will be an initial lack of correlation in understanding between the different systems. However, even with the present system this criticism to some extent applies, but the loss of association with preclinical subjects far outweighs this. This criticism raises its head in any method. Unfortunately, the medical student cannot study everything at once, he must systematise his learning in some way. To some extent we have already systematised our courses. The study of orthopaedics, fevers, midwifery and eyes, for example, are studied in special courses. This does not mean, however, that students have not seen, for example,

the results of hypertension on the retina before studying ophthalmology. There always will be considerable overlap and although at the time the formal teaching may be concentrating on the study of the liver, the student's own experiences on the wards will be wider. The interested student would be able to attend the wards any time he wishes over the 4 years.

This system of education would have several advantages. In the first three years of University the student would have plenty of time to think things out for himself and to follow his interests. He would also be able to decide whether he is interested in medical subjects. When qualified, anatomy, physiology, biochemistry, radiology and the clinical examination and treatment would have been welded together and not treated as "preclinical" and "clinical", distinct entities, and unnecessary repetition would be avoided.

The close liaison between those teaching "preclinical" and "clinical" subjects would be such that emphasis could be given to the clinical requirements. A closer unity between pathology and the study of patients would be welcome. Perhaps the emphasis on teaching syphilis will move. The number of hours of formal teaching in this subject runs well into double figures—more than twice that of any other condition and approximately ten times that of most common conditions. The study of tuberculosis runs syphilis a close second in the number of hours taught. This is perhaps as well since in the Finals Pathology in Cambridge this December some students considered it in one-fifth of their written paper, in over one-third of their practical and discussed it throughout the entire viva. Perhaps it is well that we consider tuberculosis an important disease to know a great deal about—it certainly is most important for examination purposes. Sir Derek Dunlop has recently stated that if the present trend continues in tuberculosis eradication there will hardly be any new cases developing in 1975 in England. Nevertheless, it is well with the present teaching methods that the examiners in pathology do not dwell on the common conditions. Tissue sections of warts, pilonidal sinuses, anal fissures, xanthomatous deposits, nasal polyps and the effects of benign hypertension on the kidney would confound 19 out of 20 of us.

## Engagements

COLIN JONES—DITCHBURN.—The engagement is announced between Dr. Duncan G. Colin-Jones and Carol D. Ditchburn.

KIRWAN—COAKLEY.—The engagement is announced between Ernest Kirwan, F.R.C.S., and Dr. Marie Christine Coakley.

KNILL JONES—SYKES.—The engagement is announced between Robin Peter Knill Jones and Jennifer Gillian Sykes.

NORTH—PERRY.—The engagement is announced between Peter J. North and Doryta H. G. Perry.

PERRY—WELFORD.—The engagement is announced between Dr. Philip Michael Perry and Judith Welford.

ROBINSON—BARBOUR.—The engagement is announced between Dr. Trevor W. E. Robinson and Jean E. Barbour.

## Marriage

HOBSON—CROUCHER.—On 26th October, in Upper Burnia, Dr. John H. Hobson to Evelyn M. Croucher.

## Births

ALMOND.—On 23rd October, to Diana (née Glock) and Dr. Frank Almond, a third daughter (Patricia Mary).

BOOTH.—On 7th November, to Jean (née Jenner) and Dr. David Booth, a daughter (Kathryn Mary).

BUTTERY.—On 22nd November, to Penelope (née McNabb) and Dr. David Buttery, a sister for Jonathan and Jeremy.

HARE.—On 27th October, to Jean (née Potter) and Dr. B. W. E. Hare, a son (Michael Forsyth).

HEWER.—On 9th November, to Ann (née Wotherpoon) and Dr. Richard Langton Hewer, a son, brother for Jane.

KIELTY.—On 2nd November, to Patricia and Dr. Michael Kielty, a daughter (Mary Anne), sister for Michael and Stephen.

## Deaths

BREWERTON.—On 8th November, Elmore Wright Brewerton, F.R.C.S., in his 96th year. Qualified 1895.

COLEMAN.—On 27th November, Frank Coleman, M.C., M.R.C.S., L.R.C.P. Qualified 1900.

ROSTEN.—On 9th November, Dr. L. M. Rosten, aged 82 years. Qualified 1905.

TUCKER.—On 10th May, Dr. A. B. Tucker, aged 88. Qualified 1896.

WITH.—On 14th November, Percy Arthur With, M.R.C.S., L.R.C.P., Major R.A.M.C. (Retd.). Qualified 1912.

## Appointments

Royal College of Physicians of London.

At a quarterly comitia of the College on 25th October, Dr. G. W. Hayward was elected a member of the Standing Joint Committee of the three Royal Colleges.

Diploma in Child Health (D.C.H.)

J. M. H. Buckler; B. K. Lee.

Royal College of Obstetricians and Gynaecologists.

The following have been awarded the D.Obst.: D. E. Alder; H. P. H. Bower; J. A. Garrod; T. W. Gibson; W. A. Gould; N. J. C. Grant; D. L. Julier; E. B. Makin; D. I. Peebles; J. E. K. Tabert; John Townsend R. H. Visick; Anne M. Waring.

College of General Practitioners.

Dr. G. F. Abercrombie has been appointed an honorary fellow.

## Calendar

### JANUARY

Sat., 5th—On duty: Dr. R. Bodley Scott

Mr. Alan Hunt

Mr. J. N. Aston

Dr. R. Ballantine

Sat., 12th—On duty: Dr. E. R. Cullinan

Mr. C. Naunton

Morgan

Mr. W. E. Coltart

Dr. Ian Jackson

Mon., 14th—Harvey Society: Surgeon-Captain Stuart Miles, R.N., "Man Under Water". Physiology Lecture Theatre, 5.45 p.m.

Sat., 19th—On duty: Dr. Graham Hayward

Mr. A. W. Badenoch

Mr. J. N. Aston

Dr. T. B. Boulton

Sat., 26th—On duty: Dr. A. W. Spence

Mr. E. G. Tuckwell

Mr. W. D. Coltart

Mr. F. T. Evans

Physician Accoucheur on duty for the month of January is Mr. J. Beattie.

## JOURNAL COMPETITION

Dr. Geoffrey Bourne has kindly agreed to judge entries for a new Journal Literary Competition. A prize of £5 will be awarded to the outright winner, but if two entries of similar merit result in a "tie" for first place the prize will be divided between the entrants.

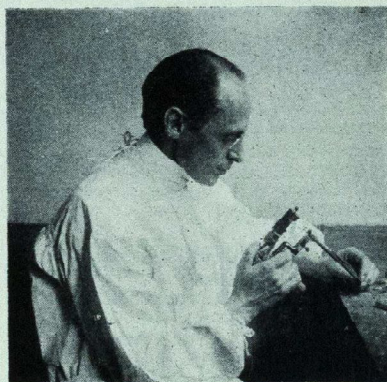
Essays and articles (not more than 10,000 words) should be sent to the Editor of the Journal to arrive not later than 30th April, 1963. If there are sufficient poems submitted a separate prize of £2 will be awarded to the best entry.

There is no restriction on subject matter, but entrants are advised that attention will be paid to style and originality. The best entries will be published in the Journal.

## OBITUARY

### WILLIAM DOUGLAS HARMER 1873-1961

#### The Man and His Time at St. Bartholomew's Hospital 1895-1928



Douglas Harmer was born in Norfolk and came of a family whose records go back to the reign of Henry VI. He was educated at Uppingham and King's College, Cambridge, and came to Bart's as a clinical student in 1895 having gained honours in the Natural Sciences Tripos. He qualified with the Conjoint Diploma in 1898; took the Cambridge M.B., B.C., in 1899; the F.R.C.S. in 1900 and the M.C. Cantab in 1901. He was the last to hold this mastership and refused with others when, with the advent of the Military decoration, they were asked to change it to M.Ch. He became an assistant surgeon to the hospital in 1903 and was Warden of the Medical School from 1903-1906, during a time of great change and progress in the School. A severe illness shortly after his marriage in 1906 resulted in a year in Switzerland and the decision, after he returned, to resign his post as a general surgeon and assume the responsibility for the new autonomous special department of laryngology which, linked to the specialty of aural diseases and surgery, became a model of its kind in the London teaching hospitals. "Little Doug" was the friend, adviser and inspiration of a long line of house surgeons, many of whom became heads of their own departments in London and the provinces. Before this time (1907) these specialities had been the care of the junior assistant physician or surgeon, including such great names as Lauder, Brunton,

Butlin, Bowlby and D'Arcy Power. Harmer greatly prized the friendship of Sir Felix Semon who with Sir Henry Butlin did so much to rationalise the diagnosis and treatment of carcinoma of the larynx. He was an early pioneer of the treatment by radiotherapy of malignant disease of the upper respiratory and alimentary tracts and developed a combined consultative and treatment unit to this end with N. S. Finzi and Ronald Canti. This culminated in his Semon Lecture of 1931, a veritable landmark in this now well established method. The Harmer-Finzi operation for interstitial irradiation of the larynx still has its application to-day. He served in the 1914-18 war, including the Russian campaign of 1917.

Harmer retired from Bart's at the early age of 55 in order to allow his loyal assistant for twenty-two years, Frank Rose, to become Head of the Department. It at once, however, carried on his work with the Radium Institute in London and at Mount Vernon, only leaving the latter at the age of 75, his lectures and advice and even his operative skill being much in demand to the end. At his death he was the senior consulting surgeon to St. Bartholomew's. He was a man who always looked you in the eye. Never did that keen glance intimidate, rather one felt that here was a straight man who would appraise you fairly and give sound and impartial advice. Many were the patients who went away reassured in no small way, or

if that were not honestly possible, then with the conviction that nothing would be left undone which would help them. He took an ungrudging pleasure in the achievements of others. Mrs. Harmer died in 1954, while they were on a trip to New Zealand, and from the loss of this gay, energetic and loyal partner of forty-eight years he never really recovered.

They had three sons. One, Michael, follows his father in a surgical career and he has kindly helped me to edit some notes found among his papers. These he made during his retirement, concerning his early days on the Staff. Some of them are of the anecdotal sort which may be of interest or give amusement to contemporary readers. But one or two are of considerable historical importance because they may possibly be the only records in existence of discussions and decisions which determined the future of the Medical School. In justification of this rather sweeping claim it must be said that practically all the records—committee minutes and so on—of the College were destroyed in the air-raids of 1940-41, and as no one has hitherto bothered to set down the events of the year 1905, these might well have passed into obscurity.

#### Coaches and Motor Cars

These were the days when St. Bartholomew's and St. Thomas's vied with each other for popularity as the best Medical School. Thomas's certainly thought they were and it was a well recognised wager in the first World War that when a new M.O. was appointed to a regiment, his colleagues would be able to tell within half an hour whether he came from Thomas's because during that time he was certain to talk about one of their consultants and say that he was the greatest physician in the country or anywhere else! In favour of Bart's it could at least be said that the Staff dressed properly in beautiful frock coats, spats and top hats. In addition a number of them drove down to the hospital behind lovely black horses with flowing manes and tails and with uniformed footmen perched up on the back of the dog cart or carriage to look after the horses while the doctors were doing their rounds. Harmer recalls that "it was about 1900 that six of us, Fletcher, Lockwood, Murphy, Bruce Clark and a little later Walsham and I drove into the Square at 1 p.m. in cars and were greeted with cheers by the students assembled. To this day I remember how Mr. Walsham, one of the senior surgeons, arrived in a car. A considerable number of students were waiting and his entry was most

dramatic. As the car came through the Arch and into the Square it suddenly became enveloped in smoke and for some reason the chauffeur was unable to find the brake so the car went slowly but surely straight into the wall of the fountain and poor Mr. Walsham and his chauffeur had to jump out and leave it—much to the delight of everyone present!"

In his notes Harmer adds, with characteristic glee, "Nowadays, of course, the Staff believe in wearing their oldest suits and the wonder is that the ward sisters don't throw them out". Actually, this happened once to Dr. Hensley, who wore very green old clothes and had very untidy hair and a beard. He was a distinguished chest physician but certainly did not look an imposing personality. One day he arrived in his ward a little bit late and on entering the ward was seized by a new probationer who was there for the first day. She had been told by the sister in charge that a man was coming to mend the gas and that on no account must she allow him to come in until Dr. Hensley had gone. The probationer took him by the shoulders, turned him round and ran him out quickly. It was some moments before he dared to open the door gingerly again and peep in to see whether it was safe for him to enter.

#### How the College was Nearly Abolished

In 1905 the University of London was proposing alterations in the teaching of the preliminary sciences by building large up-to-date laboratories, where students could be grouped together. Bart's was invited to send their students to University College for instruction in these subjects. This meant that the laboratories for teaching chemistry, physics and biology for the 1st M.B. and anatomy and physiology for the 2nd M.B. would be closed and the space utilised solely for the teaching of clinical subjects. A committee of the Medical Council was chosen and had numerous meetings to consider this proposal. In the autumn of 1905 a large committee was called at Dr. Herringham's house in Wimpole Street. Dr. Herringham himself was in the Chair and there were present about a dozen selected physicians and surgeons representing Bart's, a similar number from University College, the Deans of the two Schools, a few Governors from each hospital, and not least, the representatives of two firms of solicitors armed with the Agreements for signing. Behind the scenes it had already been decided the amalgamation should take place. Accordingly the meeting was opened by Harrison Cripps who proposed that as both hospi-

tals were in agreement, no further discussion was necessary and that therefore the Agreements should forthwith be signed.

Harmer continues: "As Warden I was not a member of this committee and in fact I had to ask permission to attend in order to represent the medical students. They had already heard of this proposal and they had agreed that 'they weren't going to 'ave it'. In fact they were very annoyed about the whole thing because, as they said, they were not prepared to leave Bart's and go to another hospital where 'they would have to play games with all and sundry'. I agreed to represent them and was naturally very much against the scheme as it would have meant losing a large number of our students. In fact it would probably have meant that today there would have been no Charterhouse Square! Anyway the motion was seconded and Dr. Herringham made a short speech saying that he agreed and that as everyone was so satisfied the only thing was for the representatives to sign the Agreements. I then stood up and asked leave to report some very important matters before they were signed. This raised a storm of objections, but I was determined to have my say. In all I mentioned 14 different reasons why it was inadvisable, reserving my trump card until the very last. I should explain that in those days when a student was admitted to the hospital he generally came straight from school and only a few came from a University. In fact, they became permanent members of the school and paid a comprehensive fee of about £300, which covered all their expenses until they were qualified. The students had considered this point very carefully and most of them had threatened that they would demand re-payment of the whole of their money because we should fail to carry out our contract. This was my trump card and it was a complete surprise to everybody. Instead of the storm of abuse which I had expected there was a complete silence which at the time seemed to be unending. It was clear that the committee were now not quite so certain what should be done. Eventually the silence was broken by Dr. Herringham standing up and saying that he was sure that all the members present must have been very impressed with the information that they had just been given, that obviously it would need a good deal more consideration and that, therefore, the motion should not be discussed any further that night. He then literally put on his hat and walked out of the room and one by one the rest of the committee followed like

a herd of sheep." That seems to be the end of the story because no further meeting was ever called. It can be said that the Medical School was saved by the students.

#### The Journal in Trouble

In the early nineteen hundreds the Journal was, not for the last time in its history, in very low water and had contracted a debt with the publishers for no less than £1,750. Messrs. Arnolds, the publishers, wrote a letter to say that they were extremely sorry that they were quite unable to continue publication any longer. This was a shock and at first the outlook seemed pretty hopeless. Harmer showed McAdam Eccles the letter and asked him whether he could help. He could and did, and in fact deserved most of the credit for what turned out to be a brilliant success.

What was done was to take a copy of the "Strand" magazine, snip out a number of advertisements, and paste each one on a letter stating that the same advertisement could be inserted in the Journal and would cost a certain amount for one insertion and so much more for six or twelve. Eccles knew of an old retired doctor who said he would be quite prepared to do the secretarial work for nothing and almost every month he posted some hundreds of copies of these advertisements to the firms concerned adding that a representative could be sent to see the firm if they were at all interested. In eighteen months the advertisements had increased from 1½ pages to over 30 pages. The whole of the debt had been paid off, the old doctor had received a suitable present and after that there was no difficulty.

#### The Vintage Years

When Harmer took office in 1903 Dr. James Calvert had been Warden for about 8 years and he had succeeded Dr. Moore, who afterwards became famous as Sir Norman Moore, Bart., president of the Royal College of Physicians. During their reigns the Medical School had slumbered quietly and had shown few signs of progressing, which was particularly strange because it was a period of so much progress in clinical medicine.

Harmer writes: "When I went into the Warden's house I found a number of drawers in which Calvert had left dozens of letters and pamphlets. Some of these had not even been opened and most of them had been there for a long time. In those days the Warden had no secretary but I felt it was my duty to look at all these letters. In one of them I found a cheque for payment of fees which had never been sent to the bank. It took a good many

days to examine them all and one night I went on writing until after 3 a.m. and took over 60 letters to the post. Rather naturally, I thought that it would be nice to have a secretary and so I wrote to the Medical Council and asked them if I might employ one. The answer was No: so I engaged a secretary and paid her myself. At the end of the year I sent the Council a bill and after a heated discussion they decided to refund the amount! The whole thing was a fair comment of the slackness of the Medical School at that time.

In the past very little had been done to help the students and they could choose whether they attended lectures or not. It is true that there was a 'discipline committee' but in its minute book I found that it had hardly ever been summoned. This did not seem good enough and so I appointed a 'marker-in' for all the important lectures and demonstrations and the list was brought to me every fortnight and I knew exactly what all the boys were doing and sent for any culprits and told them they must mend their ways or give up the study of medicine. In those days if a man worked reasonably hard he generally got through the different examinations the first time and could easily get qualified in 5 years but there were always a certain number of men with whom we had difficulties. I believe the record time was held by a Mr. Maxwell who failed in 18 examinations and it was well over double figures in years before he qualified. But I think it is also true that the famous Sir Anthony Bowlby, who became president of the College of Surgeons, failed to pass the final F.R.C.S. until his 7th attempt."

It is therefore something of a paradox that hardly any advances in teaching had been introduced for a good many years, but after 1903 the School seemed to wake up and a large number of improvements occurred. In the next three years it became a hive of industry. This was not altogether surprising considering that at that time the medical staff was certainly the most brilliant group of specialists that the School had ever had. A photograph, taken in the Square in the autumn of 1903 included 49 of the physicians, surgeons and specialists and the heads of the pre-clinical departments of the Medical School. Harmer himself was appointed to the Staff just in time to be included in this photograph. Of those portrayed one became a Viscount (Horder), eight more became baronets, and seven of these—Norman Moore, Herringham, Thomas Smith, Butlin, Bowlby, D'Arcy Power and

Waring, became the presidents of either the Royal College of Physicians or the Royal College of Surgeons. Thirteen others were made knights. In addition, Dr. Addison, who is not in the photograph, but who at that time was head of the department of Anatomy, was about to embark on the political career which culminated in him also becoming a Viscount and the first Minister of Health.

#### The Birth of the Special Departments

About half the staff were entirely satisfied that they were quite capable of dealing with almost any speciality or operation and the whole idea of special departments seemed to them quite unnecessary. "For instance," Harmer wrote, "Bowlby told me quite seriously that the surgeons would never agree to my performing any of the major operations on the nasal sinuses or larynx although I reminded him that no surgeons had made international reputations in any part of the world except the specialists. In the course of some of our discussions Cripps, who was almost entirely an abdominal surgeon, said that he would never agree to anyone operating on a mastoid except one of the general surgeons and Samuel West summed it up neatly by pointing out the importance of the great triumvirate of Medicine, Surgery and Midwifery. For these reasons a fairly large committee was appointed and dozens of meetings were necessary to educate these famous doctors! The Throat Department was perhaps the most difficult proposition because we not only asked for a special outpatient department, but said that it was essential to have a special ward and a Sister and a house surgeon. They said that the Ear department could be included in this group. We insisted that three Sisters were necessary—one in charge of the ward and one for each O.P. department. This was the biggest pill of all to swallow.

The Orthopaedic Department was not so lucky because Elmslie, who was in charge of it, was quite unable to persuade enough of the surgeons that they should give up any of this work. Eventually, however, a scheme was agreed and forwarded to the Medical Council, where it had another very stormy passage before being forwarded to the Governors of the hospital. Without doubt the man who deserves the greatest credit was Holburt Waring and perhaps C. B. Lockwood should also be included."

In 1907 the new Out-patient Block was built to house these departments. It was considered to be the last word in design and was



opened by the Prince of Wales. By the time it is re-built it will have had a life of over sixty years.

The establishment of the Throat department coincided with a crisis in Harmer's life. While Warden he had of course been living in the Warden's house in the hospital, but in 1906, he married and moved to Weymouth Street. Soon afterwards he developed pneumonia which did not resolve and four months later miliary tuberculosis was diagnosed by Dr. Calvert and Dr. Drysdale. He always considered that he contracted his disease from living in the Warden's house since the wife of one of his immediate predecessors died there of plithisis. Perhaps he said so at the time because the Governors generously allowed him to go out to Switzerland for treatment although advised by his colleagues that they should ask for his resignation.

So he went to Davos with his wife and it was there, in the midst of a monumental blizzard and in a small chalet, that his first son was born. Under the inspired attention of Dr. Huggard his health rapidly improved and within a year he was back in London.

During his absence the discussions about the new Special Departments had continued and Butlin had written to ask whether he would be willing to become a candidate for the new post of head of the Throat Department. He was offered a ward and a house surgeon but of course would have to resign his position of Assistant Surgeon. It was a very difficult decision to make because he greatly preferred general surgery and had already collected a very promising private practice. After much thought he agreed and sent in his resignation to the Governors on the understanding that he would be appointed to the new post. Even then there were some who thought he should give up altogether and suggested that if he did not go voluntarily the Governors might dismiss him. He threatened that if they forced the issue he would sue the said Governors for wrongful dismissal. That was the end of the matter. The appointment and all that went with it for the department were confirmed!

#### Fun and Games

Among the more amusing incidents described in these notes, there is the story of Sir Anthony Bowlby removing the tonsils from a small child of about two years belonging to a very wealthy lady who insisted on staying in the theatre, much to his annoyance. The child took the anaesthetic badly and before the

operation could even be started went white and stopped breathing. The mother went even whiter. Bowlby seized the child by its ankles and held it up in the air like a tailed fish. This frightened the mother so much that she fainted and slumped on the floor, where she remained until the operation was over. When she regained consciousness she was told by Bowlby that she must not worry because at that stage of the operation he always held children upside down because he found it much safer!

Another tonsil story concerned Sir Holburt Waring, who insisted that his house surgeon should find him an occasional tonsillectomy to do. He operated with a lamp shining over his shoulder and the performance tended to be rather haemorrhagic. One patient had proved very troublesome and a few days later, in view of the fact that bleeding continued, he took the blue board and wrote on it "would Mr. Harmer please advise further treatment?" The answer was much to the point. "I advise tonsillectomy."

The terrifying responsibility which a newly-qualified doctor shouldered in those days is exemplified in an account of the very first operation which he performed. It is best told in his own words.

"In 1899 I became House Surgeon to Howard Marsh and Bowlby and on my very first day on duty Gordon Watson, who was my senior and liked the race-course rather better than the hospital, went off about mid-day and without telling me wrote on his board that I was on duty for him. About teatime (it was September when the light was beginning to get poor) I had an urgent message to go up to one of the wards and see one of the sisters who was suffering from severe dyspnoea caused by a large oedematous swelling on the left side of her neck. I had never seen anything like it but imagined that she must have a deep-seated abscess. Cross came up and gave her an anaesthetic in her bed. I had no time to get any instruments except the small tray kept in every ward, with instruments for dressings; knives, scissors and one pair of forceps. The lady stopped breathing and Cross said 'You must do a tracheotomy'. I do not think I had ever done one before. The patient, the Sister of a Ward at Bart's! However, there was nothing for it and in a few moments I was lucky enough to find her trachea. I was just about to open it when she suddenly gave an enormous gasp and started to breathe again. You can imagine our relief but we still had

not opened the abscess and Cross said that nothing would induce him to give her any more anaesthetic. So I made a pretty long incision along the sterno-mastoid and retracted it; then pushed a finger deeply towards the side of the trachea. She didn't like it very much and it was difficult to hold on but I was lucky because I suddenly broke into a large abscess and out came about a tea-cup full of thick yellow pus. She seemed quite pleased about this and began to breathe quite nicely almost at once. It was certainly a lucky start for me!"

During his time as Warden the Hospital won the Rugger Cup, a thing which in those days they used to do with some regularity, and naturally there was a party to celebrate the occasion. It started about 10 p.m. After midnight it became very cheerful and there was so much noise that none of the patients could get a wink of sleep. The Treasurer at the time was Trevor Lawrence, who had formerly been Governor of Bombay and was full of pomp and dignity, having been accustomed to getting his own way for such a long time. He sent round a letter to say that he wished the Warden to tell the boys that they must be quiet and go home. Harmer was not a large man, indeed he was of very slight build. He

rather wished that the Treasurer would go himself, but orders were orders and so off he went. As he walked into the room there was a silence for a few moments and then the captain of the team, who weighed about 15 stone and who by this time was gloriously drunk, walked across in a very menacing manner and said, "What the hell do you want?" to which he replied, "I want you to stop making such a noise because none of the patients can get any sleep." "And what," he said, "will you do if we don't stop making a noise?" With an assurance that he was far from feeling the diminutive Warden replied very confidently, "I shall throw you out of the window". It was one of those very long moments. However, they were just sober enough to realise the humour of the thing and they all roared with laughter and then, very surprisingly, first one and then the whole lot dispersed.

With this last happy anecdote we close this tribute to a devoted Bart's man, a lover of the open air and all the sports that went with it; who triumphed over quite considerable ill health himself and never once failed to give of his best for others with gentleness, humour and skill.

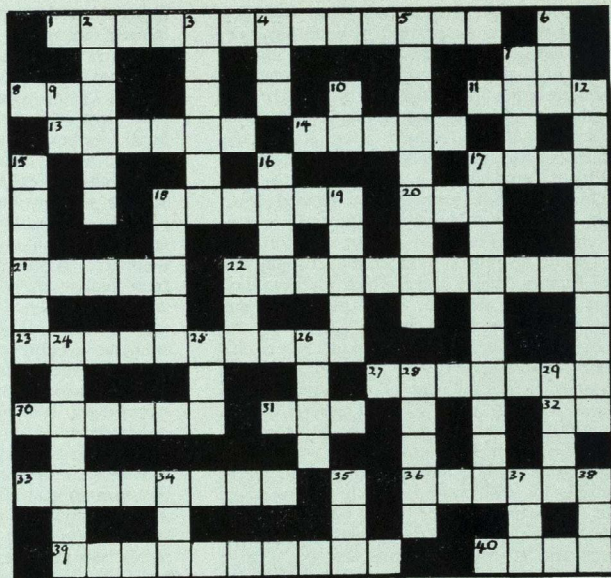
## BRIDGE COMPETITION

The Bridge Club has been given a set of cards of contemporary design. These cards will be awarded to the player who, with the accompanying deal, can make 7 Hearts North-South against a K of Diamonds opening and the best defence. In case of a tie the first entry received at the Journal office will be awarded the prize.

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♣		♣ 7				
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## MEDICAL CROSSWORD COMPETITION

The first correct entry opened on the 1st of February will receive a prize of one guinea. The crossword was devised by Mr. Colin Brewer. Entries should be sent to the Editor.



### CLUES ACROSS

1. Bone of contention? (2, 11)
  7. Positively alarming (2)
  8. Ingoistic antidote (3)
  11. If you are out on one hang on with four (4)
  13. Sometimes they lives, Sometimes they dies, What's that to I, I — (6)
  14. A cough to which gamblers are prone? (5)
  17. Don't breathe a word of it in Rees-Mogg (4)
  18. Humorous by-product of *Panglais avec son sang-froid* (6)
  20. One hopes that bone and plaster will both do it (3)
  21. In its archaic form it was a sly cert. (5)
  22. Pollypneumonitis! (11)
  23. A place of desinence, perhaps for the vicar's wife (1, 9)
  27. Latin American T.V. cowboys. Naturally rather windy! (7)
  30. Sinister thoracic pain (6)
  31. Tree well-known to maidens who have gone down the slippery slope (3)
  32. Like 1 across, also an open question (2)
  33. Rheum at the top! (8)
  36. Is this graft left on the aorta, Professor? (6)
  39. A Welsh Mac and an Irishman from the dural sheath make a doctor. Just (10)
  40. If it causes obstruction, the borborigmi should be most musical (4)
- ### DOWN
2. Organ for ventilating a grievance (6)
  3. Biblical vigneron of the uterus (6)
  4. Not a good thing to pick up in St. Mâlo (3)
  5. An ominous sign in the newly-weds' suitcase (11)
  6. With 11 across you may expedite your labours (3) (abbr.)
  7. A tumour of evil men, as Sam Weller might say (4)
  9. The ubiquitous co-worker (2)
  10. Pull your finger out to avoid using your feet (2)
  12. Bronchiolitis, perhaps from inhaling a sweet tooth? (10)
  15. Plump, slightly dialectical mother of Oedipus (6)
  16. Sebaceous cysts are in the news (4)
  17. A treatment for eclamptic gourmets? (10)
  18. What! Another *nouvelle vague*? I'll see it after tea (1-4)
  19. Quantitative instruction to the chemist. Without it he might dispense with accuracy! (5)
  22. What 15 down does (3)
  24. Logically it should produce frank pus (7)
  25. A vital fluid, assisting the smooth running of all hospitals (3)
  26. Scene of bitter battles! Is its stone also a triptych? (4)
  28. The very antithesis of turpitude, they keep to the straight and narrow. Avoid a *posteriori* reasoning! (5)
  29. Men are all alike. Especially the Graeco-Romans (4)
  34. Traditionally long (3)
  35. With a short P.S. the very heart of the ballet (3)
  37. A vertical, rather than a "down" clue. Most sinister! (3) (abbr.)
  38. The commonest symptom it would appear, but a reassuring one (3) (abbr.)

## NOTES ON THE TEACHING OF PATHOLOGY BY PROFESSOR SPECTOR

I THINK that the teaching of pathology falls naturally into two categories, viz. general pathology and special pathology, each category having its own separate, but to some extent overlapping, requirements.

I believe that general pathology, in which I include the main types of pathological disturbance, e.g. inflammation, thrombosis and neoplasia, should be taught as an individual scientific discipline, just as in the case of physiology. It is well taught by formal lectures and I would hope to supplement such lectures by experimental demonstrations of the more important phenomena, again as in the case of physiology.

The course in general pathology should begin as early as possible in the clinical curriculum, or precede it. Since it will have to provide the basis for the student's first year's work in the hospital it should ideally be combined with some specific account of the major diseases affecting various parts of the body. The diseases in question should be selected and dealt with in such a way as to illustrate the broad principles elaborated in the lectures on general pathology.

Special pathology I believe to be best taught with the aid of pathological specimens. The ideal situation for the teaching of special pathology, by which I mean the study of diseases affecting individual systems, is the post mortem room. Ideally again, such teaching should be supplemented by tutorials with small groups of students. Where tutorials are not feasible due to an inadequate staff: student ratio, it is necessary to resort to formal lecturing. Even here, however, I think it best if a lecture is in some way coupled with the demonstration of specimens.

It is clearly necessary for a pathology course to give the student a firm basis of understanding for his studies in medicine and to enable him to pass his final examinations. Medicine, however, is not yet a technology and let us hope it never becomes one. We may therefore aspire to a third aim, namely to cultivate in the student an enquiring, sceptical and scientific attitude. As a corollary of this there is always the hope that a small proportion of the student body will be stimulated to undertake a career in pathology or in medical research.

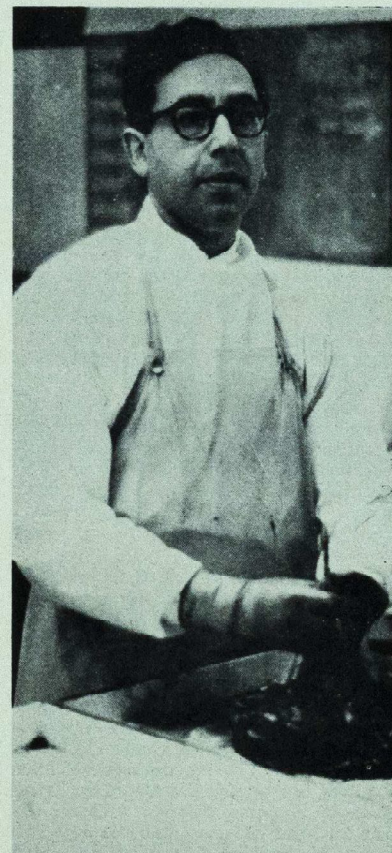


photo by D. S. TUSNTALL-PEDOE

## B.M.S.A TRIP TO POLAND 1962

by George Gey Jr.

Twenty-one medical students left Harwich on the boat to Hook of Holland on the first of August and these twenty-one represented medical colleges from everywhere in the United Kingdom. The sea was calm and the export lager was very good. From the Hook of Holland we boarded a train car that was going to Warsaw via Berlin. It was a long train ride. Our spirit was high and when we arrived in Warsaw the prepared meal tasted wonderful. Our guides were very anxious on our behalf and the rigorous programme which had been prepared was attacked with vigour. First we went on a sight-seeing tour of the city. The new bright buildings among the ruins were like the new vegetation on a recently-active volcanic island. There are three types of buildings in Warsaw—post war, early fifties, and the modern. I would like to call them the patched up, the soviet influence, and the wonderful modern respectively. Right in the middle of Warsaw there is the Palace of Culture, a very large towering structure which can be seen for miles around. It looks like the Moscow University and the whole of Warsaw can be seen from the top of the tower. After the tour we went to the Department of the Organization of the Health Service in the Warsaw Medical Academy. We were given a lecture on the structure of the system and Polish medicine. Poland is divided up into districts and each district has a centre to which all the complicated cases of the towns are referred. Not all towns have a qualified medical

doctor, but there is a trained person who deals with minor problems and midwifery. The district centres are centrally controlled by the main office in Warsaw.

The next day we visited the Central Clinical Hospital of the Polish Railways in Niedzylar, a few miles outside Warsaw. It is the newest Hospital in Poland. The wards are divided up into rooms off a main corridor and each contains about four patients. We were allowed to watch an operation while we were there. The operation was on a man who had a perforation in his sigmoid colon. The adhesions around the perforation were cut and the perforation was made into a colostomy in the midline through the incision. Antibiotic powder was placed in the area and then a drain was made. Before the closure all the staff changed their gloves which had been contaminated from the leaking perforation. Later I was told by one of the surgeons that they had a wound infection rate of 22 per cent. The operating rooms were very clean and masks, gowns, and boots were worn by everyone entering the operating rooms. One of the things that became apparent at the various hospitals and lectures we went to was the high incidence of infection. In fact the main cause of child mortality was infection.

We stayed at the Student Hostel of the Warsaw School of Planning and Statistics and had our meals at milk bars and the fabulous Super Sam. Super Sam is a very large ultra-modern supermarket-cafeteria with cantilever roof and plate glass sides. It is here that I learned some of the Polish language, jedno piwo (one beer).

Sunday we started out for Zelazowa Wola (Chopin's birth place) and the surrounding area. We listened to a young pianist play Chopin in the beautiful gardens. Later we toured the beautiful countryside and the parks of Arkadia.

The next two hospitals we visited were the Mother and Child Institute and the Municipal Hospital for Women. The former was very interesting since all the rare diseases in children are studied here and we saw a ward for cancer and one for hereditary diseases. A child's case report was read out to us who had a Wilm's tumour. The treatment was surgery and radiotherapy and we were told the treatment was successful if there were no metastases. Our hosts at this hospital were very kind and asked us to lunch which consisted of a cold berry soup, delicious, and veal escalope. The Municipal Hospital for Women illustrated the mid-

wifery and gynaecology of Poland. We had an "any questions" session and the burning question on all our minds was the question of abortions. This it seemed would be impossible to answer as Poland is a Catholic country. It was pointed out that abortion is performed on medical and on economic grounds. In order for an abortion to be performed for economic reasons a trained person must investigate the family and the environmental conditions, then a board considers the case and a decision is made. The Church does not interfere with this decision as it is a part of the national system of health. They pointed out that there are no illegal abortions in Poland and death from abortion was very low.

Kracow, what a wonderful place! We went there after our stay in Warsaw and I should very much like to go there again. This is the old residence of the Polish kings and was not destroyed by the war. One can stand in the market place and hear the trumpeter play the age old theme every hour from the high tower of the church of Our Lady. The story goes that when the Turks invaded Austria they went as far as Kracow. When the first invader reached Kracow the guard on watch in the tower played a warning and was shot with an arrow in the middle of the tune. It is this interrupted tune that is played. The tower incidentally was built by a prince who murdered his brother for the love of a fair princess. The knife still hangs in the market place. The university buildings are well worth seeing as it is here that Copernicus worked; also

there is a lab. where a kind of Dr. Faustus worked and all the alchemist implements are on view. You can even see where the devil came in. Wavel Castle, which is perched on a hill, was the royal residence of the Polish kings. I glided through the rooms on the highly polished black and white marble floors with felt covered shoes. Some fifteen feet above my head was the jewel box ceilings of very ornate design. The Baroque rooms had Cordova leather-covered walls which contained many fine furnishings and an appreciative audience.

Oswiecim, better known as Auchwitz (the German name), is an austere place half an hour's train ride from Kracow. When we arrived, hundreds of people were marching toward the camp with banners for on that day the International Youth Festival was to begin. Despite the hundreds I managed to look around and appreciate the design. The front gate has a sign saying "Arbeit Macht Frei". The gate is connected to two high barbed wire fences seven feet apart and signs warning of life-taking high tension electricity were in front of them. The buildings inside are well built and have a sombre appearance. They are in good repair with a few exceptions. In one I watched films of atrocities and saw a museum containing fragments and papers of a dim hour in man's history. Today Oswiecim stands as a shrine and an example as it should do.

The trip back to England was long and tiring. I had a bath in Prague, a coffee in Cologne, and I got sea sick on the boat.

### REPORT READ BY THE B.M.S.A. REPRESENTATIVE AT THE STUDENTS' UNION A.G.M., NOVEMBER, 1962.

B.M.S.A. Sub-Committee 1961/62:—

Senior Representative: M. W. Casewell.  
Clinical Representatives: N. D. Whyatt  
and Miss J. Bond.

Pre-Clinical Representatives: Miss J. M.  
McKcown and A. Bailey

THROUGHOUT the year, both at Charterhouse and in the Hospital, a growing interest in the B.M.S.A. and its various activities has been apparent. The participation of Bart's students in some of these activities would seem to indicate that at last the B.M.S.A. is making its mark as a student organisation that extends

far beyond the purveyor of a tie, a scarf, and (of late) a car badge. For the non-participating students I trust that this report will help to enlighten them, and also I would like to quickly remind you of the main aims of the Association, which are as follows:—

"To provide a means whereby medical

students can meet and discuss matters of common interest."

"To represent medical students and present their views."

"To facilitate co-operation between medical students and the medical profession."

"To assist the co-operation of British medical students with medical students in other countries."

One of the most popular activities this year was the annual National Clinical Conference which was held in Aberdeen last April. The number of applicants from Bart's far exceeded the Bart's allocation of places. It appeared that the enthusiasm was justified, as the few Bart's people who finally attended, returned with glowing reports of how they had been both medically and socially stimulated. Anyone interested in going next year is advised to apply as early as possible.

Another Conference of exceptional interest was the Tropical Medicine Conference held at the School of Tropical Medicine and Hygiene last July. This lasted for three days and involved lectures, demonstrations and a dinner. Bart's students were amongst the 120 students who attended from all over the country. The Conference proved so successful that it is to be suggested to the forthcoming A.G.M. of B.M.S.A. that the Tropical Medicine Conference should be held once every year and not bi-ennially as has been the practice in the past. Furthermore, Fergus Popc has suggested to the President of B.M.S.A. that information arising from the Conference should be made available for students who did not actually attend. This matter is to be taken up by the London Region of B.M.S.A.

A further function supported by Bart's students was the B.M.S.A. Study Tour of Poland. The basic cost of this two-week trip was £25 and included medical lectures, hospital visits, cultural visits and social gatherings.

Tours of a more modest nature have been organised by London Region regularly throughout the year. Primarily these have been visits to medical establishments of one kind or another, and have received ample support, especially from pre-clinical people. Those visited included:—

The Harlow Health Centre,  
East Grinstead Plastic Surgery Centre,  
Stoke Mandeville Paraplegics Centre,  
The Maudsley Hospital,  
The Royal Homeopathic Hospital.

The Drug Houses visited were:—

May and Baker,  
Cow and Gate,  
CIBA  
Roche Products.

The highlight of London B.M.S.A. visits was, of course, Guinness Brewery. For some ill-defined reason, this particular visit was dominated by an erudite Bart's majority who showed keen interest in the free lunch and inexhaustible supplies of Guinness, rather than the longest hedge in England and the plumbing arrangements.

The London Region of the B.M.S.A. also organised a week-end at Cumberland Lodge, which was attended by Bart's students. The theme of the meeting was "The National Health Service and its future". The Speakers included an Economist, a G.P., and the Reader in Social Medicine from a London teaching hospital.

I should like to point out to those of the Union who enjoyed any of these visits that London Region were greatly indebted to Jane Bond and Alan Bailey of the Bart's B.M.S.A. Sub-Committee, who organised several of these trips.

At the beginning of the year free B.M.S.A. diaries were distributed throughout the Hospital. These were well received and in the near future 1963 diaries will be ready for distribution. Besides the diaries, B.M.S.A. also managed to obtain several hundred free copies of the book "The Life Savers" by Ritchie Calder. This Pan Book gives an account of the development of life-saving drugs and seems to be directed at the lay public with overtones of Drug House godliness.

The four quarterly editions of the British Medical Students' Journal that have appeared over the past year have all sold well at Bart's.

As Assistant Secretary/Treasurer to the B.M.S.A., I have this year had the task of revising the B.M.S.A. "Directory of Student Appointments". The Directory contains concise abbreviated information about hospitals prepared to accept students for either clinical clerkships or employment in non-medical posts. The latter are usually paid at standard rates. The publication will be attached to the B.M.S.A. notice-boards and may also be obtained from your representatives.

On a national scale B.M.S.A. has been actively acknowledged as the voice of medical student opinion in this country. The Ministry of Health has requested that B.M.S.A. compile a Memorandum on the expectations, interests and capacities of medical students about

to enter medical practice. This report is at the moment being compiled and will shortly be sent to the appropriate Government Committee. (The Acting Sub-Lieutenants of our number may well be interested to hear that some of the earliest approaches to the War Department concerning the Armed Forces Scholarship Scheme were, in fact, made by B.M.S.A.)

In the international field we have at Bart's been very proud to have John Bootes as President of the International Federation of Medicant Students' Associations. His enthusiasm, unending hard work, personal charm and natural talent for controlling difficult (and often fierce) meetings, has won him acknowledgment the world over, both within the field of student politics and within the Profession itself. It will be many years before the Federation finds a President of such capabilities.

As Director of the Standing Committee on Publications for I.F.M.S.A., I have had the task of editing the Federation's magazine "Intermedica". Despite the battle needed to procure articles from member countries, an edition will be appearing within the next week or so, followed by another early in the New Year. Earlier this year I was sent to Athens for the Executive Meeting of I.F.M.S.A. to find member countries willing to let me have copy.

Returning from the recent General Assembly held in Madrid, John Bootes tells me of the present instability of the I.F.M.S.A., which has developed on account of political blocs being set up within this, constitutionally a political organisation. It is to be sincerely hoped that the political endeavours of certain members will be abandoned in future.

In view of the mounting enthusiasm that is being shown by Bart's students for the I.F.M.S.A.'s clinical clerkships abroad, it is especially regrettable that Bart's people are unable to obtain leave to participate in these clerkships, which are usually of one month's duration. It seems strange to reflect that Bart's remains one of the last teaching hospitals in the country to appreciate the value of these clerkships in the context of broadening both one's medical and general experience. Perhaps we shall see some change in policy within the next year.

Finally I should like to thank my Sub-Committee for the work they have put in over the past year. Also the Students' Union for their close co-operation: the Union has financed a London Region Meeting of the

B.M.S.A., which was held at Bart's and also a full Bart's delegation to represent the Hospital at the recent A.G.M. of the Association.

My best wishes to the new B.M.S.A. Sub-Committee for a successful year of activity.

Mark Casewell, B.Sc.,  
B.M.S.A. Vice-President  
of the Students' Union.

#### ADDENDUM

The 21st A.G.M. of B.M.S.A. was held in Oxford from 8th-11th November. It was attended by the four Bart's representatives: Jane Bond, Rachel Fisher, Alan Bailey and James Iobbs, and by Mark Casewell who served on the Executive Committee as Director of S.C.O.P. John Bootes attended the annual dinner at St. John's College in the capacity of President of I.F.M.S.A.

At the meeting it was decided that the next National Clinical Conference is to be held in Liverpool in July. As many students from Bart's attended both these Conferences during the last year and found them excellent value both educationally and socially, it is to be hoped that they will be interested in attending next year. Visits to Poland and the U.S.S.R. are to be arranged again, and the Summer School in Denmark is being arranged for pre-clinical students next summer vac.

One of the subjects that was discussed at the meeting was the formation of staff-student liaison on the curriculum. Many medical schools in Great Britain now have arrangements whereby staff and students can discuss this subject before changes are made. The Bart's representatives felt that this was of particular interest on account of the various changes which are at present taking place.

Two of the Bart's representatives were elected to Executive posts for the forthcoming year. Mark Casewell is to be Education Officer and will draw up a report on the value of elective periods, research and foreign clerkships for medical students. Jane Bond was elected as secretary to the B.M.S.A. Trust which provides the Duke Scholarship to America each year, and allocates money for medical students travelling abroad for study purposes. John Bootes is already a member of the Board of Trustees.

Sir George Pickering, who is Regius Professor of Medicine at Oxford, has kindly consented to become the Honorary President of B.M.S.A. for the next year. The student President elected by the representatives is to be Mr. Kingsley Reid from Edinburgh.

Jane V. Bond.

## BART'S AND THE UNIVERSITY OF LONDON

An Address to the New Entry of  
Students, September 1962.

By *F. C. W. CAPPS.*

IT is my privilege to-day to talk to you about the Medical College of St. Bartholomew's Hospital and its association with the University of London.

There have been for many years twelve undergraduate Medical Schools in London and these are now all individual and affiliated Colleges of the University. Not all provide for all the years of the Medical curriculum, as we do, and those which do not have in the main relied for their pre-clinical training on the two original colleges of the University; University College in Gower Street, strictly unsectarian and known to many at its inception in the eighteen-twenties as the "Godless College", and King's College in the Strand which was rapidly formed in 1829, as a rival, to ensure that an essential part of its system of education should be "to imbue the minds of youths with a knowledge of the doctrines and duties of Christianity as inculcated by the United Church of England and Ireland". The Theological faculty is at King's. Medical schools, such as ours, may perhaps have one disadvantage over multi-faculty colleges as there is not perhaps so great an opportunity of seeing other points of view, though in a city like London this may be overcome by the numerous opportunities for recreation, physical and artistic, upon your doorstep, and the Clubs of the University.

We congratulate ourselves that in your wisdom you have joined the oldest proven institution in London and the British Empire for the treatment of the sick poor. St. Thomas's Hospital claims to be sixteen years older, but a disastrous fire in the Augustinian Priory of St. Mary the Virgin on the south side of the ancient Roman bridge over the Thames at Southwark (where Southwark Cathedral now stands), destroyed all their records. Whereas those of the also Augustinian Priory of St. Bartholomew, founded by Rahere in 1123, are still extant, and you will no doubt have occasion to see and learn more of them during your years with us, and to know the beauty of a large part of the original Priory Church, which still stands, and the thirteenth-century tower of the Church of St. Bartholomew-the-Less in the hospital itself. I was lucky enough to be House Surgeon to the Ear, Nose and Throat Department when the eight hundredth anniversary of the foundation was celebrated and the whole of Smithfield Square was closed for three days for the revival of the celebrated mediaeval Bartholomew Fair.

The first great crisis in the history of the hospital came with threats to suppress religious houses in 1536 and 1539. After much importuning, Henry VIII agreed the reconstitution of the hospital and appointed a new master (not the old prior). Finally in 1546 under the Great Seal of England he gave the hospital into the care of the Mayor and Citizens of London, with its endowments, and these documents remained the basis of the constitution of the hospital until the National Health Act in 1946, four hundred years later.

When medical students first attended practice is unknown, but it is probable that the surgeons had apprentices in the sixteenth century, and they are mentioned in the records of 1664. The Company of Barber Surgeons, who licensed Surgeons to practise in London and for seven miles around, demanded an apprenticeship of seven years, and the passing of an examination. Young physicians coming usually from Oxford or Cambridge and often studying abroad (e.g. William Harvey in Padua) were similarly licensed by the College of Physicians. In 1667 the Governors of the hospital provided a dissecting room, a library (the library in the hospital is still their responsibility), and a museum.

In the eighteenth century a number of private schools for teaching of surgeons grew up in London, and the surgeons of St. Bartholomew's began to lecture to students. The first

were the anatomical lectures given by Edward Nouse in 1729. He became a full surgeon in 1745. In 1747 Percival Pott lectured. The operating theatre was the lecture room and a beadle was instructed by the Governors to keep a fire in the said room. In 1788 John Abernethy began to lecture on surgery, anatomy and physiology and his personality attracted large numbers of students. So much so that the Governors were persuaded in 1821 to spend Hospital money on a new and enlarged lecture theatre and the formation of a medical school in its present form began, the lecturers being chosen from the physicians and surgeons of the hospital. After the death of Abernethy things flagged, but James Paget, who entered the hospital in 1834, restored its fortunes and in 1843 came the establishment of the Medical Council and opening of a residential college, Paget being the first Warden.

In 1881 the school buildings were rebuilt; the present library and museum only remain of them. The chemical theatre and anatomical theatre were destroyed in the last war and the dissecting room, abandoned, was converted into the present clinical lecture theatre. The physiology and biology departments are now added to a pathology block with demonstration room and lecture theatres, completed in 1909.

In 1913 the school petitioned His Majesty's Council for a Charter of Incorporation, but owing to the first world war this was not obtained until 1921, when the school was brought into closer relationship with the University of London. This charter specifically excluded women students and in 1946 a supplemental Charter to cancel this state of affairs cost the College £360 (cheap at the price?). In the 1920's the school flourished and began to burst at the seams. We crossed Giltspur Street and converted a warehouse for the departments of pharmacology, physics and physiology, but in 1933, owing to the energy and foresight of the then Dean, Sir Girling Ball, the College purchased the site of the Merchant Taylors School, who left Charterhouse Square for the Chilterns. The land originally belonged to the Priory, having been given to it by Ermengarde, Prioress of St. Mary Clerkenwell. It was used as a burial ground during the epidemic of the Black Death. A knight, Sir Walter de Manny, bought the ground and established a Carthusian monastery, that the burials might be consecrated. This religious house also fell to Henry VIII, and became the property of Howard, Duke of Norfolk, in the reign of

Queen Elizabeth I. It was later acquired by a soldier and sailor merchant adventurer, whose wealth enabled him to endow a hospital for decrepit old gentlemen and a free school for the sons of parents without estates and lands, including the sons of soldiers, sailors and clergy, doctors and lawyers. Sutton's Hospital still houses 40 pensioners and the school became Charterhouse public school and removed to Godalming in 1870 when the Merchant Taylors School took over.

This wonderful site was converted for our use, the money to purchase it and do this being found by the staff, an appeal, various city benefactors and £10,000 from the University of London. It was opened by the Prince of Wales, in 1935. Thus by our own energies we acquired this site and fitted it out for a sum in the region of £200,000. Then came 1939 and further crisis, in this case more for the College than the hospital. The School was evacuated to Cambridge and outlying hospitals and in the blitz between October, 1940, and May, 1941, much of the property was either bombed or burned. The Charterhouse buildings, with the exception of the anatomy department, were almost completely wrecked. We lost both our lecture theatres on the hospital site. Sir Girling Ball died during the war, a much saddened man, but his place was taken by one who for a time combined the office of Dean and Warden, was later Dean of the Faculty of the University and has just completed three years as Vice-Chancellor of the University of London. His knowledge of the history of the College and his great expertise and influence in University matters enabled Dr. Charles Harris to carry on the unquenchable enthusiasm of this College with the result that he and his two successors can now welcome you to a completely new set of buildings, representing the finest preclinical school in the Kingdom and to the first Collegiate Hall of Residence to be built after the war. This, with the old Charterhouse restored on two sides of us, makes those of us who knew the old cramped quarters green with envy. There had been no Residential College since the old one in Little Britain was given over to the accommodation of nursing staff in 1923. Now we have the promise of an increase in accommodation in the very near future. And the cost? War damage helped, but the University with the blessing of the University Grants Committee have done us proud, and without their help we could not have achieved a quarter of what you see to-day. In the last ten

years or so we have received from the University somewhere near three quarters of a million pounds to acquire land and put up buildings. This I think must bring me to say something about the University as such. When I was a student my ideas about the University of London were extremely vague. Oxford and Cambridge one could see and understand, and one was conscious of the existence of many well-established provincial Scottish and Irish Universities, and the budding of many new ones. London, however, seemed to me only to exist to extract from me fees for examinations and I now realise that this was indeed really the case.

It was not until 1825 that anyone succeeded in persuading the various independent scholastic institutions, the Department of Education and other bodies that the capital of the Empire really did merit the educational organisation of and rationalisation of much that went on and had been going on in the City since the mediaeval guilds and foundations. In the event such fear was felt that students might be examined by their own teachers that neither of the first two colleges, University or King's, were given the privilege of granting degrees. For this work (to grant academical degrees without the imposition of any religious test) an entirely new institution, "The University of London" was founded by Royal Charter in 1836. There was thus an absence of any organic relationship between the University and its affiliated Colleges. It was intended to mould it on Cambridge, "to perform all the functions of the examiners in the Senate House of Cambridge", but whereas at Oxford and Cambridge University and Colleges were in closest unity, there was no connection, personal or corporate, between the University of London and its affiliated colleges.

In 1858 the examinations of the University, except in the faculty of medicine, were thrown open to all men, and in 1879 to all women on equal terms, and intermediate examinations were instituted to ensure continuous study. All colleges of the United Kingdom and British Empire were placed in the same potential re-

lationship to itself by permitting students to enter freely for the examinations of the University and to obtain its degrees. By avoiding reconstitution at this time, and the establishment of a teaching University our important national task to offer an encouragement to private students throughout the Empire to pursue a regular course of higher education might have remained unfulfilled.

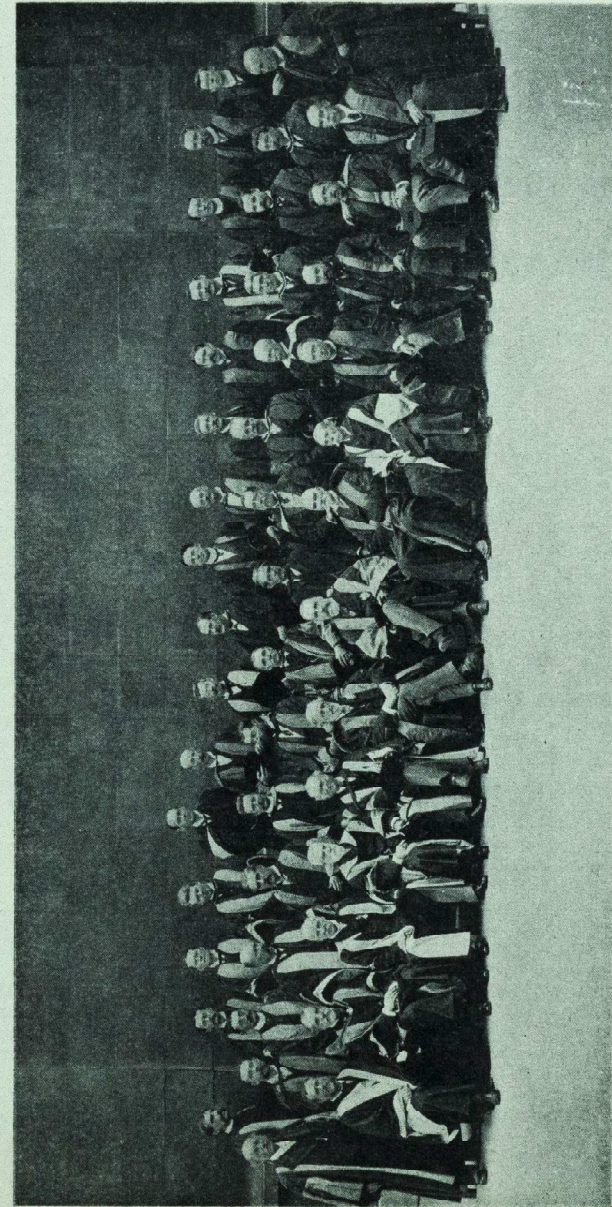
However, by 1926 some century after its foundation London University has, by force of circumstances and the need for central finance, become in every sense a teaching, and no longer merely an examining body, and the influence it wields, albeit reasonably benignly, may be indicated by a few simple figures. As a climax to this reconstitution the University administration and centres for student activities have at last become sited on the Bloomsbury site behind the British Museum, and from being a somewhat mythical body housed no-one knew where, we now see concrete evidence of a University in being.

What does a Medical College cost? In 1921 our budget was £31,000, made up of students' fees, £19,000, and University grant of £12,000. In 1961 our budget was £398,000, made up of students fees of £38,000 and the University grant of £360,000. A dramatic change in forty years showing our great dependence on the University grant. And now I hope you will agree that over nearly 850 years many generations have handed down to you, the new generation, a heritage of which you can be proud and I am confident that among you are those who will not only carry on the good work but when you leave will feel that you have enhanced the achievements of the past.

The College and University certainly offer you first class facilities and the Hospital, awaking at long last from the lethargy which followed a vast war and much destruction, followed by the imposition of a National Health Service, and the loss of some autonomy, shows great promise for the future. But that is another chapter which others will unfold for you.

## St. BARTHOLOMEW'S HOSPITAL VISITING STAFF.

JULY, 1904.



*Back Row:* Dr. Walsham, Dr. Horder, Dr. Drysdale, Dr. Horton Smith, Dr. Talbot, Dr. Andrews, Dr. Lewis Jones, Mr. Gill, Mr. Ackland, Dr. Edgar Willett, Mr. Aclery, Mr. Paterson, Dr. Austen, Mr. Harmer, Mr. Gask, Dr. Bainbridge.  
*Centre Row:* Dr. West, Dr. Ormerod, Dr. Morley Fletcher, Dr. Galvett, Dr. Garrud, Dr. Booth, Dr. Harrington, Dr. Chumpeys, Mr. Cumberbatch, Mr. Jessop, Mr. Spicer, Mr. D'Acey Power, Mr. Waring, Mr. Eccles, Mr. Bailey, Mr. Lockwood.  
*Front Row:* Dr. Norman Moore, Sir Dyce Duckworth, Dr. Gee, Sir Lauder Brunton, Dr. Hansler, Sir Thomas Smith, Sir William Church, Mr. Willett, Mr. Butlin, Mr. Langton, Mr. Harrison Capps, Mr. Bruce Clark, Mr. Bowley.

## MOSCOW REVISITED FOR THE EIGHTH INTERNATIONAL CANCER CONGRESS.

*By Malcolm Donaldson.*

WINSTON CHURCHILL once said, "Russia is an Enigma within a conundrum". I have visited that country three times but only for a few days on each occasion, nevertheless one cannot visit any country without gaining an impression however erroneous it may prove to be. My impression is that communism is a most interesting experiment to observe, but I am thankful not to be taking part in it. Until 1860 the vast majority of the people were serfs, and it is wonderful to observe the progress they have made since those early days. However, they have a long way to go in comparison with other countries. They are not a good-looking race to put it mildly, and seldom seem to smile. When a member of the British embassy was asked if they thought that they were a happy race the answer was No, because they are always suspicious—suspicious of foreigners, suspicious of each other.

There seemed little change in the appearance of Moscow during the last three years. There were possibly a few more private cars on the roads, and more blocks of flats, but the width of the streets ensures that there will be no traffic problem for the next two or three hundred years. The streets are beautifully clean, not even a burnt match is to be found and there are many porcelain receptacles for

rubbish, somewhat resembling sanitary arrangements along the streets. The people seemed a little better dressed than last time, but that may have been due to the fact that they were wearing summer dresses. All the small children have far too much clothing. A good point about the people is that they refuse any tips, which appeals to a half Scot.

We saw very little of the country districts, only those seen from the main roads and the plane. The crops looked poor and the shacks were terribly dilapidated, and women were carrying water from the nearest stream.

Large satellite towns are being built outside Moscow consisting of enormous blocks of flats, which rumour says have only running water on each corridor, not in the flats. No garages for cars were visible.

All property and contents of shops belong to the government except a few small markets.

We stayed at the "Ukraine Hotel", the newest and most modern hotel, the same we had stayed at on a previous occasion. It is very comfortable with bathroom, etc. It has 29 storeys, we were on the 15th. I could find no staircase above the first floor, but was told there is an emergency staircase behind locked doors. It is one of the five skyscrapers in Moscow built in the same style as the University. The food is somewhat expensive and not very good; agriculture is of course the government's greatest headache.

Our visit in 1959 was in connection with an International Scientific Film Association meeting, a small affair and more like a family party. At this congress there were 5,000 delegates from 70 countries. There were 130 delegates from Great Britain, of whom Professor A. Haddow was the star turn, being the President of "International Union Against Cancer". I only spotted one Bart's man, Naunton Morgan.

The conference opened with a meeting in a hall within the Kremlin built for 8,000 people. This I think is new since our last visit. The officials were on a large platform, and many speeches were made, one by Prof. Haddow. After a short interval for refreshments a concert was held with an orchestra of about 100 on the platform, which was raised or lowered to suit the performance on the stage, where Russian dances were performed, all very enjoyable.

All the conference lectures and demonstrations were held in the University building. This is an enormous block and during term time houses 6,000 students; the remainder of the 24,000 University students live in lodgings.

The architecture is not to everybody's taste, the turrets, etc., giving an Eastern touch, but on the whole it is not displeasing.

The organization of such a huge conference was good, buses taking delegates from and to the main hotels to the University every few minutes. Most of the lecture rooms were fitted with earphones for translations into the three official languages, and where there were no fixtures "walkie talkie" earphones were available. All this was excellent if the interpreters had some idea of the subject being translated, but this was not always the case. Quite a number of Europeans spoke in English or American.

The subjects for discussion were divided into eighteen sections. "Cancer Control", which included "Cancer Education of the Public", was the section which interested me. The talks were synopses of papers limited to 10 minutes except the "Congress Lectures", one of which was given by Haddow. My own paper was "The Evaluation of Cancer Education". A most useful book was produced with abstracts of every paper in English. Most delegates had a stand-up lunch at the University, where there were many food stalls supplying cakes and sandwiches. The latter consisted of a hunk of bread about  $\frac{1}{2}$  inch thick and a slab of meat or fish on top, but the beer was good.

Entertainments in the form of visits to surrounding places were organized chiefly for the ladies, but a very delightful evening outing was spent on the Moscow river and canal. It was indeed an undertaking to transport nearly 5,000 people in buses to a quay an hour away and to put them on large canal boats. The evening was slightly marred by a very loud speaker continuously blasting music and propaganda. This broadcasting must be heard to be believed, it even continues in the night-train sleepers where it can be turned down but not off until midnight. Is it possible that this is a psychological weapon on the principle of the small child who said while listening to the Guards Band, "Mummy, why does it make me feel gladder than I really are?" We had an interesting and frank conversation with a Russian doctor who, as a member of the ministry, travelled all over Russia and Siberia. He denied that religion would ever return but admitted that a number of young intelligent men were becoming priests. I also met on the boat Professor Lacassague. The first time I met him was in Paris in the late twenties, when I organized through Messrs. Cook a weekend for about 30 gynaecologists in order to impress

them with the value of Radium. One gynaecologist told Lacassague that he had a 10 milligram needle and asked what could he do with it? The Professor refrained from the obvious answer, and said he was sorry he could not help him. This visit had a sequel when at a meeting of R.S.M. one of the ladies of the party, a very senior and well-known gynaecologist, said, "I cannot thank Dr. Donaldson enough for taking me to Paris for a weekend".

Some of us visited the Research Institute of Obstetrics and Gynaecology. This was a very large modern building, and contains 145 obstetric beds, of which 45 are reserved for pathological pregnancies, 100 neonatal beds, a gynaecological department of 145 beds divided into various departments. In addition there are physiotherapy and X-ray departments and numerous laboratories. There are 76 professional staff, medical and scientific, and 26 interns. The head of the Institute is Madame Olga Makejeva, who spoke perfect English, and was obviously master of her subject. The corridors were large and bright with many pictures perhaps more sentimental than artistic. The wards were too crowded.

There were several interesting routine research programmes being carried out—for example if any child seemed fretful or cried much, it was investigated by an Electroencephalograph, for which there was a most elaborate apparatus and a special room. Another room was for examination of the heart of new-born infants. In the gynaecological section there was an apparatus for mapping out abdominal tumours by means of ultrasonic vibration. This apparatus was, I believe, invented and is in use in Glasgow but I have not seen it. One other apparatus is deserving of mention, an "Abortion machine". This consists of a tube, the largest is about 0.5 cm. in diameter, which is inserted into the uterus and the vacuum pump turned on. The patient is kept in hospital two days. This machine is only used up to the 12th week. We were to have seen a Wertheim Hysterectomy, but on the way there, as the last man, a rather heavy fellow, stepped into the lift, it gave way and descended by gravity. Fortunately the automatic brakes soon worked, otherwise these notes would not have been written. We were held up for an hour whilst a mechanic was found to lower us to the next floor. The time was not altogether wasted, as the Director, somewhat agitated, was in the lift and we plied her with questions concerning the Institute.

Of course, in a short visit it was quite impossible to begin to evaluate the work carried out, but I cannot help feeling that it would be worth while for a young gynaecologist to stay there for a few weeks, especially if he had some knowledge of the Russian language.

The conference ended with a meeting and speeches in the Kremlin Hall and then a buffet supper in the magnificent apartments of the Kremlin and dancing until midnight.

We travelled to and from Leningrad, a beautiful city, in Russian ships. The voyage out was very enjoyable, many people sunbathing in various costumes almost down to nil. There was a large party of miners from Nottinghamshire, South Wales and Glasgow, going to see the Russian coal mines. Many of these belonged to the "Party" and on the return journey were very vociferous about the wonderful things they saw. In one mine "nobody could remember an accident ever having occurred," etc., etc. The two most noisy communists were not miners but a pub keeper and

his son. He volunteered that he was an employer of labour in a small way, and I asked him how he reconciled that with his communism. He said he had to in England.

The voyage back was not so enjoyable as my wife and I had to separate into 4-bunk cabins, and in my cabin there was an elderly Scot who suffered from cholecystitis so his wife had to sleep on the sofa, a bit crowded. The return ship was the *Baltika*, at one time the "Molotov" until he fell into disgrace. We called in at Rostock in East Germany for a few hours. In spite of all one reads about the East Germans they seemed much happier than the Russians and the shops had more in them. It is difficult to believe that the Germans will have the same kind of communism as the Russians.

One arrived home somewhat exhausted; the language difficulty increases the fatigue. There is so much to see and hear in such a conference it is a pity it cannot be spread out over three or four weeks.

## LAST MONTH

Shattered at the success of the new publication "Wetblanket", I determined to find out the motives behind this venture. Reclining in Mr. Pitt's suite in College Hall, the grandeur of the surroundings did not diminish the warmth of this very human personality. I was so impressed by his journalistic prowess that I asked him and the editorial staff of "Wetblanket" to take over my column this month.

Our aim in this publication is chiefly to decrease the ever-present apathy of the students. People have been trying to do this since 1123 and no-one has, as yet, succeeded. We ourselves hold no hope for success, but at least it gives us a chance to publish articles that the Journal has turned down. We would therefore like to take this opportunity of telling all would-be authors whose articles have not been accepted by the Journal to bring them along to us.

It is with much regret that we learn of the fate of the ping-pong club which has been given notice to quit their premises in the north-east corner of the gym. No alternative accommodation has been offered by the Administration Officers, but we are told that a corner of the new library might be available if the balls are covered with rubber in order that this noisy pastime can be made silent. It is a pity that the heavy commitments taken on by the club will have to be curtailed, for this

successful institution boasts a proud record. Last season four of its members were shot, and the inter-hospitals bat has been held by the club for nearly a year over the past century.

Adultery, sodomy, pimps and lice combine to make up an absolutely splendid film, "The X-shaped Bra" (showing in Balls Pond Road). No less than fifteen pregnant women are played by the T.V. Toppers, and the man responsible for this (his name is not released) is a Muslim and legally married to them all. There is no story to this film, which is in black and white and deals randomly with the delights experienced by a man with fifteen wives . . . we loved it.

Many people have asked us how we keep up such a magnificent amount of correspondence in our fortnightly harpoon. It's really quite simple; it costs us 3d. a copy to produce and we spend the profit in bribing people to write letters to us. The price we pay varies according to whether the writer of the letter allows us to compose it or not.

Finally we would like to remind readers of this column that motive behind "Wetblanket" is pride. Not, as you might expect, pride in this hospital, the oldest and greatest in the City of London, but in ourselves. Anyone who is not proud of their association with us is not only foolish but unworthy of a place here.

## EXTRACTS FROM "WE MET AT BART'S"

(or "AUTOBIOGRAPHY OF A  
PHYSICIAN" —to be published  
1963 by FREDERICK MULLER Ltd.)

by *GEOFFREY  
BOURNE.*

Throughout the outpatient department all, except emergencies, were seen in their order of arrival, and as the first entered the consulting room the others shuffled along, a sort of sessile queue. Outside the box, printed in black upon a ground of pink, yellow, blue or brown, were the names of the two house surgeons and the firm was known generally by its colour. Inside the "box", we dressers, with the help of the nursing staff in the case of women, plied our art. Dressings, bandages and cotton wool were readily available in large containers. Hot water, disinfectants, a steriliser and a few simple instruments comprised our armamentarium. We soon acquired the pleasure of the doctor-patient relationship. Far from qualification though we might be, the authority and the reputation of Bart's gave us an undeserved stature in the eyes of Polly, Tim, Daddy or Grannie, who titled us "doctor".

We came to appreciate something of their characters and characteristics, personal and cockney; and their recovery because of or in spite of our exertions gave pleasure and pride to both parties.

The activities of the dressers were of course closely supervised and directed by the house surgeon, but nevertheless we had in our own way a sense of responsibility for our cases. The nursing staff, and indeed much else of the outpatient activity was under the close eye of the Sister in Charge, "Sister Surgery" as

she was called. This post was always given by Matron to a woman endowed with especial qualities; tact, rapid decision, knowledge of human nature and unceasing vigilance were all required. It was her duty to organise her nursing subordinates, to meet the legitimate desires of sometimes rather bumptious and self-opinionated young housemen, to deal with the problems of relatives, and to perform much of what is now done by almoners. She would also be almost unconsciously alert to recognise the clanging laryngeal cough of measles, the muffled cough of diphtheria, and the typical repetitive one of whooping-cough with or without the characteristic "whoop", so that she might segregate the children concerned until her suspicions had been medically confirmed or allayed.

The hospital porters formed another wing of the service, and the passage of years endowed some of them with considerable clinical acumen. Their outstanding representative was then Herbert. He was of moderate height, but considerable breadth, and his eyebrows had something of the colour and bushiness of his contemporary, George Robcy. His diagnostic ability was never voiced in obtrusive tones. "A case in the Surgery, Sir," he would say to the house-surgeon, who might be taking a well-earned rest looking at the papers in the nearby Abernethian Room during a busy "duty". "What does it look like, Herbert?" "Well, Sir, I would say she's got a Pott's fracture." He was usually right. His medical abilities equalled his surgical. "Case in the Surgery, Sir," he would announce to the house-physician on duty. "Brought in drunk." "What d'you think, Herbert?" "Well, Sir, 'ee breathes rather 'eavy and looks to me like a 'aemorrhage." And a stroke it usually would be.

His finest effort occurred one morning as he watched the inflow of patients passing the barrier by the entrance door. "Come with me, daddy," he said to an elderly man. "I'll take you straight along to see the 'skin doctor'." He led the man to an empty room and, locking the door, went to the assistant physician, who was already sorting his morning patients. "Excuse me, Sir. I think I've got a case of smallpox for you." And so he had. His promptitude saved a terrible risk of infection among the crowded outpatients, and simplified the task of tracing and inoculating numbers of contacts.

One of Herbert's colleagues, because of his pallor, sunken eyes and corpse-like stubble,



was known as "The cadaver". Another had the air of a rather nervous and tentative butler. "A little one in the surgery, awaiting you, Sir," he would announce.

The porters also had a nose for violent or potentially violent patients. Whether this propensity was due to drink or to disease their presence was helpful to the examining doctor. Sometimes the situation was unforeseeable. An alcoholic meat porter turned up one day with tingling in his legs and the dresser most intelligently suspected alcoholic neuritis, a disorder characterised by very tender calves and tendons. He pinched the leg muscle so firmly that the exasperated patient knocked him out.

There is a group of persons that circulates in London from hospital to hospital, using their quite good and carefully accumulated knowledge of symptoms to complain of some disease not easy to diagnose. When they succeed, they are admitted for investigation, and for two or three weeks they lie in comfort in the ward, well warmed, well fed, and without a care in the world. Good hospital porters get to know these characters, and rapidly recognise Aldgate Sam or Ludgate Lizzie.

After ten o'clock our programme as a rule took us back to the surgical wards. But if our firm was "on duty" for the day, the dressers in rotation did their stint in the emergency room. This was outside the out-patient department proper and lay immediately inside the main door of the out-patient block. To it would be brought by ambulance, or would come independently, all those suffering, or thought to be suffering, from some surgical disease or injury. The inflow of such casualty patients was sporadic and utterly fortuitous, except in the case of some wholesale visitation like a fire, an explosion or a large accident. Cuts, contusions and fractures would alternate with acute appendicitis or sudden internal haemorrhage. Tragedy would from time to time be lightened by comedy. A woman brought up her small boy who had a malformation of the penis, but she was primarily concerned with the effect upon his disposition. "Whenever 'ee tries to pee," she announced, "it goes over 'is right shoulder"; then with emphasis, "It doo make 'im that coarse!"

Another woman came up continually with the complaint that she had a live eel inside her. She could feel it twisting and turning and nothing would alter her opinion. At long last it was decided that the only way to deal with her was to take her in. A large live eel was obtained from Billingsgate and she was

removed to the theatre and anaesthetised. A skin incision was made and sewn up, and she was allowed to return to consciousness and to contemplation of the "removed" eel. She looked at it, and after a long silence she enunciated. "It's too late, doctor, it's 'ad little 'uns."

Some patients bear their afflictions with extraordinary fortitude. A Lancashire housewife appeared with an enormous tumour in her abdomen due to an ovarian cyst. When asked how long it had been present, "Lord love ye," she replied, "Ah've bin cootin' me bread on it for the last five year".

The friction between Drysdale and Horder was for the most part curbed, but on a few rare occasions it burst its bounds. One day Horder, then at the height of his career as one of the great practising consultants of the time, was called in to see a celebrity, and this was duly described in the evening papers. The two men passed in the square on the next afternoon, and Drysdale remarked, "Advertising again, Horder?" Horder's reply was devastatingly rude, but Drysdale just rolled his eyes and passed on. It was an uneasy but stimulating duty to be house physician to both men at the same time, and was a valuable lesson in the acquisition and the use of tact. "I suppose Sir Thomas tells you . . .", Drysdale would cuttingly comment. "Drysdale, I have no doubt, teaches . . .", Horder would acidly remark.

It was a sad but unavoidable clash of incompatible personalities, and not helped by the great stature of each. There was perhaps not room for both of them. Drysdale's faults in the matter were a rather exaggerated orthodoxy and a free and caustic tongue, and Horder's an equally acid over-reaction against what he considered snobbishness. A contributory cause was the undoubted fact that Horder's practice was so large that his punctuality, and consequently his teaching and ward duties, manifestly suffered, thus increasing his vulnerability to attack. He used to tell against himself a story illustrative of the effect of this excess of work. One day, by appointment, there came to see him in his consulting room the Mayor of Shaftesbury. The time was fixed for twelve o'clock, but His Worship was late. When he did arrive Horder took his medical history, and then he told him to go behind the screen and undress. "How much shall I take off?" "Everything," replied Horder, who then, since time was flying, slipped out quickly and finished his lunch. Routine seized him and

bore him along to Bart's where he began his ward round. For him there came an agonised telephone message. "What shall we do with the Mayor of Shaftesbury?" "It was a long time before I got another patient from that part of the world," he commented.

Horder's bedside teaching was excellent. His mind had the first-rate critical quality of Drysdale's, but he taught the practice of bedside clinical medicine rather than the fundamental technique of thinking. His approach to the patient, the relatives, the clerks and the house physician was human and direct. He, like Drysdale, had the capacity for true intellectual humility which is only found in really intelligent men. Whoever his companion in conversation or in controversy might be, he kept his own dignity out of the discussion, and dealt with the matter in question strictly on its intrinsic merits.

The quickness of his wit is well illustrated by an occurrence at one of the formal hospital dinners. McAdam Eccles was in the chair and when the time came for his speech he rose, smiling somewhat sanctimoniously, and looked round. "Gentlemen," he began, "this," he paused for emphasis, "is a most historic occasion. Upon my right hand I have Sir Norman Moore, President, gentlemen, of the Royal College of Physicians. A St. Bartholomew's man." He paused again, patting his abdomen with his hand and sucking his breath in with a hiss of satisfaction. "And, gentlemen," he continued, "upon my left hand I have Sir Anthony Bowlby," he waited for effect, "President of the Royal College of Surgeons." He paused, again patted his stomach and inhaled ecstatically, "Also a St. Bartholomew's man." The temporary silence following this flight of oratory was cut into by a penetrating whisper from Horder. "Let us raise three tabernacles."

Our mentor in mental diseases was Sir Robert Armstrong Jones. He gave us lectures, and we also visited Claybury Asylum for the practical demonstration of cases. He was rubicund, alert, voluble and intellectually ingenious. His lectures fascinated me, they were so fluent and so confidently delivered, so audible and yet so incomprehensible, as indeed are apt to be those of his professional heirs and successors. Words such as conation, volition, apperception, and phrases such as the "triangle of the ego", prompted one to feel that revelation was imminent, and that soon one would understand what it was all about.

But I never did. He might have been some eloquent foreigner, fluently discussing in his own tongue a subject the nature of which nearly became apparent. He was a pioneer in the institutional treatment of the more curable types of mental patient for he put them on parole, and with the approval of the local authorities allowed them increasing personal liberty, so that their self-reliance and sense of responsibility were gradually strengthened.

We had to make three visits to Claybury, and Sir Robert met us at the entrance to the grounds. One afternoon as usual he greeted us at the gate, and as we walked up the hill through some pine trees there appeared a group of drabily dressed, morose-looking, elderly women. Sir Robert greeted them with a flourish of his silk hat, "Good afternoon, ladies, good afternoon, young as ever I see." They bobbed in uncertain curtsies and bows. "Those are some of my epileptics," he said to Skeggs—a friend who later practised at Stevenage. We progressed up the path and came to a tennis court where two attractive girls were playing. "Some of your epileptic patients, sir?" queried Skeggs. "Oh, noa, Oh, noa. Those are my daughters, yes."

When we reached the buildings of the asylum, we were given a demonstration of a succession of patients. The first was led in, seated in a chair facing us and addressed by Sir Robert as follows: "These are all doctors from St. Bartholomew's Hospital who have come down to consider your case." The patient looked at us unconvinced. "They are all friends, yes," he continued. Then turning to us, and indicating the patient. "Charming fellow, he murdered his father, yes." The patient remained placid and uninterested. Sir Robert was once visiting Westminster Abbey and was addressed at some length by a man whom he rapidly suspected of schizophrenia with delusions of persecution. Tactfully detaching himself, he made for the door where he met a male nurse who asked him whether he had met a lunatic in the Abbey and gave an account of the man. The descriptions tallying, the attendant asked Sir Robert to help him to take charge of the fugitive. "Noa, thank you," was the reply. "I know too much about them, yes."

At our last visit to the asylum we were each allotted a patient whom, after an interview, we were to place in his or her mental category and then "sign up" in the appropriate legal manner. Some stooges in the shape of warders and male nurses were mixed with these. My

patient, an elderly woman, claimed to be the Queen of Europe.

One of Sir Robert's statements has remained in my mind as showing good common sense and general applicability, although the drug treatment associated with it might be questionable. He was referring to the powerful purgative then more commonly used. "Calomel," he intoned, "pills of happiness, pills of happiness. When a patient is in a bad temper I prescribe a pill of happiness. When everyone I meet is in a bad temper I take one myself."

Sir Percival Horton-Smith-Hartley was a physician with a special knowledge of chest diseases, and indeed one of the first consultants to Midhurst Sanatorium. His family name had once been Smith, then Horton-Smith. On marrying a Miss Hartley a further label accrued. Some irreverent student had christened him, for ever, HS.Co. He was fussy, meticulous and a martinet, and a very conservative upholder of past traditions. His ward rounds were reminiscent of Victorian times as regards etiquette and minor pomp. He would write his notes with a quill pen, usually one with a large blue feather. Before his visits his patients had to be tucked in so firmly that they were lying "at attention". Should one of them address him as "Doctor" his reply was "Sir, my man—Sir, my man". His complexion was sanguine, his hair then fair. From his clean-shaven round face peeped a pair of hazel eyes. His mouth was often set in a half-smile.

Once I was in the Out-patients' Hall, called the "Surgery" and towards me briskly shuffled HS.Co., faintly grinning. With one hand he held a broom, and with the other he gripped a porter by the ear. The latter had a hang-dog look on his face and was clearly being led to the scene of some dereliction of duty.

The dignity of HS.Co.'s ward visit was usually maintained to the end, but one afternoon he approached a large man of about sixty, who regarded the whole progress with suspicion. HS.Co. neared the bed, "Well, my man, well, my man, what's the matter with you?" "Ergh", grunted the man. "Come now—come now," replied HS.Co. "What's your name?" "Ergh," was the answer. "Where d'you live, where d'you live?" "Ergh" again. "Ah, you see," said HS.Co., "he's got motor aphasia—can't speak, but understands. Sister, give me a reflex hammer." The implement, regarded by the patient with some hostility, was taken from its tray

by the probationer, passed ceremoniously by her to the "Stripe", by her to the "Blue Belt", by her to Sister and so to HS.Co. He hit the patient's right arm firmly with it in appropriate spots, and it jerked briskly. "Ergh," said the patient with a scowl. On the left side the reflex movements were less, but the verbal reply the same. The knee and ankle jerks on both sides were similarly elicited, accompanied by sour looks and four "Erghs". "Ah, you see—increased reflexes on the right side," explained HS.Co. benignly to the students. "Now, let's try the plantar responses." He reversed the reflex hammer, applied its wooden end to the sole of the patient's right foot, and ground it firmly forwards towards the toes. The outraged victim overcame his verbal handicap with two most important words, indeed the only remaining ones, of his erstwhile vocabulary. "Y . . . Yew b . . . b . . . bugger."

I attended Langdon Brown's classes diligently, and so added more areas to the map of my knowledge. His sense of humour helped greatly to fix permanently the pictures he drew, as also did his feeling for the dramatic. When dealing with nerve diseases he quoted, as an early symptom, Lord Randolph Churchill's gaffe in sending in his resignation from office to the "Times" newspaper instead of to Queen Victoria. Aneurysm of the aorta is a condition in which the great chest artery enlarges locally into a swelling. This may press on structures in the thorax, and the result may evoke the first indication of illness. To illustrate the effect of such pressure upon the sympathetic nerves of one side—Langdon Brown quoted the case of a naval rating who was helping to ship coal on a hot day in Malta. The medical officer noticed that the man was black with coal-dust on the upper part of one side of his body, whereas the less sweaty side remained fairly clean. On examination an aneurysm was found, deep in the chest.

One evening he was dealing with a very rare degenerative disease of the muscles, a type of myopathy. "There is," he went on, "an example of this disease in a man of about 40 who sometimes attends, as a patient, the final examination of the Conjoint Board. You will recognise him," he continued with a twinkle in his brown eyes, "because he has a large black beard."

I also worked for Langdon Brown in Medical Out-patients' for three months as a clinical clerk. Four or five patients would be sent up to the department soon after nine o'clock and

the students in rotation would take their histories and examine them. At ten o'clock the physician appeared, sat at a consulting-room desk, equipped with the usual instruments, and called on the first clerk to bring in his patient from the side room in which the examination had been made. The pupil would read the history and the results of his physical examination, and would give his opinion. During all or any of these stages the physician would interject questions and comments, and would check the results of the clerk's examination with his own findings. He would also give the patient the benefit of his own opinion and advice.

The educative effect of this procession of fresh and different clinical problems, discussed, criticised and commented upon by an expert, was great. It was also as it were an induction under skilled guidance into the art and mystery of the practice of medicine.

Langdon Brown's method of teaching was pictorial or atlas-like. It enabled one to form clear concepts of individual diseases, so that one might recognise them in future. Drysdale's technique relied upon the implantation of basic principles, the use and the synthesis of which would enable one to meet any new or fresh situation with confidence, in the hope of constructing from the available evidence an opinion as to what might be wrong with the patient. This was the sounder and fundamentally the more valuable approach for, although every disease has its own label and its own pathology, every human being and indeed every case of illness is different, in lesser or greater degree, from every other. In conjunction the two methods provided a wonderful training.

One patient stands out in my memory. He was a large, strong Yorkshireman suffering from early general paralysis of the insane, a syphilitic disease of the brain. His clerk was small and blue-eyed, with blonde curly hair, named Dandridge. The first intimation of the patient's ebullience was "ta-ra-ra-boom-de-ay" sounding loudly from the side-room. After a verse or two of this Langdon Brown rose and walked to the door, spoke a few words and the song died. Eventually Dandridge brought in his patient, who looked round on the audience sternly. After Dandridge's note Langdon Brown asked, "Have you tested his speech?" "No, sir," "Well then, do so." Dandridge, rather nervous, turned to his husky patient. "Say after me—The Irish Constabulary extinguished the conflagration." The Yorkshireman glared. Dan-

dridge repeated his request. There was a pause before there came the irascible, if illogical, answer. "They didn't! No damned Irishman ever extinguished any conflagration. I know, because I was the catch-as-catch-can champion of the North of England, where nothing was barred, except biting and the private parts!" The examination proceeded upon other lines.

Two other incidents from Medical Out-patients come to mind. A bachelor physician, rather puritanical and correct, was examining the heart of a curvaceous and good-looking young woman. He pressed his right hand firmly below her left breast in order to detect any abnormality of the impulse. "I feel a distinct thrill" was his comment, which was received with Rabelaisian appreciation by the student audience. Samuel Gee, a superb clinician of a past generation, was taking medical out-patients. To him there entered a cobler's wife, holding out a large bottle of urine. "Will you please, doctor, tell me what's wrong with my hubby?" There was, at that time, a branch of quackery called "Uroscopy" that claimed to perform this feat. Gee disappeared but soon returned with a fresh specimen of urine. "I will gladly do what you ask, my good woman, if you will carry this home to your husband and ask him to make me a pair of shoes . . . to measure."

The time came for me to clerk in the department of obstetrics and gynaecology, in which the two senior consultants were Griffith and Williamson. Griffith was tall, stooping and irascible with an easily flushing complexion that reminded me of a turkey-cock. He was not a good surgeon. A patient of his died after an operation and Drysdale, who meticulously attended the post-mortem room and who was a merciless critic of equals and superiors, awaited his entrance. "Tell me, Griffith," he asked dryly, "is it customary, when doing a hysterectomy, to tie both ureters?"

Herbert Williamson, known as "The Bishop", had an erect figure of medium height, and a handsome lined face with good features. His hair was thinning and smoothly and neatly brushed. He was always well dressed in the nearly universal morning coat and striped trousers of a consultant. He spoke clearly and as though making major pronouncements. His lectures had the quality of magnificent sermons and the words, issuing from his back-tilted head, could be clearly heard in the furthest rows of the theatre. His early death, shrouded in family sorrows, was

a great tragedy, occurring as it did when his reputation and his practice were in full flower.

"Now, Glennah," he enunciated one day on a ward round, addressing a clerk named Glennie, yet another of my friends who was later killed in the war, "now Glennah. A woman . . ." he was speaking hypothetically, "is bleeding after the birth of her baby. What are you going to do?" Glennie hummed and hawed. "Still bleeding, Glennah," almost sang Williamson. Glennie tentatively suggested useless remedies. "Still bleeding, Glennah!" The demonstration of the rapid passage of time was dramatic. The emergency treatment he was trying to impress upon us being life saving was that of plugging the bleeding cavity rapidly.

Sir Francis Champneys, a contemporary of Bruce Clark, was obstetrician and gynaecologist, officially Physician Accoucheur, to the hospital and, like his predecessors, he was not allowed to perform any operation which necessitated opening the abdominal cavity, except Caesarian section. His laparotomies, or open abdominal operations, were therefore done by Harrison Cripps. Professor Murray, to whom indeed I am indebted for several of these memories, tells me that Champneys' operations on the uterus, by way of the vagina, looked like extremely dangerous conjuring tricks. His operating theatre was heated by an open coal fire, and it was the duty of the

junior dresser to stoke this. Presumably the only thing which prevented a catastrophic explosion is that chloroform was then the staple anaesthetic, rather than its highly inflammable successor, ether.

Harrison Cripps, a senior relation of the subsequent Labour Chancellor of the Exchequer, was a bluff, rude and Rabelaisian character. His lectures would have been hardly fit for women students. One had as its subject the diseases of the urethra, or the urinary passage from the bladder to the end of the penis. Such diseases, by causing scar tissue to form, are apt to result in the formation of strictures or local narrowing of the passage. These often require the passing of a catheter, and Harrison Cripps would illustrate the technique in detail by using the blackboard rod. In Surgical Outpatients one day a young man appeared with the typical sore of primary syphilis. Harrison Cripps gave a wonderful talk on the condition and discoursed at length on the differential diagnosis of the syphilitic ulcer, the soft non-syphilitic sore, and cancer. At the end he turned to the patient and said, "I suppose you know what you've got?" "Yes, sir, syphilis, sir." "Quite right." Then the patient added, hoping for a measure of exculpation, "Do you think, sir, I could have got it in a public lavatory?" "Certainly, my man, but a damned uncomfortable place to take a girl to!"

## LETTER TO THE EDITOR

Dear Sir,

Three Public Welfare Foundation Prizes of £100, £75, £50 are offered by the College of General Practitioners each year for the best essays submitted by medical students on a patient seen in general practice.

On looking through the records concerning the entries for this competition, I find that Bart's is only mentioned once in the last few years whereas Guy's have submitted as many as eight in 1962. Surely there must be some simple explanation.

This competition has been advertised, during recent years by a notice on the College board as well as in the Journal and by word of mouth.

Will interested students please get in touch with me through Miss Jarvis in the Medical College Office if they would like any more information or help in writing up a case.

J. O. McKane,  
Adviser in General Practice.

## SPORTS REPORTS

### Editorial

The Ladies Hockey Club is organised by a committee of Medical Students, but it is open to anyone (female) in the Hospital who wishes to play hockey. At present members include a physiotherapist, a Sister, a doctor, some secretaries and technicians.

Fixtures are arranged for most Wednesdays and Saturdays, but unfortunately matches on Wednesdays often have to be cancelled because it is almost impossible to find enough students willing to play hockey at one time. As a result they have a different eleven forming the team each match, but on the whole the team plays surprisingly well together. The fixtures are with other Hospitals, Colleges and Clubs in London. A weekend Tour is arranged each year to either Oxford or Cambridge. There is now an additional fixture with Reading University.

### Rugger Club Report

**Bart's v. Esher. Saturday, 27th October.**

**Lost 11-12.**

Despite the knocking down of the "Barley Mow" the Bart's XV eventually took the field at Esher and set to with considerable fire. They took the lead through a penalty by Gibson and pressed constantly, but Esher levelled the scores from a Bart's infringement. Just before half time McKenzie collected a short penalty and crashed through the Esher defence to score a superb try—the conversion failed.

In the opening stages of the second half the Hospital relaxed and Esher forwards collected two scrambled tries. The Esher total was taken to 12 pts. through a penalty. Bart's then hit back and came close to scoring time and time again; eventually McKenzie brought the score to 12-9, Gibson added the two points and the game ended as an 11-12 defeat to Bart's. However, it was an enjoyable and exciting game, the highlights of which were two grand tries by McKenzie.

Team: E. D. Dorrell; D. Goodall; P. Savage; M. Philips; E. Sidebottom; A. T. Ietchworth; A. P. Ross; O. J. A. Gilmore; B. H. Gurry; A. J. S. Knox; M. M. Orr; D. Delany; C. McKenzie; C. Smart; J. Gibson.

The United Hospitals' Cup was, recently, Bart's possession for eight years in succession—a record. However, in 1960 they lost in the finals, and in 1961 in the semi-finals. This year they won the preliminary round match against Charing Cross, and annihilated Guy's in the next round on 1st December. Two members, Miss S. Minns and Miss A. O. Coates, play for the United Hospitals' Team; Miss Minns is the U.H. Captain for this season. Other outstanding players include Miss M. Newbolt, Miss T. Tennant and Dr. J. Swallow.

If anyone is interested in playing Hockey for the Hospital, Miss J. Thoroughgood would be pleased to hear from them.

We congratulate Roger Nicholson and Michael McKenzie on being selected to row for the University of London Crew.

Gavin Haig.

The Cornish Tour began on Friday, November 2nd and proved to be a complete success, both riggerwise and socially. Without such experienced men as Hamilton and McKenzie, Bart's did not rate their chances of beating Penzance very highly. However, after, and probably due to, a relatively quiet trip down to Penzance, the unexpected was achieved.

**Bart's v. Penzance. Saturday, 3rd November.**

Bart's were soon on the offensive against this powerful Penzance XV who numbered among their conquests this season London Scottish and Oxford University. A Bart's try was disallowed for some West Country infringement, and soon after the Penzance centre broke away and scored. A grand first half ended with Bart's 3 pts. down but undeterred. A superb try by Savage, who looked the best three-quarter on the field, and a huge conversion by Gibson gave Bart's the lead. A few moments later the lead was reversed by Penzance being given, and accepting, a penalty. At this point, Alvin Williams, the Cornish 2nd row forward, suffered injury by the Bart's pack and had to leave the field. An extraordinary try by D. Goodall and another

fine kick by Gibson gave Bart's a 10-6 lead, which they held despite a 48-minute 2nd half and a try by the Penzance left winger (unconverted). The game ended, with Bart's almost scoring again; the final score being 10-9 to Bart's.

Team: E. D. Dorrell; D. Goodall; P. Savage; M. Philips; E. Sidebottom; A. T. Letchworth; A. P. Ross; O. J. A. Gilmore; B. H. Gurry; A. J. S. Knox; M. M. Orr; B. Doran; C. Cripps; C. Smart; J. Gibson.

#### **Bart's v. Falmouth. Monday, 5th November.**

This proved to be a very tough game and one which Bart's were apparently not intended to win. Under floodlights, Sidebottom played a fine game at full back, coping efficiently with the high swirling kicks used by the Falmouth outside half.

Falmouth scored a scrambled try and failed to convert. Bart's missed several easy penalties and had two good tries disallowed; however, Gibson eventually levelled the scores with a penalty under the posts. The last 10 minutes were hectic for Bart's. Scrum half Ross was badly hurt but played on, and 2nd row Orr had a badly cut knee. However, the side defended valiantly and well deserved not only to draw but win.

Team: E. Sidebottom; D. Goodall; P. Savage; M. Philips; P. Bradley-Watson; A. T. Letchworth; A. P. Ross; O. J. A. Gilmore; B. H. Gurry; A. J. S. Knox; M. M. Orr; B. Doran; C. Cripps; C. Smart; J. Gibson.

#### **Bart's v. Britannia Naval College. Wednesday, 7th November.**

The Hospital defeated the Naval College by 11 pts. to 5 in a scrappy but exciting game. The Bart's threes, with Goodall deputising at scrum half, looked dangerous when in possession.

## BOAT CLUB REPORT

### **September-November, 1962**

By the end of last season it was apparent that the Boat Club was "on the up". During the year we won three trophies, and once again a crew went to Henley—and even if Henley was not a wild success the crew certainly gained a vast amount of experience which will be invaluable to the club this year.

After Henley we tried to maintain a coxless IV in the hope of entering in the late Summer Regattas, but we had left our hearts at Henley,

and finally decided to stop rowing altogether for a few weeks.

At the beginning of September the new clinical students entered the Hospital, and we started our rowing again. From the Cambridge contingent of eleven men we gained four oarsmen, of whom we were particularly pleased to welcome R. Nicholson, President of the University Boat Club last year.

There were enough people about during September to get a coxless IV and an VIII

#### **Bart's v. Old Haberdashers. Saturday, 10th November.**

With a large number of changes, owing to injuries and other reasons, Bart's did well to hold the Old Haberdashers in their home mud! The ball did not reach the wing on either side and this did not provide much entertainment for the spectators.

The Old Haberdashers opened the scoring with a try in the corner and then Gibson levelled the totals with a penalty. From this point on, both outside halves kicked continuously for touch, and new scrum half Pope played a fine game, coping extremely well with the muddy ball and opposition forwards. The game ended with scores level at 3 pts. all.

Team: E. D. Dorrell; D. Goodall; P. Niven; C. Smart; E. Sidebottom; A. T. Letchworth; D. C. Pope; J. Hamilton; B. H. Gurry; A. J. S. Knox; D. Delany; B. Doran; C. Cripps; C. McKenzie; J. Gibson.

on the water. The coxless IV, including R. Nicholson, D. Hunter, M. Kettlewell and D. Lloyd was soon going well enough to be enjoyable, and towards the end of September C. Hudson started coaching us.

In October the Preclinical students came up and we combined a vigorous campaign for novices with a Beer Party for the whole club; so perhaps it was not surprising that the membership went up to well over fifty men, of whom forty rowed this term. About twenty novices seemed keen to train to row, but few of them wanted to start during Winter. From the rowing schools came several experienced men including two who had rowed at Henley—M. McKenzie from Shrewsbury, and M. Keighley from Monkton Coombe, so all in all our intake this year was very encouraging. We set about selecting crews for the U.H. Winter Regatta in November, a process which took about three weeks.

There are about a dozen Junior/Senior and Senior oarsmen in the Hospital, so we were able to put out two Senior Coxless IV's. Chris Hudson selected the crews and coached them constantly until the Regatta, coming up from Redhill Hospital four or five times a week. As the Boat Club now owns two Coxless IV's, Ethel and Sir George, the two crews were able to go out together, usually four times a week. Both crews were soon going well and enjoyed most of the outings. The "A" crew were superior in technique and steadiness, but the "B" crew made up for lack of uniformity with aggressive power—especially after their not infrequent differences of opinion. Our hopes were high for the Winter Regatta and we aimed to have one, if not two, Bart's fours in the final.

We had enough Junior oarsmen for two VIII's and two coxed IV's, and J. Curry, R. Nicholson and D. Dunn were invaluable in sorting out their men, which was no easy task.

Roger Nicholson took over the training of the "A" VIII, whose rowing was matched only by their enthusiasm. They continued improving steadily until the Regatta, going out five times a week during the last fortnight.

The "A" coxed IV had a very irregular period of training since they often had to row with a substitute, which never gave them a chance to settle down. At first the crew was rather unwieldy, but they were fortunate in having K. Anderson at stroke, and under the patient guidance of John Curry and later David Dunn, they improved considerably.

Certainly their last few outings were a credit to all concerned.

Perhaps the crew with the most spirit was the "B" coxed IV. These gentlemen were inevitably waylaid by the "Star and Garter" at Putney, but they did manage to get as far as London Rowing Club for outings once or twice a week.

Eight novices rowed this term and had rather a frustrating introduction to the noble art, because invariably two or three of their colleagues failed to turn up for outings. However, those that persevered did very well, and should become useful oarsmen. I hope that more of their contemporaries will start rowing in the Summer.

#### **U.H. Winter Regatta, 1962.**

This was held on Wednesday, 21st November, from the London Rowing Club, Putney, under conditions which were not too bad apart from a freezing wind. On paper our prospects looked bright, for we had two crews in each event, and a larger than usual number of experienced oarsmen in these crews.

In the light of this the results of the coxless fours was very disappointing. Five Hospitals had entered in the event with crews of a high standard—higher perhaps than we had anticipated. The "A" IV rowed against St. Mary's in the second heat of the day. Mary's went ahead at once, and for some obscure reason Bart's never settled down, which was surprising after their previous good form. Mary's won the race comfortably. The "B" IV drew Guy's, and although they did not row at their best, they were unlucky to lose. Bart's steered a good course, but started much too far over on the Surrey station, which gave Guy's a good lead on the bend and cost us the race. St. Thomas's won the finals over Guy's easily.

The Coxless Pairs race was one of the early heats of the day and the Barts' pair, B. Ayers and H. Coleridge, are to be congratulated on their magnificent effort. At the last minute they were forced to row in a boat which was rigged the wrong way round, and Brian Ayers found himself steering for the first time, instead of stroking. In spite of this, the Thomas's crew were hard pushed to keep ahead of our determined pair and we lost an exciting race by only half a length. The St. Thomas's pair won the final easily.

In the Junior VIII's event there were four entries, of which two were from Bart's. The "B" VIII rowed first, and came up against a Guy's crew who were experienced and of no mean stature. Bart's rowed hard and well but

were beaten by the superior crew. The "A" VIII was the only successful crew of the day, and they thoroughly earned their victory. Their first heat was against St. Thomas's, who were easily disposed of, Bart's winning by four lengths.

The final of the Junior VIII's was thus between Bart's "A" and Guy's, one of the last races of the day. Guy's got away quickly at the start and took a half-length lead. This was followed by some ungentlemanly steering by the Guy's cox which nearly caused a clash of oars, but a word from the umpire sent them back to their station. Bart's were still half a length behind at the Black Buoy, but not for a moment did they let up. Putting in a spurt they started going up, and opposite London Rowing Club, Guy's led by only two feet. There was no stopping Bart's, who surged ahead to win by half a length. We were proud to see a Bart's crew rowing with such determination.

Nine crews were entered in the Coxed IV event and the winners, the London Hospital, deserved their success. Our "A" IV drew Mary's and Thomas's in the first heat of the day, which perhaps might explain why they were not rowing up to their usual standard. The crew were not together, and as a result were unable to make any impression on their opponents. The gentlemen in the "B" IV, ably stroked by M. Hambly, came up against London "B" and Guy's "A". For once our crew was relatively sober, but this was obviously a disadvantage because Bart's put in a lot of hard work to come in third.

For the first time the eight Novices were gathered together in one place and we were able to put out two Novice Tub IV's. The "A" crew had been rowing well on previous outings, and might have won their race against Guy's had not one of the crew had the misfortune to catch a king-size crab! The "B" IV rowed well, using an interesting revolutionary style, but lost to a more experienced Mary's crew who went on to win the event.

The Rigger IV put up an extremely good performance against a Mary's crew. The race was hard and close, Mary's winning in the end by only half a length.

Bart's was represented in all the Sculling Events, but as long as Nigel Tubbs is at Thomas's our entries are unlikely to be more than traditional. Once again N. Dudley and A. Knight turned up for their annual outing and represented Bart's in the Double Sculls. They came second in a hard race! M. Mc-

Kenzie showed the Bart's colours in the Senior Sculls, and made Nigel Tubbs earn his trophy. In the Junior Sculls David Parr did well against an experienced man from Guy's who later won the finals.

These, then, were the results of six weeks' training, and although the overall picture was disappointing, we did at least win the second most important event of the day. The Junior VIII will continue rowing until the Winter VIII's Regatta at Chiswick on 1st December, and we wish them well.

Once again we are indebted to all those who gave up their time to coach us this term. Without their support it would be difficult for us to make any progress, and we are most grateful to them.

The following Crews rowed in the Winter Regatta:—

**Senior IV "A"—Sir George**

Row, H. Coleridge; 2, B. Ayers; 3, D. Hunter; Stroke, R. Nicholson.

**Senior IV "B"—Ethel**

Bow, M. Keighley; 2, M. McKenzie; 3, D. Lloyd; Stroke, M. Kettlewell.

**Junior VIII "A"—Bertie**

Bow, D. Robins; 2, R. Anderson; 3, G. Libby; 4, B. Bennett; 5, J. Winter; 6, J. Silverton; 7, W. Garson; Stroke, R. McFarlane; Cox, R. Weller.

**Junior VIII "B"—The Chairman**

Bow, A. Clayton; 2, J. Merrill; 3, C. Sykes; 4, P. McArthur; 5, J. Wright; 6, D. Sutton; 7, C. Brett; Stroke, J. Tricker; Cox, I. Cole.

**Junior Coxed IV "A"—Poppa**

Bow, B. Lee; 2, T. Bucknill; 3, T. McElwain; Stroke, K. Anderson; Cox, I. Cole.

**Junior Coxed IV "B"—Hero**

Bow, A. Nicola; 2, C. Clarke; 3, E. Hamer; Stroke, M. Hambly; Cox, J. Pilling.

**Novice Tub IV "A"—Jo**

Row, K. Gilsonen; 2, P. Clegg; 3, R. Morris; Stroke, C. Church; Cox, G. Thompson.

**Novice Tub IV "B"—Leander**

Bow, P. Kennedy; 2, R. Etheridge; 3, D. Thomas; Stroke, J. Foulkes; Cox, J. Pilling.

**Rigger IV**

Bow, M. Waterworth; 2, G. Gilmore; 3, A. Cooke; Stroke, K. Stephens; Cox, R. Husband.

**Pair**

Bow, H. Coleridge; Stroke, B. Ayers.

**Double Scull**

Bow, T. Knight; Stroke, N. Dudley.

**Senior Scull M. McKenzie.**

**Junior Scull D. Parr.**

## Soccer Club

### Record to date:—

Played 13. Won 3. Drawn 1. Lost 9.

For 31. Against 54.

### 1st Round Hospitals Cup

#### v. Charing Cross. Lost 1-4.

Having reached the semi-finals last year, hopes were fairly high of repeating the success. But Charing Cross found us in a somewhat apathetic mood and scored two early goals from which Bart's never really recovered. Despite having nearly all the play in the latter part of the first half and dominating the play in the second half, only one goal was scored; and two more defensive errors finally knocked Bart's out of the cup for this year.

Team: B. Perriss; T. Herbert, D. McGeachie; B. Goldhill, P. Savege, M. Hudson; G. Mumford, H. Phillips (capt.), B. Shorey, N. Offen, J. Kuur.

#### 1st XI v. Worcester College, Oxford. Lost 2-3.

As usual our annual fixture with Worcester provided a most exciting and entertaining game. For Bart's, the first half was a disaster; the side was completely unco-ordinated and finished three goals down. The second half was a very different story, for thanks to a tremendous revival the hospital completely dominated the game and played their best football of the season. The defence covered up superbly and Worcester never got close to scoring. The wing halves were now on top and the attack responded with two good shots from Pemberton on the right wing. Bart's tried desperately for the equaliser, and an overhead kick by Shorey was only just wide. However, with the light rapidly fading, Worcester survived to win a close and hard-fought game.

Team: B. Perriss; C. Vartan, T. Herbert; K. Rawlinson, G. Mumford, M. Hudson; J. Pemberton, N. Offen, B. Shorey, H. Phillips (capt.), P. Stanley.

#### 1st XI v. The School of Oriental and African Studies. Won 2-0.

Lying third in the University League table, Bart's were anxious to collect two more points from this game and so kept up with the leaders. The first half produced no goals but on several occasions both Herbert and Phillips went close. The defence proved for the first time that it could hold out, and a much more confident goalkeeper saved the side on two occasions when the opposition might have scored. The second half was entirely dominated by Bart's, and goals were bound

to come. A goalmouth scramble resulted in Shorey scoring and Offen added another with a well-placed shot a little later. Unfortunately with the last kick of the game, Phillips, jumping high to head in from a corner, fell and broke his wrist.

Team: M. Hudson; C. Vartan, D. McGeachie; N. Offen, G. Mumford, K. Rawlinson, P. Herbert, B. Shorey, H. Phillips, J. Pemberton.

#### The Cambridge Tour. 29th November to 1st December, 1962.

The following members of the club represented the hospital on the tour:

H. Phillips (non-playing captain), P. Savege, M. Hudson, T. Herbert, B. Shorey, N. Offen, J. Pemberton, C. Vartan, J. Kuur, D. McGeachie, K. Rawlinson, G. Mumford, P. Herbert, M. Waterworth, P. Stanley.

#### 1st XI v. Trinity Hall. Lost 0-4.

As is now a custom, the tour opened with a game against Trinity Hall. Having just failed to gain promotion in their league, Bart's realised that the opposition would be a strong side. Both sides played good hard football in the first half with neither side scoring. In the second half the hospital relied too much on the off-side trap, and although one of the goals was certainly most dubious, Trinity Hall scored on four occasions, and despite a revival, Bart's never really looked like closing the gap. **1st XI v. Peterhouse. Won 7-5.**

With both the captain and the vice-captain injured, Bart's were considerably weakened. However, in a see-saw battle the Hospital finally emerged on top to win by two goals in twelve. The game itself was of a poor standard apart from one or two good movements by Bart's. Shorey scored on four occasions, two of his goals being well taken. Herbert (P.) scored twice, in the first half with a penalty and towards the end of the game with a magnificent header direct from a corner.

#### 1st XI v. St. John's. Lost 0-4.

Having already played on the previous two days, and still without our two best players, Bart's faced the league leaders with considerable apprehension. However, the score did not do justice to a great effort by the Hospital, especially in the second half, when John's could only score on one occasion. Had it not been for two early errors by the defence, and one by the goalkeeper the score might well have been less. But John's were a very good side indeed, and would probably have given most of the hospital sides something to think about.

So ended another Cambridge tour which,

although not very successful on the field, was certainly a great success off, and was thoroughly enjoyed by all. Special mention ought to be made of the freshmen who went, namely, G. Mumford, D. McGechie, K. Rawlinson, who played in all three games with considerable spirit and helped to ensure the success of the tour.

### Cross Country

After two League Races, Bart's are second in the 1st Division of the London University Cross Country League.

1st University College	635 points
2nd St. Bart's	586 points
3rd Imperial College	559 points

Our aim to top the league this year has been thwarted by an influx of talented freshmen to University College.

The first League Race was run as part of a mob match (including the 2nd Division colleges) against Polytechnic Harriers.

It consisted of 5 miles of fast grassland at Richmond Park.

Individual positions were :—  
League Division I.

1. J. Farrington, U.C.	24 mins. 50 secs.
6. D. S. Tunstall-Pedoe, Bart's	26 „ 40 „

7. T. Foxton, Bart's	26 mins. 41 secs.
12. P. Littlewood, Bart's	27 „ 11 „
14. N. Pott, Bart's	27 „ 46 „
20. R. Thompson, Bart's	28 „ 16 „
32. R. Pickard, Bart's	28 „ 53 „
54. T. Walsh, Bart's	30 „ 47 „

The fast going suited track runners and two newcomers to Bart's Cross Country, D. S. Tunstall-Pedoe, who last season was convalescing from jaundice and R. Thompson, a freshman, did well, Bart's were placed third behind University College and Imperial College. Counting Hospital runners only (from the 2nd Division as well) Bart's men were 2nd, 3rd, 4th, 6th and 9th, the winner being Steiglitz of St. Mary's Hospital, who is the U.S.A. 10,000 metres champion.

The second League Race was held at Barnet over the rather sticky 5½ miles of the United Hospitals' course.

Individual positions were :—

1. J. Farrington, U.C.	29 mins. 8 secs.
	New Record
4. N. Pott, Bart's	30 „ 9 „
5. T. Foxton, Bart's	30 „ 9 „
6. P. Littlewood, Bart's	30 „ 21 „
10. D. S. Tunstall-Pedoe, Bart's	31 „ 35 „

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29. R. Pickard, Bart's	33 mins. 03 secs.
35. R. Thompson, Bart's	33 " 21 "
49. R. Hale, Bart's	35 " 03 "

Bart's came second to University College and displaced Imperial College from second place in the League.

This course favoured the stronger cross country men, and since ankle-deep mud has no effect on Nick Pott's speed, he did much better than in the first League Race. P. Littlewood started very slowly and came right through the field to enable Bart's to pack 4, 5, 6, and 10, but we had to go back to 29th position to get the necessary five scoring men. This contrasted with University College, admittedly a much larger establishment, who packed 1, 2, 3, 16 and 18.

Without four of our best men Bart's still managed to field a team of five for the University College Relay at Parliament Hill and T. Foxton, R. Saunders, A. Lewis, T. Walsh and R. Hillier finished 28th out of 40 teams.

P. Littlewood has captained London University to victory over Oxford University and came 2nd in the first U.L.C.C.C. trial, but has been unable to do the necessary training to regain last season's form. T. Foxton has run for U.L.C.C.C. in all its matches this season.

Bart's men comprise half of the U.H. Cross Country first team and even if Bart's does not fulfil its aim of conquering all the London University giants, it should have no fears for the United Hospitals' Championships.

#### Selwyn Road Relay. 20th November.

D. Tunstall-Pedoe, the Cross Country Club's keenest road runner, organised a trip for a Bart's team to Cambridge to compete for the first time in their annual road-relay; 4 by 2½ miles. It was very cold in London that morning and, moreover, it did not seem warmer sixty miles north. Bart's were among fifty-nine teams taking part. All the other teams were from Oxford and Cambridge colleges, but it is hoped that next year all the London Hospitals will be invited to send teams. Tunstall-Pedoe ran the first and fastest leg for our team; he handed over in second position, covering the two and a half miles in 12 mins. 3 secs. N. Pott ran next in 12 mins. 50 secs., followed by T. Foxton in 12 mins. 25 secs. P. Littlewood ran the last leg in 12 mins. 19 secs. to finish in sixth position.

#### Result:—

- 1st, Queen's, Cambridge.
- 2nd, New College, Oxford.
- 3rd, St. Catharine's, Cambridge.
- 6th, St. Bart's Hospital.

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